The language game of role-play:

an analysis of assessed consultations between third year medical students and Simulated Patients (SPs)

by

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Abstract

Simulated patients (SPs), are widely used in communication skills teaching and testing worldwide. However, little research has been undertaken regarding the linguistic structure of the simulated consultation between students and SPs.

Mixed method analysis (Conversation Analysis, Discourse Analysis and statistical analysis) of 100 transcribed assessed conversations between SPs and students were analysed for linguistic markers of conversational control, namely: talking more, interrupting more, asking questions, controlling the topic development, opening and closing the conversation.

Results showed that the SP rather than the student seems to have conversational control over the conversation, except in the opening of the consultation. Qualitative analysis shows that this dominance is functional, as students have little knowledge and experience. The SP directs the conversation in order to give the student opportunities to show their skills.

The SP and student seem not only to follow the rules of the 'language game of medicine' but also the rules of the 'language game of education', which suggests that the language of simulated consultations should be seen as a different *genre*, rather than a mirror of reality. These findings raise questions about role-play in medical education, devising scenarios, communication skills assessments, and the training of SPs.

Dedication

This thesis is dedicated to my family:

my mother Rietje who taught me to think creatively,

my father Max who taught me to love language,

my sister Nina who taught me to be playful,

and to David who taught me to just be.

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First and foremost I would like to thank my supervisor John Skelton, who challenged me to become a better academic, and simultaneously managed to teach me a selection of interesting words such as ‘pernickety’, ‘soporific’, and ‘gobbledegook’. Thanks also to my second supervisor Paramjit Gill, for his support and positive encouragement.

I am very grateful to the ISU, who funded this project and have made me feel like a valued member of the team. John and Connie have given me the opportunity to role-play, teach and facilitate on a wide variety of courses and have supported my attendance at several (international) conferences. I have learned an awful lot from the ISU-team and other colleagues at the department. Andy, Eve, Helen, Jan, Julie, Karen, Lee, Maggie, Patrick, Polly and Rachel are all people with unique talents and skills that I will be attempting to copy for a long time to come. I feel very indebted to Roger Holder, who managed to kindly coach me through my stats-related panic attacks. I have always left his office with a smile on my face and a skip in my step! Thanks also to Dawn Swancutt, who over many cups of coffee has encouraged me to become a better writer and coached me through the rough bits. A special thank-you goes out to Jackie Beavan, who is a shining example of the teacher and researcher I aim to be. Jackie has been a great support and a fantastic person to be around (especially when she sings), and deserves extra kudos for proof-reading my thesis.

In the writing-up stage of this project, my friend Dr YokoWatanabe passed away unexpectedly. I am grateful to have been friends with Yoko and will always be inspired by her scholarship, generosity, wit, warmth, her sparkling smile and the unlimited love she had for her students and her profession.

Philip Spiering deserves credit for the cartoon in figure 1, which has helped me a lot at different presentations of this thesis.

The Friday afternoon sessions organised by the postgraduate group at the English department were a great inspiration, offering me a place to practise presentations, reflect on language analysis, and introducing me to some great friends. One friend in particular, Caroline Tagg, has been an invaluable support in my time in Birmingham. During our long runs we have talked about language, love, electronic communication, the digestive system, journalism, the stupidity of mankind, family, science versus the humanities, vegetarianism, and Haruki Murikami – among other things. This project felt like a marathon, it would have been much harder without her running next to me.

Living abroad can be daunting, but my friends and relatives made it much easier to feel at home in Birmingham by visiting me frequently. I would like to thank all my Dutch friends and family for their support. Penny and Richard Brophy have been a massive help in locking me up so I could work harder on this thesis – their house is the best prison in the world!

Finally, thanks to Dave, my favourite person in the world. He has been there through the good, the bad, and the downright ugly phases of this project and still claims to like me.

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ISU	Interactive Studies Unit
GMC	General Medical Council
OSCE	Objective Structured Clinical Examination
VOICES	Valid Objective Interactive Clinical Examinations
SP	Simulated Patient
MS	Medical Student
GP	General Practitioner
DA	Discourse Analysis
CA	talk Analysis
CDA	Critical Discourse Analysis
FTA	Face Threatening Act
GLM	General Linear Model
*	Significance level at $p<0.05$
**	Significance level at $p<0.01$

Presentations and publications

An overview of events at which this work (or parts of it) has previously been presented.

Presentations within the University of Birmingham:

15 September 2007, University of Birmingham
Birmingham English Language Postgraduate (BELP) Conference
Organised by the Postgraduate at the Department of English

18 december 2008, University of Birmingham
Medical Education Research Group

11 June 2008, University of Birmingham
Graduate School Research Poster and Networking Conference
Organised by the Graduate School.
Winner of:

- Runner –up prize for best poster in the 'Life & health sciences';
- Research in Residence prize - for simplicity of presentation and excellent communication skills.

Presentations within the UK:

6 June 2007, Aston Univeristy, Birmingham
The First Aston University Postgraduate Conference in English Language and Linguistics

10-12 September 2008, Leicester
New horizons in medical education
Annual Scientific Meeting of ASME (Association for the Study of Medical Education)
NB: Work and ideas presented at this conference are acknowledged in:
Essential NMRCGP CSA Preparation and Practice Cases, edited by Rhoda Knight. Radcliffe Publishing Ltd. Due for publication 25 March 2010.

18th November 2008, University of Cardiff
Quality Counts: Developing Theory and Practice in Medical Education Research
Division of Medical Education, University of Cardiff in association with BeSST (Behavioural and Social Sciences Teaching in Medicine group)

International presentations:

24-29 August 2007
AMEE (Association for Medical Education in Europe) Conference 2007
Trondheim, Norway

AMEE (Association for Medical Education in Europe) Conference
30 August - 3 September 2008
Prague, Czech Republic

Publication:

Anne de la Croix, John Skelton. The reality of role-play: interruptions and amount of talk in simulated consultations. Medical Education, Volume 43, Number 7, July 2009, pp. 695-703

1 INTRODUCTION

1.1 Communication skills teaching

Communication skills are considered to be very important in clinical practice;[1] the way health care professionals communicate can influence the well-being of the patient. This has been widely accepted since it was emphasised in the much-discussed Toronto statement[2], dating from 1991. This relatively new understanding, at least in medicine, about the importance of communication has led to a change in the medical curricula in many countries. According to the General Medical Council (GMC)[3] medical school graduates will be able to do the following (among other things):

> *(b) Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.*
>
> *(c) Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent.*

These aspects are important for the teaching and testing of communication skills. In the last few decades, medical schools in the UK have developed their curricula to include topics like behavioural sciences, sociology, health psychology and - most importantly in this context - communication skills.

Role-play is a widely accepted method of teaching communication skills.[4] This thesis discusses several reasons for role-play to be used, after a definition and some basic ideas around these skills are given. Students can role-play with one another, but often Simulated Patients (SPs) are used; these are professional role-players, often with an educational or drama background, who can portray a patient and give students feedback on their communication skills. Not only are SPs used for students to practise and learn aspects of communication such as listening, asking questions, breaking bad news and dealing with

emotional patients, SPs are also used to test communication skills. Communication skills stations where candidates communicate with an SP are part of several assessments in medical education, ranging from a third year OSCE to the recruitment process for GPs. All these issues relating to role-play as a teaching tool, the use of simulated patients and communication skills teaching will be further explored in section 2.1.

Despite the above mentioned use of SPs in many medical schools around the world, the language of the role-played consultation has been relatively little analysed (as opposed to the doctor-patient consultation, which has been much researched by linguists). The only study to date that looks into the language of student-SP communication is a paper from 2003 by Roberts et al.[6] They aimed to find out what type of linguistic behaviour characterised students who performed well, averagely and poorly in a final year OSCE. Their study, which will be discussed extensively in the Background chapter (Chapter 2), leads to a better understanding of the simulated consultation and communication skills education. Qualitative information on the language of role-played interaction, rather than quantitative information such as can be derived from marking grids or checklists, could give medical educators the opportunity to find out what type of behaviour they reward in assessments. It could also offer medical educators a chance to evaluate and give feedback on the performance of SPs and to devise new training material for examiners. By analysing the language used by both participants in role-play in relation to the examiner's judgment of the simulated consultations, we might be able to find out what linguistic behaviour is rewarded in the assessments. To some extent, this could allow us to understand the experience of role-play from the student point of view. It is not the aim of this thesis to explore this in any detail, but I would like to draw attention to the need to consider it. This could lead to a better understanding of the learning process and the so-called 'hidden curriculum';[5] the message sent out to students without being formally identified in the curriculum.

I find the lack of qualitative research into the simulated consultation fascinating. It might be that people involved in communication skills teaching do not have the time or resources to undertake the research. Another reason could be that medical educators might not know how to analyse conversation or they might not see the point of doing this. Since the development of communication skills in the medical curriculum, academics with a more qualitative

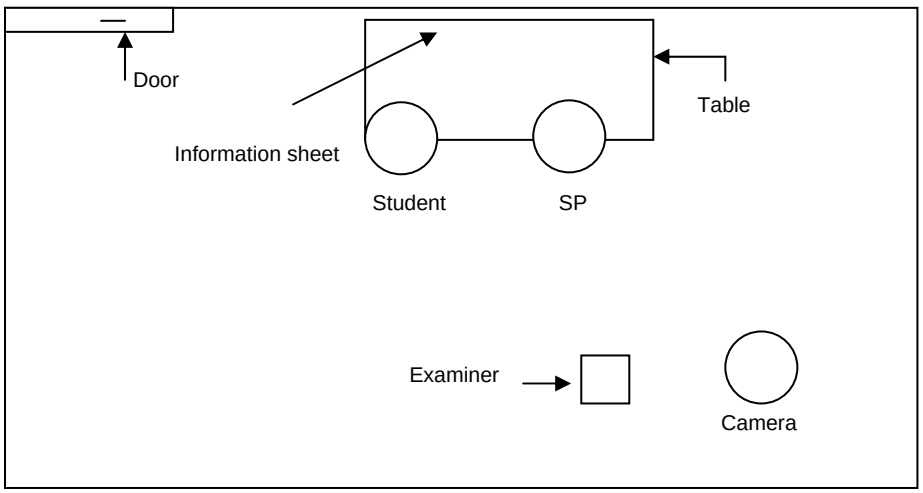
orientation have started working at medical schools. Among them are linguists, like the authors of abovementioned paper, Roberts et al.[6] Hodges advocates 'qualitative sociological approach to OSCE research' because he feels that 'confining OSCE research to measurement issues is like reducing Shakespeare's poetry to iambic pentameter.'[7] This thesis aims to demonstrate how linguistics and language-based analyses can help make sense of simulated consultations and their educational purpose.

1.2 The year 3 communication skills assessment

The data for this project are conversations between third year medical students and Simulated Patients (SPs) employed and trained by the Interactive Studies Unit (ISU). In total, there were 317 videotapes (of 326 registered students) containing communication skills assessments of third year medical students consulting with an SP in 2003/2004. They were observed and graded by an examiner from the ISU. The assessments were taped for a number of reasons: to have a record of the assessment, to give referred students personal and evidenced feedback (the tapes were used in individual feedback sessions), to double mark, to check consistency between role players/markers and for subsequent research such as this PhD project. The procedure of videotaping was explained to the students in a lecture, and on the day of assessing, and consent was taken formally before and after the assessment by signing a consent form (see Appendix 1).

Box 1 below shows a typical set-up of the room, the furniture and the location of the people present at the exam.

Box 1: Graphical representation of the set-up for a communication skills assessment



The assessments took place at nine different hospitals, which means this is not an exact representation of all the different rooms at the different hospitals but gives an idea of how the ISU typically sets up an assessment. The student and SP sit facing each other, with the examiner sitting further away to observe the students, mark them and operate the camera. There were descriptions of the scenarios (including patient's name) on the table.

The third year assessments were devised as a screening process to identify students who needed extra (remedial) support. The assessments were not a pass/fail hurdle, but poor performance could be referred to the examination board. At this stage, the department of Primary Care Clinical Science, through the ISU, which is part of this department, had delivered 5 sessions on communication skills, when the students were in year 1. These sessions were a mix of lecture, small group teaching and role-play demonstration. In year 2, the students received a lecture and 2 extended workshops on communication skills. Additionally, the students may had been exposed to other relevant experiences through their Firm 1 Attachment in Primary Care,[1] and probably also to further informal teaching in this environment. Obviously, these elements are not always quantifiable.

[1] A Community-based Attachment on the MBChB programme in which students to to a general practice for approximately 8-10 days at fortnightly intervals on each of their first four years. The aim of

The scenarios (see Appendix 2) for the assessments were devised by the ISU and were a joint effort of clinical and non-clinical staff members. They were devised at that time to deal with situations which would present an appropriate level of challenge in communication, within the hospital context. They were developed for this assessment, in which examiners would be looking for a medical student who would be empathic, show good listening skills and have a non-judgmental consulting style – as well as a student who can deal appropriately with their own lack of knowledge. The type of communicative behaviour examiners were looking for, is stated in the marking schedule (see Appendix 3). A summary of the scenarios is presented in Box 2:

Box 2: Scenarios used in the year 3 communication skills assessment in 2003/2004

Scenario 1 – Cancelled operation
The student is asked to tell a patient (who is an auxiliary nurse) that their operation has been cancelled. This has happened to the patient once before.

Scenario 2 –Side room
A relative of a young girl who is recovering from an appendectomy wants to talk about moving her to a side room to get away from the noise and disruption. A member of staff came in later than the girl and was brought into the side room straight away. The relative wants to talk about this.

Scenario 3 – Patient complaint about colleague
A patient is in hospital recovering from an appendectomy, having been rushed in the night before. The patient wants to discuss the behaviour of the doctor the night before as they feel mistreated and are considering filing a complaint.

Scenario 4 – HIV fears
A patient who is in the hospital to get specialist tests done for stomach pain is worried that the underlying cause of his/her symptoms is HIV and wants to discuss this with a student to avoid notes on their records.

Scenario 5 – An embarrassing lump
A patient who is in the hospital for treatment of an infected toe nail wants to talk about a lump s/he found in her/his groin. The patient is anxious about being in hospital due to the death of a parent of cancer.

Scenario 6 - Alcohol abuse
A patient who is in the hospital after having collapsed outside a nightclub due to alcohol consumption wants to talk to a student about studying medicine.

Firm 1 is to offer students an opportunity to learn general medicine in a primary care setting. The emphasis is on patient contact from the outset.

To organise the assessment, there were sign-up sheets for ISU examiners. SPs were recruited from a pool of existing role-players who had both experience of role-playing in exams and who had attended a training session in which the scenarios were practised and discussed. The assessments took place at different hospitals in and around Birmingham. The role-player and examiner were located in a private room where they welcomed the third year students. The students then read the notes for the scenario allocated to them, which was present in the room for the student to refer to during the consultation. The consultations were not to be longer than 10 minutes in time but as the data shows, some of them went over this time limit slightly. After the role-play, the student would be asked a few questions about their performance. The role-player and examiner then discussed the performance and talked about the grading.

1.3 The language game of role-play

A great deal of research has been undertaken in the area of doctor-patient communication,[4;8;9] some of which will be reviewed in the Background chapter (Chapter 2). Certain characteristics of doctor-patient talk reflect findings from other institutional domains, namely that there is an innate asymmetry in the medical consultation that shapes the linguistic behaviour of the conversational participants. These issues are all discussed later, and here I merely summarise well-established findings.

The power dynamics between doctors and patients are an object of much current interest. Patient-centredness, patients' access to information and shared decision making[10] are popular topics in medical journals today and advocate patient empowerment. However, a lot of the evidence I shall look at seems to suggest that doctors are the conversational participants in control of the consultation.[11] This asymmetry in medicine is reflected in the language of the consultation. Doctors are found to talk for a large part of the consultation; perhaps because they are likely to have more knowledge than the patient. They tend to interrupt a lot, which could be because they might judge the relevance of the patients' utterances. They are more likely to ask many questions, maybe due to the need for information in order to make an appropriate assessment of the patients' problem. They are found to initiate new topics, possibly in order to find out information about a variety of topics within a certain time frame.

They are the ones to open the consultation, which could be to welcome the patient and make sure both participants are aware of each other's names and roles. They are also more in control when it comes to closing the consultation, which is likely to be the case because they have to manage their time effectively. Evidence for these claims on doctors' specific linguistic behaviour will be given in the Background Chapter (Chapter 2).
One could say that these aspects of the consultation form the 'language game of medicine', in which doctors play by the rules of leading the consultation and patients play by the rules of following the doctor. The term 'language game of medicine' was adapted by Skelton[12] from Bellack's 'language game of teaching'.[13] In the language game of teaching, the teacher is the one to have conversational control and the student is the participant who is following.

The simulated consultation is not necessarily a conversation that takes place in a medical setting, as it is a an *educational* tool in which a *medical* scenario is simulated. What does this mean to the nature of role-play and the language of role-play? Hanna and Fins suggest that the role-played consultation is not a mirror of doctor-patient consultations and that the power balance is reversed. [14] This could be because the SP has the knowledge and institutional power and the student has not, even though the student is expected to play a health professional and the SP is expected to play a lay-person. They argue that the dynamics between medical students and SPs should mirror the power dynamics between doctor and patients and that this is impossible, as the power dynamics of teacher-student overrules the medical set of rules. Figure 1[2] shows the difference between reality and simulation taking into account this reasoning:

[2] Cartoon drawn by Philip Spiering.

Figure 1: Power dynamics in doctor-patient and student-SP interactions

Reality

- Doctor has knowledge
- Doctor has experience
- Patient is under assessment
- Medical setting

Simulation

- SP has knowledge from briefing pack
- SP has experience
- Student is under assessment
- Educational setting

Looking at the position of the student in a communication skills assessment, one can imagine the student being nervous, feeling insecure and possibly being the one who is not in control of this particular event. Regardless, the students are asked to play themselves as being part of an institution (i.e. the hospital). The patient, however, is played by the SP, who is part of the examination team and has more knowledge than the student about what is going to happen. Despite this, the SP is playing a patient at a hospital who wants to talk to the student. How does this influence the 'language game of role-play'? Hanna and Fins' argument was the starting point of my analysis of the consultations; they argue that the institutional power lies not with the medical student but with the SP. This assumed shift in institutional power is the reason why markers of conversational dominance were chosen as the main focus for this thesis.

1.4 Aims and goals

This thesis aims to describe and analyse simulated consultations, to focus on conversational dominance in simulated conversations and to explore associations between different variables in the set-up of the assessment. These three goals will be discussed below.

1.4.1 Gaining insight into the simulated consultation

As mentioned above, only one other study has been found that has looked at the interaction between SPs and medical students. Therefore, a description of how these consultations are structured and how each of the participants behaves linguistically is of interest. The main goals are:

- To discover linguistic features of the simulated consultation. What are the linguistic characteristics of the simulated consultation?
- To consider how the SP and the student construct their roles and how they relate to each other in the simulated consultation. How does the SP-student dynamic work?
- To describe the language students use after having had holistic (i.e. no training of specific, isolated skills) communication training. What do students do and say?

These questions can be answered by considering the consultations in a (socio)linguistic way, as will be further elaborated on in the Methodology section (Chapter 3).

1.4.2 Gaining insight into role-play as an assessment tool

The assessment is set up to offer a cohort of students a similar level of challenge, using the resources available to the teaching organisation (in this case, the ISU). When organising such an assessment, choices are made, for example various scenarios are chosen, various SPs sign up to role-play, different examiners are allocated to certain rooms and hospitals. It is of importance to check that these elements do not have a direct effect on the mark awarded to the student, as this would make the assessment invalid and unreliable. For example, an assessment where a certain scenario leads to a higher grade than other scenarios is not a fair and reliable (definition in Box 6, page 29) assessment. Finding out if these ‘set aspects’ of the assessment (such as gender of participants and scenario) influence the way the conversational

participants communicate is also relevant, as it might mean that different students do not have equal chances. If, for example, a certain scenario is associated with more questions asked by the SP, this could influence what is expected of the student. Finally, if certain linguistic elements are rewarded with a higher grade (for example: more questions means a higher grade), this should be noted and taken into account in devising further communication skills teaching and testing. Therefore, the three main goals in gaining insight into role-play as an assessment tool are:

- Finding out if the assessment is reliable. Is there an association between set-up of the assessment and the grade awarded to the student?
- Revealing elements that have an effect on communicative behaviour. Which elements in the set-up of the assessment influence linguistic behaviour?
- Analysing which linguistic features are associated with high/low grades. Which linguistic behaviours influence the grade awarded to the student?

Most of these questions find their roots in linguistic analysis, but will also be analysed statistically to reveal significance in the tested associations.

1.4.3 Gaining insight into conversational dominance

In light of the tension between the educational setting and the medical consultation as just described, it is a goal of this study to find out if it is the SP or the medical student who has linguistic control over the consultation. This is done by answering the following questions:

- Who talks more?
- Who interrupts more?
- Who asks more questions?
- Who initiates more topics?
- Who opens the consultation?
- Who closes the consultation?

These linguistic features are traditionally linked with conversational dominance and may indicate which participant takes control over the simulated consultation. This is of course a limited way of looking at the consultation. A justification is offered in section 2.2.2. Besides this, the analysis will focus on how the different participants use these listed features while constantly remembering the social context of the conversation.

1.5 Structure of the thesis

This thesis is structured following the traditional model of Literature Review (though named Background chapter because no systematic review was undertaken), Methodology, Results, Discussion and Conclusion. In this section, a brief overview will be given of what is addressed in each chapter.

In Chapter 2, the background literature for this study is discussed. Some attention is given to communication skills teaching and the use of role-play in the medical curriculum. The way SPs are trained and their role in the simulated consultation is also considered. In the second part of the literature review chapter, asymmetry in (institutional) conversations and the role of power in the doctor-patient consultation is discussed. Linguistic theories on power, control and dominance are looked at and different linguistic markers of dominance described.
In the Methodology chapter (Chapter 3), the linguistic and sociological approach to the data is elaborated upon. The use of a mixed methods approach encompassing quantitative and qualitative methods will be explained. Information on data collection, selection and transcription is given, the linguistic features of interest are defined and the way the data are analysed is detailed.

The Results chapters (Chapters 4-7) will report on the findings. Chapter 4 gives an overview of the data to set the scene for the more detailed analysis of each potential linguistic marker of conversational dominance. The results for the six aspects are then grouped in three chapters. Firstly, a chapter (Chapter 5) on 'floor' deals with which of the participants talks, how much they talk and how they obtain their speaking turns. The second chapter (Chapter 6) on 'flow' deals with how questions are asked and how topics are initiated. Finally, the chapter (Chapter 7) on 'fringes' looks at how the simulated consultations are opened and closed.
The Discussion (Chapter 8) explores and summarises findings and reflects on the nature of role-play. Furthermore, strengths and weaknesses of this study are considered. I will argue that the language of role-play should not be seen as a variety of medical communication or as a variety of educational communication, but as a genre of its own. Recognising the language game of role-play as a separate entity will have implications for both research and education of communication skills teaching. This is debated in the Conclusion (Chapter 9).

2 BACKGROUND

This chapter will give the background to the present study and will aim to discuss relevant literature and research traditions. However, the research questions and the main focus of this work are very interdisciplinary and touch on the fields of education, assessment, communication skills teaching, medical communication, the use of SPs, role-play, linguistics, sociology, conversational dominance and linguistic features potentially marking conversational asymmetry. It would not be useful to undertake an exhaustive systematic review as there is simply too much written on each of these topics and too little on the combination of all of them.

Moreover, a recurrent theme in this work is the contrast between research conventions in science and the humanities. This PhD was submitted through the School of Health and Population Sciences because of the setting and data of the work (and because it was funded by the ISU), but the methods and approach to the data are based in the humanities (linguistics). This has repercussions in the selection, transcription and analysis of data, where a combination or compromise of conventions was found, as well as in the way the literature was searched for review. Similarly, systematic reviews of the literature are standard in medical research, but not in the humanities. This difference is noticeable in the way the different search engines are organised. The search engines for the medical sciences, such as PubMed and Medline, require precise search strategies in order to find exactly what one is looking for. Because the topic of this work is not about one anatomical or illness-related aspect, a lot of the words that were used in a pilot search were either not recognised or had a different, more 'medical' meaning. For example: when the term 'asymmetry' was sought for in order to find any papers on the power relationship between doctor and patient, a paper containing the phrase 'asymmetry between dyslectic subtypes' came up, which dealt with the neurology of dyslexia. It therefore made more sense to combine searches in more general databases with hand-searches and searches through reference lists.

This literature review is therefore divided in three parts of which the first will deal with the use of simulation in the communication skills education, the second with power dynamics and its reflection in language, and the third with the nature of role-play. None of the three sections

claim to be exhaustive reviews of all the literature available but will aim to give a clear idea of:

a) what SPs are, how they are used and valued in medical education and their use in communication skills teaching and testing
b) how language and social context are linked and how certain linguistic features might mark conversational dominance in institutional settings
c) what dynamics are at play in the simulated interaction and what the implications are on the teaching and testing of communication skills

2.1 Simulated Patients (SPs) in clinical communication education

This part of the background chapter aims to define what SPs are and how they are used and valued in the teaching and testing of communication in medical education. The starting point was a Web of Knowledge search, after which other literature was hand-searched and found through following up references in these and other works. The Web of Knowledge search included the following citation databases:

- Science Citation Index Expanded (SCI-EXPANDED), 1900 – present
- Social Sciences Citation Index (SSCI), 1956-present
- Arts & Humanities Citation Index (A&HCI), 1975-present
- Conference Proceedings Citation Index – Science (CPCI-S), 1990-present

For the initial search in Web of Knowledge, a search strategy was developed that would yield relevant articles. The research question of the present study deals with three main areas, namely those of:

a) simulated patients
b) medical education
c) the teaching and testing of communication skills

The combination of these three aspects is most relevant here, which led to the search as set out in Box 3:

Box 3: Search terms for literature dealing with SPs in communication skills education
Topic = ("patient simulation" or "standardi?ed patient" or "simulated patient*" or "role play") **AND** Topic= ("medical education" or "medical school") **AND** Topic=(communication or "communication skills" or competence)

This search yielded 170 papers. A lot of the papers, however, dealt with simulation to teach physical examination skills using mannequins, which is of no (or little) interest to this study. They were excluded after scanning the abstracts. Many articles were excluded despite them describing research using SPs. In these papers, SPs were used to test the way in which health care professionals deal with certain issues (to assess content and extent of an HIV risk assessment[15] for example), in which the issue at hand was the focus of the paper and the SP-encounter was merely a tool through which aspects of this issue were measured or observed. Even though these articles show how SPs are useful, they do not add anything to the discussion about role-play and how role-play is (and should be) used. 67 papers from the Web of Knowledge search were reviewed.

In addition to this search, colleagues at the ISU recommended valuable literature. References from those works and from the Web of Knowledge papers were followed up. This section aims to give a good overview of how SPs are used to teach and test communication in medical education. In a later section, special attention will be paid to those works that discuss the nature of role-play, as this is one of the main interests of the present study.

2.1.1 What is a Simulated Patient (SP)?

In this work, the term Simulated Patient and its abbreviation SP will be used. Chur-Hansen and Burg[15] give a good definition of how I will use the term:

> *'Standardised patients', also referred to as 'patient instructors', 'simulated patients', or 'programmed patients', are individuals, with or without 'real' symptoms, who are trained by medical educators to act as patients. They can assist in teaching, and are able to assess the clinical and interpersonal skills of individuals such as medical students, resident medical officers and foreign medical graduates.*

This quote makes note of the different terms used in the literature – and in fact, Chur-Hansen and Burg themselves use 'standardised patient' rather than Simulated Patient. I prefer the term Simulated Patient over Standardised Patient, because I believe it is impossible to standardise behaviour in a conversation completely. After all, the SP will respond to the student and every student will behave differently. Barrows sees 'the term *standardized* patient as a broader umbrella term for both simulated patients and patients who have been carefully coached to present *their own* illness in a standardized, unvarying way'. [16] The type of role-players that are used in this study are not patients and thus match Barrows' interpretation of 'simulated patient'. The papers reviewed in this chapter use different terms, but I will talk about them using the term 'simulated patient (SP)'.

Finally, there is a different use of the term 'standardised patient', as used by Beullens et al.[17] They talk about research in general practice and the use of SPs in that context which they describe as:

> *A standardized patient (SP) is a healthy subject or an actual patient who has been trained to present accurately and consistently a particular case and to report or judge the behaviour of the physician based on fixed criteria.*

A standardised patient in this sense is used to measure doctors' behaviour without the doctors realising that they are not dealing with a real patient. This is not the type of thing I am interested in here and papers interpreting simulated or standardised patients in this manner, were excluded.

The literature shows that not only patients are simulated. Lorin et al.[18] describe a teaching intervention using a standardised family member, as do Clay et al.[19] Allen and Rashiddiscuss their positive experience of working with a simulated surgery. [20] In a programme designed to teach communication skills to pharmacists, Schneider et al. describe the use of SPs to play

physicians.[21] Because SPs play colleagues and family members as well as patients, the term 'role-player' rather than Simulated Patient is normally used at the ISU. However, in this thesis I am dealing with data in which role-players portray patients (except in scenario 2 which was not represented in the final data set for this study), which was yet another reason to use the term simulated patient and its abbreviation SP.

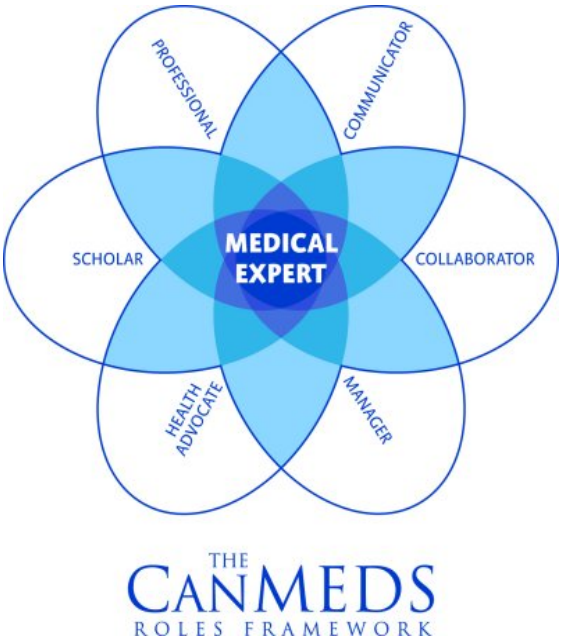
2.1.2 Teaching and testing clinical communication

A lot has been written about doctor-patient communication[8;9] and its importance has been stressed in for example the Toronto Statement[2] and in the recently reviewed document 'Tomorrow's doctors' by the General Medical Council,[3] stating:

> *The curriculum must stress the importance of **communication skills** and the other essential skills of medical practice*

In the Netherlands, an important new document has been presented this year regarding the structure of the medical curriculum,[22] in which communication skills feature heavily. This Dutch policy document is based for a large part on the CanMEDS framework,[23] that sees medical expertise as consisting of different competencies. The good doctor is, among other things, a good communicator, as shown in the CanMEDS model in Figure 2:

Figure 2: The CanMeds Roles Framework



Furthermore, the Kalamazoo consensus statement (Duffy et al.) detailed which aspects of clinical communication are essential to teach in medical education.[24] The following section does not aim to discuss the need for teaching communication skills, but rather focuses on *how* communication skills should be taught and tested.

Before talking about communication skills education, it is worth defining what communication skills are in the medical setting. The second Kalamazoo report[25] focuses on the assessment of communication and interpersonal skills and sees communication with patients as a core clinical skill:

> *It can be defined as specific tasks and observable behaviors that include interviewing to obtain a medical history, explaining a diagnosis and prognosis, giving therapeutic instructions and information needed for informed consent to undergo diagnostic and therapeutic procedures, and providing counselling to motivate participation in therapy or to relieve symptoms.*

This definition of what clinical communication skills are focuses on what is observable in the assessment and focuses on activities of the doctor. It does not mention skills like ‘listening to the patient’ or ‘showing empathy’, nor does it mention non-verbal communication.

Additionally, it does not seem very logical to define a skill as a task. It is hard to define what communication is, but a definition I prefer is one by Balzer-Riley:[26]

> *Communication involves the reciprocal process in which messages are sent and received between two or more people.*

This definition is so general one can hardly take exception to it, but when applied to medical encounters it is of relevance as it includes not just the behaviour of the doctor, but stresses the reciprocal nature of communication and accounts for verbal and non-verbal communication. It also allows for communication by different means (spoken, written, by telephone, etc). Combining these two definitions makes up a definition (see Box 4) I will use in this work.

Box 4: A definition of 'communication skills' based on Duffy et al.[25] and Balzer-Riley[26]
The ability to perform specific tasks and (observable) behaviours involving the reciprocal process in which messages are sent and received between health care professionals and patients.

This definition obviously focuses on communication with patients and does not include communication with relatives or interprofessional communication. The word 'skill' is used a lot in papers dealing with communication in medical encounters. Kurtz et al.,[4] for example, take a predominantly skills-based approach (rather than attitude-based approach) to communication skills teaching and learning because they argue:

1. *Skills acquisition is the one essential component of communication teaching and learning.*
2. *Skills acquisition is important even when there are no attitudinal blocks.*
3. *The skills approach is less threatening to the defensive learner.*
4. *Skills acquisition can lead to changes in attitude.*

They base their educational approach on these ideas and state that although 'cognitive or attitudinal works helps learners to understand the concepts of why to communicate in a certain way, only the skills-based approach provides the skills that enable learners to put these intentions and attitudes into practice.' They continue dividing skills into 'content skills' that

deal with what is being communicated, 'process skills' that deal with how something is communicated, and 'perceptual skills', that deal with the thoughts and feelings during the communication. This approach to communication skills teaching is very popular and Kurtz et al.'s guides and models are much used. There is a downside to focusing solely on skills, according to Skelton:[27]

> *(…) if the focus is exclusively on skills and not on what (very broadly) we think of as the attitudes that underpin them – on the "talking well" rather than the "good man" – then the endeavour is hollow*

For this reason, the students in the present study were assessed on three counts: knowledge, skills and attitude, which will be further explained in the Methodology chapter (Chapter 3).

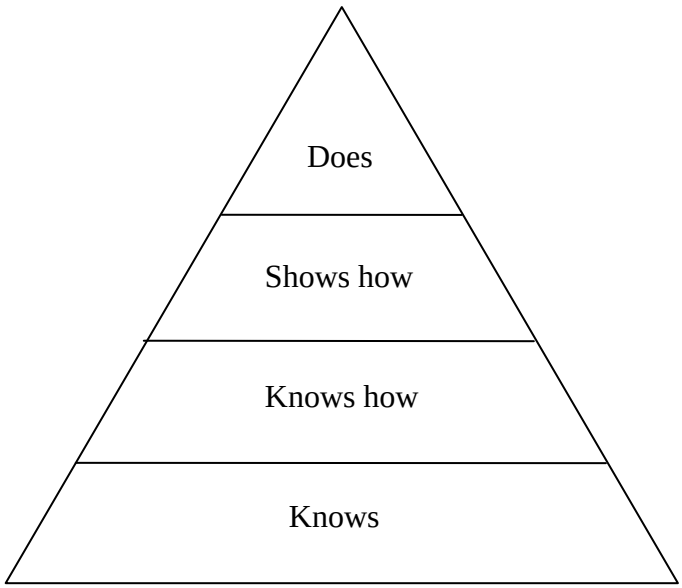
Aspegren reviewed 180 articles in his Best Evidence Medical Education (BEME) guide, a systematic review of papers all dealing with communication skills education in medicine.[28] One of his recommendations in the conclusion of his review was that 'training should use experiential methods and primarily address problem-defining skills'. It makes sense that communication, which is something very practical, should be taught through practice rather than through learning by studying literature or through lectures. Rollnick et al. even suggest that communication skills are best taught in context starting with problems proposed by the learning participants.[29] When role-play is the main teaching method communication can be developed 'in the background' alongside clinical skills, according to Rollnick et al. This, they say, has the advantage of being able to 'start with what practitioners actually do in their everyday work setting'. The importance of practising and learning by doing is also stressed by Lelia et al., who found that, despite 88% of their students diagnosing an SP correctly in an OSCE, only 35% asked questions about sleep and only 18% asked questions about depression in a consultation with an SP portraying a patient with chronic pain; the students had enough knowledge to make a correct diagnosis but did not demonstrate the skills that should be practised alongside this knowledge.[30]

There seems to be agreement that communication skills can be formally taught and tested. Aspegren and Lønberg-Madsen come up with a hierarchical order of skills and claim that teaching should start at 'the bottom of the ladder', namely with taking a history and then work

its way up via information-giving, counselling, holding a complete consultation, breaking bad news, handling difficult consultations to the final and most difficult level, that of having a consultation with a patient dealing with issues around dying.[31] This makes sense, but seems a very simplified version of learning communication and might be much more linear than reality.

There are different ways to teach and test medical knowledge and skills, best exemplified using Miller's pyramid of learning, which has 'increasing professional authenticity, starting with the leaner's cognition and moving towards a focus on the learner's behaviour'. [32,33] The pyramid is shown in Figure 3:

Figure 3: Miller's pyramid[32]

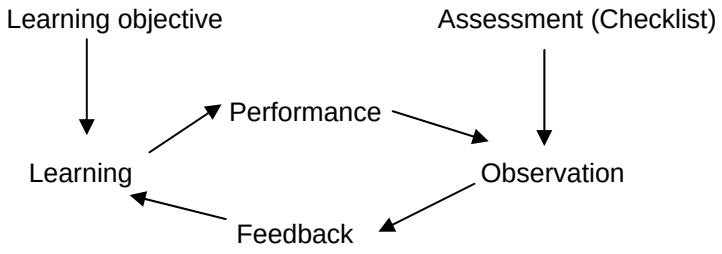


Wass et al. explain which types of assessment in medical education match the different levels in the pyramid; factual tests belong at the bottom level of the pyramid, clinical context based tests belong in the 'know how' level, OSCEs and SP-based tests match the 'show how' level, whereas the highest level is a 'performance assessment in vivo'.[34] The advantage of using SPs in teaching and testing places this type of education quite high in the pyramid, as it focuses on

the behaviour of the learner and has a higher level of professional authenticity than writing an essay or doing an MCQ test.

Van der Vleuten feels that the value of any assessment, or 'utility', as he calls it, is made up of five aspects: reliability, validity, educational impact, cost and acceptability.[35] It is the educational impact I want to think about more closely for the moment.
There is a link between teaching and testing. Wass et al. believe that 'assessment drives learning'.[34] They claim that medical students are very busy and have so much learning to do, that they tend to focus on those parts of the curriculum that are tested. This is why they feel that assessments should be 'educational and formative', as is the case with the data here. Duffy et al. agree and show how assessment and learning are linked in Figure 4:[25]

Figure 4: 'Skill training and evaluation' by Duffy et al.[25]



In this figure, Duffy et al. show how a checklist (for example) can guide observation and feedback, thereby influencing learning and the performance of the student or participant. This is why the learning objectives and the assessment tool must match one another, as they both have an influence on learning. Also, decisions on what should be tested will give students a message about what the educational institution deems important, a point made by Humphris and Kaney.[36] They mention some important reasons to assess communication skills, although they feel it is hard to implement SP assessments and there is more work needed on validity:

> *(1) It provides an achievable criterion for students to develop skills further into their training,*

(2) It gives feedback to students of their own performance, and provides students a basis to identify their own learning needs,
(3) It integrates communication skills into the medical curriculum so that students take this area of learning seriously.

Points (1) and (2) seem to support the aforementioned arguments stressing the importance of assessment. Point (3) focuses on another important aspect of education, namely the hidden curriculum;[37] if communication skills is part of the curriculum, students might assume it is important for the medical school they are attending and thus important for their future profession.

2.1.3 Advantages and disadvantages of using SPs

The use of SPs has many advantages over the use of real patients. They are mentioned by many of the papers reviewed here. In my view, Schäfer et al. succesfully list the six most important reasons to use SPs in medical education (summarised and freely translated from German into English by myself), as in Box 5:[38]

Box 5: Reasons to use SPs in medical education, adapted from Schäfer et al.[38]

1) SPs can improvise; the conversation can be interrupted and repeated
2) SPs can warrant a degree of standardisation in teaching and testing
3) By using SPs to portray a variety of illnesses, the curriculum can contain more complex medical scenarios
4) Using SPs is ethically preferable over practising skills on patients
5) The use of SPs rather than patients creates more flexibility in where and when the interactions take place
6) SPs can give constructive feedback

Point 4 is a hugely important argument for not using real patients in teaching and training medical professionals, at least in communication. Ziv et al. stress this in an eloquent way: [39]

> *Medical training must at some point use live patients to hone the skills of health professionals. At the same time, there is an obligation to provide optimal treatment and to insure patients' safety and well-being. These conflicting needs create a*

fundamental ethical tension in medical education, one that is widely recognized although little discussed.

They therefore conclude that simulation 'can be a valuable tool in mitigating these ethical tensions and practical dilemmas.' Points 1 and 6 in Box 5 are important advantages of using SPs over patients, as students are allowed to make mistakes and can learn from these mistakes by rewinding the consultation and trying to do it better or by receiving insightful feedback. Points 2, 3 and 5 are very practical issues in which it is preferable to work with SPs over real patients; SPs can standardise the teaching and testing to a certain extent, SPs can portray a range of problems matching the learning objectives, and it is relatively easy to time-table classes using SPs. Van Zanten et al. add one more advantage to this list, namely that the SP feeding back is 'the one who has the most personal perspective, the patient'.[40]

However, Mounsey et al. did not find a difference between a group of students that practised motivational interviewing by role-playing with SPs and a group that practised by role-playing with student colleagues.[41] I feel that role-playing with peers can be useful, but not for every session in the curriculum as this approach does miss out on some relevant aspects of using an SP as mentioned in Box 5, such as constructive feedback, good acting skills, and a higher degree of sensitivity and safety for the student – after all, group dynamics can influence the role-play with a peer.

SP feedback is a valuable side of role-play, but how to give feedback is a difficult subject. Bokken et al. reviewed the literature about SP feedback and reported that most of the papers cover 3 aspects, namely:[42]

- the training of SPs in providing feedback;
- the process by which feedback is provided by SPs;
- the domain(s) covered by feedback provided by SPs.

After reviewing the papers they found, they concluded that there are no standards for giving feedback and training SPs. There was 'substantial heterogeneity with regard to the ways in which SPs were trained to provide feedback and there were no clear standards for training.'

Some papers mention other disadvantages to using SPs in role-play. For example, Vessey et al. mention that the SPs can only portray a limited range of illnesses and therefore only represent a limited patient population.[43] In addition to this, they suggest that accurate evaluation of a simulated consultation is difficult and any intervention or assessment using SPs is expensive. Role-playing a consultation with an SP is very different from learning through a traditional lecture, which is something participants may have to get used to.

In Maastricht, role-play has been used extensively for a long time, but here too there is a recognition of the difficulties. In a paper reflecting on twenty years of teaching communication skills, Van Dalen et al.[44] point out:

- The instructional videotapes are quickly outdated
- It is hard to choose which parts of the consultation to practice when students do not have a lot of medical knowledge yet
- It is hard to choose which behaviour is the topic of training
- The model is not truly generic
- It is hard maintaining momentum between sessions due to the longitudinal organisation
- There are limitations in the use of simulated patients.

The paper offers potential solutions to these problems and does not see these problems as reasons not to use SPs. Despite the problems with role-play as discussed in this section, authors still advocate the use of SPs in teaching and testing. An exception are Vessey et al., who claim that simulated consultations should only be used in formative assessment because the method is not reliable and valid enough.[43] They claim it does not reflect students' performances 'on other clinical evaluation measures or their performance on national certifying examinations.' The complex topics of reliability and validity will be further discussed in section 2.1.5.

Some studies have looked at different aspects of the job of the SP. SPs change after having done many role-played consultations, according to Boerjan et al. who based their findings on semi-structured interviews with eight experienced SPs.[45] Their medical knowledge improved, they realise that being a doctor is difficult and are more critical of their own GP. Overall, they found that SPs enjoy their work but do find it stressful at times and cope with issues such as

sleeping problems and anxiety. Little work has been done to analyse and evaluate SPs performances in medical education, but Wind et al. created a checklist to assess SPs in the educational setting which they found to be valid and reliable.[46] Their checklist focused mainly on authenticity of the role-play and feedback given by the SP.

2.1.4 Different uses and evaluations of SPs

SPs are used in the teaching and testing of (communication) skills in many different disciplines and with many different types of participants. For example, SPs are used to teach the structure of consultations to outpatient teachers,[47] to train both physicians[48] and gynaecologists,[49] to communicate with adolescents, to teach communication in palliative and end-of-life care,[50] to teach smoking cessation skills to senior medical students,[51] to teach death disclosure[52] and much more, as will become apparent in this section. Not only are SPs used in different disciplines, they are also used for different goals and in different ways. SPs are not only used as a tool to teach communication skills, but also to test students'[53] or residents'[54] self-assessment skills, but also in combination with computer-based case simulations[55] and to test links between communication skills and emotional intelligence.[56]

Many teaching interventions using SPs described in the literature are successful (with success measured in different ways, as will be discussed in 2.1.4). An exception is the study by Hanna et al., in which SPs were used to coach non-competent physicians.[57] Of the five doctors they coached, one stayed on the same level, one improved, but three deteriorated. The study is a very small-scale one (only 5 physicians) and the finding is atypical compared to the majority of papers found. In the next few paragraphs, a variety of positive results from SP teaching-interventions and the use of SPs in assessments will be discussed.

McLaughlin et al. propose a three year curriculum for emergency medicine residents using SPs to teach communication skills, interpersonal skills and professionalism.[58] The strength of the programme, they feel, is that it 'allows residents to make mistakes, learn, and be evaluated without exposing a real patient to risk.' The use of SPs in teaching and testing professionalism is also recognised by Van Zanten et al., who undertook a study using SPs to see if professional attributes can be measured.[59] They found out that it can indeed be measured and

that younger, recently graduated and female participants score higher on professionalism. Research by Stratton et al. established a link between emotional intelligence and communication skills.[56] Third year medical students with more attention to feelings, empathic concern and perspective taking did better in an SP encounter. This is a good reason to focus on emotional intelligence in communication skills teaching, as is the case in the data of this work (in which the scenarios deal with emotional issues such as fear, anxiety, frustration).

Some studies compare experiential teaching using SPs with more traditional, didactic teaching such as a lecture. In the teaching of smoking cessation skills to senior medical students, Roche et al. chose different approaches.[51] Audio role-play, live role-play and video role-play were all found to be more successful than a lecture. According to Roche et al.: 'The results of this study indicate that the 5th-year medical students demonstrated significantly improved skills in smoking cessation interventions after specific training in intervention techniques when exposed to any of the educational approached other than traditional didactic teaching.' However, Carter et al. found that surgical students enjoyed a lecture more than an SP experience and that lectures make students enjoy the SP experience more and perform better at the role-play after having a lecture.[60;61]

There is some evidence to support the positive evaluation of both teachers and students. A survey of 91 curriculum deans by Hauer et al. showed that two thirds of all interviewed deans are positive about the new student assessment with use of SPs.[62] According to a study by Boyle et al.,[63] students enjoy their experiences of working with SPs and Wündrich et al.[64] even mentions that students had a higher interest in psychiatry after an SP-intervention, compared to the control group. In this study, however, the students with SP-experience were less secure of their own clinical knowledge compared to those who did not see a SP. Bokken et al. held focus groups with 4th and 5th year students and found that even though students enjoyed working with SPs, they found communicating with real patients more useful.[65] However, the students recognised some advantages to working with an SP, as they felt it to be good preparation for the real patient encounter (improving communication skills and confidence), a powerful tool for teaching intimate physical examination skills and they felt it was nice to get feedback on their performances. Sullivan et al. also found that SPs were well-

received, acceptable and evoke reflective learning.[66] However, like Vessey et al.,[43] they do have some worries about reliability, which I will address in section 2.1.5.

Van Dulmen et al. looked at students' stress levels during an SP-encounter where the Student was expected to break bad news.[67] They found that there was a link between stress levels and performance and find 'that in evaluating students' communication performance there is a need to take their stress levels into account.' Hardoff and Schonmann also mention the stress of having to role-play in front of a group:[48]

> *However, the majority admitted their reluctance to be exposed to a group of colleagues while playing the doctor's role. Those physicians who did role-play expressed their appreciation of the learning impact of the exercise after overcoming the embarrassment at the beginning of each simulation.*

Obviously, using SPs for teaching and testing does mean that participants are observed while they communicate, which can be uncomfortable for some people. This is a subject perhaps worthy of more investigation, but it should be taken into account that many students are nervous of any assessment or public performance and this is perhaps simply a requirement of academic courses that students have to get used to.

Nestel et al. have studied the use of SPs as facilitators of a role-play session, or in their words, have used an 'actor-patient' as a teacher.[68] No differences were found between students that were taught by an SP or those taught by a medical teacher. In either case, Nestel et al. argue the value of using teachers with different backgrounds: 'By using both actors and medical teachers as facilitators, students were encouraged to think broadly about 'experts', sources of information and learning opportunities.' Another study, by Nestel and Kidd, looked at peer tutoring in SP-sessions in which patient-centred interviewing skills were practiced.[69] Two months after the teaching, they found no difference between the groups facilitated by peers and medical teachers, although there were a few educational techniques favoured by students in sessions with medical teacher. Eagles et al., however, found a significant difference in the use of real patients, simulated patients and videotaped interview in teaching students communication about alcohol abuse, in favour of SPs.[70]

2.1.5 Validity, reliability and effect of the SP-based intervention

Shumway and Harden, like Van der Vleuten who was mentioned on page 22, discuss four important criteria in assessment processes, namely: validity, reliability, impact on learning and practicality including cost.[33] The following section will focus mainly on validity and reliability of SP-based teaching and assessments, as well as the impact of SP-based interventions. Shumway and Harden's definitions for reliability and validity will be used in this section, as outlined in Box 6:

Box 6: Definitions of validity and reliability by Shumway and Harden[33]

Validity:
'The validity of an instrument is the degree to which an instrument measures what it is supposed to measure.'

Reliability:
'The reliability of a test is the consistency, generalizability or reproducibility of a test. It is the extent to which examinees' scores would be similar if they were retested.'

Both the reliability and validity of the use of SPs in medical education are topics of much discussion, as will become apparent in this section. Howley states the following:[71]

> *We are moving away from limited test formats to more complex, mixed methods of authentic assessment – from faculty observation ratings supplemented with paper-and-pencil MCQ tests to SP-based performance assessment supplemented with clinical reasoning simulations. This move brings not only several unique challenges but also great educational rewards for the measurement and advancement of clinical competence.*

The 'unique challenges' she mentions are demonstrating the reliability and validity of new educational methods, such as the use of SPs. Vargas et al. looked at the different steps in creating an SP-programme and the local issues that arose in their institute for each of these steps.[72] The steps they identified were: finding out what domains are to be tested, and which skills to measure, developing cases, recruiting and training SPs, developing a scoring system for the tests, measuring the educational effects. This last point is a difficult one, for which

Vargas et al. recommend that more research into 'adequacy of the assessment scores and associated competency decisions' must be undertaken.

Buyck and Lang set up a study to find out which segments in a simulated consultation were considered moments of interest for learning and teaching.[73] For this study, 67 medical faculty looked at a video of a doctor and an SP and their comments were subsequently compared to a panel of experts. They found that:

> *… the poor consistency and uniformity of communications teaching content demonstrated by faculty participating in this study are striking. Results of this study suggest that future research should investigate methods by which to identify and overcome barriers to poor consistency and uniformity. Evaluations of how clearly faculty define and identify communication skills they choose to emphasize and how closely those choices parallel the skills identified by the Toronto and Kalamazoo Consensus statements could be useful.*

Buyck and Lang's research highlights the difficulties of measuring communication in an objective way. They feel that the field of clinical communication has not yet 'come of age'. However, there has been research trying to find out whether communication skills training actually works, whether assessment scores of SP-based exams are valid.

In the literature, there has been some research into the way SPs rate role-played encounters, compared to the ratings of medical teachers or an objective measure. Price et al.[74] looked at SPs ratings of the consultation compared to the RIAS score[3] and found that the way SPs score the consultation is indeed reliable. Scheffer et al. compared scores of SPs, experts and OSCE examiners of a simulated interaction and found that they rated roughly the same in a global rating system.[77] Quest et al. found a high level of agreement between scores of SPs and faculty, however the scores of the residents who role-played the interaction did not correlate

[3] RIAS is short for Roter Interaction Analysis System[75] and is a system for coding interactional elements of the consultation ('laughter' and 'questions', for example) used by many interactional researchers in the US and Europe. For this project, the RIAS model has not been used, partly because it does not take interruptions into account and gives limited definitions for linguistic features such as 'question'[76].

with SP and faculty scores which says more about self-assessment than it does about reliability and validity of an SP assessment.[52] Finally, Ishikawa et al. measured non-verbal behaviour in the simulated consultation and found that SPs value students' headnods, eye-contact and the mirroring of vocal volume and tone.[78]

Rifkin and Rifkin took a different approach to validity and reliability by investigating the correlation between basic and clinical science knowledge and the scores of students in an SP encounter and found that the correlation was 'poor'.[79] They felt that:

> *In conclusion, brief observations of patient assessments should be tested against a measure of clinical competence that has proven validity. That is, the medical education community needs to develop and test an objective method of measuring important, yet subjective skill-sets such as history-taking, physical examination and interpersonal skills.*

This statement makes sense, but the question is whether clinical knowledge and performance in a communication skills examination *should* correlate; clearly these are two different sets of abilities all together. Moreover, this approach seems to assume that measures of clinical competence are easier to assess and more reliable. These tests say nothing about validity, as SP-based assessments test different things from clinical competence alone.

Sanci et al. argued that 'an ongoing challenge for the evaluation of medical education is to show that learning has occurred through a change in practice, measured objectively'.[80] Lane and Rollnick reviewed the literature on the use of SPs and role-play in communication training and concluded that;[81]

> *There is a need for more well-designed studies that assess skill acquisition following the use of simulated patients and/or role-play in a number of different settings, both at undergraduate level and with experienced clinicians.*

A lot of the papers found through the Web of Knowledge search try to do this and attempt to measure the effect of certain teaching interventions using SPs. Alexander et al., for example, found that a short course involving role-play for residents improved their communication with

patients at the end of life.[82] This type of research is relevant to show that this type of teaching (using role-play) works, yet it is to a high degree predictable and not always interesting as it basically says that participants show behaviour A after being taught behaviour A. Moreover, one could wonder if there was a change in behaviour simply because there was an intervention, regardless of the content of this intervention. Despite these criticisms, more papers aimed to measure the effect of SP-teaching will be discussed here.

Knowles et al. measured an improved performance by students who did role-play exercises (video role-play and feedback) before an OSCE as opposed to a control-group who did not.[83] The results of this study are not surprising as the students who did role-play, got to experience a similar set-up to the OSCE before the exam took place whereas the control group could not. Feddock et al. looked at the effects of an intervention with role-play exercises in adolescent medicine and found that students had better medical knowledge and clinical skills after an intervention involving role-play.[84] This is slightly more surprising, because if knowledge increases through interactive teaching, this might suggest that more than just communication skills can be taught and tested through role-play. Similar results were found in a paper by Porter-Williamson et al., who suggest that 'facts combined with their application in the "real life" setting can strengthen learning.'[85] By comparing pre- and post-course assessment instruments they saw that an intervention in palliative medicine involving role-play increased competence by 56%, reduced concern by 29%, and improved knowledge by 23%.

Sanci et al. attempted to measure the effects of a training programme aimed to teach GPs more about communicating with adolescents.[86] The GPs were tested pre-training, 6 months post-training and 12 months post-training. It was found that ratings of self-perceived competency, independent faculty ratings of clinical competency were significantly impacted by training. However, interestingly, the SPs' subjective rating on rapport and satisfaction were not significantly impacted. All in all, they felt that the intervention was successful in 'achieving sustainable and large improvements in knowledge, skill and self-perceived competency'.[86]

Linked to the reliability, validity and outcome of an assessment using SPs is what happens to a student if they fail an exam. After all, there need to be consequences even if a student fails

the ideal test with perfect reliability and validity. Hauer et al. show that 74% of the schools they surveyed undertake remediation and 47% of the schools require a retest before graduation.[87] Deans were relatively satisfied with the remediation process, but their satisfaction and confidence were correlated with remediation and retesting – so the more they do about it, the more satisfied and confident they were. Hauer et al. make a fair point when they say that 'Despite the substantial resource investment in creating a robust SP examination, only a minority of respondents restricted academic progress on the basis of exam results.'

Finally, some studies have looked at the way an assessment is set up and whether this influences the scores of individual students. Gispert et al. found that it does not matter to students ratings if the SP is male or female, or which case comes first in an clinical skills assessment using SPs.[88] Stimmel et al.[89] and Yudkowsky[90] et al. did not find a difference in score between participants who had prior exposure to an SP and those who did not, although Yudkowsky did find that 'residents without standardized patient experiences in medical school were almost five times more likely to be rejected by patients'. Moreover, Colliver et al. describe worries about the 'grapevine effect', where students tell each other about a case that is role-played in an exam.[91] However, when testing this effect, they did not find any evidence of lack of test security.

This first section of the background chapter has looked at the definition of clinical communication skills and that of SP, before looking at different ways of using SPs, evaluations of stakeholders and measuring success. The next section will focus on conversational dynamics in institutional settings.

2.2 Conversational asymmetry

The first part of this background chapter reviewed literature about the use of simulated patients in teaching and assessing communication. Since this thesis focuses especially on conversational control in the simulated consultation, the second part of the literature review will include a discussion of the dynamics that play a role in the doctor-patient consultation and the linguistic manifestation of dominance in (institutional) conversations.

2.2.1 Power and the medical consultation

2.2.1.1 Power and its sources

This thesis explores conversational dominance, control and power dynamics in the simulated consultation. Therefore, a deeper understanding of the term 'power' is desirable. Nietzsche suggested that power is a strong motivator, saying:[92]

> *Every animal, including the philosophical animal, instinctively strives for an optimum of favourable conditions under which it can expend all its power and achieve its maximal feeling of power …*

There are good reasons to want power: it enables people to get what they want, to do what they want and to get other people to do what they want. The following section will consider what power means and what qualities can make a person powerful. It will consider different interpretations of power and clarify which definition will be used here.

When reviewing a selection of papers on power and distance in the field of pragmatics, Spencer-Oatey found that power can be a confusing term with many different interpretations and felt there needed to be 'explicit discussion' about the meaning of power.[93] This is in accordance with the dictionary definition of power, which also consists of different facets:[94]

> • ***noun 1*** *the ability to do something or act in a particular way.* ***2*** *the capacity to influence other people or the course of events.* ***3*** *a right or authority given or delegated to a person or body.* ***4*** *political authority or control.* ***5*** *physical strength or force.* ***6*** *a country viewed in terms of its international influence and military strength: a world power.* ***7*** *capacity or performance of an engine or other device.* ***8*** *energy that is produced by mechanical, electrical, or other means.* ***9*** *Physics the rate of doing work, measured in watts or horse power. Mathematics the product obtained when a number is multiplied by itself a certain number of times.*

This literature review will focus on the sense of power described in 1, 2, 3, 4 and 5 and will try to avoid discussions in the politics literature (definition 6), and physics or mathematics (7, 8 and 9). According to the dictionary, then, power is used to mean the ability to act in a certain way (1) and to influence people or events (2), both of which are behavioural outcomes of power. It also means authority (3), control (4) and physical strength (5), and these are attributes a person can possess. These two aspects, uses of power and types of power (what power does and one can have power) are of some interest for this thesis and shall be discussed below.

Where power comes from, is a question that has occupied many scientists. Mainly in the field of sociology and political sciences, people have aimed to make a taxonomy of sources of power. I have aimed to summarise some ideas on where power might come from in Table 1 below. In the right colomn, I offer my interpretation of terms, often using the authors' words in the description.

Table 1: An overview of different categorisations of sources of power

	Sources of power	Description
Hobbes[95]	Natural power	Strength Intelligence
	Instrumental power	Wealth Reputation Influential friends
French & Raven[96]	Reward power	Being able to reward tasks
	Coercive power	Being able to punish others
	Legitimate power	Age, Social Class, Intelligence Part of a social structure Power through an institution
	Referent power	People wanting to be like you Examples: wealth, fame
	Expert power	Specific knowledge Specific skills
Toffler[97]	Violence	Physical strength
	Wealth	Money Possessions
	Knowledge	Specific knowledge Specific skills
Russell[98]	Physical power	Physical strength
	Reward & punishment	Money Possessions
	Influencing opinions	Propaganda Influential friends
Galbraith[99]	Personality	Physical strength/size Eloquence Charisma
	Property	Money Possessions
	Organisation	Political source of power Power through an institution
Bachrach & Baratz[100]	Coercion	Being able to threat with punishing others if tasks are not completed
	Influence	Age Social Class Intelligence Influential friends
	Authority	Part of a social structure Power through an institution
	Force (manipulation)	Physical strength Being able to punish others if tasks are not completed
Goldhamer & Shils[101]	Legitimate power • Legal • Traditional • Charismatic	Sanctity of traditions in society Personal qualities: heroism, etc Law
	Coercion	Power is not acknowledged by subordinated individuals

Summarising all theories on the bases of power found that the features making a person powerful are: physical strength, charisma, eloquence, intelligence, knowledge, skills, being part of an institution, fame, money, possessions and influential friends. Even though these features are grouped together in different ways, there is quite some similarity between the different models in Table 1. Obviously, the different features work together as well; if one has a powerful personality (intelligent, eloquent), chances are larger for that person to become affiliated to an influential institution. And in turn Galbraith suggests, 'property and personality have effect only with the support of organization'.[99] Even though the reviewed models range in date from the 17th century to the 20th century, they can still be applied to modern society.

Looking at the different models as set out in Table 1, there are different aspects that point towards the doctor being the more powerful person in the medical encounter; doctors generally are socially respected, have a lot of specialised knowledge and skills, they have power through an institution (hospital, GP surgery), are often wealthy, and children might like to 'play doctor' and would like to be a doctor – although this is susceptible to change if society changes (children might now prefer to be a celebrity!). Silverman,[102] inspired by Foucault's ideas about the history of medicine and the social dynamics of the clinic,[103] concludes that 'the modern clinic, like the modern prison, is very much a laboratory of power' and that there is 'a certain inescapable asymmetry' at the heart of the medical encounter. Tuckett et al. acknowledge the importance of power in the doctor-patient consultation:[104]

> *(…) medical consultations take place in the context of a power struggle between patients and doctors who have mutually contradictory interests. The control of information is part of this conflict.*

Tuckett et al. describe the central role of information in the power struggle. Patients are likely to go to a doctor because the doctor has access to information that they themselves do not have. This is in agreement with the ideas of Toffler mentioned in the previous section, who also stresses the importance of knowledge; he reflects that physical violence was historically the way of gaining power, whereas the industrial revolution changed this and money or possessions became the way to gain power.[97] Nowadays, Toffler suggests, knowledge is the

key to power, and the power of knowledge will only continue to grow through media such as the Internet.

Goodyear-Smith and Buetow, however, think that Toffler's three sources of power are not solely applicable to doctors, but to patients as well; they can decide whether or not to take medication, they are experts on their own bodies and lives, and they have access to a wealth of information through the internet.[105] Goodyear-Smith and Buetow claim that both patients and doctors need power and are both in the position to abuse their power. This is an interesting angle to take and has previously been researched by Haug and Lavin, who asked 466 members of the public and 86 doctors questions about the power of the doctor.[106] They concluded that the traditional controlling role of the doctor might be changing. This is worth keeping in mind when analysing data in the present study.

Maynard thinks that distribution of knowledge is a key element in the doctor-patient dynamics: 'Studies of the doctor-patient relationship uniformly describe an asymmetry of knowledge (…)'.[107] Foucault, perhaps the most famous thinker in this area, also links knowledge to power[103;108;109] and is quoted by Gordon[108] to have said: 'The exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power.' Foucault believed not in having or not having power, but rather thought that the power dynamics are constructed and constantly developing; power can then be seen as a process, and not a character trait. The next section will look more closely at the construction of power in a more behavioural way.

2.2.1.2 The construction of power

Russell describes power as 'the production of intended effects' which means that 'A has more power than B, if A achieves many intended effects and B only a few'.[98] For Russell, power seems to be intertwined with intent. Weber also describes power as 'the probability that an actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests'.[89] Both Russell and Weber stress the importance of carrying out one's own will.

An important figure in the theoretical development of the term 'power' is Dahl.[110] According to Clegg, Dahl's work is 'a landmark in the analysis of power'.[111] Dahl takes on a behavioural

approach to power and therefore focuses on observable behaviour, in other words, Dahl focuses on what power does and how people exert power. From this point of view, A has power when A can successfully persuade B 'to do something he would not otherwise do'. Dahl's behaviourist view of power can therefore be explained as the degree to which one can influence others. In this project, when the term power is used, this behavioural definition of power is meant.

Hobbes recognises, too, that power is relative – those around you will determine your social position.[112] For example, when members of the mafia surround you, you are a lot less powerful than when surrounded by a group of 5-year olds. This is very much in accordance with the abovementioned work of Russell, Weber and Dahl, who look at behavioural outcomes to determine influence, control and power. Foucault agrees that power is a social construct and 'is a way in which certain actions modify others' and even goes as far as to say power on its own does not exist at all, not 'in a concentrated or diffused form'.[113] Basically, Foucault thought that discourses (and thus knowledge of certain concepts) create reality and the (power) dynamics that this entails. Sarangi and Roberts discuss the Foucauldian reading of power and say that in his interpretation of power:[114]

> *professional authority and credibility is equated with the acquisition of a body of specialist knowledge through rigorous training. Expert knowledge thus becomes visible as professionals and clients position themselves in an asymmetrical relation, which consequentially amounts to a form of symbolic control.*

This leads to a way of thinking about power that goes back to Dahl's interpretation, which was based on behavior and interaction. Maynard, too, suggests that 'asymmetry is achieved'.[107] As Kendall and Wickhamsuccinctly put it:[115]

> *Power, then, is not essentially repressive; it is not possessed, but is practiced. Power is not the prerogative of 'masters', but passes through every force. We should think of power not as an attribute (and ask 'What is it?'), but as an exercise (and ask 'How does it work?').*

This way of thinking about power and how it is constructed or exercised, has parallels with the conversation analytical approach, where language is seen as something that constructs (and is in turn itself constructed by) reality and social relations (see section 3.1.1.2). As Sarangi and Roberts say:[114]

> *Just as the sociolinguistic and conversation analytic literature tends to engage with the interaction order rather than the institutional order, the reverse is the case with mainstream sociological literature.*

The present study will start with some aspects of conversational dominance that may be seen as ways of constructing an asymmetrical power relation.

2.2.2 Linguistic markers of asymmetry

The link between social setting and language is much researched, and Attewell explains how setting and context was of importance according to Garfinkel, an ethnomethodologist whose ideas helped shape conversation analysis:[116]

> *One of Garfinkel's premises was that the practices of members and particularly their accounts occur in a particular context of biography, intention, setting, time, and so on. Further, any accounts made in that setting gain their meaning for actors only because actors understand the account as inextricably tied to that occasion and no other.*

The importance of context is clear, and one of Garfinkel's main ideas, that of 'indexicality', draws on that in more detail, as explained by Cuff et al.:[117]

> *Garfinkel proposes that members' actions and utterances are features of the social organised settings of their use. Their sense is therefore 'indexical' to the settings in which they are produced and recognised.*

Taking this idea further, it means that each setting has its own conventions and own social rules, hence the term 'local indexicality'. Another important sociologist whose ideas have

impacted the study of language, was Goffman. Placing Goffman in a research tradition is quite hard, as he critiqued ethnomethodology and conversation analysis, but belonged to a similar school of thought regardless.[118] Goffman introduced some important concepts to the field of linguistics namely the concept of 'face'[119] (further explained in section 2.2.2.1) and that of 'frame',[120] with which Goffman differentiated different levels of social atmospheres in a conversation. In my view, this latter concept is not entirely different to Bourdieu's way of thinking regarding habitus and field; both field and frame deal with social constructions in which certain rules and norms are in place.[121] These social atmospheres all have their own power dynamics, which might be present in language. The next section reviews how power and language are linked, it discusses different schools of thought dealing with conversational asymmetry and finally it reviews possible markers of conversational dominance.

2.2.2.1 Power and language

Wang reasons that the Socratic concept of 'ideal' dialogue, in which both speakers have equal rights and freedom to make their points, does not exist as 'power is inherent in all verbal interaction, which embodies the distribution of power among participants'.[122] Wang continues by arguing that asking questions is a linguistic tool to exercise power in a conversation.

However, it is worth noting that a powerful person does not necessarily dominate a conversation. Linell et al. stress the following:[123]

> *Power is not always expressed in dominant behaviour. For example, in some situations and social relations, activity and talkativeness on the part of a given actor may be a sign of relative powerlessness. (…) Also, we must not forget that BOTH parties in almost all interactions have SOME power, though the power of the two often has different scopes and manifestations. (…) In general, power is exercised reciprocally and intercursively. Nonetheless, interactional dominance – as discussed in this paper – IS one aspect of the manifestation of power relations in dyadic communication (…)'*

This seems reasonable. The point of the link between power and language is that the social context of language can influence the way participants in a conversation interact with one

another. Both Searle[124] and Grice[125] have explored this link in their studies of the meaning and function of language, the context of language-use and how language influences behaviour. This is why the terms 'conversational control', 'interactional dominance', or 'conversational asymmetry' are more apt than power. Dunbar and Burgoon[126] use the term 'interactional dominance' and describe this as 'a dyadic variable in which control attempts by one individual are accepted by the interactional partner'. I suggest that in institutional settings, the layperson (the client or patient) will accept more control attempts from the expert than the other way around. I agree with Fisher and Todd, who propose:[127]

> *We are suggesting that structure, organization, and culture are features in our commonsense knowledge and as such form aspects of context that are realized in language use. Language use, in turn, helps to sustain these aspects of context – a reflexive and complementary relationship.*

In the case of dominance or power in the institutional setting, for example, a more powerful participant could put restrictions on the language use of a less powerful participant.[128] Ng and Bradac even say that 'language reveals power, language creates power, language reflects power'.[129] Linell talks about dynamics in the dialogue and states that:[130]

> *The power of dialogue dynamics, seen as the* interplay of participants' initiatives and responses*, quite apart from the discourse itself, generates a web of social relations, commitments and responsibilities, and possibly also shared knowledge, attitudes and responsibilities.*

He seems to say that power dynamics are separate from the discourse, but at the same time constructed through dialogue. Maynard,[131] who undertook a study of clinical discourse, and agrees with Linell[130] in that he thinks that 'rather than simply being imposed, in other words, asymmetry is interactively achieved'. This view is supported by Ten Have, who feels that doctor-patient encounters are indeed asymmetrical but that this asymmetry is constructed by both participants throughout the conversation.[132]

Ainsworth-Vaughn mentions a 'general, well-documented asymmetry of power between physicians and patients', which I will not review in detail here.[133] However, I will review those works in which asymmetry in the language of the doctor-patient encounter is dealt with.

2.2.2.2 Schools of thought dealing with power and language

Several schools of thought within linguistic theory have ideas on social power, dominance and asymmetry in language. This section considers a few of these in order to give an idea of the different approaches to power and language. Critical Discourse Analysis, institutional linguistics, politeness theory (including the concept of 'face') and finally, gender linguistics will be discussed.

The language of medical encounters is characterised by the institutional setting, which is the case for many other types of discourses, such as courtroom talk, television and radio interviews, classroom talk, business meetings. There is a considerable body of work on 'institutional language'in which asymmetry is typical.[132;134;135] According to Drew and Heritage this might be reflected in language:[136]

> *In many forms of institutional discourse (…) there is a direct relationship between status and role, on the one hand, and discursive rights and obligations, on the other. As we have detailed, institutional interactions may by [sic] characterized by role-structured, institutionalized, and omnirelevant asymmetries between participants in terms of such matters as differential distribution of knowledge, rights to knowledge, access to conversational resources, and to participation in the interaction.*

The doctor-patient consultation might be structured in a way that is characteristic of institutional talk; and this might have its repercussions on communication skills teaching and testing.

Another linguistic school of thought particularly interested in power is Critical Discourse Analysis (CDA) first developed by Fairclough.[128] It deals with ways of exerting power through language and focuses especially on situations in which a particular group of people might be dominated or oppressed. Fairclough takes the view that 'language is a part of society; linguistic phenomena *are* social phenomena of a special sort, and social phenomena

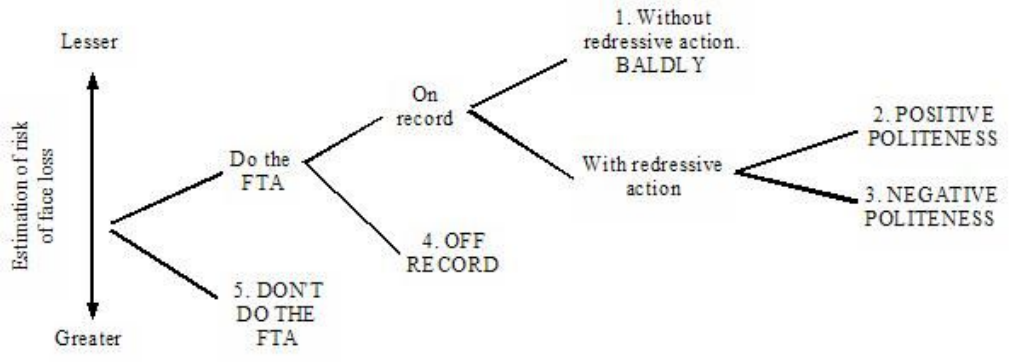
are (in part) linguistic phenomena'. When Fairclough talks about the medical encounter, he states that medical professionals exercise power over patients. Wodakis another CDA theorist who focused on the doctor-patient interaction and who claims that there are two approaches to studying doctor-patient interaction.[137] The first is the 'medical-sociological approach' and the second is the 'linguistic approach'. She believes that these two approaches have rarely been combined and that CDA is a good tool to do so. I agree and feel that a combination between a sociological approach and a language-based approach makes sense when analysing conversations.

One linguistic approach which touches on the issue of power is politeness theory, developed particularly by Brown and Levinson.[138] Their theory is based on Goffman's[119] concept of 'face' which Brown and Levinson describe as

> *(…) something that is emotionally invested, and that can be lost, maintained, or enhanced, and must be constantly attended to in interaction. In general, people cooperate (and assume each other's cooperation) in maintaining face in interaction, such cooperation being based on the mutual vulnerability of face.*

There are conversational acts that threaten one's face, called Face Threatening Acts (FTAs), in politeness theory. These can be divided into different categories, as illustrated in Figure 5:

Figure 5: Brown and Levinson's[138] overview of 'circumstances determining choice of strategy' concerning FTAs



One could say that in uttering an FTA, a certain degree of power is necessary. Morandlinks the concepts of power and face:[139;140]

> *Politeness, linguistic behaviors used to demonstrate regard and consideration for others, is hypothesized to be sensitive to the social distribution of power. Low power actors are most likely to use linguistic politeness behaviors because such behaviors minimize the possibility of conflict with superiors. Results of a laboratory study confirm that politeness behaviors are sensitive to the distribution of formal authority in organizations.*

Not only is politeness linked to power, Mills links politeness theory to theories about gender – as gender is another area of study within linguistics that traditionally deals with power.[141]

The final school of thought that concerns power is that of 'gender linguistics'. The thought in this branch of language analysis is that men and women have different communicative styles and that men tend to dominate women in conversation.[142-144] Many studies have been undertaken where ideas about the language of men and women are combined with the institutional setting of the medical encounter.[133;145-150] Fisher and Todd find that there is a great deal of sexism in the world of medicine and suggest that women might be suppressed in medical situations, as the world of medicine is typically male (this was twenty years ago).[127] West confirms this idea and found in her research into directive-response sequences in doctor-patient interaction that male physicians use more 'aggravated forms that emphasize differences between their patients and themselves and proposed hierarchical physician-patient relationships' whereas female doctors 'employed mitigated directives, which minimized status differences between physician and patient'.[145]

However, Leet-Pellegrini says that 'gender alone does not make male speakers dominant but it does in combination with expertise'.[151] Woods also looked at gender combined with status in a small-scale study, but found that effects of gender overrides occupational status,[152] whereas Okamoto and Smith-Lovinfound that power is more important than gender in topic change and suggest that 'status, power, institutional contexts and local conversational dynamics are more important than social categories like gender in structuring conversational behaviour.'[153] James and Drakich use a theory of social power, namely Status Characteristics Theory, to explain differences between men and women and differences in amount of talk but

conclude that men and women are likely to have different goals in interactions, which causes them to behave differently.[154]

Cameron is known for her studies into gendered talk,[155] but, most recently, in *The Myth of Mars and Venus,* she gives a more critical view of gender linguistics.[156] She feels that in the past decades, the differences in linguistic behaviour between men and women have been exaggerated and the similarities have been down-played:

> *An anecdote illustrating the point that, say, men are competitive and women cooperative conversationalists will prompt readers to recall the many occasions on which they have observed men competing and women cooperating – while not recalling the occasions, perhaps equally numerous, on which they have observed the opposite.*

A lot of the research undertaken on communication between men and women is challenged in Cameron's work and it is an eloquent argument to be less biased in research and to stop 'clinging to the myths about the way men and women communicate'.

2.2.3 Potential markers of conversational dominance

Before discussing the ones I have chosen to be analysed in this study and how I categorised them, I will discuss a few different ways of grouping linguistic features potentially associated with conversational power. Itakura mentions that:[157]

> *Research on conversational dominance has therefore established a number of potentially quantifiable dimensions of dominance among which the most significant are those concerned with topic control within interactional structure, violations of turn-taking rules in interruption and overlap and the quantitative distribution of talk between speakers.*

There are several potential markers of conversational dominance, and indeed most of them centre around turn-taking, topic management and distribution of talk. Potential markers of conversational dominance have been categorised in different ways, which is illustrated in Table 2:

Table 2: An overview of different categorisations of markers of conversational dominance

	Marker of conversational dominance	Description
Itakura[158]	Sequential dominance	topic control and the turn-taking system
	Participatory dominance	interruptions and overlapping speech
	Quantitative dominance	number of words and length of turns
Diamond[159]	Turn-taking	
	Topic	
	Topic ratification and refusal	Acceptance and refusal of topic initiation and topic change
NG and Bradac[129]	Casting	'one of several strategies for engaging participants in their respective conversational roles; the others are mirroring and negotiation (…)'
	Speakership	turn taking and leader emergence
	Topic control	topic maintenance and topic change
Ainsworth Vaughn[160]	Questions	
	Topic control	
	Rhetorical questions	'part of the complex dance of power, mitigation, and deference'
	Story telling	Story telling to 'control talk and define themselves'
Woods[152]	Powerful participants are selected to speak more often	
	Powerful participants self-select more	
	Powerful participants interrupt and overlap others more frequently	
	Powerful participants will be interrupted and overlapped less	
	Powerful participants will speak through more transition relevance positions	
	Powerful participants will take up speakership after a pause more often	
	Powerful participants will use assent terms less frequently	
	Powerful participants will receive more terms of assent than non-powerful participants	
Fairclough[128]	Interruption	
	Enforcing explicitness	'forcing participants to make their meaning unambiguous'
	Controlling topic	
	Formulation	A rewording of what has been said or a wording of 'what may be assumed to follow'
Linell et al.[123]	Purely quantitative dominance	Who talks more
	Topical (or content) dominance	Intorductaion of new 'content words'
	Interactional dominance	Directing and controlling the other participants' linguistic behaviour

I, like most of the authors in Table 2, have also chosen to divide conversational dominance into three categories, namely:

- Floor, which deals with the number of words spoken and interruptions
- Flow, which deals with topic control and questions
- Fringes, which deals with opening and closing the conversation

In the following sections, I will explain why these linguistic features were chosen as the topic of investigation for this study and how they might signify asymmetry in the conversation.

2.2.3.1 Taking the floor

This section of the literature review will focus on linguistic markers of dominance related to taking the conversational floor. In colloquial English, if someone 'has the floor' it means they are the person talking. One can be given the right to speak by a conversational partner, speakers can take the floor themselves and there may even be a struggle for the floor. When Sacks, Schlegoff and Jefferson looked at transcripts of naturally occurring speech, they found that in any conversation 'overwhelmingly, one party talks at a time' and 'occurrences of more than one speaker at a time are common, but brief'.[161] One could say the meaning of floor is, in essence, speaking time. However, Jones and Thornborrow review some of the literature on floor and conclude that 'the term "floor" is problematic and has not been employed in one single sense.'[162] They trace this problem back to Edelsky, who is often mentioned as the first investigator of floor in linguistics and sees the concept of conversational floor as more than just the right to speak.[143] She claims that floor 'is variously and indirectly defined as a speaker, a turn and control over a part of the conversation'. This means that Edelsky's "floor" is a complex concept that does not merely equate to a single speaker speaking for a particular amount of time. Rather, it is closely linked to the turn-taking process, overlapping speech and interruption.

Edelsky's examination of floor remains the basis of most research on conversational dominance and makes a strong case to explore larger parts of the conversation than isolated turns alone. This is why, when speaking about floor in this thesis, it includes speaking time as

well as the way in which speakers obtain the right to speak – thereby tapping into turn-taking methodologies. The definition of floor used here is given in Box 7.

Box 7: A practical definition of 'floor'
Speaker A **has** the floor when: • s/he is talking. Speaker B is quiet or uses response tokens (hmhm, yeah, etc) Speaker A **keeps** the floor and speaker B **fails to take** the floor when: • Speaker B starts speaking in speaker A's turn but A keeps the turn. Speaker A **successfully takes** the floor when: • s/he starts talking after a silence. • s/he starts talking when speaker B is talking and takes over the turn.

Two aspects of floor-management will be discussed in this part of the literature review, namely number of words (related to **having** the floor) and interruptions (related to **taking** the floor). For each of these topics, I will review the research that has been undertaken and comment on how these linguistic features relate to conversational dominance. Finally, I will report on what is known about number of words and interruptions in the medical consultation.

2.2.3.1.1 Number of words

A good deal of research done on number of words is in the field of gender linguistics, such as Edelsky's study that showed men's turns in academic meetings are longer than women's.[143] Much of the literature on conversational dominance and floor finds its origin in the idea that women and men are not equal conversational partners and that men tend to dominate conversations. In this light, speaking more can therefore be seen as a marker of conversational dominance. According to Swann: 'The stereotype of the over-talkative woman stands out in stark contrast to most research studies of interactions between women and men, which argue that, by and large, it is men who tend to dominate the talk.'[163] So even though the focus of this thesis is not on gender but rather on general power asymmetry, the literature on gender and floor is still useful and relevant as it suggests a link between social power and having, getting or taking the floor. However, as mentioned in section 2.2.2.1, the literature on gendered talk is dated and might not be the strongest kind of evidence.[156]

In institutional settings, it is often the powerful participant who has the floor. As Linell et al. put it: 'he who dominates is the one who says the most words or talks most of the time'.[123] A recent publication by Itakura reviews several studies on floor and concludes that '(…) dominant speakers such as teachers and adults tend to speak more words and take longer turns than less dominant speakers such as pupils and children.'[158] She bases this conclusion on both Edelsky and Linell's studies. Ainsworth-Vaughn supports this and states that 'control of the floor is usually thought to embody the "up" position in conversational asymmetry', by which she means that the dominant conversational partner often controls the conversation by talking more and managing the turn-taking.[11] Ng confirms this link between social power and amount of talking time when combining reported influence rankings with analysis of conversations: 'It was found that group members who had gained more speaking turns or spoke more were accorded a higher influence ranking than others who had fewer turns or spoke less.'[129] This leads him to conclude that 'speakership' is important when investigating social dominance and leadership. All these studies suggest that looking at the amount of talk by different conversational partners can be meaningful when trying to analyse interpersonal relationships.

There are a number of studies that have looked at the distribution of speech between doctors and patients. Tuckett et al. make mention of 'one-sided' consultations in which doctors 'usually spent a fair amount of the time in their consultations sharing what they thought with patients' and 'very much less time trying to share what patients thought.'[104] Skelton and Hobbs also found that doctors 'spoke significantly more words than patients'.[164] This has been quantified by Roter, who finds that doctor talk makes up 60 % of the consultation on average.[165] Sanden et al. mention roughly the same proportions: 'Doctors produce two-thirds of the words, and the ratio between doctor and patient as regards amount of talk is fairly stable, despite the fact that the particular dialogues range in length from about 400 words to 3100 words.'[166] Butow et al. looked at 142 consultations between doctors and cancer patients and found that doctors talk 2.3 times as much as patients (based on mean scores).[167] The highest percentage of doctor-talk found in the literature was 71%, for dentists.[168]

Considering the substantial amount of gender linguistic studies on amount of talk,[143;154] the gender of the doctor might be worth taking into account when considering amount of speech. Roter et al. focus on sex differences in medical consultations and find that female physicians

generally have longer consultations with more talk.[149] In this case, it is not only the doctor that talks more, but patients also contribute more to the conversation when the doctor is a woman. A more recent study by Roter et al. again finds that consultations with female physicians are on average 2 minutes longer than consultations with their male counterparts.[169] This raises the possibility that gender effects will be worth taking into account in the analysis of data.

2.2.3.1.2 Interruptions

Keeping the floor can be an arduous task, as discussed by Stenström:[170]

> *To hold the turn means to carry on talking (…) since it is difficult to plan what to say and speak at the same time, s/he may have to stop talking and start replanning half-way through the turn. Silence should of course be avoided, unless it is strategically placed; the listener might mistake it for a signal for them to take over. In other words, the speaker has to play for time.*

If speakers have the floor and use linguistic techniques to keep that floor, how do other conversational participants gain control over the floor? One can be given the floor – if another conversational partner asks a question, for example, which will be dealt with in the next section on 'flow' (2.2.3.2). But one can actively take the floor by talking over other conversational partners – which is why there is a need to consider the floor-taking mechanism of interruption.

The use of the verb 'to interrupt' can be disputed, as it has a negative connotation. Carroll reviews the literature on interruptions and concludes there is a distinction between 'interruptions that are dominance related (those in which the listener attempts to take the floor) and those that are supportive or cooperative (in which the listener speaks simultaneously but not intrusively with the person who has the floor)'.[171] I agree - conversations are very complex and the nature of overlapping speech is heavily context-dependent. As a researcher it is difficult to determine which overlapping speech is an intrusive interruption and which is cooperative overlapping speech. However, Itakura argues that:[157]

> *Interruptions do not necessarily indicate an intent to dominate. (….) Nevertheless, interruptions have the effect of restricting the speaker's right to participate in conversation, irrespective of the interrupter's intent, to the extent that they violate the interrupted speaker's right to maintain and complete the turn.*

Even though interrupting can be seen as a positive feature – as an expression of enthusiasm and 'togetherness',[172] it has routinely been linked to social dominance.[146] Ng, for example, saw a positive correlation between social influence and interruption.[129] West and Zimmerman define an interruption as 'violations of speakers' turns at talk'.[173] I agree and despite the possible negative connotations the term might have, this project will use the term 'interruptions'. The definition of interruption as used in this study is given in Box 8 :

Box 8: A definition of 'interruption'
A interrupts B successfully if: • A starts talking while B is talking or breathing to talk • A keeps on talking • B finishes talking (immediately or after some overlapping speech) • A keeps on talking and has taken over the turn

The reasons for using this definition will be given in the methodology chapter (Chapter 3). There are other interpretations of the term 'interruption'; Ferguson reviews literature on types of interruptions and differentiates four types of interruptions:[174]

- a simple interruption (A talks in B's turn, B stops, A takes over turn)
- overlap (A talks in B's turn, B stops, A takes over turn but continues B's topic)
- a butting-in interruption (A talks in B's turn, B keeps talking, A stops)
- a silent interruption (A talks in B's turn, when B is not talking – no overlap)

My definition of interruption would recognise Ferguson's simple interruption, overlap and silent interruption as interruptions. However, in this project, Ferguson's butting-in interruption would be classified as a failed interruption, because the turn has not been taken over by the participant interrupting.

When it comes to interrupting as a marker of dominance, again, most of the work done is in the field of gender linguistics. Zimmerman and West for example, found that 98 % of interruptions in mixed conversations (one man, one woman) is by men and all of the overlapping speech is by men too.[175] James and Clarke review the literature on interruptions and gender between 1965 and 1991 and find mixed results – some studies find men interrupting more, some find women interrupting more and some do not find a significant difference.[176] They dispute the idea that interruptions and dominance are closely linked in casual conversation, however they do think that 'the proportion of interruptions which are dominance-related may be higher in contexts involving formal tasks, and highest in interactions involving competition and conflict.' Considering this study looks at conversations in an assessment setting, where a formal task is being performed and the role-played scenarios can provoke some degree of conflict, interruptions in this study will be seen as a sign of conversational dominance. This way of looking at the issue is supported by Okamoto and Smith-Lovin who report that a lot of research by conversation analysts in the nineties argued that 'deviation from turn-taking norms (e.g. interruptions) would be determined by the status structures within a group.'[153] Sacks et al., too, feel that interruptions and overlaps can be markers of conversational control, 'although the intent of the interrupter may need to be taken into account of in subsequent qualitative analysis of data.'[161]

Interruptions in medical consultations have been researched in a number of different ways. Frankel and Beckman analysed the opening phase of doctor-patient consultations and found that 69 % of the time physicians interrupt patients in their opening statement, after a mean of 18 seconds.[177] West looked at 21 dyadic medical encounters and found that 67 % of the interruptions in the consultation were initiated by doctors, and only 33 % were initiated by patients.[146] These findings seem to reinforce Tuckett et al.'s above-mentioned ideas on the 'one-sided consultation' in which the doctor is in control. Interestingly though, Irish and Hall did not see any significant difference in the number of interruptions by patients and doctors.[178]

Interruptions in the medical setting have also received a lot of attention within gender linguistics; it is often believed that men interrupt more than women and that women are

interrupted more often than men.[175] Indeed, West found that male physicians interrupt twice as much as their female counterparts (bearing in mind though, that only 4 of the 21 doctors in West's sample were female).[146] The finding that women are more frequently interrupted than men is corroborated by Rhodes et al. in their study into interruptions in the primary care visit.[179] Stratford found that 2 male therapists interrupted three times as much as 2 female therapists in her small-scale study.[180] However, Werner-Wilson et al. concluded it is not the gender of the therapist, but the gender of the client that is relevant when looking at interruptions – females were interrupted more than males.[181] In all-female groups, Coates noted that women among themselves interrupt far more than men among themselves. In these cases, interruptions are seen as a marker of involvement, enthusiasm and 'togetherness'.[172]

2.2.3.2 Controlling the flow

Not only can more dominant conversational partners hold or take the floor, they can also control what is being talked about. Speakers can initiate new topics and can ask questions, thus determining the course of the conversation. I refer to this type of conversational control by using the term 'flow', following Robinson.[182] The person managing the 'flow' of the conversation is the person who controls the direction of the conversation and is likely to be the more dominant conversational partner. The person who directs the 'flow' consequently manages part of the turn-taking process, which has much to do with obtaining the first turn in so called 'adjacency pairs' which can be done by asking question or starting a new conversational topic.[183] This implies that 'conversational flow' is obtained when conversational partners stimulate each other to talk and keep revising the topic of conversation. Based on this interpretation, this section will look at literature on two controlling devices that help a consultation 'flow', namely questions and topic initiations.

2.2.3.2.1 Questions

Questions are one way of keeping the 'flow' in the conversation – they generally elicit information from the other conversational partner, which could give the questioner ammunition to ask a new question or pick up on cues. Questions are very important in

medical communication. Maguire and Pitceathly have made the following list of key tasks in communication with patients:[184]

Box 9: Key tasks in communication with patients, according to Maguire and Pitceathly[184]

- Eliciting (a) the patient's main problems; (b) the patient's perceptions of these; and (c) the physical, emotional, and social impact of the patient's problems on the patient and family
- Tailoring information to what the patient wants to know; checking his or her understanding
- Eliciting the patient's reactions to the information given and his or her main concerns
- Determining how much the patient wants to participate in decision making (when treatment options are available)
- Discussing treatment options so that the patient understands the implications
- Maximising the chance that the patient will follow agreed decisions about treatment and advice about changes in lifestyle

Many of the tasks in Box 9 can comfortably be fulfilled by asking questions. The question is a powerful tool in different parts of the consultation: when checking understanding of the patient, when finding out the patient's preference for treatment, and so on. Questions posed by a GP are a major resource for finding out information about the patient.

A review study by Ong et al. differentiated two main tasks for the physician in a consultation, namely instrumental and affective tasks.[8] They described the difference as: 'task focused behavior (cure oriented) on one hand and affective or socio-emotional behavior (care oriented) on the other'. Although one could dispute the existence of this difference, for both tasks questions are an important resource for the doctor. Just how important the questioning style of a primary care professional is, was shown by Robinson and Heritage: patient satisfaction in their study was significantly higher when the doctor opened with an open question rather than with a closed one.[185] From a linguistic point of view, however, the division of question types into open and closed seems limited.

Before saying anything about questions, it is important to reflect on what a question is exactly and what needs to be taken into account when defining 'a question'. Tsui devoted a chapter in her book to questions; she starts by saying that the term ' is sometimes used as a syntactic

theory and sometimes as a discourse category; as a result, the term remains vague and ill-defined'.[186] This is the case because each utterance, and thus each question, has a grammatical shape, is uttered with a certain intention by the speaker, and can be interpreted by a second speaker and get a certain reaction.

Austin recognised three aspects of each utterance: locution, illocution and perlocution.[187] Locution is the physical utterance of the language act, which means (in spoken discourse) that something has been said in a way that is recognisable by other conversational partners. Illocution is the meaning or intention of the speaker; when posing a question, the speaker is very likely to want to extract information from his/her speech partner. Finally, perlocution is the effect or result of the utterance; in the case of a question, one result is typically an answer. When reviewing the literature about questions, it quickly becomes clear that different researchers look at different combinations of above mentioned aspects. Searle built on these ideas and redefined them.[124] He named the locution the 'utterance act', he added a 'propositional act' which is the real-world event that is represented by the language, he names the grammatical form of an utterance (for example a declarative, interrogative, or an imperative) the 'illocutionary force' and finally keeps Austin's 'perlocutionary acts'. I agree with both Austin and Searle, but to keep things simple, I will not adopt their terms, but I will use the following terms:

a) Form (grammatical shape) of the utterance;
b) Intention (of the speaker) of the utterance, and;
c) Effect (reaction, interpretation) of the utterance.

Every utterance has a form, an intention and an effect, which is the basis to my definition of a question, as set out in Box 10. This point has also been made by Ainsworth-Vaughn, who warns against a definition that is too narrow and urges the researcher to take context into account.[160]

Box 10: A definition of question
Possible characteristics of a question: a) The utterance is interrogative b) The utterance is aimed at finding out information c) The utterance is responded to with information A question is an utterance that takes one of the following forms: • a, b and c • a and c • b and c

How I got to this definition is described and explained in the methodology chapter (Chapter 3), and differs slightly from some of the definitions of 'question' that I found in the literature. The taxonomy of questions made by Quirck et al. illustrates this.[188] They identify three major classes of questions (the examples are mine):

a) Yes/no question Does it hurt when you exercise?
This question type has inversion of subject and verb (SV inversion). Note: a special type of yes/no question is the tag question: it hurts, doesn't it?

b) WH-question **Where** does it hurt?
This type starts with a question word and also has SV inversion

c) Choice question Is it a stinging pain **or** a burning pain?
SV inversion. Characteristic for the choice question is the word 'or'.

Quirck et al. seem to identify these three classes of questions on the basis of their effect; the writers announce that they are divided 'according to the type of reply they expect'. Moreover, all three categories also have SV inversion. Their form, therefore, is that of an interrogative. This distinction looks to be the starting point for Quirck et al. They also focus on the speaker's intent when it comes to questions and define a question as a tool to seek information – 'questions primarily have the illocutionary force of inquiries. But they are often used as directives conveying requests, offers, invitations, and advice (…)'. This shows that Quirck et al. include questions that do not necessarily have the intent of inquiring. Moreover, they do not discuss utterances without a WH-element or SV-inversion as possible questions, which shows their approach is driven by syntax.

They also discuss so-called tag questions (*nice weather, isn't it?*), exclamatory questions (*isn't that strange!),* and rhetorical questions (*who cares?*). These three types of utterance are interrogatives. Pragmatically, they do evoke an answer of sorts, albeit just a nod of the head or a shrug of the shoulder. However, these types of utterances do not have the intent of extracting information, as they seek confirmation only. Despite this, Quirck et al. still count these types of utterance as questions, due to the expectation of an answer and the grammatical shape. One could say that Quirck et al. mainly base their definition of 'a question' on the utterance being an interrogative and to a lesser extent, on the utterance's expectation of an answer. This is very much in accordance with the older dictionaries referenced by West, whose definition of what a question is, starts with their grammatical shape: an interrogative.[189]

On the other hand, Byrne and Long mention a question type they call 'hidden questions' (*That holiday must have done you a lot of good. We must talk about it some time*).[190] They indicate that this type of question sounds like a statement but 'the response they often produce is the same as the answer to an open-ended question'. This way of thinking about questions is based on what the conversational participants do, rather than the way an utterance is syntactically shaped. Kearsley reviews different definitions of questions and comes to a similar conclusion.[191] He thinks that phrases like 'I wonder where your house is' and 'It isn't obvious what you mean' are also questions, because he claims that 'although these are not "true" questions in the syntactic sense as they are not interrogatives, they still serve the essential purpose of a question, which is to elicit a verbal response from the addressee'. This distinction is made by Lyons, who was interested in the meaning of utterances, and leads to a definition that is based on intent (seeks information) and effect (expects a response), but does not require a specific grammatical form.[192] This is a more functional approach, centring around the use of language and the interaction between the conversational partners. This comes closer to the approach taken in this thesis. In the following paragraphs, studies on questions in institutional discourse will be discussed.

Thornborrow highlights the fact that 'In many institutional contexts for talk (e.g. courtrooms, classrooms, political interviews) the role of questioner has been found to be a more powerful interactional position than the role of answerer.'[193] Some work has been undertaken to

investigate the use of questions in institutional settings. Graesser and Person, for example, have focused on question asking in educational settings.[194] They found that students ask only few questions which seems to be a universal characteristic of classroom talk. Teachers however, ask 96% of the questions. This makes sense, since according to Thornborrow, asking a question helps the questioner to be 'in a much stronger position to control the direction, progression and outcomes of the talk.' In addition to this, the teacher obviously asks students questions to test their knowledge. Questions can be a marker of conversational dominance, since 'a person who asks a question has a right to talk again afterwards' and ' as long as one is in the position of doing the questions, then in part one has control of the conversation.', according to Sacks et al.[161] They mentioned so called adjacency pairs, and the theory around this is of relevance when discussing questions.

Adjacency pairs are two utterances by two different speakers in which the first turn invites the second turn. A few examples of adjacency pairs are:

Speaker 1: Hello
Speaker 2: Hi there

Or:
Speaker 1: Have you been taking your medication?
Speaker 2: Most of the time, yes

Or:
Speaker 1: ((sneezes))
Speaker 2: bless you

This adjacency pair construction is relevant when taking question-answer pairs into account. Many researchers agree that the first part of an adjacency pair is a powerful turn in the conversation, as it enables one to steer the conversation and to get the floor back after the second part of the adjacency pair. This means there is a degree of control over the flow by asking questions. Thornborrow refers to Sacks as well and adds that: 'Conversely, being in the role of answerer can limit the possibilities available to speakers'.[193] Ainsworth-Vaughn agrees with these ways of looking at questions: 'to ask a question is to claim power over emerging talk'.[11] She mentions three reasons why this is the case. First of all, a question addressed to the other conversational partner means the questioner has allocated a turn, which

is a sign of having control over a conversation. Secondly, a question restricts possible topics of response. And finally, asking a question entails that the floor will be returned to the questioner after an answer has been given. These same three aspects are mentioned by Wang, who adds that 'questions as a means to exercise power are apt to be prominent in institutional dialogue and latent in casual conversation'.[122] This makes sense, since one of the participants in institutional interactions will have to manage the information-exchange within certain time boundaries. It is therefore not surprising that according to Robinson, who reviewed literature on asymmetry in the consultation, 'doctors turns are primarily first-pair parts (e.g. questions) whereas patients' turns are primarily second-pair parts (e.g. answers).'[182]

There are several studies looking at the difference between number of patient-questions and doctor-questions. The results of these studies differ and are outlined in Table 3:

Table 3: Percentages of questions asked by patients and doctors

	Doctor's questions	**Patient's questions**
Wang [122]	94 %	6 %
Ainsworth-Vaughn [160]	61.3 %	38.7 %
Frankel [195]	99 %	1 %
Roter [165]	23 % (of total visit)	6 % (of total visit)

The results of different studies are difficult to compare, as we discussed above, and this table is not meant to compare studies, but to give an overview of their main findings. It would not be relevant to go into fine detail about how the definitions of 'question' differ. The comparable definitions used by West and Ainsworth-Vaughn are based on detailed definitions including 'lexical, grammatical and discourse (contextual) criteria'.[160] Roter's percentages are the result of a meta-analysis using 9 studies of a total of 80 articles she reviewed dating from 1962 to 1986. It is of relevance, however, to note that in all these studies doctors ask more questions in the consultation than the patient does. This has been suggested by many more academics describing doctor-patient interactions, such as Ten Have, who finds that there is a

‘(.) quite “natural” interactional dominance by the physician, enacted through questioning, investigating an decision-making behaviour (.)’.[132] Ten Have, however, comments on how difficult it is to define what a question is because patients use different tools to express their ‘informational needs’. Some studies do not mention exact numbers, but do mention how doctors ask more questions than patients, for example Tuckett et al., who complain about the lack of patient questions in the consultation.[104] They feel that patients should ask questions, air concerns and talk about their doubt. Tuckett et al. even go as far as to include a patient guide to asking questions in their book. In recent years, emancipating patients has become an important area of interest in medical communication, and is part of the patient-centred approach in medicine.[10]

Wang analysed both casual and a variety of institutional conversations, finding courtroom examinations, news interviews and medical consultations having the ‘greatest difference of question percentages between two participants’, with doctors asking 94% of the questions and patients 6%.[122] Within these questions, Wang investigates the number of WH-questions and the number of Yes/No questions in medical encounters, finding the ratio to be respectively 27.5% versus 72.5%. She suggests this might be because Yes/No questions are a way of ‘maintaining control over the content of conversation’. Drew and Heritage support the idea of doctors controlling the consultation through questions:[134]

> *Doctor’s* [sic] *use of questioning and other resources to control the initiative are also a means by which doctors maintain control over what topics are deemed medically relevant, over what is talked about, and at what length.*

This asymmetry seems to be characteristic of doctor-patient interactions.

Questions are, like interruptions and number of words, linked to interactional dominance and have thus been of interest to gender linguists. There is some literature focusing on gender differences in medical consultations. Ainsworth-Vaughn found that female patients ask more questions, and that patients ask more questions when consulting with a female doctor.[160]

2.2.3.2.2 Topic management

This section deals with ways of managing the flow of a conversation and will focus on topic management as a tool to exert influence over the conversation. I will interpret topic in the way that Brown and Yule do, who see it as 'what is being talked about' in a conversation.[196] Topic on its own is interesting, but topic initiations and topic shifts tell us even more about the conversational dynamics, as Okamoto and Smith-Lovin clarify: 'Topics develop as speakers pursue, elaborate, and shape them.[153] Topic loss occurs when a speaker's topic is ended with a topic transition.' Topic shifts, initiations and also topic following behaviour are all potentially related to conversational dominance. A participant can be seen as interactionally powerful when s/he starts new topics and when s/he does not follow topics initiated by others. For a rough definition of topic initiation, I will follow Tracey:[197]

> *A topic initiation occurred if the first topic in a speaking turn was different from the last topic in the previous speaking turn in one or more of the following ways: (a) different content, (b) different person as subject, (c) different time reference, (d) different level of specificity, and (e) interruption.*

I agree with this definition, but feel that topic-initiating interruptions (aspect (e) in Tracey's definition) do not have to be defined as a separate category within topic initiation. This led to a definition of topic initiation as described in Box 11:

Box 11: A practical definition of 'topic initiation'
Speaker A initiates a new topic if A's utterance: • Involves a different content or; • Refers to a different person or; • Refers to a different time or; • Deals with a different level of specificity.

This definition deals with the initiation of topics, but of equal importance is the reaction to this initiation by the conversational partner. Participant A could initiate a topic which participant B does not acknowledge – the initiation of a topic takes place, but is not

acknowledged by speaker B. This is of interest for the dynamics of the interaction which is why topic following behaviour will therefore also be taken into consideration.

Topic transitions are especially interesting as they mark the end of one topic and the start of a new one. West and Garcia talk about two different types of topic shifts, namely collaborative ones, in which both participants participate in the closing down of a topic, and unilateral ones, in which one speaker changes the topic in a non-collaborative manner.[198] Ainsworth-Vaughn builds on West and Garcia's work by distinguishing 'reciprocal' and 'unilateral' topic transitions.[133] Within the unilateral (non-collaborative) topic shifts, Ainsworth-Vaughn differentiates between "sudden changes", "minimally linked" and "linked topic transitions". This is clarified in Figure 6:

Figure 6: 'Continuum of topic-transition activities', by Ainsworth-Vaughn[133]

Reciprocal	*Unilateral*		
Reciprocal activities	Links	Minimal links	Sudden topic changes

Reciprocal activities are topic transitions in which both participants close a topic and start a new one. Unilateral topic transitions are transitions in which one speaker initiates a shift of topic and the three sub-types show different degrees of acknowledging the previous topic. A linked unilateral transition implies that a speaker responds to the 'running topic' before changing the topic in the same turn. Minimally linked shifts are turns in which the speaker changes the topic, preceded by markers such as '*all right'*, '*okay'* or '*M-hm'* , whereas in the case of sudden topic changes the speaker does not acknowledge the previous topic at all and starts a new topic.

Garcia and Joanette also give a detailed and clear overview of topic shift categories and the reason and context of topic transitions, which is summarised in Table 4:[199]

Table 4: Garcia and Joannette's definitions regarding topic shift[199]		
Place of shift	Within Turn	*By one speaker*
	Across Turns	*By one or more speakers*
Type of shift	Topic Initiation	*At start of conversation, after a silence or after non-topical talk*
	Topic shading	*Establishing a connection to previous topic*
	Renewal	*Referring back to a previous topic*
	Insert	*Within a turn, shift that is not followed by other(s)*
	Unexpected	*Abrupt shift that is followed by other(s)*
	Undetermined	*Difficult to determine what new topic is*
Reason for shift	End of topic	*Speakers have no more to say about previous topic*
	Deceased comprehension	*Misunderstanding about topic leads to topic change*
	Failure to Continue	*One speaker cannot continue a topic and changes it*
	Outside Event	*Something happens and triggers topic change*
	Repetition of an Idea	*A need to repeat a previous idea*
	Anecdotal	*A desire to share an anecdote*
	Undetermined	*Any reason not fitting into a different category*
Relation to context	Text	*Relation to something that was said previously*
	Environment	*Relation to something in immediate environment*
	Specific Knowledge	*Related to speakers' specific (shared) knowledge*
	General Knowledge	*Related to general knowledge*
	Unknown	*Not sure what topic shift relates to*

Garcia and Joanette base their 'operational definitions' as laid out in Table 4 mainly on the work of Crow,[200] who studied topic shifts in couples' conversations and on Keenan and Schieffelin,[201] who looked at topic developments in interactions between parents and children. Whereas Crow used the terms 'coherent' and 'non-coherent', Keenan and Schiffelin used 'continuous' and 'discontinuous'. These terms are comparable to Ainsworth-Vaughn's 'reciprocal' and 'unilateral' mentioned before. Garcia and Joanette regard topic initiations and topic shading as reciprocal topic shift types, whereas they see topic renewal and unexpected topic shifts as unilateral moves.

Drew and Holt also found that the start of a new topic is often marked by words such as 'Anyway' 'Alright' 'Well' 'Okay', as well as by figurative expressions.[202] Ainsworth-Vaughn added that in the case of reciprocal topic shifts, summaries and proposals for future action are

also regular linguistic features.[133] The literature suggests other linguistic features to look out for when analysing topic initiations. Diamond warns that topic shifts ' (.) are often signaled [sic] through certain discourse markers such as "but", "and", "oh yeah", "by the way", "anyway", "that reminds me", "something else I wanted to say"'.[159] Okamoto and Smith-Levin also notice that a topic change is often preceded by short turns and pauses.[153] Drew and Holt explain this as follows: '(….) the speakers in such cases signal that what they are about to say will be unconnected with what they have previously been discussing, and hence that they are about to introduce a new topic.' Wilson found that in casual conversation between peers, only 3.1 % of the total topic initiations use an explicit strategy, whereas in a school context this number is 96.3 %.[203] He thinks this is due to the asymmetrical nature of institutional talk: 'Overt and direct forms of topic initiation, which specify explicitly what the topic of talk should be, are predicted in situations where speaker rights are asymmetrically distributed (…)'. Hung and Bradac add that the change of a topic is a potential face-threatening act and is thus characterised by transition markers such as 'one more thing', 'incidentally', and ' you know what' or by topic-shading devices, even if there is no clear link between the previous topic and the new topic.[129] Hung and Bradac also mention the importance of topic-following behaviour; other speakers show respect for the topic-initiator by following a certain topic. However, participant A could initiate a topic which participant B does not acknowledge. Itakura mentions the following about topic-following behaviour:[157]

> *In sum, initiations followed by positive responses are identified as instances of successful control with respect to the sequencing of utterances and topic control, while those followed by negative or null responses are not.*

Topic initiation is only a possible marker of conversational dominance if other conversational partners accept the topic. If this is not the case, and topic initiation is not followed-up by acknowledgement of the topic, the initiation does not mark control over the flow of the conversation.

As mentioned before, directing the 'flow' of topics and determining what topics will be addressed in the dialogue is a way to exercise control over a conversation. Zimmerman and West see a clear link between social power and topic-development: "men deny equal status to women as conversational partners with respect to the rights of the full utilization of their turns

and support for the development of topics".[175] In other words: taking control of topic development can exert conversational dominance and power, which is especially clear in institutional settings. Davis stresses this by saying that 'control over topicality is one of the primary ways that power is exercised by professionals in institutional encounters.'[147] This makes sense, considering that 'an institutional dialogue is goal-oriented, topics in institutional dialogue are developed to center around the goals and to achieve specific aims,' according to Wang.[122] Sinclair and Coulthard count 'initiation' as an important part of classroom interaction.[204] Their model of discourse in the classroom evolves around the so called 'IRF' structures, which stands for Initiation – Response – Feedback, in which the teacher (the institutionally more powerful participant) initiates. Okamoto and Smith-Lovin, who looked at the effect of gender and status when it comes to topic change in both task groups and dyads, found that:[153]

> *Determining who directs the flow of the conversation – indicating procedures that the group should follow, moving the group from one part of the process to the next, and suggesting potential solutions to the task – is structured in ways similar to other power and prestige behaviours.*

As mentioned earlier, medical consultations are characterised by their institutional nature which implies there is an asymmetry between speakers which also applies to topic maintenance. 'One important asymmetry is that of initiative: doctors primarily *initiate* actions and solicit responses, whereas patients primarily *respond* to doctors' initiatives …', according to Robinson.[182] The literature suggests that doctors, rather than patients, are the ones in control of the topic flow. Witt et al. analysed school-based consultations and found that 'consultants had a greater degree of control than consultees with consultants successfully executing a topic change 78% of the time whereas consultees were successful only 58% of the time.'[205] Tracey and Ray studied six dyads between counsellors and clients and found that counsellors initiated more new topics and that clients generally follow topics.[206] When clients did initiate a topic, the counsellor was less likely to follow it.

Ainsworth-Vaughn has studied topic development in 12 doctor-patient encounters and found a difference between male and female physicians in the use of sudden topic changes; male doctors showed eight sudden topic changes, whereas patients consulting with them showed

none.[160] The interviews with female physicians showed as many sudden topic changes by doctor as patient (two). Keeping in mind the limited sample size of her study, she found that 'the overall ratios of reciprocal to unilateral activities are quite different for physicians (2.5 to 1) compared to patients (13.5 to 1)', confirming the idea that doctors, rather than patients, are the ones showing conversationally dominant behaviour.

2.2.3.3 Managing the fringes

As mentioned before (2.2.1 and 2.2.2.), institutional conversation is marked by conditions that are different from casual conversation. One of the differences is that some institutional interactions have to take place within a certain time frame, which counts for the medical consultation as well as for a communication skills assessment. Because of this time limitation, opening and closing the consultation become markers of 'starting time' and 'finishing time'. In the data, the opening and closing of the consultation frame the simulated patient-student encounter, as well as the beginning and ending of the communication skills assessment. The following section will review what is known about the language of opening and closing conversations.

2.2.3.3.1 Openings

Most of the work undertaken on conversational openings seem to deal with telephone conversations,[193;207-210] based on the pioneering work done by Schegloff.[211] The studies of openings in telephone calls led Schegloff to identify four 'core sequences' that are characteristic of a telephone conversation opening that could be applied to different settings.[212] The four sequences are given in Box 12:

Box 12: Schegloff's core sequences in the opening phase of a telephone consultation[212]

- The summons and answer sequence
- The identification/recognition sequence
- The greetings sequence
- The initial inquiries sequence

The summons and answer sequence would in a telephone conversation consist of the ringing of the telephone and the answering of the telephone. In face-to-face conversations, this sequence might consist of person A tapping person B on the shoulder or by person A uttering something similar to 'excuse me'. The next sequence is the identification/recognition sequence, in which the identities of the conversational participants are stated. In the greeting sequence, there might be an 'how are you?' sequence or a different greeting. Finally, the initial inquiries sequence will reveal the main reason for the conversation. As Levinsonremarks, opening sequences 'are constructed largely from adjacency pairs'.[213]

Heath studied opening sequences in doctor-patient consultations and defines them as follows:[214]

> *Opening sequences in doctor-patient interaction consist of a set of standardised interactional moves. They precede and are part of the generation of first topic in the consultation. (…) Opening sequences are an initiation vehicle by and through which the doctor particularises the initiation of first topic for the patient with whom he is faced.*

In this definition, an opening sequence is seen as something the doctor uses and initiates. Heath found that the opening phase ends by the 'production of a topic initiating utterance, a turn typically produced by the professional'. The doctor was also found to be the one to initiate the 'greeting sequence' and the 'identity check sequence', both of which are parts of the opening sequence. Gafaranga and Britten also looked at 62 openings of GP-consultations and found that a 'first concern elicitor', which is likely to correspond to Shegloff's initial inquiries sequence, is 'necessarily produced by the doctor'.[215] Gafaranga and Britten do not evidence the need for the doctor to initiate this first elicitor. They mention a rule that states 'how are you?' should be used in a follow-up consultation and 'what can I do for you?' in a new consultation, yet it is unclear whether Gafaranga and Britten have made this rule, adapted it from Heath, or if they identified it through analysis of interviews.

Walter et al. focus on how the opening of a clinical interview should be taught based on what doctors do in medical practice.[216] They base their findings on 17 doctor-patient interviews and

only mention 6 references in their paper (they did not, for example, include Schegloff's research into opening conversations). Their steps to opening a consultation are listed in Box 13:

Box 13: Doctors' activities in opening a medical interview, by Walter et al. [216]

Doctors:
1 – called the patient to the consultation;
2- greeted them;
3 – introduced themselves;
4 – made a transition to clinical talk;
5 – framed the consultation.

The first four steps reported here correspond quite well to the four sequences of Schegloff listed in Box 12. However, activity 5 is an element that is not mentioned in any of the before mentioned literature. Walter et al. seem to interpret (they do not give a definition) 'framing the consultation' as a way for the medical professional to tell the patient what is going to happen and why the patient is seeing them . An example that is given by Walter et al. is a doctor saying the following:

> *' (….) Dr Graham has asked us to see you today about er:: (1) .hh various complaints you've been having (.6) in your shoulders neck and knee. Could you tell me about those?'*

The analysed consultations took place in hospitals, rather than in GP practices, which means that patients might have been referred to see this particular health professional, in which case it makes sense for the physician to summarise how they got the file of the patient and what they know about this patient and his/her illness.

There is not much written about the link between openings and institutional power or conversational asymmetry. However, because so little is known about the opening of conversations that do not take place through the telephone, I felt it was worth analysing the opening sequence of my data.

2.2.3.3.2 Closings

According to Levinson, closing sequences are 'a delicate matter both technically, in the sense that they must be so placed that no party is forced to exit while still having compelling things to say, and socially in the sense that both over-hasty and over-slow terminations can carry unwelcome inferences about the social relationships between the participants'.[213] Research into closing sequences shows that closing sequences, like opening sequences, are made up of adjacency pairs. Schegloff and Sacks identified a so called 'terminal sequence', which is the final adjacency pair, which could be a final greeting, for example, in which one speaker proposes termination by saying something like 'bye bye', and the other speaker acknowledges closing by reciprocating the greeting and saying 'goodbye' or something similar.[217] However, they found that this terminal sequence is preceded by a 'preclosing sequence', which often consists of tokens like 'right' or 'ok'. This can be seen as a way to negotiate closure and to make sure both parties have nothing further to add. A model for a closing phase according to Schegloff and Sacks is given (with an example made up by me) in Box 14:

Box 14: A model for the closing phase in a conversation, adapted from Schegloff and Sacks[217]

Speaker A – Preclosing:	Okay
Speaker B – Preclosing:	Okay
Speaker A – Terminal utterance:	See you
Speaker B – Terminal utterance	Bye bye

In the example in Box 14, speaker A initiates the closing phase by preclosing. If speaker B would have something to say, s/he could have brought it up at this stage, but instead, s/he acknowledges the pre-closing, completing the adjacency pair. Speaker A then initiates the terminal sequence which ends the conversation. Jefferson found that in casual conversation, people use more address terms in the closing phases of the consultation.[218]

Button continued Schegloff and Sacks' work on closings and differentiates a number of 'sequence types' in the closing phase that can be used to move out of the closing phase:[219]

- Arrangements

- Back-references, where a previous topic is referred to
- Topic initial elicitors, where a 'what else?' question is asked
- 'In-Conversation' Objects, where someone brings up a new topic
- Solicitudes, like 'give my love to John' or 'call me later'
- Reason-for-calls
- Appreciations

The place for these moves could be after the preclosing phase, which means the preclosing phase is then no longer followed by a terminal sequence and a new preclosing phase will follow later in the conversation. At times, Button observes these sequences after the terminal exchange.

A much-cited paper by White et al. is the earliest reference I found that focuses on closings in the medical encounter.[220] White et al. analysed 88 consultations between GPs and patients and found that in 86% of the conversations, doctors initiate the closing. In 21 % of the cases, the patient raised new problems in the closing phase of the consultation. Three years after this publication, White et al. did a qualitative investigation into the closing phase and found that 'among the tapes studied, doctors initiated closure in all but two cases.[221] Doctors directed the flow of closure, or attempted to, in every case.' Their definition of closure is:

> *(…) the phase of the medical encounter after the education and information exchange in which the doctor and patient finalize plans and say good-bye. Notably, closure contains a shift in the medical interview from a present to a future orientation.*

White et al. distinguished two types of closings: one where the doctor summarises, plans are finalised and greetings are exchanged, and one where different concerns are addressed and there are several summaries and finalising of plans before the terminal exchange. Moreover, White et al. found that roughly one in three closing phases was interrupted, which means that a new topic came up. They therefore recommend that the question 'anything else?' should not be asked in the closing phase as it is too late and it will interrupt the closure.

The 'anything else?' question, however, is used a lot. Robinson found that in 48 analysed consultations, there are two ways in which doctors initiate the closing of a consultation.[222]

One of them is the ‘final concern-related’ preclosing sequence, in which the doctor indeed asks if there is ‘anything else’ the patient wants to discuss. The other type of closing is the ‘arrangement-related’ preclosing sequence, in which plans are made and finalised. Robinson suggests that ‘patients are more likely to topicalize additional concerns when doctors use the final-concern sequence’. However, he adds that this sequence is often initiated in such a way that physicians ‘interactionally manipulate patients toward responses that do not raise additional concerns’.

West acknowledges how little work there has been done on closing the medical encounter and refers to Heath and Robinson.[223] According to her, it is typical for institutional encounters to have a time limit and thus typical to have a quite structured closing sequence. Like Heath and Robinson, West also uses Schegloff and Sacks’ model of the closing phase of a conversation and distinguishes different topic closing techniques before the preclosing and the terminal sequence. She applied Schegloff and Sacks model to doctor-patient consultations and found that in the majority of cases, closing starts by the making of future arrangements, then the doctor initiates the preclosing sequence and the terminal sequence. The terminal sequence in the medical encounter, West found, is most frequently an exchange of ‘thank yous’.

2.3 The simulated consultation

The first section of this chapter aimed to give an overview of what SPs are and how they are used in teaching and assessing communication skills. The second section of this chapter focused on the power dynamics in institutional settings and how this dynamic might manifest itself in language. The focus of the present study, however, is to find out more about what actually happens in the conversation between an SP and a student (or a different learner) and how role-play works as an educational tool.

A study by Roberts et al. comes close to what the present study aims to achieve; they undertook a language-based analysis of the conversations between students and SPs in an OSCE.[6] Their goal was to identify 'the grounds for assessing students as 'good' or 'poor' communicators'. In their view, and I agree, insight into what types of linguistic behaviours make a good or bad communicator would make the communications assessment more valid. They found, for example, that students who did better in the OSCE had an empathic rather than a retractive style of questioning and answering. Furthermore, good students 'staged' the 'themes' of the conversation differently and found a balance between presenting a 'personal authority and conviction' and 'one that relied on the authority of medical evidence and procedures'.

In addition to a paper co-authored by myself,[224] I found only two papers[6;225] that analyse the language, structure and content of the simulated consultation, and a handful more that discuss the nature of role-play in medical education. This section reviews some literature that discusses the dynamics of the simulated consultation.

2.3.1 The role of the SP

Roberts et al. pay some attention to the role of the SP and note the following:

> *The interactions are further complicated by the fact that the 'patients' are also assessors and often voice feelings and attitudes that are either kept hidden or managed in more indirect ways in real consultations. Those vocal actor-patients tend to trigger more formulaic responses from weaker candidates, who have been trained in rapport words but cannot achieve rapport work. This is an example of how the institutional constraints of the OSCE can magnify differences between weak and poor candidates.*

This dual role of the SP (assessor and actor) is the main focus of the paper by Hanna and Finns, who argued that it is important to teach and test communication but challenge the idea that simulation is the only way to do so.[14] They felt that teaching and testing communication using SPs should be complemented by humanist learning and patient-contact, and reasoned that the student-SP encounter is so unrealistic that it only teaches and tests 'many partial communicative skills'. The simulated encounter might just be a measure of performance and might not be in any way a measure of the way in which students relate to patients. This argument of Hanna and Fins is of great importance for the present study and was built up in two main steps, both dealing with power dynamics in institutional settings. Hanna and Fins say the following about the power dynamics in the simulated consultation:

> *The simulation patient is not really sick; and, moreover, knows already which illness and other issues he or she "has". The simulation patient does not come to the encounter in an inner state of worry and dependence on the physician, and she or he has the leeway to deliberately steer the course of the improvisation. On the other side, the medical student is not yet a physician and is not yet recognized by society as competent and responsible for taking care of patients. He or she may feel unsure what to ask the patient and uncertain what the replies mean. (….) The power relation is inverted, because knowledge and judgment rest with the simulation patient rather than with the physician student.'*

The power dynamics that are so typical for a doctor-patient encounter are not in place in the simulated consultation, because the student does not possess the characteristics that are known to give doctors power, and the SP does not possess those characteristics that make a patient vulnerable. In addition to this, Hanna and Fins discuss a different power dynamic they think is at play in the simulated consultation, namely that of 'the silent, visual, surveillance power of the teacher/student relationship'.

2.3.2 A good student or a good communicator?

The dynamic between SP and student just discussed could influence the way a student behaves, because they will say and do things to impress the examiners or teachers. A student quoted in the study undertaken by Bokken et al. corroborates this worry: [65]

> *In an SP encounter you want to do well and you don't want to tell the patient you've lost it or don't know what to say, unlike in clinical practice when I see a patient and I don't know I just say I don't know.*

This reveals a certain element of performing with the students regarding their peers, teacher or examiner and perhaps even the SP as their audience. Van Zanten et al. also warn that some communication skills can effectively be acting skills and that 'a doctor may appear to be altruistic yet have motives that are essentially selfish'.[40] Wear and Varley, too, support this view.[226] They worry that the simulated consultations 'do not provide a shred of evidence that authenticity or sincerity surrounds such behaviors'. Hodges feels that 'how students modify their performances in order to convery the impressions they believe their audience desires.'[7] However, according to the experience of Benbassat and Baumal teaching medical students patient counselling skills, this does not need to be a problem:[227]

> *During the simulation, it is assumed that the instructor has the real patient's disease. However, he is obviously different from the real patient since he has a medical background, a good rapport with the students and is respected by them. The fact that the instructor assumes the patient's role motivates the students to do their best in order to meet the simulated patient's expectations for information.*

They seem to think that it enforces the learning because the students want to do better for the sake of the facilitator. Makoul partly agrees and feels it is not likely that students simply perform to satisfy the expectations of the teacher or examiner, and rather suggests that students learn certain aspects of communication that could not be taught otherwise.[228]

Roberts and Sarangi do not talk about SPs but they do discuss the 'hybrid modes of talk of oral examinations for the Royal College of General Practitioners (RCGP) in the UK', which is a type of talk that might overlap with the data discussed in the present study.[229] Rather than the studies referred to so far, they focus on the different types of talk that are produced by candidates. The candidates in this exam are asked questions about general practice and are presented with situations and asked about their thoughts and feelings about certain issues. But, as Roberts and Sarangi say:

> *In the oral examinations, the professional and the personal experience modes of talk are laminated over with a third and more powerful one – the institutional mode. Whereas it is fairly straightforward to distinguish the professional mode from the personal experience mode, a distinction between the institutional and the professional is rather problematic. But such a distinction, as we see it, is an important one here and it is central to the notion of hybrid modes of talk already mentioned.*

If we take this argument and we apply it to the simulated consultation, one could say it is hard to decide whether students are behaving in a professional manner (doing their best in order to become a good doctor) or in an institutional one (doing their best in order to get a high mark). This raises all sorts of questions regarding validity (see definition in 2.1.5), as it means that perhaps SP-encounters as assessments measure acting skills or performance ability, rather than communication with a patient.

2.3.3 Realism in the SP-encounter

Another study which discusses the nature of the simulated consultation is by Seale et al., who analysed consultations between doctors and SPs.[225] Their main interest was so called 'frame negotiation', building on the work done by Linell and Thunqvist[230] on simulated encounters and on the notion of 'frame' by Goffman.[120] Seale et al. see 'simulations as hybrid forms', based on Roberts and Sarangi.[135] In their study – as in the present study - the two institutional discourses creating this hybrid form are those of the educational setting and the medical setting: 'simulated encounters place particular demands to manage a communicative form that hybridized educational or skills training discourse with personalized and clinical discourse'. Seale et al. continue to analyse frame negotiation in conversations between doctors and SPs and find that one particular doctor uses humour to 'exploit the ambiguous realism in the role-playing frame'. It was also this doctor who 'was to show the most capacity for learning the new skills of elicitation, empathy, and so forth'. This suggests an awareness of the hybridity of a simulated consultation can increase the learning potential of a role-play exercise. Moreover, Seale et al. suggest that mimicry and realism are not the only important factor in using simulation to teach and test communication skills. This idea of realism and mimicry in simulation is interesting. Several papers already reviewed in the precious section of this chapter (section 2.1) talk about SPs being realistic in their portrayal of a patient. For example, Wind et al. focus on authenticity and feedback in the assessment of SPs performance.[46] Rees et al. reports some criticism from students, who feel that role-play is artificial, with one student saying that '(…) one of the main problems I felt with it [role-playing], that it's been quite a poor substitute for actually talking to patients'.[231] But the study by Seale et al. suggests that there is more to the use of SPs than authenticity and sustaining the idea that a medical consultation is being undertaken. Skelton also stresses that reality is not the goal of simulation-based learning:[12]

> *The role of the simulator (role-player, course designer) is not to be the same as the world. In a sense, that is what the world is for. Rather it is to offer opportunities to practise the relevant skills, to apply the relevant knowledge, and to reflect on the relevant attitudes, in as effective a manner as possible. The point about role-players, if they are sufficiently skilled, is that they are not patients, but something else, a point which is only now beginning to be understood.*

Teherani et al. support Skelton's point by stressing the importance of the way SPs react to students' utterances and feel that SPs should be trained to 'respond consistently in character to different types of learner inquiries.'[232] This means that there is an educational aspect to the SP's role, as the SP has to be trained to respond differently to different types of language, for example rewarding compassionate language by divulging more information. Teherani et al. partly base their thinking on the work of Wallace, who wrote a manual about the coaching of SPs to prepare them for work in assessments of clinical skills and notes that SPs should be able to observe the students' behaviour at the same time as they are acting the role of the patient.[233]

Goffman's idea about the frontstage and backstage of conversations might be useful in this context.[234] He describes frontstage as 'the place where the performance is given' and backstage as 'a place, relative to the given performance, where the impression fostered by the performance is knowingly contradicted as a matter of course'. In the case of this data, the simulated consultation is the frontstage, whereas the backstage is the educational setting. Sarangi and Roberts also use these concepts in their work and feel that frontstage is much researched, but that 'the lack of backstage research biases our view of institutional discourse'.[114] In this study, I hope to take the backstage (the educational setting) into account sufficiently when analysing the frontstage (the simulated consultation).

Reviewing the existing literature about the simulated consultation has shed light on the nature of role-play and suggests that any assessed conversation is a hybrid situation. Students might be nervous because they are being assessed, might try to be professional, might behave in a certain way to get a high mark, and might also be aware that the patient is not real. SPs, on the other hand, are expected to portray a patient while at the same time are expected to remember what happens in the consultation and might have more institutional power than a patient normally would have. The present study will aim to find out if (and how) these aspects have an influence on the structure of the consultation by trying to find out how each participant behaves linguistically.

3 METHODOLOGY

In section 1.2, I have explained the setting and context of the interviews of which the transcripts form the data of this study. This chapter will elaborate on the data and the methodological approach taken. I will firstly place the present work in existing research traditions such as discourse analysis and conversation analysis. The balance between quantitative and qualitative approaches is then discussed. The collection, selection and transcription of data is described in the second part of this chapter. Finally, definitions of terms are given and the methods of analysing data are explained.

3.1 Approach to the data

3.1.1 Research methodologies

This study seeks to draw on a number of different research traditions. In this section, two schools of analysis are discussed, namely discourse analysis and conversation analysis. In the text, I will refer to the present analysis as sociolinguistic analysis, because both Conversation Analysis (CA) and Discourse Analysis (DA) stress the importance of the social context of talk. CA developed from ethnomethodology, a branch in sociology taking on the idea that 'we can only make sense of what is said in conversation by means of knowledge of the social context that does not appear in the words themselves'.[235] Whereas DA and CA are both linguistic methodologies (though with an interest in the social context of talk), ethnomethodology (EM) is a discipline in sociology started by Garfinkel.[236] The main goal of ethnomethodology is to describe how people construct and produce the world around them. EM is 'engaged in the search for an understanding of social order' and the main goal of EM is 'the discovery of social order production in its own right'.[237]

Both CA and DA have been influenced by ethnomethodology,[238] which is reflected in the goal to link language with the world surrounding the users of language. In particular, Conversation Analysis is closely linked to EM - many ethnomethodologists use CA as a research tool. According to Warfield Rawls:[237]

> *… there has been a tendency, probably because the technical aspects of CA can be mastered without an understanding of its Ethnomethodological underpinnings, to treat CA as a separate and highly technical enterprise.*

I do want to draw attention to the ethnomethodological underpinning of CA (and DA), especially since simulated consultations have not previously been researched in a similar way. This study aims to study the nature of role-play and thus will focus closely on the context of the simulated consultation, before looking at how this shapes - or is shaped by - the language used. The social setting of a conversation is of great importance to the way that conversation is structured.

3.1.1.1 Discourse analysis

Discourse Analysis (DA) is the name for a wide variety of methods and ways of looking at language data, and could be seen as somewhat of an umbrella term. Indeed, much of the literature about DA starts with a comment about the difficulty of describing it, with Stubbs[239] calling it a 'very ambiguous term' and Slembrouck[240] calling it a 'hybrid field of enquiry'. Brown and Yule[196] describe this confusion as follows:

> *The term 'discourse analysis' has come to be used in a wide range of meanings which cover a wide range of activities. It is used to describe activities at the intersection of disciplines as diverse as sociolinguistics, psycholinguistics, philosophical linguistics and computational linguistics. (….) It must be obvious that, at this relatively early stage in the evolution of discourse analysis, there is often rather little in common between the various approaches except the discipline they all, to various degrees, call upon: linguistics. (pp viii-ix)*

Brown and Yule suggest that an analysis of discourse is an analysis of 'language in use'. They go on to describe the different aspects of DA, such as the role of context, the structure of utterances and coherence in discourse. For a more formal definition of DA, Stubbs[239] offers this:

> *The term discourse analysis is very ambiguous. I will use it in this book to refer mainly to the linguistic analysis of naturally occurring connected speech or written discourse. Roughly speaking, it refers to attempts to study the organisation of language above the sentence or above the clause, and therefore to study larger linguistic units, such as conversational exchanges or written texts. It follows that discourse analysis is also concerned with language use in social contexts, and in particular with interaction or dialogue between speakers.*

This definition highlights what are probably generally agreed to be the two key elements of DA. It deals with language above sentence level, and it deals with language in social context.

Richards et al.[241] divide discourse analytical activities into three aspects:

> *a* *how the choice of articles, pronouns, and tenses affects the structure of the discourse (….)*
> *b* *the relationship between utterances in a discourse (…)*
> *c* *the moves made by speakers to introduce a new topic, change the topic, or assert a higher role relationship to the other participants (…)*

In other words, DA deals with linguistic features and tries to link these to the conversational structure, it tries to investigate utterances within the discourse with each other, and it links the way the conversation is structured to the relationship between participants in a conversation. Additionally, discourse analysis 'operates from the beginning with the familiar concepts and terms of general linguistics and attempts to examine the role of these concepts in discourse, including conversations'.[242]This means that certain linguistic features are selected for investigation before the analysis starts, which is the case in this present study.

An approach like DA is useful and attractive in the study of medical communication. Selecting linguistic features for analysis gives opportunity to choose elements of communication to be looked at, without ignoring the context and the way two participants construct a consultation. Sometimes conversation analysis (CA) is mentioned as part of discourse analysis.[240] Because CA has a different history and a particular way of viewing language and analysing data, I would like to discuss it separately in the next section.

3.1.1.2 Conversation analysis

Like the description of DA, CA can be characterised by its focus on language-in-interaction. Rather than using a variety of data types (as in DA), however, CA focuses on spoken language that has been recorded and transcribed. The aim of CA has been succinctly written down by Hutchby and Wooffitt:[243]

> *(…) the objective of CA is to uncover the tacit reasoning procedures and sociolinguistic competencies underlying the production and interpretation of talk in organized sequences of interaction.*

A few aspects of this quotation by Hutchby and Wooffitt deserve more attention. First of all, the authors stress that CA should partly focus on <u>why</u> people say what they say. Conversation Analysis involves a degree of sociological investigation of the context and the potential intentions of conversational participants and meanings of their utterances. This could be problematic, given that terms such as 'meaning' and 'intention' are ambiguous. In CA, however, utterances are interpreted in the light of sequences, or as Hutchby and Wooffitt say: 'speakers display in their sequentially "next" turns an understanding of what the "prior" turn was about'. Secondly, CA is interested in <u>how</u> people say what they say, and the quote implies that sequences of interaction are perhaps organised in particular ways. The work done in CA on adjacency pairs, repair and closings of a conversation[183] are good examples of this focus on the sequences of interaction.

The 'founding father' of CA is Harvey Sacks, who applied ethnomethodological ideas to language by discussing a variety of aspects of everyday interaction.[183] His collaboration with Schegloff and Jefferson which resulted in an extensive work on turn-taking in conversations.[161] The Longman Dictionary of Language Teaching & Applied Linguistics[241] identifies three main areas of investigation of CA:

> *a* *how speakers decide when to speak during a conversation (…)*
> *b* *how the sentences of two or more speakers are related (…)*
> *c* *the different functions that conversation is used for (…)*

As with DA, both the language used, the connection between the utterances of different speakers, and the context of the conversation are taken into account. Unlike DA, CA does not mention any specific grammatical features of interest, as CA rather uses ‘a minimum of theorizing and a strong emphasis upon raw data and on the patterns that emerge from the data’.[242]

This study can very well be seen as a conversation analysis of simulated conversations, as it is a study of spoken language that has been transcribed. Even though some of the traditional transcription conventions have been changed, the idea of transcribing talk in a detailed manner comes from CA. Furthermore, the way the data is analysed is very similar to the way in which conversation analysts look at language in that I will assume, like CA does, that meaning is constructed by both participants. Moreover, I assume that each utterance can give information about how the previous utterance has been interpreted, and thus I will analyse what utterances might mean in their context. The topics that are addressed in this project are topics that have been analysed by conversational analysts before.[161;211;217;244] Within these topics, sequences in interaction could yield a better insight in the way in which both conversational partners position themselves.

An obvious difference between the present study and the kind of enquiry with which CA routinely concerns itself is that the texts studies here are not “authentic” in the usual sense. That is to say, they are simulations of authentic data. A second difference is that linguistic features for analysis have already been selected, rather than the researcher immersing in the data and letting patterns emerge. Because I have chosen a relatively large number of interviews for qualitative analysis, this enabled analysis to be more focused.

3.1.2 Qualitative and quantitative research

As mentioned in the introduction, this study tries to find a balance between research traditions from the humanities/sociology and the sciences. Traditionally, (socio)linguistic studies are detailed ventures dealing with a limited number of interviews, to ensure immersion in the data and close analysis. In the sciences, focus is traditionally on the generalisability of results. It was therefore thought appropriate to find some kind of balance between quantitative and qualitative methods. Bunniss and Kelly[245] give a clear overview of different research paradigms, recognising the different types of questions each paradigm asks of data. I will use their paper as a means to explain why different approaches to the data were used in this thesis.

In this work, I aim to answer several questions. One of my questions is: which of the two participants uses this linguistic feature more than the other and how does this correlate with other variables? This type of question, which is looking for a certain 'objective truth', is best answered by statistical methods, using the following variables for testing:

- the number of words spoken
- the number of interruptions that were made
- the number of questions posed

And correlating these to grade awarded to the students. This is a post-positivist way of approaching the data, as the aim is to look for 'causality and fundamental laws'. In this approach, there is hardly room for 'complex, unstable, non-linear' data, which is why another method was used.

Another question I aim to answer is: how do the SP and student relate to one another and how do they define their roles? This is a different, more interpretative question, as 'there are multiple, diverse interpretations of reality' possible. Hodges[7] is very much in favour of a qualitative, more interpretative approach to conversations (especially dialogues within the OSCE), because the more 'psychometric' method cannot answer questions like these. This is why all the potential linguistic markers of conversational dominance (except number of words) have been looked at from a different angle, a more qualitative (socio)linguistic approach. Some of the variables are too complex to define, code and count and qualitative

analysis gives a good insight in what goes on in the consultation, and how the conversational partners relate to one another. In the words of Itakura:[157]

> *… quantitative data in regard to conversational dominance needs to be interpreted in the light of qualitative analysis concerned with the speakers' conversational styles, goals and strategies, and the social and cultural aspects of the mutual construction of meanings in everyday conversation.*

In short: two different paradigms co-exist in this thesis, where multiple methods are used to answer multiple types of questions. Table 5 gives an overview of which elements were looked at and how:

Table 5: An overview of linguistic features and how they are analysed in this project

Heading	Linguistic feature	Quantitative Statistical analysis	Qualitative (Socio)linguistic analysis
	General overview of data	X	X
Floor	Number of words	X	
	Interruptions	X	X
Flow	Questions	X	X
	Topic maintenance		X
Fringes	Openings		X
	Closings		X

The sociolinguistic analysis of the interviews as a whole, the 'general overview of data', (Chapter 4) will focus on the context of the simulated consultations and could provide a framework for the microanalyses in further results sections (Chapters 5, 6, and 7).

3.2 Data

When this PhD project started, the videotapes for analysis were immediately available. I was not present when data were collected. Ethical approval was not sought by external institutions as the subjects of study were students and the filming was an observation of existing

education practice rather than an intervention. The Medical School Education Unit at the University of Birmingham gave formal approval for this study (see Appendix 4).

3.2.1 Selection

3.2.1.1 Why sample?

When performing qualitative analyses, it is difficult to use large amounts of data, as qualitative research can be time-consuming - especially in this PhD project, as six different linguistic features were scrutinised in the data. As I am a linguist working on a project in the arena of medical education, a balance needs to be found between quality of analysis and quantity of interviews. The problem is balancing requirements for a large enough sample to give precise estimates of variables, and the cost and effort of collecting and analysing those data. Rather than a power calculation to decide on sample size, this balance has been the main reason to select 100 tapes (roughly one third of the total population) for transcription and analysis. The tapes were selected by stratified sampling, using grade, scenario and gender as the three criteria for selection. Stratified sampling was done so that conclusions drawn from the 100 tapes are representative of the total population of 316 tapes. This number seemed to be the largest possible number in order to answer the research questions in the time available.

In order to reach a sample of 100 interviews that are representative of the entire population, choices needed to be made on how to select. Because I wanted the results of this study to be representative for the whole population, random selection would not be appropriate here but rather stratified sampling was used. Any aspects that might influence (or be influenced by) students' performance needed to be considered as a stratum in the sampling procedure. The following section will briefly discuss the main factors that might influence the findings in the consultations, such as grade, scenario and gender. These factors need to represent the entire population and are thus used as strata in the sampling process. In other words: the sample used for the present study will have the same proportion of students with higher and lower marks, the same proportion of different scenarios role-played and the same proportion of male

and female students as in the entire population. In the next three paragraphs, I will explain why these strata were chosen.

1) Grade[4]: The examiners of the ISU use a holistic grading system with which they are familiar and which has proven to be consistent.[246] The students with low grades have shown poorer communication skills than the students with higher grades (see the marking schedule in Appendix 3). It is therefore useful to see if grade and linguistic structure of the conversation do indeed correlate, as suggested by Roberts and Wass.[6] In order to investigate the correlation between grade and linguistic structure of the simulated consultation, the final 100 interviews need to have the same proportions of 'good' and 'bad' students as the entire population.

2) Scenario: The scenarios have been devised to offer the students the same level of challenge, but they are not of an identical type: the range of tasks is quite varied. In scenario 1, the student has to break the bad news of an operation being cancelled, which has an influence on the structure of the conversation as it's likely that the student does more talking in the start of the conversation, and the patient might ask more questions later in the scenario. In scenario 4, the patient is nervous about possibly having contracted HIV, in which case the SP will be acting and talking differently than with the patient in scenario 1, who is likely to be angry or frustrated. This means that scenario should be taken into account in analysis and the distribution of scenarios in the sample population is desired to be similar to the distribution of scenarios in the total population.

3) Gender: As already discussed in the literature review, a great deal has been written on gender and language. In the last decades of the 20th century, gender linguistics gained ground and has helped form linguistic theory as we know it today. The literature discusses differences in the way men and women behave in different types of interactions. A great deal of the gender linguistic literature is based on ideas of oppression and power and suggests men and women communicate and take control in a different way, as reviewed previously (see section 2.2.2.1). As this project will be looking at conversational dominance, it would be interesting to take gender into account and compare results to literature from gender linguistics. This

[4] The terms 'mark', 'grade', and 'score' will be used interchangeably in this work.

needs to be taken into account when choosing a sample and therefore the chosen 100 interviews would ideally have the same proportion of male – female students as the entire population.

Ethnicity and socio-economic background are other aspects that might have been worth looking at when selecting data.[247] However, this information was not collected at the time, and the third year students in the data sample have now moved on.

3.2.1.2 The stratified sampling process

The strata for the sampling procedure are grade, scenario and gender, which are used to select 100 tapes out of the total population of 316 tapes. These 100 tapes were then transcribed. In the next few paragraphs, the process of stratified sampling will be explained.

The first stratum I looked at was grade. Each assessment was marked on three aspects of the consultation: knowledge, skills and attitude. For each of these three aspects the student could score an A, B, C, D or E. No E was given in this particular data set. It would be easier to work with only one variable for grade, which is why these three marks for knowledge, attitude and skills were given numbers and were added up in order to obtain one single numerical value for the variable grade, rather than three letters, which is necessary for statistical analyses. To start the selection of data the four marks were awarded points, as illustrated in Table 6:

Table 6: Points for awarded marks

A	4
B	3
C	2
D	1

It means that if a student scored an A for knowledge, a B for skills and a B for attitude, the student would have 4+3+3 = 10 points. This resulted in a distribution of students over 10 different points (3-12), as illustrated in Table 7 below:

Table 7: Number of points followed by amount of students awarded that number of points

Points	No of students
3	10
4	13
5	18
6	55
7	44
8	30
9	44
10	35
11	29
12	38
	316

Considering there are three different attributes (grade, gender and scenario) involved in the stratified sampling, it would be simpler to group some of these marks together in order to create only 5 variables for grade rather than 12. After all, the difference between an AAB (11) student and an AAA (12) student is present, but that difference not likely to be very visible in the structure of the consultation. This is why the groups of points have been amalgamated in bands consisting of two grade-groups, as seen in Table 8 below:

Table 8: The five bands of grades and the number of students in each band

points	No of students
3,4	23
5,6	73
7,8	74
9,10	79
11,12	67
	316

As stated before, this project aims to analyse 100 interviews. This means each number of students in Table 8 above needs to be multiplied by 100 and divided by 316 (the total

population) in order to arrive at the right number of students for this project in that particular grade band. This was done as illustrated in Table 9:

Table 9: Formula for stratified sampling of the variable 'grade'

	No of students (N)	(N*100)/316=	Sample for PhD
3,4	23	7.278481	7
5,6	73	23.10127	23
7,8	74	23.41772	23
9,10	79	25	25
11,12	67	21.20253	22
	316	100	100

Table 9 shows the number of tapes that should be in the sample in order to represent the entire population. Numbers were rounded up to the nearest integer. The next step was to make sure that within the grade-bands, scenarios and gender were appropriately represented. Within the grade-bands in the sample, we are looking for the same proportions of male/female students and scenario numbers as in the entire population. Again, this was done by analysing the total population and calculating the amount of students for the sampled population, by multiplying the total population by 100, dividing by 316 and then rounding it off to the nearest whole number. The process is illustrated in Table 10 below:

Table 10: Formula for stratified sampling for the variables scenario and gender

Total population				**Sample**			
3,4 points				*3,4 points*			
scenario	F	M		scenario	F	M	
1	4	5		1	1	2	
3	1	0		3	0	0	
4	4	2		4	2	0	
5	3	4		5	1	1	
total	12	11	23	total	4	3	7
5,6 points				*5,6 points*			
scenario	F	M		scenario	F	M	
1	19	14		1	6	4	
3	9	11		3	3	4	
4	8	9		4	2	3	
5	2	0		5	1	0	
6	0	1		6	0	0	
	38	35	73		12	11	23
7,8 points				*7,8 points*			
scenario	F	M		scenario	F	M	
1	21	9		1	7	3	
2	1	0		2	0	0	
3	12	8		3	4	2	
4	11	6		4	3	2	
5	3	0		5	1	0	
6	3	0		6	1	0	
	51	23	74		16	7	23
9,10 points				*9,10 points*			
scenario	F	M		scenario	F	M	
1	16	6		1	5	2	
2	0	1		2	0	0	
3	23	9		3	7	3	
4	10	5		4	3	2	
5	2	0		5	1	0	
6	5	2		6	2	0	
	56	23	79		18	7	25
11,12 points				*11,12 points*			
scenario	F	M		scenario	F	M	
1	5	8		1	2	3	
2	1	1		2	0	0	
3	13	10		3	4	3	
4	13	10		4	4	3	
5	1	1		5	1	0	
6	2	2		6	1	1	
	35	32	67		12	10	22
Total: 316				Total 100			

At this stage, tapes were selected by making lists of contenders (see Appendix 5). Each tape in a set of contenders was numbered. The numbers were entered in statistical software package MiniTab Version 15 , thus randomly selecting the tapes by the random generator function. Three tapes were selected to be part of the sample for research but had to be rejected because the tapes were faulty. New tapes were selected from the list of contenders to replace them.

3.2.2 Transcription

3.2.2.1 Transcription choices

Paradoxically, researching spoken language often starts with writing down speech. The richness of spoken language intrigues researchers, yet the constraints of the written word consequently take some of this depth away. It is impossible to transcribe all aspects of speakers voice(s), body language, surroundings, and so on. Ten Have[248] therefore describes a transcript as being 'a *translation* (.) of the actually produced *speech* into a version of the standardized *language* of that particular community (…)'. Research into transcribed, spoken language therefore starts with a compromise, as the researcher has to choose which parts of speech should be included in the transcripts and which should not. The benchmark in transcription conventions is the work of Jefferson,[161;249] whose transcription symbols are widely accepted and used by conversation analysts and others. Most conversation analysts use her system of transcription symbols which facilitate 'communication and understanding of research studies.'[250] In this project, many of the transcription symbols are based on Jefferson's work. Some of Jefferson's conventions, however, were discarded.

Jefferson states that detailed transcription conventions can make transcripts 'a nightmare' to read, but finds this level of detail necessary to transcribe because 'it's there, plus I think it's interesting.'[249] There is something to be said for detailed and complete transcripts, but transcripts should not be more detailed than necessary - which made me opt for less delicate transcripts that are fit for the purpose of this study. Furthermore, the transcripts should be easily readable to non-linguists, because this study is aimed at those working in medical education, which is an argument to simplify transcripts slightly in order to make them clear to a broader audience. When determining the level of delicacy of transcription, I also considered

the research aims of this project. This PhD focuses on discourse features such as interruptions, questions, turn taking, opening and closing sequences, which means that a very detailed transcription method is not necessary. It was therefore decided the interviews did not require phonetic transcription and pauses of shorter than one second did not need to be represented. Stress on syllables in multi-syllabic words has not been transcribed either.

Below, a section of interview 46 has been transcribed using Jefferson's transcription conventions for overlapping speech and backchannels:

1	MS46:	Well I I could speak to the doctor if that's what you'd like me
2		to do
3	SP8/46:	right
4	MS46:	and then [we c o u l d t a k e it] from there
5	SP8/46:	[yeah I would actually]
6	SP8/46:	yeah thank you I mean I don't want anyone else to be treated
7		in this way I I I don't see [why that – why there is a]
8		provision for you know a little bit more privacy
9	MS46:	[yeah I understand that I
10		appreciate]

The bracket system used by Jefferson has not been adopted for several reasons. Firstly, the brackets indicating overlapping speech can be lost or cause a crash when transferring transcripts into the software package QSR NVivo 7, which will be used for analysis. Secondly, I wanted the transcripts to clearly reflect what was going on in the transcript in the area of floor-holding and conversational dominance. During a pilot session of transcribing the data, it became clear that (unlike the findings of Edelsky[143]) most of the time, only one person holds the floor, yet this is not reflected by a transcript when using Jeffersonian conventions. For example: line 2 and 4 were actually part of one utterance – MS46 did not breathe or pause in between these lines, and RP8 did not seem to want to say more than 'right' in line 3. This made me consider the transcription of backchannels such as 'right', 'yeah', 'ok', and 'hmhm'. Backchannels, or minimal encouragers, are used to encourage the speaker to talk but <u>do not</u> interrupt the floor-holders turn. Therefore, I feel it should not look like an interruption in the transcripts either. This is why the following mode of transcribing overlapping speech and backchannels was chosen:

1	MS46
2	Well I I could speak to the doctor if that's what you'd like me to do
3	/ and then / we could take it from there
4	RP8/46
5	/right /yeah I would actually
6	
7	RP8/46
8	yeah thank you I mean I don't want anyone else to be treated in this
9	way I I I don't see / why that – why there is a provision for you
10	know a little bit more privacy
11	MS46
12	/yeah I understand that I appreciate

These conventions were developed for papers by Skelton et al.[251;252] The empty line, line 6, indicates a switch of turns. Utterances starting with / are either backchannels or overlapping utterances that do not take over the turn, and the same symbol is used in the speech of the floor-holder, to indicate where the backchannel is inserted or the overlap occurs. If overlapping speech does result in a switch of turn to the person who was overlapping, it would be indicated as follows:

1	MS83
2	I I do apologise but we <u>do</u> get emergency cases from time to time
3	which do take precedence in some cases erm you can have our
4	deepest apologies erm what I <u>can</u> do is I can put you in touch with
5	the patient advice and liaison service and hopefully we'll be able to
6	come to some sort of // resolution
7	
8	RP4/83
9	// it's just been cancelled↑ [1] this is the second time- this is the
10	second time it's been cancelled I've had to take a day off work

The // symbol indicates overlapping speech that takes over the floor. Empty line 7 indicates that the turn has been taken over.

When thinking of transcription conventions at the start of transcription, it became clear that analysis does play a part in the way one transcribes. Transcripts are not objective representations of spoken data, but 'selective, 'theory-laden' renderings'.[248] Or in the words of Edelsky:[143]

> *(…) data analysis begins well before the traditional "data analysis stage" in research; that is, that transcribing data is at once problematic, intuition-producing, and fraught with often unreported yet important decisions.*

There are many issues that arise when capturing speech on paper. Transcription 'is an extremely difficult and imperfect art'[253] and all that the researcher can do is to be clear and consistent in transcription conventions. I created a final list of transcription symbols based on both the transcription conventions used by Skelton et al.[251;252]and Jefferson[161;249] (see Appendix 6).

3.2.2.2 The transcribing process

The selected tapes were transcribed in an arbitrary order and renumbered 1-100, making the identity of students difficult to recognise, as this disrupted the alphabetical order in which the tapes were so far stored. Since the participants in the conversation are not doctors but medical students, they are labelled MS, followed by the number of the interview. The Simulated Patients, or SPs, were also given a number. In each transcript they are labelled SPx/y, where x is the role-player number and y the interview number.

No software tools were used for transcription – the tapes were played on a video-recorder, which was attached to a large television screen for better audio quality and visibility. The transcripts were created using Word on a computer screen next to the television screen.

Non-verbal data has been transcribed to a certain extent. Head-nods and handshakes were all transcribed, because they often serve as a means to facilitate the consultation and seemed to support the construction of roles (the role of 'listener' and 'respectful professional' respectively). Coughing, laughing and shift in body language has also been noted, to facilitate interpretation in the analysis. More complex and continuous features such as gaze have not been transcribed, but 'looking down'or 'looking away' have.

After having transcribed the first 50 tapes, I went through all of them to ensure consistency. After this, the remaining 50 tapes were transcribed. Having transcribed all 100 tapes, I went back to the first tape and the first transcript in order to establish if transcription style had

changed. There were some minor differences. Firstly, in transcript 1 some small linguistic data were not transcribed - such as stutters and repetition of short words like ‘the’. Secondly, some verbs were not abbreviated in transcript 1 – even though the MS or RP would pronounce [aim] or [aiv] , the spelling would be *I have* and *I am* rather than *I’m* and *I’ve.* The difference between *I have* and *I’ve* might not seem to be of relevance for analysis, but it actually does have an effect on word count - which is part of the analysis. For this reason, all 100 tapes and transcripts were respectively listened to and looked at again to maximise consistency and repair mistakes and inconsistencies.

.2.2.3 Consistency

To check consistency in transcription as well as the quality of my English, three native speakers of English (who are also trained linguists working in the field of medical education) were asked to check the transcripts. It was agreed that if the degree of difference between them and myself exceeded 5% (calculated by counting the number of words corrected), I would have the remaining 70 tapes double-checked as well. Therefore, 30 transcripts were randomly selected (again, by the random number generator in MiniTab 15) and allocated to the linguists, who looked at 10 transcripts each. The native speakers disagreed with me at times and proposed to either replace some words, add some words, change the form of words (for example: ‘thought’ in stead of ‘think’) or correct the spelling of words. All three of them, however, agreed with the quality of transcription; none of them proposed changes in the transcription symbols, nor did they comment on consistency of transcription. The degree of difference and the percentage of difference per linguist/native speaker can be seen in Table 11, Table 12 and Table 13 below:

Table 11: Native speaker/linguist 1 (tapes 13, 18, 29, 42, 46, 58, 66, 74, 76 and 87)

words replaced	37
words added	37
form of word changed	6
words deleted	4
corrected spelling	8
total	92
total words transcripts	14,915
percentage changed words	0.62 %

Table 12: Native speaker/linguist 2 (tapes 6, 14, 31, 38, 39, 43, 56, 61, 72 and 94)	
words replaced	108
words added	127
form of word changed	17
words deleted	16
corrected spelling	6
total	274
total words transcripts	14,129
percentage changed words	1.94 %

Table 13: Native speaker/linguist 3 (tapes 1, 12, 20, 45, 48, 51, 52, 81, 84 and 91)	
words replaced	126
words added	69
form of word changed	13
words deleted	34
corrected spelling	21
total	263
total words transcripts	12,700
percentage changed words	2.07 %

As may be seen from these tables, the linguists/native speakers proposed changing a certain percentage of the total amount of words, ranging from 0.62% to 2.07%. I therefore decided not to take action on the other 70 transcripts, as the total percentage of proposed changes in words (see Table 14 below) is well under the 5% cut-off point decided in advance and thus an acceptable degree of difference.

Table 14: Tables 10-12 added up	
words replaced	271
words added	233
form of word changed	36
words deleted	54
corrected spelling	35
total	629
total words transcripts	41,744
percentage changed words	1.51 %

I listened to the tapes again, considering the differences highlighted by the native speakers. All the changes proposed were altered in the transcripts, bar 5 cases in which I disagreed with the linguist checking the transcript. In these cases, I decided to discard the proposed change after a discussion with the linguist proposing the change. This process marked the end of the transcription process – a process that is never really finished, but must end at some stage in order to start the analysis. The final transcripts can be found in Appendix 10.

3.3 Analysis

This sub-chapter will describe how the data will be analysed. The first part focuses on the statistical tests that will be used and which variables are of importance in the quantitative analysis, whereas the second part will set out how each linguistic feature was analysed.

3.3.1 Statistics

As mentioned, certain aspects in this thesis will be described and analysed quantitatively, using statistical methods. The goal of this analysis is to give a clear overview of how certain variables are distributed across the interviews and to see if certain variables influence each other. The variables that will be discussed in this way in are:

- A general overview of the data
- The number of words in total and per participant
- The number of interruptions in total and per participant
- The number of questions in total and per participant

The next section will describe which statistical tests were undertaken in this study and why.

3.3.1.1 The importance of testing associations between variables

The next section will explain how variables were grouped and why there is a need to test certain associations. Then the statistical tools to investigate these associations will be described.

The variables identified by me before any analysis was undertaken, were divided into three categories, namely:

a) categorical variables with two categories only,
b) categorical variables with more than two categories
c) quantitative variables

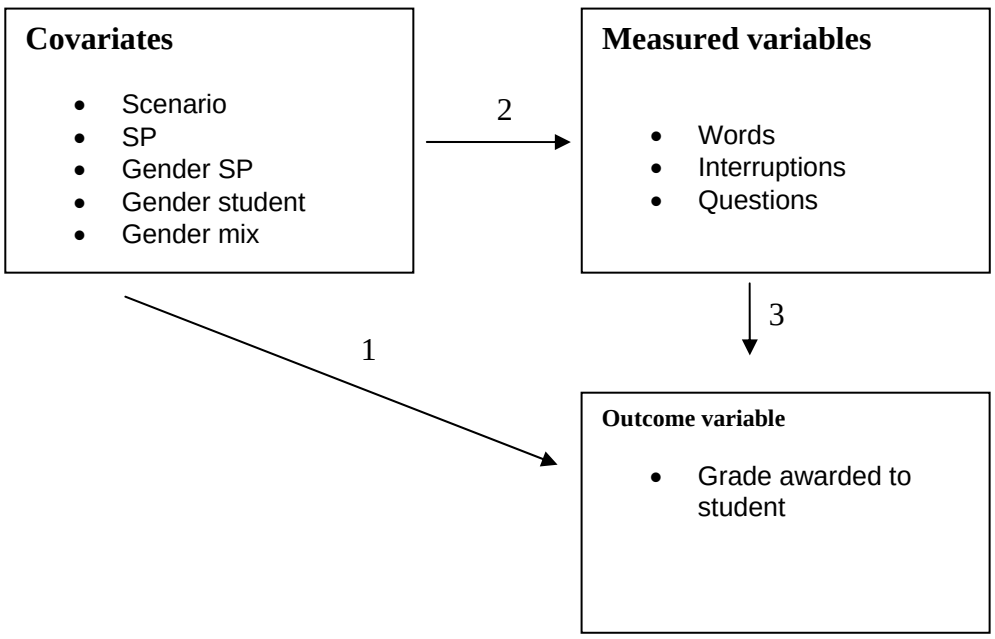
An overview of these variables is given in Table 15:

Table 15: An overview of variables

Type of variable	Variable	Description
Categorical variables (2 categories)	Gender SP	Was the SP male or female
	Gender medical student	Was the student male or female
Categorical variables (more than 2 categories)	Gender mix	Code for the possible gender combinations of SP and student
	SP	Code for the SP that role-played the consultation
	Examiner	Code for the examiner for the assessment
	Scenario	Code for the scenario played out in the consultation
Quantitative variable	Grade	The mark awarded to the student, calculated as described in (3.2.1.2)

The focus of this study is the simulated consultation, but there are some variables that precede and supersede the interview. First of all, there are aspects of the assessment that were decided before the consultations started, for example: the gender of the SP, the gender of the student and the scenario that was played. Before the SP and student have even uttered a word, these variables were decided. These aspects will be called covariates. Then there is the variable 'grade', which can be seen as the result or the outcome of whatever happened in the interviews. Finally, there are the aspects that this study wants to measure and analyse, namely the measured variables: number of words, interruptions and questions. Figure 7 summarises the different variables just mentioned. In this figure, the lines represent the associations that should be tested.

Figure 7: A graphic overview of relevant variables in the data



Line 1 is the association between the covariates and the outcome variable. If the assessment is valid, there should not be a significant association between any of the covariates and the outcome variable, because that would mean that certain students are advantaged or disadvantaged purely by the way the assessment is set up.

Line 2 is the association between covariates and measured variables. This measures if certain aspects in the set-up of the assessment influence the structure of the conversation, and can indicate, for example, if female students ask more questions or if the role-played scenario influences the number of words. Knowledge of this type of association is relevant for both teaching and assessing communication skills because it highlights how certain aspects influence the structure of the consultation.

Line 3 is the association between the measured variables and grade. Questions that can be answered by testing this association, are:

- Does the number of words spoken influence the grade?
- Does the number of interruptions made influence the grade?
- Does the number of questions asked influence the grade?

This is important information to find out, as it shows us what type of linguistic behaviour gets rewarded by the examiners.

Correlation tests will help find out if the set-up of the communication skills assessment is of influence on the measured variables and to determine if certain linguistic behaviour is rewarded with a higher grade (or penalised with a lower grade).

3.3.1.2 Statistical tools to test associations

To test associations, there are a variety of tests that can be undertaken. In this paragraph, an overview will be given of these tests and when they will be used. All of these tests try to establish an association between one variable and another. The type of test used depends on the nature of the variable.

When a correlation is tested between quantitative variables, the test undertaken depends on the normal distribution of these variables. If both variables are normally distributed, MiniTab's simple correlation test suffices, whereas Spearman's rank correlation test needs to be chosen when one (or both) of the variables does not follow the normal curve. The Pearson correlation coefficient test is appropriate for testing an association between two quantitative variables.

Table 16: The appropriate tools for testing an association between a quantitative and a categorical variable

	Categorical variable (2 categories)	**Categorical variable (more categories)**
Quantitative variable (normally distributed)	2 sample T-test	ANOVA test
Quantitative variable (not normally distributed)	Mann Whitney test	Kruskal-Wallis test

When testing a correlation or association between a quantitative variable and a categorical variable, both normality of the quantitative variable and the number of categories (2 or more) of the categorical variable influence the choice of test. In Table 16, the possible combinations of variables are shown with the appropriate statistical test to undertake. With the sample size being 100, the power of correlation tests is quite high, namely 86% for detecting a correlation of 0.300, using a 5% significance test.[254]

The Kruskal-Wallis test was used to test associations between scenario or SP on one side and number of words, interruptions and questions on the other. After finding a significant association ($p<.05$) or no significant association ($p>.05$), a table of Z- scores can give a better insight into the data. Z-scores are a way of standardising scores to give a context-free idea of how data is distributed. A Z-score represents the score of a particular covariate in relation to the mean of all the covariates in the group. For example, it can show the distribution of words per scenario in relation to the mean distribution of words in all scenarios. In an overview of Z scores, any score between 1.98 and –1.98 means that distribution of that particular item is in the 95 % percentile of the normal curve. Any score between 2.58 and –2.58 sits within the 99 % percentile of the normal curve. Scores outside these boundaries are significantly different from other scores.

3.3.1.3 Descriptive statistical tests

To give an overview of the data, as well as an overview of the measured linguistic features, descriptive statistic tools as available in software packages MiniTab 15 and SPSS 14. In this section, I will set out which tests and tools were used and why to describe data.

It is important to know if, for example, certain scenarios or SPs are used more than others in the data. In order to see how certain variables were distributed through the data, frequency tables were used. To chart how many words, interruptions and questions occurred in the speech of either participants, pie charts were used as a tool to visualise which participant does these things more.

To test normality of the distribution of a variable, the Anderson-Darling normality test was used. When testing normality for a certain variable in Minitab, the P value given states if that variable is normally distributed ($p>.05$) or not ($p<.05$). A histogram with a superimposed normal curve can show how the distribution of a variable deviates from the normal distribution. If a variable is normally distributed, the mean and standard deviation will be used when describing the variable. If a variable is not normally distributed, the median and the inter quartile range will be given.

To compare how similar or different distributions of words, interruptions and questions of either participant are, the Wilcoxon signed rank test can be undertaken. This test will show whether the number of SP words, interruptions or questions are significantly different ($p<.05$) or not ($p>.05$) from the number of the medical students' words, interruptions or questions. These tools were used to describe findings generally, before any correlation tests or General Linear Model testing was undertaken.

3.3.1.4 General Linear Model testing

The correlation tests described above test associations between two selected elements, which is so called univariable testing. However, sometimes this type of testing cannot capture other

important correlations and can miss out on the overlap between certain covariates. In order to test associations while taking more than one variable into account, GLM analysis will be undertaken. GLM tests analyse whether a combination of covariates can explain the distribution of a particular variable and can measure to which extent they do. Only GLM models with an R-square of over 30 % were considered. This means that this thesis discussed only those GLM findings that explain at least 30 % of the distribution of a certain variable. Residuals were tested for normality.

3.3.2 Methods of analysis

So far, an overview has been given of the approach to the data and the way the data will be analysed. Also, relevant statistical tools that are of use here were listed. The following paragraphs will give a detailed account of how each aspect will be analysed.

Before analysing the linguistic features that were chosen as potential markers of conversational dominance, a more general overview of the data will be given.

To avoid confusion, this section will also give definitions of the linguistic features that are looked at in the analysis. Some of the definitions (interruption, question) are reliable, as these aspects needed to be coded and counted for a quantitative analysis. Other aspects have a less detailed definition (topic, opening, closing), because the analysis will be an exploration into how these aspects are constructed by the conversational participants.

3.3.2.1 General overview of the data

The statistical tests as described in the previous sections will be used for the quantitative part of the overview. The focus of this quantitative overview is to gain awareness of distribution of variables that might influence or enhance understanding the analysis of each feature on its own. Findings about linguistic features can be interpreted by keeping in mind which scenarios

were played, which SPs played them, the gender of participants and the mark awarded to the student.

The qualitative overview aims to 'set the scene' and to gain understanding of the nature and the context of the interviews. A sociolinguistic approach is taken and by analysing the roles of the participants and looking at how this might influence language, a framework will be created for the analysis of the language of these consultations. A general overview of the data and its context is also an attempt to avoid an analysis where the focus is solely on linguistic features. It is of importance for the context and greater meaning not to get lost in microanalysis.

3.3.2.2 Taking the floor

This part of the analysis will focus on which participant dominates the floor and how the participants take the floor. In the definition of 'floor' in 2.2.3.1, both having the floor and taking the floor are mentioned. These two are measurable by counting number of words spoken and interruptions made by each of the participants. In this section, I will explain how number of words and interruptions were and measured.

3.3.2.2.1 Analysing number of words

James and Drakich[154] reviewed the literature on amount of talk in conversation and found that most studies measure speaking time by counting words, length of turns, seconds spent talking or the number of turns. Following Itakura[158] – who in turn follows many researchers before her - the first way to measure floor in this project will be by counting words. The amount of words uttered by each conversational partner will give a rough idea of who is the more dominant conversational partner. The data is approached from a numerical angle when it comes to these measurements of floor, which inspires Itakura[157;158;255] to name these markers of power *quantitative dominance*.

If one wants to count words per speaker, the speech of medical students and that of the role-players must be separated and then counted. Separating speech in dialogues can be done with

computer package NVivo 7 and Microsoft Word by following the steps set out in Box 15 below.

Box 15: How to separate speech of participants in a dialogue

- Upload transcripts to NVivo
- Replace heading levels on MS and RP identity codes
  - *Edit → replace*
  - Make MS heading level 1
  - Make RP heading level 2
- Autocode
  - *code → auto-code*
  - Choose to autocode all heading levels
  - Copy separated speech from the node menu
- Miscosoft word
  - Paste the separated speech in a document
  - *extra → word count*

After this, the transcripts were filtered of any non-verbal behaviour. Consequently the amount of words per speaker was established. Possible associations with other variables (grade awarded to student, scenario, SP, gender) can be tested using statistical tests described in section 3.3.1.

3.3.2.2.2 A definition of 'interruption'

As mentioned in the Background chapter (Chapter 2), there are different interpretations of the term 'interruption'. Because interruptions are coded and counted, it was important to have a clear definition of the term for this project. The definition used in this thesis is displayed in Box 16 below:

Box 16 : A definition of 'interruption'

A interrupts B successfully if:

- A starts talking while B is talking or breathing to talk
- A keeps on talking
- B finishes talking (immediately or after some overlapping speech)
- A keeps on talking and has taken over the turn

This definition was chosen because in the light of 'taking the floor', it is of interest to see how turns switch by one participant talking over the other. This does not mean that other interpretations of 'interruptions' are rejected, but that this interpretation is reliable enough to be analysed in 100 transcripts and is fit for the purpose of this study. Interruptions are linked to overlapping speech, but not all overlapping speech is an interruption, which I will illustrate and clarify using examples from the data.

First of all, there are some occurrences of overlapping speech that are not identified as interruptions according to the present definition. One example is given below:

MS78
Unfortunately I've got some ((leans forward)) very bad news for you / eh SHO's had to go away to an emergency situation / so he won't be available to see you today
SP15/78
/right /right

In this example, the SP talks over the medical student, yet I have not counted this as an interruption. The reason for this is that I have counted 'right' as a so called minimal encourager or backchannel. These short utterances can be interpreted as a sign of encouragement to the speaker to keep on talking, which is the opposite from what an interruption does (interruptions stop the speaker's talk). This is why minimal encouragers, though they might overlap with the speaker's talk, are not counted as interruptions. The items I counted as minimal encouragers are: *OK*, *right*, *all right*, *yeah*, *hmm*, *hmhm* and head-nodding.

A second occurrence of overlapping speech which has not been coded as an interruption, is illustrated in the following example:

MS13
Erm [1] basi[cally] basically that patient is has had a a complication with their aorta and it's it's a major blood vessel and if he doesn't repair that straight away erm it – basically she could die / or he could die so unfortunately he has not been made available to do your your operation today
SP10/13
/Oh dear

In this example, the SP utters 'oh dear', which overlaps with the speech of medical student 13. One could call this an interruption, as the SP speaks over the student who is in the middle of a story. However, I feel that the SP does not want to take over the turn and rather than disturbing the student's talk, the SP responds to it. In a way, this is very much like the minimal encouragers, as it is a token that sends off the message that the listener is still listening and understanding the speaker's talk. This is why short utterances like these have been called 'response tokens' and will not be seen as an interruption.

A third example of overlapping speech that is not seen as an interruption in this project, is the simultaneous start:

[2]

MS34
// basically

SP9/34
// oh you're kidding me

There is simultaneous speech in this fragment, however it is not clear whose turn it was to start with. Because there was a silence, the floor is open for a both conversational participants to start a new turn and thus this type of simultaneous talk will not be seen as an interruption – after all, it is unclear who would be interrupting who here. Despite the fact that there is no interruption here, this type of overlapping speech will be looked at more closely, considering that these occurrences are interesting in the light of conversational dominance (who stops talking, who gets the floor when both participants want to take the floor).

A fourth type of overlapping speech is the type that is very much like the definition of interruption used here, except for the fact that the speaker does not stop speaking and does not let the floor be taken by the other conversational partner:

SP3/15
Well I think they're all helpful / they're all helpful yeah eh eh [2] I mean there's that big thing it sounds rea::lly silly and really materialistic I am applying for a mortgage / wit[hin] within that there they've got you've got the life insurance and they ask to see your medical record don't they / and they ask you if you've had an HIV test and that's it - even if it was negative /they ask it and [1] I don't want that to go against me this is my first house I I found somewhere I want to live I've got money behind me and
MS15
/very nice you see they're all here to /((nods)) /yeah /HMM

In this example, MS15 tries to say something ('very nice to see they're all here to') but does not finish the utterance, perhaps because SP3 keeps the floor. This has not been classified as an interruption, because MS15 did not take the floor – it is still SP3's turn. However, these occurrences are of interest for the present analysis of floor, as this can be seen as an attempt to take over the floor but SP3 does not give away the floor. This is why these occurrences, which I call 'overtalk', will be discussed in section 3.4 of the results in Chapter 5.

Finally, an example of an interruption according to the definition in Box 8:

MS46
Yeah I mean like as far as the question erm the questions go that's just to establish the history and you know to get to the root of the problem erm and so those things had to be done but // if if you're unhappy with the way

SP8/46
//yeah but why in such a such a a vocal way why why so loudly↑

3.3.2.2.3 Analysing interruptions

To facilitate analysis of successful interruptions, turns started by overlapping speech have been transcribed (see 3.2.1.1) by using the // sign and could therefore be easily counted transcripts. These utterances will be coded in computer package NVivo 7. Interruptions made by the medical student and those made by the SP will separately be counted and can then be

tested for associations with other variables (grade, scenario, SP, gender, number of words) using the tests as described earlier in this chapter.

Interruptions are not just looked at from a quantitative perspective. According to Itakura:[158]

> *(…) quantitative data in regard to conversational dominance need to be interpreted in the light of qualitative analysis concerned with the speakers' conversational styles, goals and strategies, and the social and cultural aspects of the mutual construction of meanings in everyday conversation.*

Taking into account the roles of each speaker in the conversation as discussed in the overview of the data, different types of interruptions that are present in the data will be described. The main focus of the linguistic analysis is to find out how student-initiated interruptions differ from SP-initiated interruptions.

In addition to the analysis of interruptions, I would like to give a qualitative impression of linguistic markers that are related to 'the floor'. Due to time constraints, these aspects cannot be analysed in detail, but I do want to give an overview of how these linguistics features occur in the data and how they might interact with other findings. Aspects that will receive some attention are:

- Overlapping speech
  Sometimes, participant A can talk over participant B without taking over the turn. In our definition (see Box 16), this is not an interruption. However, it is worth investigating what types of other overlapping speech occur in the data.
- Simultaneous starts
  After silences in the consultations, there are occurrences in which both participants start talking at the same time. I am interested in how this simultaneous turn taking is resolved by the conversational partners.

3.3.2.3 Controlling the flow

This part of the analysis aims to find out who takes charge of the conversational 'flow', by asking questions and initiating a topic of conversation. In this section, I will describe how these aspects will be analysed.

3.3.2.3.1 A definition of 'question'

In the literature review, the difference between form, the speaker's intent, and the discourse function of a question were discussed. These three features are all included in the definition used here, and I argue that any of these aspects alone does not constitute a question. Box 17 shows a working definition of question:

Box 17: A working definition of 'question'
An utterance is a question when it possesses at least two of the following three features: a) The utterance is interrogative b) The utterance is aimed at finding out information c) The utterance is responded to with information

This definition takes account of the form of the utterance, but also of the speaker's intent and of the response of the speaker, which means we will be interpreting a question as a first part of an adjacency pair. This definition asks for the context to be closely examined in order to define a question. I argue that an utterance needs to comply with at least two of above features in order to be a question, which leads to a limited set of possible questions. Theoretically, there are four possible combinations of features a, b and c as mentioned in Box 17. Data were examined closely to test how viable this definition was.

First of all, an utterance is a question if a, b and c are fulfilled. This is what one could also call a 'direct question'. An example from the data would be:

MS46
So how are you feeling about that now then↑

SP8/46
I'm feeling [2] pissed off about that I feel like my privacy was you know compromised and I was put in an embarrassing situation where I didn't think there was any need for it

This type of question is quite straightforward: it is clear that the medical student wants to know something, s/he does it by uttering an interrogative and the SP responds by giving the information the student wanted.

Secondly, based on this definition, I would also call an utterance a question if only a and b are fulfilled. However, we could not find an example of an interrogative that sets out to find information but finds no response in the data.

Thirdly, if a and c are fulfilled, the question is an interrogative that gets a response by the other conversational partner but was not meant to find out new information. An example of this is the following question:

MS1
you just want to have it done // don't you

This type of question is also called a tag-question. The intention of the conversational partner asking a tag-question is not necessarily to find out information. After all, the questions often repeat something that has been said before or a topic that has transpired clearly from earlier conversation. MS1, for example, knows perfectly well that the patient 'wants to have it done'; after all, the SP has talked about it at length. The speaker's intention with these types of questions is to get their conversational partner to agree with them or to keep on talking – tag questions have expected answers. In the data, these questions do elicit a response and the form of the question is interrogative.

And finally, if b and c are both fulfilled, a question is a non-interrogative that sets out to find information and receives a response, such as in the following extract:

SP17/66
I bet that if I were a doctor my appoint[ment] my operation wouldn't have been cancelled

MS66
I don't think that's the erm case the NHS is there for everyone to use I don't think there is preferential treatment

There are many utterances like this one in the data, in which the requests for information are not presented as interrogatives. However, the medical student understands that the SP requires an answer and fills the second part of the adjacency pair.

This investigation led to a more detailed definition of questions, as set out in Box 18:

Box 18: A definition of question

Possible characteristics of a question:
a) The utterance is interrogative
b) The utterance is aimed at finding out information
c) The utterance is responded to with information

A question is an utterance that takes one of the following forms:

- a, b and c
- a and c
- b and c

Coding and counting of data took place after this definition was accepted. As mentioned before in the Background Chapter (Chapter 2.2), defining a question is difficult. Despite the satisfactory coding of all questions in the data, some utterances were difficult to judge and will be discussed in the Results Chapter (Chapter 6).

3.3.2.3.2 Analysing questions

Questions will be analysed very similarly to the way interruptions are; questions will be coded and counted per participant. The number of questions will then be tested for any possible associations using standard statistical tests.

For a qualitative or linguistic approach to questions, the main question is: what types of questions do the two participants ask? Differences and similarities between styles of question-asking will be discussed and analysed. Finally, any sections from interviews that stand out in respect to question-asking, will be selected and presented for discussion.

3.3.2.3.3 Analysing topic

As discussed at the start of the methodology chapter (Chapter 3), topic initiation will not be analysed quantitatively. A sociolinguistic approach will be taken, as I feel it is too difficult to give a reliable definition of topic for quantitative analysis. Data will be discussed in detail, using examples to illustrate how topics are initiated and acknowledged. The language of the medical student and the SP will be considered separately, in order to detect differences and similarities in the way they take part in maintaining topics.

Sinclair and Coulthard[204] include a concept called 'initiation' in their model of discourse analysis. I have chosen not to use their method, as the concept of initiation is part of the complex structure of their discourse analytical model which I feel would have restricted the present analysis. Other previous analyses of topic have been extensively reviewed in the background chapter (section 2.2.3.2.2). However, according to Brown and Yule[196] 'formal attempts to identify topics are doomed to failure…' and Ainsworth-Vaughn[133] agrees because the components one can analyse are 'either too large or too small'. She feels that it is difficult to determine what an 'overarching abstract' topic of conversation is and that it is also difficult to draw boundaries for micro-topics in a conversation. After a brief and quickly abandoned pilot study on topic on the data in this project, I agree with these statements. The analysis of topic development either became overly detailed with each utterance being coded with additional comments on how the utterance was linked to a previous utterance. Another, more abstract approach yielded meaningless results. This is the reason the approach to topic

initiation, topic shift and topic following behaviour will be more an exploration of the data and a highlighting of moments in which a participant takes control over topic maintenance.

Because topic development is difficult to code, to label or to talk about in any way more than in ordinary language, topic will be taken to mean simply a subject that is being talked about but won't be analysed into detail per utterance. However, it is easier to code, label or talk about abrupt changes in topic, partly because they are accompanied by linguistic markers like summaries, short utterances and silences. For the analysis of topic, initiations will form the main point of interest. This includes initiations of topics after a silence and a change in topic whereby a previous topic is abandoned. The literature suggests other linguistic features to look out for when analysing topic initiations, such as pauses and short turns that tend to mark topic-change. In order to get an idea of who controls the 'flow' of the simulated consultations, they will be analysed for:

- clear topic initiations
- topic shifts
- topic following behaviour.

'Topic' requires a less precise definition, as the aim of the analysis is to describe how topic initiation is conducted in the simulated consultation. For a rough definition of topic initiation, however, I will follow Tracey:[197]

> *A topic initiation occurred if the first topic in a speaking turn was different from the last topic in the previous speaking turn in one or more of the following ways: (a) different content, (b) different person as subject, (c) different time reference, (d) different level of specificity, and (e) interruption.*

I agree with this definition, but feel that topic-initiating interruptions do not have to be defined as a separate category within topic initiation. This led to a definition of topic initiation as described in Box 19:

Box 19: A practical definition of 'topic initiation'

Speaker A initiates a new topic if A's utterance:

- Involves a different content or;
- Refers to a different person or;
- Refers to a different time or;
- Deals with a different level of specificity.

This definition deals with the initiation of topics, but of equal importance is the reaction to this initiation by the conversational partner. Participant A could initiate a topic which participant B does not acknowledge – the initiation of a topic takes place, but is not acknowledged by speaker B. This is of interest for the dynamics of the interaction which is why topic following behaviour will therefore also be taken into consideration.

3.3.2.4 Managing the fringes

For this analysis, again, no precise definition is necessary as these linguistic features will not be coded and counted meticulously as interruptions and questions. A rough definition of opening and closing phases has not been found in the literature, but I will attempt to narrow down those parts of the interviews that are of interest. This section will clarify how openings and closings will be looked at.

3.3.2.4.1 Definition of 'opening phase'

The opening of a simulated consultation is relatively easy to define, often because the examiner tells the SP and the student to start. When they do, this is also the start of the opening phase. Defining where the opening phase ends is a bit more difficult, but after going through the interviews, the definition as set out in Box 20 was decided upon.

Box 20: A definition of 'opening phase'
The opening phase starts: • after the starting announcement of the examiner The opening phase ends: • after the introduction which might consist of the exchanging of names and a greeting • after a topic of conversation is introduced

The analysis of the opening phase will be used to find out what an opening entails in the simulated consultations.

3.3.2.4.2 Definition of 'closing phase'

The end of the consultation is easy to find in the simulated consultations: it's when the examiner starts talking again which signifies the end of the simulation. Whereas the start of the opening phase is easy to establish, the start of the closing phase is much more difficult to define. As with 'topic' and 'opening', 'closing' is analysed purely in a sociolinguistic way and thus does not need to be (and in my opinion, cannot be) defined as precisely as 'interruption' or 'question'. However, a practical definition of what a 'closing phase' is, is necessary. In Box 21, a rough idea is given of what a closing phase is:

Box 21: A definition of 'closing phase'
The closing phase starts: • When no new content is introduced in the conversation, and; • Often after a pre-closing (like 'ok'), or; • Often after a long silence The closing phase ends: • When at least one of the participants looks at and/or talks to the examiner • When the examiner starts talking

The analysis should be a tool to find out what a closing phase consists of in a simulated consultation.

3.3.2.4.3 Analysing openings and closings

When researching the opening and closing phases of the interviews, no quantitative analysis was undertaken. Rather, I immersed myself in the data to get an idea of how the conversational participants behave in the opening and closing phases of the consultation.

When looking at opening and closing sequences of the consultation, it is of interest to see how the two conversational participants contribute to this stage the interaction. The aim was to set out different elements of an opening and closing sequence and to find out which of the participants takes the lead in this particular phase. Aspects that have been analysed before, such as questions, interruptions and topic initiation, might be of interest in this analysis. Non-verbal behaviour like shaking hands might also be a marker of taking control over the simulated consultation. By means of this analysis, I aimed to get an idea what openings and closings of the simulated consultation consist of. Firstly, around 15-20 random interviews were to be analysed and elements of openings/closings noted. This resulted in a list of features that occur in a 'typical' opening/closing. After that, all interviews were analysed to see if these features are present in all interviews and note will be made of any other features occurring around the fringes of the consultation. Through this iterative process, both elements that stand out and elements that are frequently part of an opening/closing should be detected and described. This can be compared to findings in the literature regarding the constituents of the opening or closing of a conversation.

4 RESULTS – OVERVIEW OF THE DATA

This section of the results chapter is designed to give an overview of the data in order to get a better insight into what happens in the conversations as a whole. The first section will take a closer look at how different variables are distributed, to confirm such basic data as gender of SPs and students, which scenarios are used more than others, etc. For an assessment, it is important that the set-up of the exam does not influence the students' final mark. Section 4.1 therefore explores whether there are correlations between any of the set variables (SP, gender, scenario, etc) and the outcome variable (grade awarded to student) will be tested. The second part of this chapter will be more qualitative in nature and will focus on the nature of the data and how the social context might influence the structure of the interviews.

4.1 Quantitative overview of the data

This section will give an overview of the distribution of all variables that are of relevance for the analysis. Additionally, correlations will be tested between the covariates and the outcome variable, in order to test if the communication skills exam is reliable and robust.

4.1.1 Overview of variables

First of all the categorical variables with 2 categories are discussed. There were many more female students (62) than male students (38). The sample is representative of the entire population, as the gender of the medical student was one of the 3 strata in the sampling procedure (see section 3.2.2). Even though the gender of the SP was not a stratum in the sampling process, coincidentally there are roughly as many consultations with male (49) as with female simulated patients (51) in the sample.

Secondly, there are categorical variables with more than 2 categories. For example, there are four possible gender combinations in each consultation. The combinations are:

- male student, male SP = 0
- male student, female SP = 1
- female student, male SP = 2
- female student, female SP = 3

The frequencies of these combinations are shown in Table 17:

Table 17: Frequency table for different combinations of gender

Gender combination		**Frequency**
MMS/MSP	0	21
MMS/FSP	1	17
FMS/MSP	2	28
FMS/FSP	3	34
	Total	100

Table 17 shows that there are more consultations with a female student (2 and 3), which makes sense as we have seen there are more female students than male students. The most frequently occurring combination is that of two female conversational participants. The least frequently occurring combination is that of a male student and a female SP.

The next categorical variable with more than 2 categories is the SP. In total, there are 17 different SPs. The frequency of each SP role-playing is shown in Table 18:

Table 18: Frequency table for different SPs

SP	Frequency
1	3
2	3
3	9
4	8
5	3
6	4
7	4
8	5
9	16
10	2
11	2
12	3
13	12
14	5
15	8
16	5
17	8
Total	100

SPs 9, 13 and 3 role-play in the most consultations, followed by 4, 15 and 17; together these six SPs account for 61 % of the consultations, leaving eleven SPs for the remaining 39% of the interviews (as the sample population is 100, the frequencies are identical to percentages). There is a risk that the 11 SPs who are not well represented (or those that are very well presented) in the data have an idiosyncratic style possibly skewing the data.

In addition to SPs, there are also different examiners who marked the students in their communication skills assessment. In total, there were 6 examiners, as illustrated in Table 19:

Table 19: Frequency table for different scenarios	
Scenario	**Frequency**
1	4
2	26
3	12
4	33
5	23
6	2
Total	100

Examiners 4, 2, and 5 are the ones who have examined most consultations; together they account for 82% of the interviews. Examiners 6, 4, and 3 only examine a few interviews each. Within the ISU, all examiners work with the same criteria for marking. Wiskin's research[246] showed that the number of consultations preceding a particular consultation does not influence the marking of examiners; this is evidence that it does not matter in the grading if an examiner has scored 2 or 20 students. It should be noted, however, that Wiskin's research involved a different Birmingham examination.

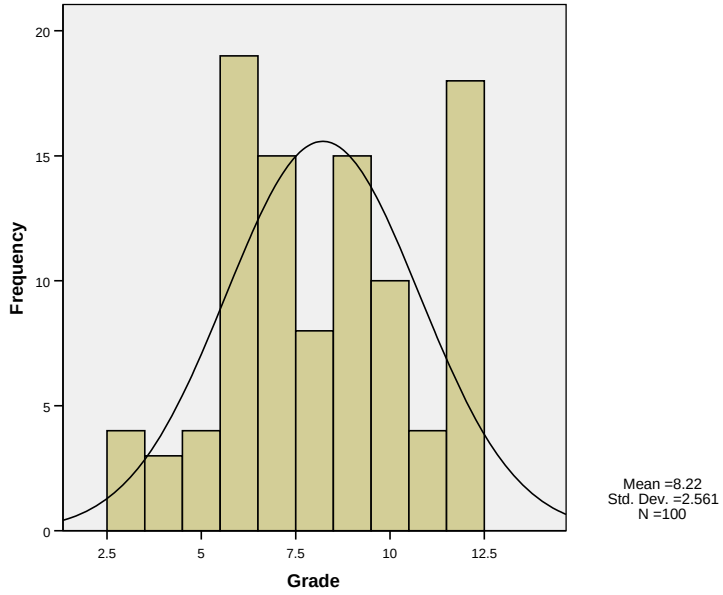
Finally, *scenario* is a categorical variable with more than two categories. Scenario, like gender of the student, was a stratum in the stratified sampling procedure, ensuring that the number of times each scenario is played in the sample is representative of the total population. In Table 20, an overview is given of the frequency in which the different scenarios were played:

Table 20: Frequency table for scenario role-played	
Scenario	**Frequency**
1	35
3	32
4	24
5	4
6	5
Total	100

This immediately shows that scenarios 5 and 6 are used much less frequently than 1, 3 and 4, which together account for 91% of all interviews.

In order to undertake appropriate statistical tests, normality of the only quantitative variable was tested. The grades of the consultation were not distributed normally, as can be seen in Figure 8:

Figure 8: A histogram of grade



To get a better idea of the distribution of the grades, frequencies have been calculated and are shown in Table 21:

Table 21: Frequencies of different grades awarded to students

Grade	Frequency
3	4
4	3
5	4
6	19
7	15
8	8
9	15
10	10
11	4
12	18
Total	100

This table shows that grades 6, 12, 7 and 9 are the grades that were awarded the most (in that order); together, these grades account for 67% of the interviews. Grade 6 is the lowest grade to ensure a clear pass mark for the assessment, whereas grade 12 is the highest grade a student can possibly receive; grade 9 is a midway between these two. In section 3.2.2, it was explained how the grades are calculated. It should be noted that grades 6, 9 and 12 are all grades that are likely to be made up of the same mark for skills, knowledge and attitude. Grade 6 always equals CCC, grade 9 often (42 out of 44 times) equals BBB and grade 12 always equals AAA. The high prevalence of these grade bands suggests that examiners might struggle to give different marks for skills, knowledge and attitude respectively and find it easier to give one mark for all three categories. In total, 11% of the students received a grade below 6, which means they were referred for remedial support.

4.1.2 Correlation between set variables and grade

When examining a certain set of skills, the mark awarded to students must be representative of what that student has demonstrated, and not of any other factors. That is why it is relevant to check if any of the covariates have an association with grade; if they do, the assessment is not reliable. In the next section, all set variables will be tested to establish if there is a correlation with grade awarded to the student.

For the gender of the SP and the gender of the student, the Mann Whitney test was used. The gender of the medical student, first of all, is not significantly associated with grade, with P=0.698. Furthermore, the gender of the SP is not significantly associated with grade either, with P=0.285.

For the categorical variables with more than 2 categories, the Kruskal-Wallis test was used. In Table 22, GenderMix, SP, examiner and scenario are tested for associations with grade:

Table 22: Kruskal-Wallis tests for associations with grade

	GenderMix	**SP**	**Examiner**	**Scenario**
Chi-Square	7.751	8.496	8.101	10.873
df	9	9	9	9
P value	.559	.485	.524	.284

None of the P-values is significant, implying that grade is not influenced by gender of student or SP, the examiner marking the interaction or the scenario played.

This section has explored the set up of the assessment. The distribution of set variables, the distribution of the outcome variable and the relation between these variables have been explored. The set variables do not influence the grade awarded to the student, which means that the set up of the assessment is reliable. It was also found that some variables are not equally distributed; there are more female students, some SPs role-play more than others, certain scenarios are used more often than others and three of the examiners have graded far more assessments than others. These aspects should be taken into account when analysing the language of the simulated consultations, as they might have an effect on further findings.

These correlation tests considered associations between two variables. There could also be an association between a cluster of variables with another variable, which can be detected by multivariable tests. However, multivariate GLM testing did not change any of these findings.

4.2 Sociolinguistic overview of the data

Discourse and Conversation Analysis aim to describe language in context and are interested in how people construct the world around them. Before analysing the linguistic features of the interviews, this section will analyse the interviews as a whole and will discuss the roles of each participant. This will enable the creation of a vocabulary which can help the micro-analyses in later chapters.

4.2.1 Reality and simulation

The time, space and perspective[5] of the reality and that of the simulation are very different. The difference between the fiction and the reality is illustrated in Table 23:

Table 23: An overview of space, time and perspective in reality and simulation

		Reality	**Simulation**
Space		Teaching centre, exam station. Location of examiner and SP for the day, students walk in and out.	Hospital, location where student does placement and might work in future. Patients come and go.
Time		Examiner in charge of examination time; many students are to be screened in one day. Student has some control over length of consultation.	Student is in control of time
Perspective	*Student*	'I am being examined on communication skills as part of my course at university and this patient is not real'	'I am a medical student working in a hospital and I am responsible for this patient's experience of being in this hospital'
	SP	'My job is to present all students with a similar level of challenge and to portray a patient realistically'	'I am a patient seeing a medical student at a hospital'
	Examiner	'My job is to be in charge of the examination process and I have to grade the students' performance.'	'I am not here'

5 These three aspects of social context were chosen on the basis of a presentation by Sarah Collins at the workshop 'Health communication: new methods for old problems' on Friday 23rd January 2009 in London. She chose these three aspects in her PhD[256], and they seemed appropriate for this section in the present study. Dr Collins has given her permission for me to use these categories in this work.

As set out in Table 23, the reality is that the interaction takes place in a teaching situation in which examiner and SP are in charge. However the simulated consultation is a medical one in which the medical student is in charge (although practically, third year students are not really 'in charge' in their hospital placement). The examination of communication skills by using role-play means that student, SP and examiner all have to commit themselves to a certain extent to the fiction of the simulation. All participants are aware of their actual roles, but in the simulation they commit to different roles. There is a shared 'willing suspension of disbelief'[257]; people can put aside their disbelief and accept the scenario or story as being real for a certain amount of time.

In the data, however, it becomes apparent that all participants are aware of the reality of the educational setting, even when they are in the fiction of the medical setting. Goffman's ideas about 'frontstage' and 'backstage'[234] are of relevance here, as the backstage (the educational setting) is important when analysing the frontstage (the simulated consultation).

Examples of 'the reality' of the participants' roles appearing through the simulated interaction will now be discussed. First of all, the interactions all start after the examiner has given permission to start, as illustrated in this example:

MS1 sits left, SP3 sits right. MS1 looks at examiner who says 'if you just want to make a start'. MS1 quickly turns to SP3 and starts.

MS1
Good morning/ Ms Mitchell how are you

SP3/1
/hi

The examiner's permission to begin signals the start of the fiction, in which the roles of the simulation are assumed. The examiner, who is in charge of the examination process, states that the SP and the student are allowed to start the simulation and thereby gives the student permission to take control over the interaction. Students all seem to understand this and often immediately take control by asking the SP a question.

Another moment where participants seem to be aware of both reality and simulation, is around closings. Students seem to know when they want to end the consultation, but are reluctant to do so (perhaps because they do not know how?) and often seek permission before closing:

MS3
is there some[thing else] any other concerns that

SP4/3
no its just that really

MS3
Ok [2] right

SP4 and MS3 look at each other. MS3 looks questioningly at SP4. After 5 seconds of silence, examiner closes the conversation.

Here, the medical student looks at the SP as if to check if the examination is over now. The SP, however, stays in role and as a result nothing happens until the examiner says that the consultation is over. A lot of role-played consultations in the data end in a similar manner, namely by waiting until the examiner states the end of the fiction, which means that the reality of the assessment setting takes over again. A very obvious occurrence in which the teaching setting overrules the simulated medical setting is when the examiner ends the consultation because of time reasons, while the SP and student are still talking. This happens in interview 73:

MS73
Yeah I know it's a bit difficult to understand but of course you're free to ask any of the others and they may take a different view but I think that it would be better (( ))

Examiner knocks on table – nearing the 10 minute mark.

if we kept this as professional as possible

SP7/73
Ok [3] all right thanks anyway for the chat

The beginnings and endings of consultations will be further analysed in the section on 'the fringes' in Chapter 7. However, there are other places in the consultation where the participants refer to the 'real context' during role-play. In the simulated interaction, the

examiner does not have a role except that of the 'invisible observer'. In interaction 68, however, the student is the one who 'breaks the fiction' by looking straight at the examiner:

MS68
So you - You're not entirely sure how he contracted it

SP7/68
no

[5]

MS68
((looks around – looks at examiner))

SP7/68
Ok erm so this goes no further this has just been a conversation between you and me only

The student does not seem to know how to continue the consultation and, after a long silence, looks at the examiner for help. This shows that the student is aware of the presence of the examiner during the role-played consultation with the SP. The examiner does not say anything and the SP steps in by initiating a new topic of conversation, which gets the interaction going again. This extract shows that the SP has an educational role as well and is not just there to portray a patient in the most realistic way. This educational aspect will be further highlighted when looking at the linguistic features (numbers of words, interruption, questions, topic management, openings and closings) in later chapters.

The examples from the data discussed above have taken the context of the consultation into consideration and have looked at occurrences where simulation and reality meet in an obvious way and in which the educational setting and the 'clinical' setting are clearly divided. A lot of the time, however, the line between fiction and reality is harder to distinguish. When analysing the language of the participants, for example, it is harder to interpret why both SPs and students say what they say, and why they say it in a certain way. For example, if a student asks '*Is there anything else I can help you with?*' s/he could ask this because s/he wants to ensure that the patient has no further worries. But if the student was very aware of the actual examination setting during the interaction, s/he might have asked this in order to make sure s/he has not missed any aspects of the case, thereby trying to get a higher grade. As with any

and every test or observed experiment, it is hard to determine whether a participant has an attitude that results in appropriate behaviour or if the participant is merely behaving in a socially desirable way and giving answers that the examiner wants to hear. Moreover, the student might have both the well-being of the fictional patient and their own performance in the examination in mind when asking questions. The same can be said about the language of the SP. When the SP asks '*What do you think I should do?*', this might be because s/he is portraying a patient who wants to know what the student, as a future health professional, thinks. On the other hand, the question functions as an exam question which presents the student with the challenge of answering it. Again, no clear line can be drawn between the reality of the exam and the fiction of a medical consultation when analysing the SPs' language.

4.2.2 Language games

In the next three chapters, certain linguistic aspects will be analysed. The previous paragraphs suggest that in order to make sense of the language of both SPs and students, the educational setting of the conversations might need to be taken into account. This will be made easier by adopting a term for language use that can be explained by this setting, following Bellack et al.[13] and their idea of the 'language game of teaching':

> *The object of the game in classrooms observed is to carry on a discourse about subject matter, and the ostensible payoff if the game is measured in terms of the amount of learning displayed by the pupils after a given period of play.*

The rules of this language game of teaching require the teacher to 'play most of the game structuring [the conversation]' and to keep the pupil's learning in mind at all times. The rules for the teacher are centred around initiating activity and conversation, whereas the rules for the pupil revolve around responding appropriately. In the context of my data, 'the language game of education' might be more appropriate as I am dealing with an assessment setting. Bellack draws upon Wittgenstein[255], who famously used the word 'game' when talking about language :

> *The understanding of language, as of a game, seems like a background against which a particular sentence acquires meaning. – But this understanding, the knowledge of language, isn't a conscious state that accompanies the sentences of the language. Not even if one of its consequences is such a state. It's much more like the understanding or mastery of a calculus, something like the* ability *to multiply.*

The comparison between using language and playing a game is very apt, as they are both 'activities, things we do, and both involve the use of rules'.[256] In a way, the doctor-patient consultation is a language game of its own, as this type of discourse also knows a specific set of rules. Skelton[12] applies the language game analogy to that of clinical communication:

> *The rules of the game of teaching are one set of conventions, which I shall explore in some detail. The rules of the game of consulting with patients present us with another set which, as I shall try to argue, closely resemble those of teaching. The rules of clinical role play are poorly understood, but straddle these two worlds.*

This final point made by Skelton, is of relevance to this thesis. The consultations between third year medical students and SPs takes place in both the world of education (an assessment by the University of Birmingham) and the world of medicine (they simulate a medical consultation). If there is indeed a 'language game of medicine' that deals with doctor-patient consultations, and a 'language game of teaching', that deals with educational discourse, then it is of interest to find out what are the rules of the language game of the simulated consultation.

This section has shown that the context of the simulated consultation influences the way language should be interpreted. There are (at least) two levels of reality at play: the reality of the communication skills exam in which the student is assessed by the examiner by means of a role-play with an SP, and the fiction of the simulated consultation in which the student is in charge of a consultation with a 'patient' in a hospital setting. Earlier in this chapter it was shown that the reality of the exam can shine through the fiction of the simulated consultation at times. Furthermore, these two levels of reality make it hard to analyse the utterances of both participants. In order to scrutinise the language of both participants appropriately, a

distinction has been made between the language game of education and the language game of medicine. In the following chapters, results of language-based analysis will be discussed in order to find out what are the rules of the language game of assessed, simulated consultations.

4.3 Summary of findings

The first part of this chapter summarised distributions of several variables that are of relevance for the analysis. After that the setting of the interviews and the way this might influence the language of the simulated consultations was looked at.

Quantitatively, the most important finding was that the covariates did not have a significant association with the outcome variable grade. This means that the communication skills exam is robust, as the grade is dependent on the performance and not on other factors such as gender of the participants, scenario, examiner or SP.

Because stratified sampling was used to represent all interviews from year 3, the variables are distributed as they are in the total population. This means that the sample contains more female students than male students, that certain SPs (9,13, 3, 4, 15, 17) role-play in most of the consultations, that certain examiners (4,2,5) examine most of the interviews and that a few scenarios (1, 3, 4) make up most of the assessments. Some grades were awarded more (6, 12, 7 and 9) than others and grade was not distributed normally. This study aims to analyse the assessment as it was actually given yet needs to take these slight imbalanced distributions into account when interpreting findings from statistical tests.

The sociolinguistic analysis of the data revealed that the educational setting of the simulated consultation is relevant when analysing the language of the consultations. This is especially obvious by looking at examples from the starts and the ends of the simulated consultations and at moments where the conversation grinds to a halt; in these situations, the role of the examiner and of the educational setting becomes obvious. Furthermore, data can be explained in at least two ways. Firstly, analysis can take into account the ‘language game of education’, in which the student behaves in a way that makes them more likely to pass the assessment.

The SP can direct the student and can offer each student an equal level of challenge and an equal opportunity to show their skills. On the other hand, the language of the interviews can be approached in the light of ‘the language game of medicine’. In this case, the SP aims to play a realistic patient and the medical student aims to help the patient, behaving in a way one would expect from a medical professional. These two language games might aid further analysis and might help find out what the rules of the ‘language game of role-play’ are.

5 RESULTS – TAKING THE FLOOR

In this part of the results chapter, the results of the analysis on floor will be explored. Floor, as discussed in both the background chapter (Chapter 2) and the methodology chapter (Chapter 3), is concerned with how much participants talk and how they obtain a turn to speak in the conversation. The number of words will be discussed first, and then interruptions (successful and unsuccessful) will be looked at. After these quantitative analyses, some qualitative observations about interruptions and overlapping speech will be discussed.

5.1 Number of words

This section will focus on the results of the analysis regarding the amount of words in the consultation. Both descriptive statistics and associations between different variables and number of words will be explored.

5.1.1 Descriptive statistics for number of words

As described in the Chapter 3, the number of words in each consultation was counted by using the 'word count' option in Microsoft Word, after removing all non-verbal behaviours from the transcripts and separating the medical students' speech from the SPs' speech. The number of words in each interview and for each participant are attached as Appendix 7. Below, in Table 24, the descriptive statistics are displayed.

Table 24 : Descriptive statistics for number of words in total and per participant

	N	Minimum	Maximum	Mean	Std. Deviation
Words	100	481	2498	1312.20	441.300
Words by student	100	179	1256	596.82	224.160
Words by SP	100	193	1532	715.38	277.589

As can be seen from Table 24, both the minimum and the maximum number of words as well as the mean number of words is higher for SPs than it is for the students. Of the total 131,220 words, the medical student spoke 59.682 and the SP spoke 71,538. This amounts to 45.48 % student speech and 54.52 % SP speech.

Moreover, a Wilcoxon test confirms that the number of words spoken by the SP and the medical student are significantly different ($P<0.001$). It can thus be said that SPs talk significantly more than medical students.
The Spearman correlation test shows there is a strong correlation between number of words spoken by the SP and number of words by the student ($p=0.000$), with $\rho=0.542$. This means that if the student speaks more, the SP speaks more and vice versa.
Simple normality tests show that the amount of talk per participant is distributed in a different way. The number of words uttered by the SP is distributed normally ($P = 0.273$). This is not the case for the total number of words or the words uttered by the students, neither of which is normally distributed. This will influence the choice of statistical tests throughout this chapter.

5.1.2 Correlations

In this section, I will discuss the results of a range of correlation tests to establish if there are any significant associations between variables in the data and amount of talk. Each variable has been tested for associations with the total number of words, as well as the number of words by the separate participants.

5.1.2.1 Scenario and number of words

The Kruskal-Wallis test was used to see if the scenario influences the number of words uttered per consultation. Results show that the scenario does in fact influence the number of words that are spoken in total and per participant, as can be seen in Table 25. Again, a one-way ANOVA confirms the results for words uttered by SP (normal distribution).

Table 25 : Kruskal-Wallis test for association between scenario and number of words			
	Words	**Words by MS**	**Words by SP**
Chi-Square	31.193	12.502	42.377
df	4	4	4
P value	.000	.014	.000

Table 25 shows that the level of significance is less high for the number of words spoken by the students. This means that the scenario is a better predictor of number of SP-words and the total number of words than it is of number of student-words. To get a better idea of the effect of the different scenarios and amount of talk, Table 26 displays the Z-scores, in which the highlighted cells mark significant Z-scores (explained in 3.3.1.2).

Table 26: Z-scores for amount of talk per scenario							
		Total number of words		**Number of words by student**		**Number of words by SP**	
Scenario	N	median	Z	median	Z	median	Z
1	35	997.0	-5.34	473.0	-2.90	467.0	-6.01
3	32	1381.0	2.65	587.0	-0.02	879.5	4.29
4	24	1410.0	1.95	677.0	2.61	702.5	0.87
5	4	1231.0	-0.09	510.5	-0.13	721.0	-0.21
6	5	1689.0	2.29	795.0	1.40	904.0	2.46
overall	100						

The highlighted cells mark a significantly greater (+) or significantly lower (-) number of words for that scenario compared to the mean number of words per scenario. Scenario 1 is associated with a lower number of words uttered by both participants, which results in a significantly lower number of total words. Scenario 3 and scenario 6 are predictors for a higher number of SP words, which increases the total number of words in the consultation. Scenario 4 has the opposite effect on the distribution of words; in scenario 4, the student utters significantly more words than in other scenarios. This is a complex result, which will be discussed in more detail in the discussion (Chapter 8).

5.1.2.2 SP and number of words

To see if the SP role-playing the consultation influences how many words were uttered, the Kruskal-Wallis test was used as a measure of association. According to this test (results in Table 27), the SP significantly influences the number of words that are spoken in total and per participant. Obviously, this is based on a univariate analysis which means this result could be as a result of something else (for example: SPs playing different roles); this will be tested by GLM tests (section 5.1.3). As can be seen from Table 27, the SP role-playing the consultation is a predictor for amount of talk. The results are highly significant for both total number of words and the number of words per participant. An additional one-way ANOVA test for number of SP-words (normally distributed) confirms these findings.

Table 27 : Kruskal-Wallis test for association between SP and number of words

	Words	**Words by MS**	**Words by SP**
Chi-Square	48.894	36.777	43.983
Df	16	16	16
P value	.000	.002	.000

Z-scores can give a better idea of which SPs are predictors of a consultation with more or less words. These are displayed in Table 28:

Table 28: Z-scores for amount of talk per SP

		Total number of words in total		Number of words by student		Number of words by SP	
SP	N	median	Z	median	Z	median	Z
1	3	1502	1.12	621	0.82	881	1.32
2	3	1295	-0.25	586	-0.63	709	0.41
3	9	1371	0.95	585	0.22	787	1.15
4	8	964	-2.44	463.5	-1.93	530.5	-2.24
5	3	1369	0.07	494	-0.77	875	0.64
6	4	2105	2.8	942.5	2.35	1042.5	2.76
7	4	1681.5	1.64	809	1.76	872.5	1.21
8	5	898	-2.55	447	-1.96	476	-2.32
9	16	1478.5	1.25	630.5	0.88	794.5	0.93
10	2	1266.5	-0.1	649	0.57	617.5	-0.62
11	2	2118	2.14	1029.5	2.19	1088.5	2.07
12	3	1693	1.95	1018	2.31	975	0.9
13	12	1294	-0.45	560.5	-0.75	721	0.02
14	5	1422	0.89	639	0.66	687	0.72
15	8	1031.5	-1.7	437	-2.38	613.5	-0.9
16	5	1399	0.91	588	0.97	649	0.31
17	8	834.5	-3.48	462.5	-1.43	313.5	-3.99
overall	100						

The shaded cells highlight statistically significant Z-scores, meaning that these SPs are associated with significantly more (+) or significantly fewer (-) words compared to the mean number of words per SP. Roughly two types of SP emerge: those who have a positive Z-score (SP is associated with significantly more words) and those who have a negative Z-score (SP is associated with significantly fewer words). SPs belonging to the first category are SP6 and SP11, who both talk significantly more, and with whom the students utter significantly more words and thus significantly increase the total number of words. Medical students utter more words in consultation with SP12.

The SPs who are significantly associated with smaller numbers of words are SP4 and SP8. They utter significantly fewer words and medical students in a consultation with these SPs also talk significantly less, which results in a lower number of total words. SP17 also utters significantly fewer words (thus making the total number of words significantly lower) but SP17 is not significantly associated with a lower number of words uttered by the medical

student. SP15 achieves the opposite of SP17; medical students utter fewer words in consultation with SP15.

5.1.2.3 Gender and number of words

To see if gender has any effect on the distribution of words in the consultations, different statistical tests have been used. SP gender and student gender have been considered, as well as the combination of the two. The results are displayed in Table 29:

Table 29: Tests of gender effects on distribution of number of words.

	Student gender	**SP gender**	**Gender mix (SP/student)**
Total number of words	M: median 1211.0 (IQR=569.5) F: median 1321.5 (IQR=627.5) P = 0.233 *Mann Whitney*	M:median 1288.0 (IQR=518.0) F: median 1382.0 (IQR=518.0) P = 0.156 *Mann Whitney*	M/M:median 1327.0 (IQR=565.5) M/F: median 1186.0 (IQR=653.5) F/M: median 1210.5 (IQR=490.8) F/F: median 1393.5 (IQR=489.392) P = 0.133 *Kruskal-Wallis*
Number of words student	M: median 528.5 (IQR=245.0) F: median 568.0 (IQR=349.5) P = 0.194 *Mann Whitney*	M: median 539.0 (IQR=219.0) F: median 588.0 (IQR=341.0) P = 0.096 *Mann Whitney*	M/M:median 588.0 (IQR=305.0) M/F: median 493.0 (IQR=220.5) F/M: median 490.5 (IQR=197.0) F/F: median 652.5 (IQR=336.3) P = 0.077 *Kruskal-Wallis*
Number of words SP	M: median 681.0 (IQR=318.3) F: median 699.5 (IQR=394.8) P = 0.081 *2 sample t-test*	M: median 685.0 (IQR=363.0) F: median 687.0 (IQR=392.0) P = 0.304 *2 sample t-test*	M/M:mean 670.95 (SD=207.435) M/F: mean 642.65 (SD=231.365) F/M: mean 697.46 (SD=285.381) F/F: mean 793.94 (SD=319.200) P = 0.209 *ANOVA*

In Table 29, each grid shows the p-value of the association between two variables, and indicates which test was used. The mean or median number of words is given for each gender or gender combination, with the standard deviation or the inter quartile range in brackets. The table shows that none of the associations tested is significant. This means there is no association between gender and number of words.

5.1.2.4 Grade and number of words

Students in the data set utter anywhere between 179 and 1256 words SPs utter an amount between 193 and 1532. It is important to see if the number of words uttered influences the grade. Spearman's rank correlation test can help establish a possible correlation between number of words and grade.

Correlations between number of words and the students' grade are summarised in Table 30:

Table 30: Spearman correlations between number of words and grade given to the student

	Number of words	**Number of words by the medical student**	**Number of words by the SP**
Grade	ρ=0.269 (P=0.007)**	ρ=0.207 (P=0.039)*	ρ=0.269 (P=0.007)**

These results show that more words spoken by either participant (and thus in total) mean a higher grade for the student. The level of significance is higher (0.01 level) for words spoken by the SP than for words spoken by the student (0.05 level).

5.1.3 Adjusting for other variables

All of the above tests have tried to detect and measure univariable associations; associations between one single variable and another single variable. To find out if other variables influence these associations, General Linear Model (GLM) analyses have been undertaken. Although GLM analysis confirms most of the reported findings, one finding needed to be adjusted when other variables are taken into account.

The association between the SP gender and number of words spoken, was found to be significant in the multivariable tests. GLM testing shows that when scenario and SP are taken

into account, SP gender is indeed significantly associated with the number of words spoken by the SP (p=0.001), words spoken by the student (0.004) and total number of words (p=0.000). The results of the GLM tests are shown below in Table 31:

Table 31: Significant variables in GLM analysis of variance for WordsTotal, WordsSP, and Words MS, using adjusted SS for Tests

		Number of words				**Number of words by the SP**				**Number of words by the medical student**			
Variable	DF	AdjSS	AdjMS	F	P	AdjSS	AdjMS	F	P	AdjSS	AdjMS	F	P
SP	16	7904048	494003	7.05	0.000	2727841	170490	8.05	0.000	1745317	109082	3.29	0.000
Scenario	4	4426815	1106704	15.79	0.000	2620376	655094	30.94	0.000	356203	89051	2.68	0.037
GenderSP	1	1128710	1128710	16.10	0.000	265067	265067	12.52	0.001	299823	299823	9.03	0.004
Error	78	5466621	70085			1651504	21173			2588870	33191		
Total	99												
		R-Sq (adj) = 64.01%				R-Sq (adj) = 72.52%				R-Sq (adj) = 33.95%			

In this table, one can read from the R-Sq value in the lowest grids, how much of the distribution of the words can be explained by the variables on the left (SP, scenario, GenderSP). This table shows that the P-value for associations with GenderSP is significant for total number of words (p=0.000), for student-words (p=0.001), and for SP-words (p=0.004). Taking scenario and the SP into consideration, the gender of the SP is an independent factor of the number of words spoken by each of the participants. The GLM model is strongest (where most of the distribution is explained by these variables) when explaining the distribution of words spoken by the SP (R-Sq 72.52%), and least strong when explaining the distribution of students' words (R-Sq 33.95%).

GLM testing is more sophisticated than univariable correlation testing and this result suggests that the gender of the SP does, after all, influence (taking into account SP and scenario) the number of words spoken.

5.2 Number of interruptions

Whereas the last section looked at how many words each participant utters in the consultation, this section focuses on how participants actively take the turn to speak. As described in the Background chapter and the Methodology chapter, my definition of interruption is an occurrence of overlapping speech, in which the person who overlaps takes over the turn. These occurrences have been coded and counted. Descriptive statistics will be presented, as well as possible associations with other variables.

5.2.1 Descriptive statistics for interruptions

The number of interruptions in each consultation in total and for each participant is reported in Appendix 8. As in the previous section on number of words, both the total number of interruptions, as well as the number of interruptions per participant have been analysed and the distributions of these interruptions are displayed in Table 32:

Table 32: Descriptive statistics for number of interruptions in total and per participant

	N	Minimum	Maximum	Mean	Std. Deviation
Total Interruptions	100	0	20	5.51	4.275
MS Interruptions	100	0	7	1.44	1.623
SP Interruptions	100	0	18	4.07	3.388

Whereas the SPs interrupt anywhere between 0 and 18 times per consultation, medical students never interrupt more than 7 times per consultation. Of the total 551 interruptions, the SP made 407, and the medical student made 144. This amounts to 73.9 % SP interruptions and 26.1% student interruptions. These numbers mean that the SP interrupts once for every 147 words spoken by the medical student. The medical student interrupts once for every 497 words spoken by the SP.

There is a strong significant correlation ($p=0.000$) between SP interruptions and student interruptions, with Spearman's $\rho=0.378$. This means that the more the SP interrupts, the more

the student interrupts and vice versa. Furthermore, a Wilcoxon test confirms that the number of interruptions made by the SP and the medical student are significantly different (P=0.000). It can thus be said that SPs interrupt significantly more than medical students.

5.2.2 Correlations

Some variables might cause more or fewer interruptions to occur, such as the scenario, the SP role-playing, or the gender of the participants, or the examiner. Conversely, the number of interruptions might influence the grade given to the student. The length of the consultation and the number of words uttered might correlate with the number of interruptions. In this section, all these associations will be tested.

5.2.2.1 Scenario and interruptions

The Kruskal-Wallis test was used to see if the scenario influences the number of interruptions occurring per consultation. As can be seen in Table 33, the scenarios do affect the amount of SP interruptions and thus the total number of interruptions, but do not significantly influence the number of interruptions by the medical student.

Table 33 : Kruskal-Wallis test for association between scenario and number of interruptions

	Total Interruptions	**MS Interruptions**	**SP Interruptions**
Chi-Square	12.779	9.066	13.37
df	4	4	4
P value	.012	0.059	0.01

It is important to know which scenario leads to more interruptions in total and by the SP. For this, the z-scores are shown in Table 34. Because the number of interruptions made by the medical student is nearly significantly associated with scenario (p=0.059), we will also explore the z-scores for that association.

Table 34: Z-scores for amount of interruptions per scenario

		Total number of interruptions		Number of SP-interruptions		Number of MS-interruptions	
Scenario	N	median	Z	median	Z	median	Z
1	35	4.0	0.53	4.0	1.24	1.0	1.79
3	32	4.0	-0.92	3.0	-0.97	1.0	0.22
4	24	4.0	-0.29	3.0	-0.83	1.0	0.79
5	4	1.5	-1.83	1.0	-1.99	0.5	-0.55
6	5	11.0	3.01	8.0	2.76	3.0	2.40

The highlighted cells mark a significantly higher or lower number of interruption (compared to the mean number of interruptions per scenario) for that particular scenario. The distribution of interruptions by the SP and the number of interruptions in total, is highly significantly different in scenario 6 than in the other scenarios. SPs interrupt significantly more in scenario 6 which adds up to a significantly higher number of total interruptions in that scenario. Conversely, scenario 5 has a significantly lower number of SP interruptions.

5.2.2.2 SP and interruptions

To see if the SP role-playing the consultation influences the number of interruptions that occurred, the Kruskal-Wallis test was used as a measure of association. The SP role-playing the consultation is not a predictor of interruptions by the medical student. However, the SP did influence the total number of interruptions and the number of SP interruptions, as can be seen in Table 35.

Table 35: Kruskal-Wallis tests for association between SP and number of interruptions

	Total Interruptions	MS Interruptions	SP Interruptions
Chi-Square	32.849	23.264	32.135
df	16	16	16
P value	.008	.107	.010

To see how the frequencies of SP-interruptions and total interruptions differ depending on the SP role-playing the consultation, Z-scores were calculated. These are displayed in Table 36, in which statistically significant z-scores are highlighted.

Table 36: Z-scores for amount of interruptions per SP

		Total number of interruptions		**Number of interruptions by SP**	
SP	N	median	Z	median	Z
1	3	3.0	-0.62	2.0	-0.80
2	3	6.0	-0.25	6.0	0.40
3	9	4.0	0.10	4.0	0.15
4	8	3.5	-1.33	3.0	-1.26
5	3	8.0	1.38	4.0	0.86
6	4	6.5	0.89	4.5	1.01
7	4	10.0	1.51	6.5	1.30
8	5	2.0	-1.94	1.0	-2.16
9	16	6.5	1.48	4.5	1.67
10	2	5.5	0.33	5.0	0.85
11	2	11.0	1.75	7.5	1.64
12	3	7.0	0.53	3.0	-0.38
13	12	8.5	2.04	7.0	2.07
14	5	8.0	0.93	6.0	0.88
15	8	2.0	-2.41	1.5	-2.00
16	5	4.0	-1.20	2.0	-1.27
17	8	2.0	-2.49	1.0	-2.59

Again, the highlighted cells indicate significantly high or low number of interruptions. The significant z-scores single out three SPs who interrupt significantly less than the rest of the SPs, namely SP8, SP15 and SP17. SP15 and SP17 (and nearly SP8) are also associated with a greater number of total interruptions than consultations with other SPs. One SP, SP13, interrupts significantly more than the other SPs, causing the total amount of interruptions to be significantly higher than in consultations with other SPs.

5.2.2.3 Gender and interruptions

The number of interruptions - both total and by either of the participants - has been tested for associations with gender. In Table 37, both SP gender, student gender and the gender mix have been taken into account.

Table 37 : Significance levels of difference between different gender variables regarding amount of interruptions

	Student gender	**SP gender**	**Gender mix (SP/student)**
Total number of interruptions	M: median 3.500 (IQR=6.000) F: median 5.000 (IQR=6.000) P = 0.661 *Mann Whitney*	M: median 6.000 (IQR=5.500) F: median 4.000 (IQR=5.000) P = 0.092 *Mann Whitney*	M/M:median 7.000 (IQR=8.50) M/F: median 2.000 (IQR=4.000) F/M: median 6.000 (IQR=5.000) F/F: median 4.000 (IQR=6.500) P = 0.231 *Kruskal-Wallis*
Interruptions by medical students	M: median 1.000 (IQR=2.250) F: median 1.000 (IQR=3.000) P = 0.950 *Mann Whitney*	M: median 1.000 (IQR=3.000) F: median 1.000 (IQR=2.000) P = 0.688 *Mann Whitney*	M/M:median 1.000 (IQR=2.000) M/F: median 0.000 (IQR=1.000) F/M: median 1.000 (IQR=2.750) F/F: median 1.000 (IQR=3.000) P = 0.135 *Kruskal-Wallis*
Interruptions by SPs	M: median 3.000 (IQR=4.250) F: median 4.000 (IQR=5.000) P = 0.604 *Mann Whitney*	M: median 4.000 (IQR=4.5000) F: median 3.000 (IQR=4.000) P = 0.117 *Mann Whitney*	M/M:median 4.000 (IQR=6.500) M/F: median 2.000 (IQR=2.000) F/M: median 4.000 (IQR=3.750) F/F: median 3.500 (IQR=5.000) P = 0.372 *Kruskal-Wallis*

Again, each grid shows the mean or median number of interruption per gender or gender combination, as well as the statistical test used. The p-value indicates the significance of the association. None of the associations are significant; we can say that there is no association between gender and number of interruptions.

5.2.2.4 Grade and interruptions

To establish if there is an association between number of interruptions and grade given to the student, Spearman's correlation test is used again. The results are shown in Table 38.

Table 38: Correlations between amount of interruptions and grade given to the student			
	Amount of interruptions	**Amount of interruptions by the medical student**	**Amount of interruptions by the SP**
Grade	ρ=0.136 (P=0.178)	ρ=0.209 (P=0.037)*	ρ=0.064 (P=0.526)

The number of interruptions made by the SP is not significantly associated with grade, nor is the total number of interruptions. There is, however, a significant positive correlation between number of student-interruptions and grade.

5.2.2.5 Number of words and interruptions

Spearman's correlation tests will show if longer consultations and consultations with more words are associated with more interruptions. The results of the tests are outlined in Table 39:

Table 39 : Spearman correlations between amount of interruptions and length of the consultation			
	Amount of interruptions	**Amount of interruptions by the medical student**	**Amount of interruptions by the SP**
Total amount of words	ρ =0.486 (P<0.001)**	ρ=0.513 (P<0.001)**	ρ=0.406 (P<0.001)**
Amount of words by the medical student	ρ =0.533 (P<0.001)**	ρ=0.478 (P<0.001)**	ρ=0.427 (P<0.001)**
Amount of words by the SP	ρ =0.341 (P=0.001)**	ρ=0.434 (P<0.001)**	ρ=0.236 (P=0.008)**

Table 39 illustrates that more words spoken by either of the participants is associated with more interruptions by either of the participants.

5.2.3 Adjusting for other variables

General Linear Model (GLM) analyses were used to test all associations again, taking into consideration the possible effect of other variables. Again, only those GLM results with an adjusted R-Square value of over 30 % were taken into account. No adjustment to the results on number of interruptions needed to be made on the basis of the GLM testing.

All the quantitative result, their meanings and their implications will be discussed in the next chapter.

5.3 Sociolinguistic findings

The previous section has given a quantitative overview of interruptive behaviours. What I have attempted to do in the following section is to give an overview of the interruptions by both participants in the data set. I will look at propositional form, intention and effect, as is conventional in speech act theory[118]. Besides interruptions, occurrences of overlapping speech and simultaneous talk will be discussed.

5.3.1 Interruptions by medical students

The quantitative analysis showed that SPs interrupt about three times more often than medical students do. This section will focus on the interruptions made by the medical students. There are many occurrences in which the interruption is a sign of politeness, agreement or empathy. This is illustrated in the following fragments. First of all, an example of a 'polite interruption':

SP3/15
Yeah thank you thank - I appreciate that // yeah thanks

MS15
//That's no problem

Here, the SP thanks the student for her/his help and the student assures the SP it was not an inconvenience to them. This polite expression of thanks happens mainly at the beginning and end of the consultations. Some interruptions can be interpreted as conveying empathy, as in consultation 35:

SP9/35
I didn't feel like I want to confront him // about it you know

MS35
// yeah you're probably afraid you might feel different when you see him today

The medical student interrupts the SP by expressing understanding and trying to put him/herself in the shoes of the patient. In the following example, the medical student appears to show empathy and understanding when the SP is struggling to find words to express his emotions:

SP4/3
No it was just I just wanted to it just didn't seem right it just didn't seem right to be treated like that / so [1] I just [1] //
MS3
/RIGHT

MS3
//I can imagine it was very embarrassing to you if / how you described it

These are all examples of how medical students' interruptions tend to be polite and empathic. In interview 15, however, the interruption by the student seems more forceful:

SP3/15
You think I should // have the test?

MS15
//Yeah I think you should have the test how do you feel about that

In this example, the question is clear to MS15, even before SP3/15 has finished asking the question. The question asked in this example is quite predictable in the context of the conversation. By answering the patient before the question has been uttered in its entirety, the best way to interpret the student's language is as showing determination and thereby expressing the importance of doing the test. This might have to do with the severity of the patient's worry, which is about possibly having contracted HIV. Overall, the student interrupts the SP in a manner that can be described as polite and empathic and as a sign of 'togetherness', as described by Coates[171].

5.3.2 Interruptions by SPs

SPs tend to interrupt medical students with statements that seem unrelated to what the student was talking about, as in this fragment:

SP14/84
but he should have been conscious of the fact that everybody could hear in shouldn't he

MS84
Perhaps he might have been //

SP14/84
// I mean I don't want the whole ward to know that I've had an abortion

MS84 is about to explore reasons for the consultant speaking loudly on the ward, whereas SP14 is continuing with her own story, not listening to MS84. This could be because SP14 was not ready to look at practicalities, but needed to air her concerns first. The same happens here:

MS20
No it's really not my responsibility I'm I'm not involved in any sort of you know complaints procedure I am not qualified to do anything like that but I reckon if you're unhappy you should go and speak to someone about it who's // qualified

SP2/20
// I mean eh the the thing was as well there was like well you know the ward was full / everyone I wouldn't have known cause I had had a lot to drink and also cause I was in so much pain I passed out I think / but erm you know the other people said that that he was asking things about my medical history / and he had notes and things and he was talk[ing] I mean there were some embarrassing things / in my his[tory] I don't want - embarrassing stuff / that he was talking about and they all heard / and I don't think that's on

MS20 is talking about practical solutions to the problem when SP2 interrupts in a way that does not seem to relate to what MS20 was saying. Instead, SP2 talks about the negative experience s/he has had on the ward. In both of these cases, one might say the SP is steering the student away from practical solutions, by making the student listen to the patient's experiences. In the 'language game of medicine', this might not be realistic because patients do not tend to interrupt their doctors as much (see 2.2.3.1.2). However, in the 'language game of education', the SP teaches the student to appreciate the patient's narrative, to respond to what the patient wants to talk about and to focus on experience and emotion before going into practical solutions to a given problem. In these cases, the SP takes control in guiding the consultation into a certain direction.

The interruption of the angry or frustrated patient is, in a way, related to the interruptions just discussed. In most of the scenarios, the SP portrays a frustrated, angry or scared patient. At times, it seems to be the emotion of the patient that causes the SP to interrupt:

SP9/70
Yes yeah yeah it has yeah yeah I've been on the bloody list for eighteen months now

MS70
Erm yeah erm I'm sorry // about

SP9/70
// this is the second time they've cancelled this

MS46
Yeah I mean like as far as the question erm the questions go that's just to establish the history and you know to get to the root of the problem erm and so those things had to be done but // if if you're unhappy with the way

SP8/46
//yeah but why in such a such a a vocal way why why so loudly↑

In both these cases, the SP airs his/her anger or frustration before the student finishes the turn. In a way, the SP is again drawing attention to the experience and emotion of the patient, rather than going along with the students, who seem to be focusing on apologising and finding solutions.

Another moment when the SP interrupts the student, is when the student is quiet or struggling:

MS35
I mean [1] I'm a student and / erm I've just been with this hospital for two months / and erm //
I -
SP9/35
/hmhm /hmhm

SP9/35
// And is this the kind of thing you would've seen

The student in this example is apparently struggling to think of something to say. S/he uses a filler (*I mean)*, is quiet for a second and names the reason for not knowing the answer to a question about privacy. SP9 is playing the rules of the language game of education and interrupts by asking a question that the student <u>can</u> answer. The same happens in this extract:

MS13
It should be fine [1] erm [2] where was I - considering your erm [5] ((looks away, laughs, looks for words)) erm // considering

SP10/13
//have you got to have you got to tell it to all the other patients as well

The student is struggling to think what to say, which is evidenced by the silences in his/her turn the much used 'erm' and the fact that s/he looks away and laughs.

These examples suggest that SP-interruptions are different from medical students' interruptions. Medical students tended to use interruptions to show empathy and 'togetherness' (this concept is mentioned in 2.2.3.1.2). SPs tend to use interruptions to steer students away from certain topics or to show emotion. However, some examples were found of SPs using an interruption to show 'togetherness', as in interview 55:

MS55
Erm eh I can understand this must be very frustrating for you especially if you've had to take extra care for your children //

SP17/55
// and expensive

In this example, the SP agrees with the student (who is being empathic) and adds to the student's comment. This could be seen as a sign of the student and the SP working together.

5.3.3 Series of interruptions

In a few consultations, interrupting statements were themselves interrupted, causing a series of interruptions to occur. This happens a few times in the data and nearly always signifies disagreement:

MS11
Erm again I am not sure what actually happened at the time but I mean if you if you were to come in ill then I mean it would be behind curtains I mean that does give you some privacy but I mean //

SP3/11
//yeah but you can can still hear what//

MS11
//yeah well I mean I w[as] I then again I wasn't there so//

SP3/11
//yeah but I was and I am telling you that that / that is what happened / he took me up on the ward and he and he spoke very loudly and aggressively and did this examination and I mean I don't know is that where they normally do it↑
MS11
/yeah yeah /ok

In this case, the interruptions seem to indicate disagreement and friction. The medical student is careful not to take sides, since the student wasn't present at the event described. The SP, however, wants to be taken seriously and feels insulted that the student does not seem to believe her. Finally, after a few interruptions, the SP gets the turn – perhaps by persevering, perhaps by slightly raising her voice, perhaps by other non-verbal signals. The SP manages to get her point across and at the same time, steers the conversation away from the disagreement.

There were a few occurrences in the data in which a series of interruptions did not involve disagreement about the content of the conversation, as here:

MS19
(…) then that he's broken that that erm rule / so maybe for that fact you should erm you should definitely make a complaint // cause
SP16/19
/yeah

SP16/19
//I should cause I don't want it to happen // to someone else

MS19
// Say for example if someone in the bed next door they erm you were relative of yours and then erm eh eh

SP16/19
Oh dear

MS19
Eh eh yeah hmmm

The SP and the MS actually agree on the content of the conversation; both think that what happened is unacceptable. However, they both persist in making their own point about it, which could be considered to be a struggle for the floor.

Finally, there was one student who commented on his own interruption:

SP4/63
(…) and he started eh asking me questions erm / but it in this really loud voice he was talking really loudly in the middle of this the ward / there were people all around and he's asking you know really you know quite embarrassing questions / really that are //
MS63
/OK /((nods)) /((nods))

MS63
// what erm – sorry to interrupt you – what sort of questions did he ask you↑

5.3.4 Overlapping speech

The previous section dealt with interruptions, which consist of B's overlapping speech taking over A's turn. But there are also cases in which B's overlapping speech does <u>not</u> take over A's turn, which could be seen as a failed interruption. This overlapping speech is often longer than a minimal encourager (like *hmhm* or *yeah*) or a response token (like *sure*) and the intention does not seem to be to encourage the speaker but rather to start a new utterance. In this case, it was marked as overlapping speech. In this section, an overview will be given of the different types of overlapping speech that were found in the data.

First of all, some occurrences of overlapping speech are unsuccessful attempts to take over the turn. The following fragments illustrate this:

MS49
Well erm erm / we scheduled you in I don't think there is any more they can do we scheduled you in / and we didn't know when we didn't know that this this case would come in it's an emergency

SP9/49
/what's the point /what

Here, the SP wants to take over the turn on two occasions, but the student holds the floor by keeping on talking. The SP starts talking when the student is hesitating (*erm erm)* and then tries again when the student has finished a sentence, both so called Transition Relevance Points[156]. When the student keeps on talking and thus makes it clear s/he was not finished, the SP stops. This suggests that the SP does not want to interrupt and lets the medical student keep control over the floor. Something similar happens in consultation 28:

SP9/28
No I don't eh erm that's the thing I eh I don't really [2] I just don't want stuff going on my records and stuff like that you know it's just cause I'm probably - it's only overreacting it's probably nothing to do with it you know erm eh erm [2] you know I'm not diagnosed HIV or anything like that do you know what I mean / erm I just erm was just sitting there thinking is this the kind of thing that might be something to do with it and

MS28
/no you're just worried that - ok

The student wants to take over the turn by showing empathy after the SP says 'do you know what I mean'. The SP keeps on talking and the student stops, encouraging the SP to keep on talking by saying 'ok'.

Secondly, overlapping speech occurs where the speaker who overlaps wants to signify empathy or agreement:

SP16/21
I just want to think about - I've got this test this afternoon and I don't / I can't you know - I'll think about it

MS21
/Yeah I appreciate it

It is unclear whether MS21 wants to take over the turn or not by expressing empathy for the patient's situation. The same happens in consultation 4:

SP13/4
yeah I know I know it's not your fault I mean but it's you know [2] just the second time / and I wasn't looking forward to this you know but [1] oh

MS4
/I know ((nods)) very frustrating

In these cases, the overlapping speech could be seen as an extended minimal encourager – the MS encourages the SP to keep on talking by showing empathy and understanding. On the other hand, it can be seen as a way to take the floor and signal the SP to stop talking.

In some consultations, the SP portrays an irritated, frustrated or angry patient. This emotion is occasionally verbalised and causes some overlapping speech:

MS38
I mean if it's upsetting you then obviously you know you can't just sit there but if you feel upset then you have to do something about it all I can do really is to reassure you that it was unintentional [2] and that eh / that that you can talk to him about it or you can talk to someone else about it I'm sure there there's a erm process where whereby you can you know write in your your your thoughts and feelings about it and have a response from someone I can find out for you if you like

SP1/38
/but it shouldn't happen again

The SP is listening to what the student is saying, but feels the need to express the view that even though it might have been unintentional, it should not happen again. As with some of the interruptions, this could have the function of steering the student away from a problem-solving mode toward an interest in the patient's experience. In this case, the SP does not continue talking and does not take over the turn.

Here is another fragment that shows how an SP can express emotion during the medical student's turn:

MS65
I don't know how it works I'm sure they will do their very best to get you in as soon as possible / erm I I'm not quite sure how it works I'm only a student I don't know

SP11/65
/ that doesn't really mean anything does it

The SP is portraying an angry patient who responds to a phrase ('as soon as possible') that frustrates him/her. Again, it does not seem to be a serious attempt to take over the turn, but it seems to be more of an emotional response that had to be uttered immediately. When viewing the videotape of interview 65, this is an even more likely interpretation of events.

Finally, sometimes person A asks a question in B's turn, without interrupting that turn. An example of that is:

MS10
Mrs hi ((shakes P's hand)) my / name is [FN] I am a third year medical student / erm I have some unfortunate news erm I understand you were meant to be having surgery today / it's been cancelled unfortunately / erm really sorry it is just that erm we have had an emergency it has just come in and erm the surgeon who was meant to be operating on you has had to erm he's been called to operate on this patient

SP17/10
/hi /uhuh /yeah / why↑

The SP asks a question when the student is still talking. The student keeps the floor, at the same time answering the question of the SP. Because the question is so short ('why?'), it can be seen as an encouragement to keep the student talking – it is probably not an attempt to take over the turn. Another example of an overlapping question:

MS42
To - I mean to be honest with you / I have no idea why he was asking you the questions either because I wasn't I wasn't there at the time / and so it's not it's not really for me to say / whether he should [1] ask these questions or not / to be honest

SP9/42
/hmm /shouldn't he explain then ? /hmm /no

In this case, the SP asks a longer question in the student's turn. Because the question is longer and overlapped with the student's speech, there is a chance the student did not hear the question – it is not answered in his/her turn.

5.3.5 Simultaneous starts

There are occurrences in the consultations where the two participants start talking at the same time. In this section, I will briefly discuss the nature of these occurrences.

In total, there were 14 cases of simultaneous starts, 2 of which occurred in the same consultation. If two participants start speaking at the same time, there are three possibilities: both participants stop talking, the student stops talking or the SP stops talking. In 5 of the cases, the medical students keep on talking and the SP stops:

[2]

SP14/40
// should I

MS40
// the problem with this situation is that it wouldn't it wouldn't make any difference just because of the situation and circumstances involved which is that it's an emergency case and ev[erybody] all the patients on the list in the morning who'd been scheduled for appointments

It is very likely that the SP was at the stage of asking a question to help the consultation start again after the silence, but stopped talking because the medical student knew how to start again by her/himself. The next chapter (Chapter 6) will deal with initiations and might be able to shed some more light on this.

In 6 of the 14 cases, the medical student stops and the SP carries on talking – I would like to remind the reader that the // symbol indicates overlapping speech, and in the following fragments the SP and the student start talking at the same time:

SP6/67
// At least it's a start I don't have a computer or anything ((rambles)) I'm supposed to (( )) library↑

MS67
// I'm really sorry

This example shows a medical student who only uttered a short sentence, perhaps to show empathy, perhaps because s/he did not know what else to say. Because s/he only said a little,

it might have been easy for the student to stop talking and let the SP finish the turn. Here is another example of the SP finishing the turn and the student stopping:

MS45
other than childcare is there anything specific that you feel you can say to me that I need to mention↑

[2]

MS45
//did you

RP12/45
//Well it's just everything - organise everything I'm not at work / as such / no I'm here / ironically enough / I was all set up and ready for this / and it wasn't as though I just you know I couldn't do this at the drop of a hat anyway I really planned it / in advance and whatever else / it's not exactly erm something I'm happy about anyway

The student might have wanted to ask the question again or might have wanted to specify the question. But as the student started talking, the SP answered the question and the student stops to hear the answer.

In three occurrences of simultaneous starts, both participants stopped talking:

[2]

SP11/65
// oh oh I just

MS65
// that's unfortunate

[2]

In this example, the SP seems to stop talking due to the overlapping speech, whereas it is not clear why the medical student stops talking; it could be because this is all s/he wanted to say, or because s/he wanted to let the SP speak. There is a two second silence after this, which might be where the participants negotiate non-verbally who starts the next turn. Incidentally, there is another simultaneous start after these two seconds:

[2]

SP11/65
// oh dear

MS65
// it's very very difficult - have you travelled far this morning↑

This time, the medical student could have stopped her/his turn again after saying ‘it’s very very difficult’, but continues talking, uttering a question and thus restoring the ‘normal’ turn-taking process. It must be noted that the SP utters only few words, which could mean s/he did not want to say too much in order to let the student take over again.

In consultation 77, the student and SP acknowledge the simultaneous start. The SP apologises for the overlapping speech, after which the medical student encourages the SP to continue talking:

SP15/77
//we

MS77
//would he

SP15/77
Sorry

MS77
No that’s ok carry on

The MS expresses the fact that there is no need for the SP to apologise and avoids any confusion as to who talks next, by clearly stating s/he wants the SP to carry on.

Simultaneous starts seem to have much to do with not knowing who is in control of the consultation. They seem to happen almost always after a silence, as these fragments show:

MS71
Erm he he he was just in a rush the SHO

[1]

RP10/71
//Hmm so he’s got to go off to the operation has he

MS71
//an emergency

The first turn after a silence is a moment where new conversational topics can be initiated, since the last topic is clearly finished. The start of a new topic can co-occur with small words, such as ‘well’ and ‘erm’ in the examples below:

[2]
MS32
// erm

SP13/32
// I know it's varicose veins but it's only varicose veins is there nobody else who can do it or

[3]

RP4/30
//well

MS30
//It's a – sorry it's rectal examination

There are more silences at the end of the consultations, which will be discussed in section 7.2. These silences lead to more simultaneous starts at the closing stage of a consultation.

The number of simultaneous starts is not big enough to say anything conclusive about correlations with other variables. However, 11 of the 13 medical students in whose consultation simultaneous starts occurred were female.

5.4 Summary of findings

Chapter 5 has focused on how the conversational floor was taken by each of the participants. Firstly, the number of words by each participant was established and secondly the number of interruptions was charted. A qualitative overview of interruptions showed the different ways in which SP and medical student interrupt one another.

The quantitative findings showed that SPs talk significantly more than students, respectively 55% versus 45 % of total consultation time. The correlations between number of words and other variables are charted in Figure 9.

Figure 9: Significant associations between covariates, number of words and outcome variable

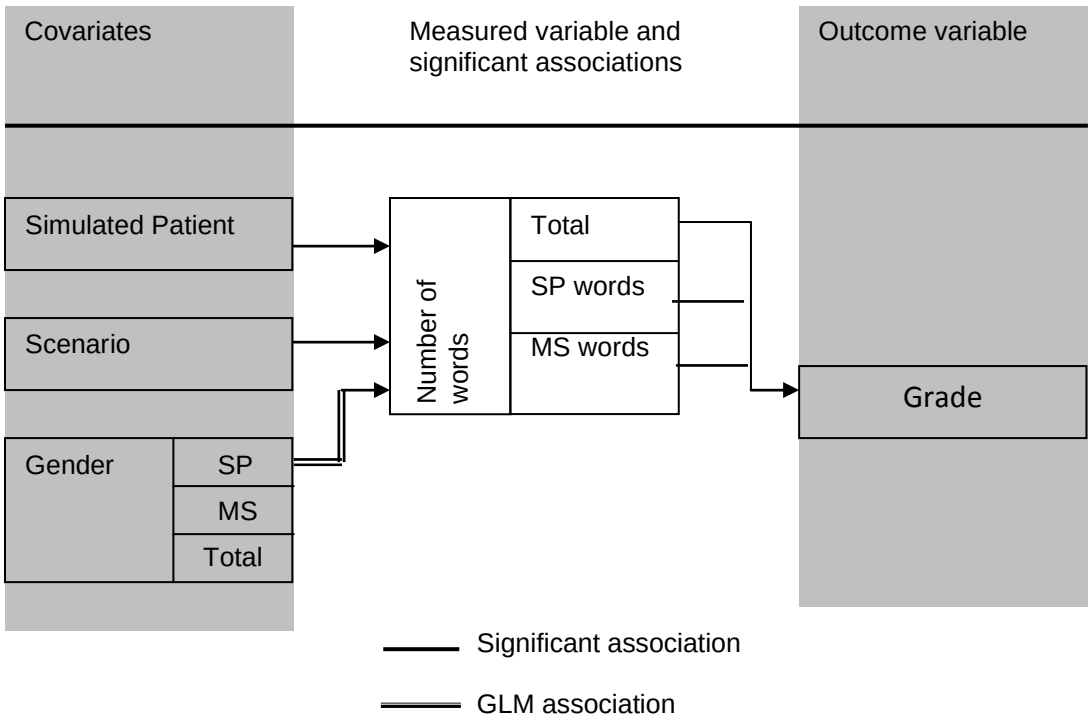


Figure 9 shows that scenario significantly influences the number of words spoken by both participants. The SP role/playing the scenario is also significantly associated with the number of words spoken by both participants. Gender is not univariably associated with the number of words, however GLM tests (marked by the double line) show that the gender of the SP is significantly associated with the number of words spoken by both participants (taken into account Scenario and SP).

Finally, the number of words spoken is significantly associated with grade; the more both participants speak, the higher the grade awarded to the student. The grade is not directly associated with SP, scenario or gender, but one could say there is an indirect effect – after all, SP, scenario and gender influence the number of words, which in turn influences the grade awarded to the student.

The quantitative analysis into interruptions showed that SPs interrupt significantly more than medical students, 74% of all the interruptions in the data were made by SPs. The longer the consultation lasts (counted in number of words), the more interruptions occurred. Correlations between interruptions and other variables are shown in Figure 10.

Figure 10: Associations between covariates, number of interruptions and outcome variable

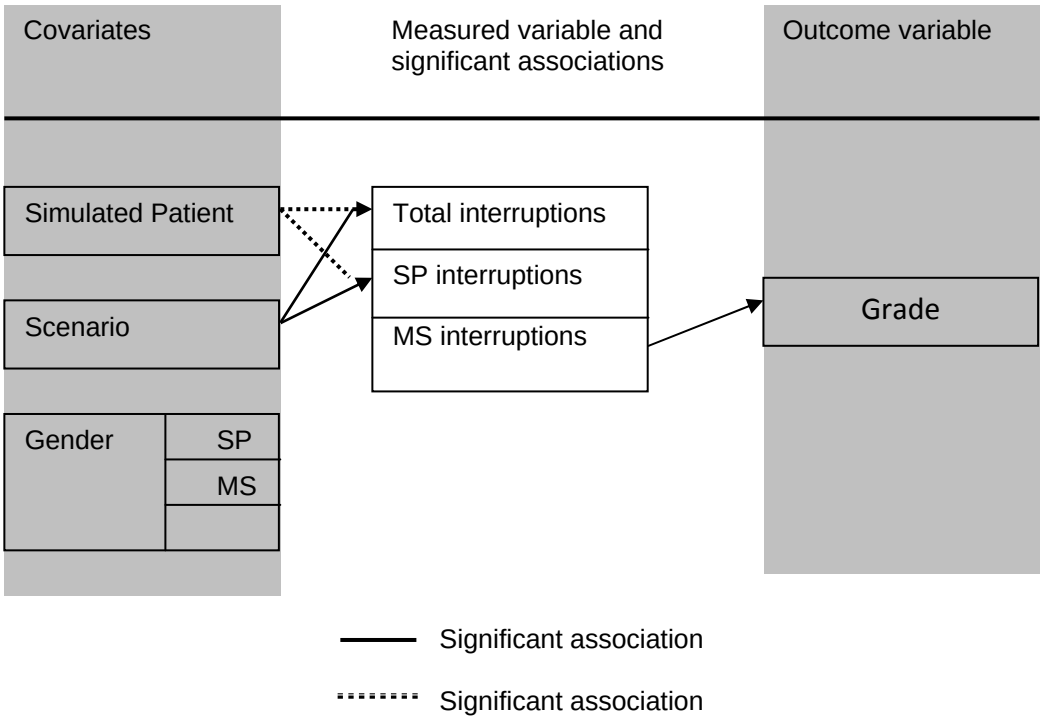


Figure 10 shows the significant associations of scenario and SP on the number of SP interruptions as well as the total number of interruptions – two different lines were chosen for clarity, both representing a significant association. The number of interruptions made by students is not influenced by these variables (although the association between scenario and MS interruptions was nearly significant at p=0.59). The gender of participants is not associated with the number of interruptions. The number of interruptions made by medical students is significantly associated with grade, the more the student interrupts, the higher the grade.

The sociolinguistic analysis concerned the different ways in which medical students and SPs interrups. Medical students interrupted with statements expressing politeness, empathy and ´togetherness´. In scenario 4, which deals with a patient who has worries about HIV, students interrupt in a different way and show urgency in wanting some answers about previous partners, contraception, etc.

There were more SP interruptions in the data, which consisted of emotional expressions of the patient and talk concerning the experience of the patient. On the other hand, the interruptions made by the SP could be part of the ´language game of education´, as they tended to direct the student toward certain topics and to stop the student talking about topics they should not address in the assessment. Interruptions by the SPs were also ways to help student who were struggling or could not find their words.

A series of interruptions in the data often signified disagreement and overlapping speech seemed to be unsuccessful attempts to interrupt marked by emotion of the patient. There were some cases in which both participants started speaking simultaneously after a silence. In all these cases, the medical student was female.

6 RESULTS – CONTROLLING THE FLOW

The results of the analysis of 'flow' will be presented in this chapter. Both in Chapter 2 and in Chapter 3, flow has been presented in terms of asking questions and initiating topics of conversation. This section will first deal with the quantitative and qualitative analysis of questions. Then the focus will move to topic initiations.

6.1 Questions

As discussed before (section 2.2.3.2.1), asking questions can be seen as a way of controlling the conversational flow. The following part of the results chapter will describe the distribution of questions in the data. Associations between questions and other variables will be explored.

6.1.1 Descriptive statistics for questions

After coding all questions, SP-questions and MS-questions were separately counted. The number of questions in each interview and for each participant are attached as Appendix 9. The results are presented in Table 40 below.

Table 40: Descriptive statistics for number of questions in total and per participant

	N	Minimum	Maximum	Mean	Std. Deviation
Questions	100	5	39	14.37	6.511
Questions by MS	100	0	23	7.02	5.166
Questions by SP	100	1	24	7.35	4.101

Table 40 shows that both the minimum, the maximum, and the mean number of questions by the SP and the student are very similar. Wilcoxon tests show there is no significant difference (p=0.586) between number of questions by SP and medical student. Of the total 1437 questions in the 100 interviews, 702 were asked by medical students and 735 were asked by the SPs. To find out if there is an association between number of SP-questions and number of

student-questions, Spearman rank correlation tests were undertaken. The results are presented in Table 41:

Table 41: Correlations between number of questions by SP and number of questions by medical student

	Number of questions by medical student
Number of questions by SP	ρ= -.0166 (P=0.099)

Table 41 shows there is no significant association between number of student-questions and number of SP-questions. It might be worth noting however that the association, such as it is, is negative rather than positive. This hints at the possibility that the more questions one of the participants asks, the fewer questions are asked by the other conversational partner.

6.1.2 Correlations

The following part of the results chapter will consist of a variety of correlation tests to see if there are any significant associations between number of questions and other variables.

6.1.2.1 Scenario and questions

The different scenarios might elicit different patterns in question-asking. To see if there is an association between scenario and number of questions, the Kruskal-Wallis test has been used, as can be seen in Table 42:

Table 42: Kruskal-Wallis tests for association between scenario and number of questions

	Total Questions	**MS Questions**	**SP Questions**
Chi-Square	25.001	31.697	24.346
df	4	4	4
P value	.000	.000	.000

Table 42 shows a significant association between the scenario and the number of questions by both the participants (and thus also the total number of questions). To find out which scenarios result in significantly more or less questions, the Z-scores are presented in Table 43:

Table 43: Z-scores for number of questions per scenario by each participant and in total

		Total number of questions		**Number of questions by student**		**Number of questions by SP**	
Scenario	N	median	Z	median	Z	median	Z
1	35	11.00	-2.82	3.00	-5.25	8.00	2.29
3	32	11.00	-1.58	6.50	1.19	5.00	-3.41
4	24	15.50	2.51	9.00	2.73	7.00	0.07
5	4	17.50	1.23	12.00	2.02	4.50	-1.40
6	5	27.00	3.52	13.00	1.78	17.00	3.39

Again, the highlighted cells indicate significant findings regarding number of questions in these scenarios. As can be seen in Table 43, scenario 1 is associated with very significantly fewer questions from the medical student and significantly more questions from the SP – the total number of questions is significantly lower than in the rest of the scenarios. Scenario 2 is significantly associated with fewer questions by the SP, whereas scenario 6 contains more SP-questions (resulting in a greater total of questions). Both scenarios 4 and 5 show a significantly greater number of questions asked by medical students; in the case of scenario 4 it results in a greater total number of questions.

6.1.2.2 SP and questions

To see if the number of questions is influenced by which SP role-plays in the interview, a Kruskal-Wallis test has been used. The results of this test are displayed in Table 44:

Table 44: Kruskal-Wallis test for associations between SP and number of questions

	Total Questions	**MS Questions**	**SP Questions**
Chi-Square	27.873	20.234	31.991
Df	16	16	16
P value	.033*	.210	.010**

Table 44 shows that the SP is significantly associated with how many questions SPs ask. In other words: individual SPs ask significantly different numbers of questions. To get a better idea of which SP asks significantly more or fewer questions than other SPs, Z-scores have been displayed in Table 45:

Table 45: Z-scores for number of questions per SP

		Number of SP questions	
SP	N	median	Z
1	3	10.00	0.73
2	3	3.00	-2.38
3	9	10.00	2.17
4	8	5.50	-1.24
5	3	6.00	-1.12
6	4	6.00	-0.34
7	4	11.50	1.97
8	5	8.00	1.12
9	16	6.00	-0.89
10	2	11.50	1.45
11	2	15.50	1.34
12	3	9.00	1.32
13	12	5.50	-1.15
14	5	9.00	1.98
15	8	5.50	-0.74
16	5	5.00	-0.83
17	8	5.50	-1.26

Z-scores higher than 1.96 or lower than -1.96 signify a significantly different distribution from the mean distribution. This is the case for SPs 3, 7 and 14. They ask significantly more

questions than the other SPs, whereas SP2 asks significantly fewer questions. Note that SPs 3, 7 and 14 are female, whereas SP2 is male.

6.1.2.3 Gender and questions

As mentioned in the Chapter 2, there has been much discussion about gender and the use of language. To see if the gender of the participants plays a role in the distribution of questions, different correlation tests were undertaken, of which the results are shown in Table 46:

Table 46: Correlations between gender factors and number of questions

	SP gender Male (M): n=49 Female (F): n=51	**Student gender** Male (M): n=38 Female (F): n=62	**Gender mix (SP/student)** M/M: n=21 F/M: n=28 M/F: n=17 F/F: n=34
Total amount of questions	M:median 13.000 (IQR=7.500) F: median 13.000 (IQR=7.000) P = 0.624 Mann Whitney	M: median 13.000 (IQR=7.250) F: median 13.500 (IQR=7.500) P = 0.623 Mann Whitney	M/M:median 13.000 (IQR=8.000) M/F: median 13.000 (IQR=6.000) F/M: median 14.000 (IQR=6.750) F/F: median 13.000 (IQR=12.000) P = 0.882 Kruskal-Wallis
Questions by medical students	M: median 6.000 (IQR=7.000) F: median 6.000 (IQR=7.000) P = 0.527 Mann Whitney	M: median 6.000 (IQR=6.250) F: median 6.000 (IQR=8.000) P = 0.524 Mann Whitney	M/M:median 6.000 (IQR=7.500) M/F: median 5.000 (IQR=6.500) F/M: median 6.500 (IQR=7.000) F/F: median 6.000 (IQR=8.000) P = 0.774 Kruskal-Wallis
Questions by SPs	M: median 6.000 (IQR=4.000) F: median 8.000 (IQR=5.000) P = 0.022* Mann Whitney	M: median 6.000 (IQR=4.000) F: median 7.000 (IQR=5.000) P = 0.935 Mann Whitney	M/M:median 6.000 (IQR=2.500) M/F: median 8.000 (IQR=5.500) F/M: median 6.000 (IQR=5.000) F/F: median 7.500 (IQR=6.000) P = 0.150 Kruskal-Wallis

Each grid in this table shows the level of significance of the association between two variables, including the mean or median and standard deviation or interquartile range of that variable per gender or gender combination. Table 46 shows only one significant association, namely that between SP Gender and SP questions. The Mann Whitney test shows that female SPs ask significantly more questions than male SPs. This can be linked to the result in

Chapter 5, where three female SPs were found to ask significantly more questions and one male SP to ask significantly fewer questions.

6.1.2.4 Grade and questions

Possible correlations between the measured variables and the grade awarded are especially important, as they can give information about the type of linguistic behaviour that is rewarded in the communication skills assessments. Possible associations between number of questions and grade were measured using Spearman tests and are displayed in Table 47:

Table 47: Spearman correlation between number of questions and grade

	Number of questions	**Number of questions by the medical student**	**Number of questions by the SP**
Grade	ρ=0.205 (P=0.041)*	ρ=0.310 (P=0.002)**	ρ= - 0.041 (P=0.682)

There is a significant correlation between number of questions asked by the medical student and the grade awarded to the student. In other words: the more questions are asked by the student, the higher the grade is for that student.

6.1.2.5 Other measured variables and questions

Number of words and number of interruptions were measured. Spearman rank correlation tests were undertaken to see if number of questions has a significant association with one of the measured variables. The results are presented in Table 48:

Table 48: Spearman correlations between number of questions and other measured variables

	Number of questions	**Number of questions by the medical student**	**Number of questions by the SP**
Total number of words	ρ=0.462 (P<0.001)**	ρ=0.491 (P<0.001)**	ρ=0.122 (P=0.228)
Number of words by the medical student	ρ=0.388 (P<0.001)**	ρ=0.360 (P<0.001)**	ρ=0.165 (P=0.101)
Number of words by the SP	ρ=0.403 (P<0.001)**	ρ=0.488 (P<0.001)**	ρ=0.045 (P=0.658)
Total number of interruptions	ρ=0.230 (P=0.021)*	ρ=0.080 (P=0.430)	ρ=0.217 (P=0.030)*
Total number of interruptions by the medical student	ρ=0.299 (P=0.003)**	ρ=0.271 (P=0.006)**	ρ=0.115 (P=0.255)
Total number of interruptions by the SP	ρ=0.156 (P=0.122)	ρ=0.007 (P=0.945)	ρ=0.199 (P=0.048)*

First of all, Table 48 shows a significant association between length of consultation and number of student-questions. The more the students ask questions, the longer the consultation lasts. There are a few significant associations, namely between number of words (by either of the participants) and number of questions asked by the medical student. This means that both participants speak more if the medical student asks more questions or vice versa. There is no association, however, between SP-questions and number of words.

When it comes to interruptions, more student-questions are associated significantly with more student-interruptions. The same is the case for SP-questions; the more questions a SP asks, the more that SP also interrupts. The total number of interruptions correlates with the number of SP questions.

6.1.3 Adjusting for other variables

This section will discuss multivariable associations, rather than the univariable correlations that have been tested in the previous paragraphs. General Linear Model (GLM) analyses have been done to test associations that are adjusted for the influence of other variables.

GLM analysis for total number of questions and the questions asked by the student did not result in different information than already found in the univariable testing. The GLM tests for number of questions per SP, however, did add more information than the tests undertaken in previous paragraphs.

The gender of the SP was significantly associated with the number of questions posed by the SP, as was shown in section 6.1.2.3. GLM analysis shows that when taking scenario and SP into account, the gender of SP is not quite so significant, as can be seen from Table 49:

Table 49: GLM testing for questions asked by SP

		Questions by SP	
Variable	DF	F	P
SP	16	2.43	0.005
Scenario	4	10.89	0.000
GenderSP	1	3.74	0.057
Error	78		
		R-Sq (adj) = 44.10%	

Even though this result is different from univariable tests, it still is very close to being significant. Because gender of the SP is not significant in the GLM test, it is worth paying some attention to SP gender in the discussion.

6.2 Sociolinguistic analysis of questions

The previous section dealt with the number of questions and this quantitative information has been scrutinised by using statistical tests. Even though those results highlight information about the simulated consultation, they do not say anything about what types of questions were used by both conversational participants. This section deals with the subject of questions in a more qualitative way. Only a more qualitative approach can show if SPs and students ask different types of questions and what kinds of questions are present in the data. In this section, questions have been grouped in categories of questions, based on what was found in the interviews. Examples might highlight any differences in question-asking that might have emerged.

6.2.1 A taxonomy of questions

The quantitative analysis of questions showed that medical students and SPs ask a similar number of questions. This sociolinguistic section focuses on what types of questions are used in the data. Differences in question-asking by the SPs and medical students were noted and analysed.

6.2.1.1 Questions in the opening phase

The first types of question that are much-used by medical students are the ones that occur in the opening phase of the interviews. The checking of patients' names and the first question are included in this category. When students check the patient's name, they tend to state the name and use a questioning intonation and/or body language that signals a need for affirmation. For example:

MS8
Good morning **Mr Mitchell**↑

SP4/8
That's me yeah

MS8
Hi ((shakes SP's hand)) I am [FN LN] I am a third year medical student with the surgical team here

SP4/8
right

The students' opening question is often an open one, such as:

MS12
How can I help you

This would trigger the SPs to talk about their presenting complaint. The beginnings of most consultations seemed to run quite smoothly, with the student knowing to check the name, introduce themselves and asking the first question. However, section Chapter 7 deals with openings and closings of the consultation, and will look at the opening phase in closer detail.

6.2.1.2 'Direct' questions

In the background and methodology chapters, different aspects of questions were discussed. Three criteria were identified as possible features of a question: form, function and intention. In the data, there were some questions that fulfilled all three criteria; they were interrogatives uttered with the intent of finding out information and they received an answer. Because all three criteria were fulfilled, I decided to give these types of questions the name 'direct question'. Here is an example of this direct type of question:

MS82
Hmm **have you talked to anyone else about this at all**

SP17/82
((shakes head)) no

This fragment from consultation 82 shows a straightforward question that is an interrogative, a clear request for information and in need of an answer. Students seem to be comfortable with the use of this type of question, although this depends on the scenario and the topic of the question (this will be discussed further in this chapter). The medical students tend not to use this type of question when talking about what the patient wants or when they discuss which routes the patient could take in the future.

As with medical students, a large chunk of SP questions consists of what I have labelled 'direct questions'. SP17 asks a direct question like this in interview 55:

SP17/55
((sighs)) well **when am I gonna have the operation then**

MS55
Erm the consultant once he's finished the operation we'll see who we've got left which patients we've got left // and then

SPs playing a frustrated patient who is showing signs of being impatient and angry (for example sighing, crossing arms, rolling their eyes) ask questions of this type.

Interestingly, direct SP-questions like this are not just questions in role, they also function as 'exam-questions'. In the SP briefing pack, comments are made about what the patient would want to know. In the language game of education, questions asked by the SP are also exam questions that challenge the student to address a certain topic and to answer the question appropriately. The students will be judged by their answer – which makes the SP question a very direct assessment tool.

6.2.1.3 'Non-interrogative questions'

As discussed in the background chapter and in section 3.3.2.3.1, a question does not need to be an interrogative. The data shows many more shapes and forms in which the conversational participants ask questions. Both participants use non-interrogatives in order to find out information from each other.

An example of how medical students use non-interrogative questions is by giving SPs a list of options. Rather than coming up with a single suggestion to help the patient, the medical students would at times give the patient several options to think about. These occurrences were marked as questions, since the students expected an answer from the patient as to what their preference was. An example was found in interview 42:

MS42
HMHM I mean I can I can understand sort of why you're feeling upset / erm but obviously I wasn't there in the situation / so you know I can't obviously comment on that because / I don't know what's been done or said so I mean **the best thing to do would be / to speak to a nurse get her to arrange / to speak to another doctor / or you could if you wished go through the formal complaints procedure**
SP9/42
/hmm /yeah /no ((nods)) /((nod)) /right

The medical student gives the patient two options, namely a) speaking to a nurse or a doctor and b) going through the formal complaints procedure. The student will need to know which of these the patient chooses and is therefore waiting for an answer of sorts. This means that by naming two options and waiting for an answer, the student has asked a question. The intonation plays a role in interpreting this utterance, too. In this case, the patient does not answer directly but goes back to reflecting on the behaviour of a certain consultant. After a few turns, the student repeats the question of which course to take, to which the patient answers s/he would prefer the student to have a word with the consultant. In interview 36, the patient is clearer about what they do and do not want:

MS36
You could either seek it from you could either speak to the doctor wh[ich] wh[ich] which individuals are actually having the risk [relations from?] at the moment or //

SP14/36
// I don't want to talk to them yet

MS36
Ok or I could find out who to go to in the hospital who would channel you there are individuals that you could speak to or

SP14/36
I think I prefer not to speak to anybody at who is a full time professional here at the hospital here

Listing multiple options could be seen as a way of enriching the knowledge of the patient so that they can make up their mind and choose the best option. In interview 36 above, the student is clearly looking for the best option for the patient; when the patient makes it known that they don't want to speak to a doctor, the student continues going through options with the patient until the patient has expressed their preference (not to speak to a staff member at the hospital). This sequence can be seen as a question-answer sequence, with the student listing options to ask what the patient prefers and the patient answering by stating their preference. In this sequence, the student has the first position in each adjacency pair and seems to be in control. However, in some cases listing many options as an alternative to asking a direct question can look like a sign of insecurity on the students' behalf; by listing a lot of options they might hope to get one 'right'. In the language game of education, this way of asking a question is quite safe; the student has not given one answer but has given a range of possibilities and thus, they may feel, cannot have 'failed' the assessment.

Another type of non-interrogative questions used by the medical students is the type we will call 'summarising questions'. These consist of the medical student summarising what they have just heard and they expect an answer – ideally a confirmation and additional information. An example can be seen in the following fragment from interview 96:

SP11/96
Well I'm I'm upset and I'm very embarrassed / as well but I'm a bit worried about them cause they their sleep was disturbed / and and and they think I ought to sort of com[plain] complain / you know really
MS96
/yeah /((nods)) /yeah so you've -

MS96
Yeah so you've spoken – so you've felt this yourself anyway and then the other women on the ward have said to you has confirmed your feelings // at least

SP11/96
// well yeah it wasn't very nice for them you see / I mean I'm I don't people knowing all my personal history / what's going on behind – there's only curtains round the bed
MS96
/yeah /no

MS96 uses this summary as a way to check if s/he has understood the patient's story correctly. The reason it is coded as a question is because it is asking for an answer – a

summary like this requires either confirmation or a correction. In this case, SP11 answers with 'yeah', which signifies the summary was correct, and then adds information. Many of these 'summarising questions' include the markers 'so' or 'right'. In interview 95, the medical student sets out to summarise in a similar way:

SP12/95
Well not not not not not not what you know [2] well like I said you can get things in blood can't you like aids and things yeah / and erm I was a bit worried about you know erm [5] you know what what what people can pick up from that and that sort of thing
MS95
/right

MS95
Right so you're worried – are you worried that you've picked something up in the blood or that eh that erm somebody's picked something up from

Even though the student wants to summarise, s/he realises after starting talking that s/he is not clear about what it is exactly that the patient is worried about. Rather than summarising, MS95 changes course and formulates a different type of question. This suggests that the 'summarising question' is only used when the questioner is relatively sure of the content.

Listing options and summarising are the main non-interrogative ways in which medical students ask a question in the data. Even though these utterances do not have an rising intonation or subject-verb inversion, they function as questions in that they are requests for information and invite an answer. The following fragment from interview 88, however, is food for thought regarding questions:

MS88
Obviously as a medical student I am willing to talk but there's only a certain amount of things that I can do / that's up to the doctors and I can talk to the doctors come and ask them to have a word with you actually come and sit down and talk to you properly / but otherwise I'm there's just an extent to what I can do here ***/ I'm more than willing to talk to doctors if you would want me to***
SP13/88
/you know I mean /hmm /sure sure sure sure

[2]

SP13/88
yeah

MS88
Would you like me to do that for you↑

MS88 offers to talk to someone on behalf of the patient. When SP13 answers with a non-committal 'yeah' after a brief silence, the student asks if this is what the patient would like him/her to do.

The difficulty in interpreting this fragment is that there might be different reasons for the conversational participants to behave in this way. I shall offer some speculation, but remind the reader that this is highly speculative in nature. One could suggest that the offer was a question in the first place and that SP13's answer was not clear to the medical student, making the student rephrase and repeat the question. Perhaps the SP did not recognise the declarative at the end of MS88's turn as a question. It could also be that the SP deliberately did not answer the first question in order to make the student pose a clearer question – on this interpretation, the SP would be behaving in a certain way for educational purposes, i.e. s/he wanted to find out if the student could rephrase questions appropriately. In the language game of education, this type of response by the SP is a way of teaching students to be clear and concise when communicating with patients. Another reason for the SP not to answer the first question could be that the SP was playing an uncertain, and possibly emotional, patient deep in thought. Looking at how the consultation continues, this seems a credible explanation:

MS88
Would you like me to do that for you↑

SP13/88
erm

MS88
Or are you still a bit

SP13/88
Well I mean what what could you talk to them about what could you actually say to them

These fragments from interview 88 show that it is hard to analyse questions without taking the linguistic context of the question, the nature of these conversations and the role of the SP into consideration.

Like medical students, SPs ask non-interrogative questions. A simple example of a non-interrogative question was found in interview 100:

SP16/100
I don't know if you know these are symptoms that you get if you have that

The patient wants to know if certain symptoms are indicative of the HIV virus and asks the medical student in an indirect way. By telling the student s/he doesn't know if the symptoms are associated with HIV, the patient apparently expects an answer consisting of more information about symptoms – this has been interpreted as a question on the basis of the definition given in section 3.3.2.3.1. Frequently, SPs portraying a nervous or distressed patient (also seemingly marked by the number of hesitation markers such as 'erm', 'eh' and silences) use this indirect way of asking a question, for example in consultation 94:

SP1/94
Erm [2] well it's just erm – it it is eh it's a bit of a worry about something and it's probably an overreaction / it's erm you know probably don't need to be worried about this / but [1] it's just kind of playing on my mind and I just think it would be good to just run it past somebody / erm [1] really erm erm I mean I'm I'm having a whole load of tests at the moment for - I've got something wrong with my bowels / basically they're trying to work out what it is / erm [2] so I'm having every test under the sun at the moment / erm [1] and I've just got this worry / that erm [4] I think there's a very very small chance / that I could be erm [2] HIV positive / [2] and as I say it's probably probably an overreaction but **erm I was really just wondering whether / you could [2] maybe find out [2] some information for me eh cause I I'm not one hundred percent sure what the symptoms are / erm so I don't know whether it could be connected or not / with / [3] my symptoms at the moment**
MS94
/((nods)) /yeah /((nods)) /((nods)) /yeah /yeah /((nod)) /((nods)) /((nods)) /((nod)) /yeah /((nods)) /ok what sort of

The SP is playing an anxious patient needing more information about HIV and asks this by hedging and asking for information in an indirect manner. This suits the type of patient the SP is portraying: shy, slightly ashamed, and feeling embarrassed about asking a student for a favour.

6.2.1.4 'Minimal questions'

The definition of question as used for this thesis does not require an utterance to have a subject or a verb (see the definition in 3.3.2.3.1). An example can be seen in a fragment from interview 7:

SP6/7
erm I am unhappy about the way I was spoken to the night that I was admitted and the way I was treated by certain members of the medical team / erm and and I I have seen members of the medical team talking down to st[udents] some of you students as well and I don't think that appropriate either I thought you might understand where I was coming from / erm my admission night was the worst night of my life
MS7
/((nods)) /((nods))

MS7
really↑

The minimal question 'really' can be seen as an encouragement for the SP to tell the student more about this – in that sense it can be interpreted as a request for more information and an answer is expected. The function of this one-word question is the same as if the student had said: 'could you tell me a bit more about that', and the intonation of 'really' supports this interpretation. It must be noted that MS7 failed the assessment. MS7 used 'minimal questions' on a number of occasions, which contributed to a style that could be described as chatty and perhaps unprofessional. This is not always the case, as can be seen from this fragment:

MS76
//erm some some someone will come and talk to you I don't know exactly who it'll be / but someone who knows a bit more than I do
SP14/76
/all right

SP14/76
yeah

MS76
All right↑

SP14/76
So do I just stay here then↑

Here, MS76 checks if the patient is all right with the situation as it is. This minimal question gives the patient a chance to bring up any questions, doubts or worries that s/he might have. In this case, the minimal question comes across as professional and empathetic.

An example of an SP asking a 'minimal question' is SP13 in interview 12:

MS12
Your medical records are confidential

[1]

SP13/12
Yeah↑

SP13 only utters one word and this word functions as a question, as it is a request for more information about the confidential nature of medical records and requires an answer or confirmation. When SPs ask these questions, they seem to do it in order to keep the student talking – the extract of interview 13 above is followed by the student explaining more about confidentiality. In the language game of teaching, the SP signals that the student needs to explain more about this. In a way, it could be a way of telling the student that s/he is on the right path in giving out information, and inviting them to continue talking about this topic.

6.2.1.5 'Tag questions'

Tag questions are short questions attached to a declarative or a negative[257]. If the question is attached to a negative, the tag question does not have a negating element and if the question is attached to a declarative, the tag question will have a negating element. An example of a tag question by the medical student is:

MS33
Yeah it it is it is tough and erm I understand that you will be worried about it though - it's varicose veins you're coming in for **isn't it**

SP16/33
yeah

MS33
Erm it is a relatively straightforward operation so I wouldn't lose too much sleep over it

In this case, MS33 is checking if the information s/he has is correct. The way the question is asked suggests that the student is fairly sure and just needs confirmation from the SP. One could say a tag question is not normally a true question, as it does not attempt to find out information from the other conversational partner. Nor does it usually expect an answer which provides new information, rather than one which offers either a confirmation or existing information, or sometimes no response at all. However, some tag questions do get a response

from the SP, which led me to code them as a question. Medical students tend to use tag questions apparently to show empathy, as in interview 1:

MS1
you just want to have it done // **don't you**

MS1 knows very well that the patient wants to have the operation done at this stage in the interview, because the SP has mentioned it many times. But in using this tag question, the medical student has shown s/he understands the perspective of the patient. MS1 triggered agreement by asking this question and invited more talk from the patient, thereby keeping the conversation flowing. It should be noted that all medical students who asked a tag question, were female.

Looking through the data, there seems to be a different reason for SPs and students to use tag questions. SPs use tag questions in order to convey the patient's emotion, especially frustration and anger. This is illustrated in the following fragment:

SP3/2
That's you know that's great **isn't it**

MS2
sorry about that

The SP is playing a frustrated patient and expresses emotions of anger and helplessness by asking a tag question. Another example was found in interview 8:

SP4/8
// do do you think they [1] you would think the hospital would look after me a bit better than this

MS8
Well //

SP4/8
// **wouldn't you**↑

Here, the student wants to respond, but the SP interrupts and adds a tag question to his/her previous statement. Again, the SP portrays an angry patient. One reason for SPs to choose this form to convey these emotions could be to give the student a chance, almost to offer them an

invitation, to respond with empathy. After a tag question like this, the student has the opportunity to show understanding for the patient.

6.2.2.6 'Embedded questions'

A question type much used by the SP and not used very much by the medical student, is a type I will call an 'embedded question' because it seems to be embedded in more talk. At times, questions were asked but the asker of the question would not wait for an answer and would continue to talk. This happened mainly in the turns of the SP. An example is the question by SP6, followed by more utterances in interview 87:

SP6/87
// Well **what's the what's the what's the emergency that's come in**↑ if you don't mind me asking I mean you - I I'm a nurse so you can - I work here so you can tell me

This SP asks a question and then gives more information about why the student should answer. Again, there could be several reasons for this: the SP might want to offer the student the opportunity to answer the question for exam purposes, the SP might be portraying a pushy patient or the SP might just be a chatty person. In the language game of education, this could be a way for the SP to encourage the student to pick up on cues. No matter what the reason is for embedding the question in other talk, the function of this turn is still that of a question; an answer is expected and a desire for information has been expressed. The same happens in consultation 72:

SP13/72
// who who who would be directly above him↑ in case it came to – let's say he turns around – and I'm not saying it will but he does eh I think I'm entirely in my rights and I don't think I was shouting and screaming - just in case who would be sort of – obviously with the chief exec he's way up here ((points up)) but he's here ((points)) who ((points in between two points)) // is is

MS72
// he he he is a registrar yeah↑

SP13 asks a question followed by more talk, but the whole utterance still functions as a question. The talk following the question is probably a defence of sorts, explaining why the patient asked that question and clarifying the question.

It must be noted that some questions embedded in talk do not function as questions, as is the case in interviews 83 and 93:

SP4/83
// **what so I'm gonna to take another day off is that it↑** / I eh I'm using up all my holiday I'm - it's cost me money to come here today I I mean the the childcare / I work here - I work here
MS83
SP5/93
// **is my case – is my case not serious↑** I mean (( )) you know / like eh ((sighs)) [2] I mean these veins are just ruining my whole life and I just want to get it all together you know what I mean? get this operation out of the way so I can continue to go to the gym take my wife out go swimming / all the things I haven't done for the last eighteen months but I I know it's not your fault but I'm really annoyed about this
MS93
/HMM /((nods))

In both cases, the whole utterance seems to function as an expression of frustration. The questions in these examples are not requests for information nor do they expect a direct answer. One could argue that the interrogative is not a real question but has the illocutionary force of showing annoyance or other emotions. Another way of looking at these embedded utterances is that they were meant as genuine questions that require an answer but the SP changed their mind and decided to talk more about the feelings of the patients. The reason for the SPs to do that could be to direct the conversation away from practical questions about days off and the seriousness of their case but rather focus attention to the effect the cancelled operation has on the patient.

6.2.2 Other findings

The overview given in the previous paragraphs gives a good idea of what types of questions are used by each of the participants. This section reflects on individual questions that are not categorised but stood out in different ways. There were two interviews in which there seemed to be a struggle for the position of questioner. One of them was interview 15:

SP3/15
Yeah I did actually erm I just wanted to check with – the reason I wanna talk to you is really just to ch[at] have a chat about something erm to check that you don't put anything in my notes – I mean do you – **if if I told you something you wouldn't have to put anything down on my notes would you**

MS15
Right like erm for - **like what for instance↑**

SP3/15
Well it's just I want I want – the reason I can't talk to a doctor is I don't want them to put what I've said down on my notes / and I'm wondering if if I talk to you would - **do you have to put things down on notes?**
MS15
/ok

MS15
Erm well **would you would you like to tell me what it is or would you rather**

In this fragment, the patient wants to know if any information they disclose will be written down in their medical notes. The student does not want to answer until s/he knows what kind of information the patient is talking about. This causes the SP and the student to repeat the same question to each other several times (more than is shown in this extract). Neither the patient nor the student wants to answer the other's question before knowing more about the situation. This means both participants prefer to be the questioner rather than the answerer at this point. Later in the consultation, a similar thing happens again:

SP3/15
//You think I should // have the test

MS15
//Yeah I think you should have the test **how do you feel about that**

[1]

SP3/15
And you and **you really feel that even though this isn't the sign of HIV erm it could be a possibility having it anyway**

MS15
Yeah eh I mean I don't know erm but I mean this person you can contract it from erm sexual intercourse so [1] yeah I think so **do you think you'll be willing to talk to somebody↑** I mean [1] I can come with you as well if that would help

Again, in this second fragment both conversational partners prefer asking a question over answering one. This might be the reason why this particular interview lasts for a relatively long time (13 minutes and 6 seconds). After the first question by the SP, the student answers, but immediately turns the answer into a question back to the SP. The SP in turn asks a new question about the reason for getting tested. This time MS15 does answer, but a new question is included again. It must be noted that student MS15 was rewarded with three As for this consultation (i.e. 12 points). The other interview in which there seemed to be a lot of questions going back and forth between SP and student was interview 3, also rewarded with three As:

SP4/3
Could I ask you could you have a word with him? could you have a word with the surgeon is what **I was wondering if if you could you have a word with the surgeon and and just tell him that I was unhappy**↑

MS3
Well erm I can do that for you erm **would you like to speak to him face to face perhaps or maybe speak to any of the other doctors on the team**

SP4/3
I don't know eh **do you think that is what I should do**

MS3
Erm [3] well **if you feel that you've been treated in the wrong way then**

SP4/3
Well - **it could not been taken somewhere else to be examined**

The SP and medical student seem here to prefer asking questions to giving answers, but the nature of this sequence is different from that of the sequences in interview 15. In interview 15 the participants seemed reluctant to give an answer out of fear of it being recorded (SP) or fear of saying the wrong thing or not knowing the answer without hearing more about the problem (medical student). In consultation 3, the SP asks the medical student a question. The student responds positively to the patient's question, but offers a different option and asks for the patient's opinion. The patient in turn asks the student what they think is the best thing to do, a question the student doesn't answer directly. The student bounces the question back: does the patient feel mistreated? To answer this question, the patient needs the answer to yet another question. This sequence does not show the two participants being stuck in a loop, but

rather the questions seem to be the vehicle to get the whole picture and to come to a shared decision.

The way SPs ask questions can influence the exam. In consultation 84, the following happens:

SP14/84
Erm I've really just made this appointment to see you cause I just wanted to ask your advice really / erm it's about erm well I'm thinking of making a complaint / to ask somebody – the doctor / basically who works here / erm and I just really want to test out with you / whether or not you think I should do it / you know I I was – **shall I tell you the situation↑**
MS84
/ok /RIGHT /ok /hmhm /right /ok

MS84
Yes that would be a good idea

The SP asks the medical student if s/he should tell the student about the situation, which is a question the student is unlikely to say no to. If the SP had stopped talking after 'you know I I was', the student would have had to take the initiative to encourage the patient to continue and tell the whole story. This would have required more effort on the student's behalf and would have meant that the student could show his/her communication skills off in the assessment. One could therefore say that this SPs behaviour is limiting the opportunities of the medical student to perform well. This happens again in interview 59:

SP9/59
// Can I tell you **- I can tell you more about it if you like**

Again, this question will always get a positive response from the student, because it means the student gets more information without having to make an effort or word an appropriate question. This type of offer to tell more was only found in these two consultations, which could mean that these two students did not have to ask a probing question where other students did.

In some scenarios, the SP challenges the medical student more than in other scenarios. This can be seen in the number of questions asked by the SP. Scenario 1 was associated with a significantly lower number of student questions and a significantly higher number of SP questions. A fragment of interview 29 may show a reason behind these statistics:

SP8/29
// Ok where do we go from here then - when is the procedure

MS29
Erm we'll make an appointment for you again as soon as possible and that will be sent to you and (( )) convenient for you hopefully that will be quite soon

SP8/29
So you'll send me

MS29
Another appointment

SP8/29
Right and when will I receive that↑

MS29
As soon as possible I I don't know when that is

SP8/29
Does anyone know when that is↑

MS29
Yes it's only cause I'm a medical student that I can't tell you in days but it it should be should be at the beginning of - a week or two I should think but I'm afraid because I'm a medical student I don't know the ins and outs of the clerical practice I can just tell you it will happen as soon as possible

SP8/29
And in the next couple of weeks I <u>should</u> hear when my operation will be rescheduled for

What happens in interview 29 is representative of what happens in all interviews dealing with this scenario. The patient is told that their varicose vein operation has been cancelled. The patient has many questions about rescheduling the operation and asks a lot of practical questions, to which a third-year student realistically does not have an answer. In the fragment, we see a lot of questions being asked by the SP. From the patient's perspective, the goal of these questions is to find out when they will hear information about the rescheduled operation. The challenge for the students is to communicate their lack of knowledge in an appropriate and sensitive way. The medical student does not seem to be getting control over the first part of any adjacency pair, since the SP keeps on asking questions. Even when the student tries to explain their role and their lack of knowledge, the SP follows this up by asking a question and thereby not giving the student a chance to ask a question themselves.

There are different ways in which questions play a role in the SP's delivery of the scenario. Interview 28 shows a medical student asking the opening question and the SP asking the next three questions - two to check if it is ok to chat and one to ask about HIV:

MS28
Erm ((shakes P's hand)) my name is [FN LN] I'm a third year medical student I hear you've asked to see a medical student↑

SP9/28
Yeah yeah is that all right? it's be great I just wanted to to talk talk to / you know off the record ((laughs))
MS28
/yeah that's fine

MS28
Yeah that's fine

SP9/28
Is that all ok↑

MS28
yeah

SP9/28
Erm just thought I'd quite like a confidential chat to someone

MS28
Oh erm confi[dential] yeah everything you say is confidential

SP9/28
Erm [2] erm I don't know where to start really erm [1] I'm in because I had erm because I've had some bowel problems / erm and I've had you know erm pff weeks of of diarrhoea and constipation and it bled and then I've had some tests / erm had a sigmiodoscopy? Or something / yeah had one of those erm which was not very pleasant / erm it was really messy erm but erm [2] I just think cause erm [3] **what I really wanted to know ((sighs)) is erm whether it was possible that this might be related to [2] erm HIV**
MS28
/((nods)) /((nods)) /yeah yeah /no I can imagine ((laughs))

This means that in the first 30 seconds of the consultation, the SP has asked the student three questions. As discussed in the Background Chapter, a question gives a person power over the realm of possible topics that the answerer can talk about. Interview 27 shows a different SP playing the same scenario:

MS27
Nice to meet you I'm a medical student erm how can I help you

SP4/27
Right erm I just wanted to talk to somebody that wasn't erm [2] that wasn't a doctor really / erm [2] erm [2] yeah erm [1] it's I just need to know whether erm [1] that you won't talk about this with anyone else / **is that is that ok↑**
MS27
/((nods)) /((nods))

MS27
Yes ((nods))

SP4/27
yeah [1] good [2] right erm [4] thing is eh erm [1] I'm coming in for these these tests / I've got this bowel / problem / erm [1] and and nobody knows what's wrong really / everyone's looking and I've got to got to have these tests got this barium enema today / [1] and erm [1] nobody knows what's causing the problems cause there's a [1] there's [2] cause there's there's blood in -when / I go to the toilet / there's there's there's traces [1] of blood and [1] it's just that I think I know what the problem is but I just want to erm [2] just to talk to somebody about it really / erm [3] just that you could erm [2] you could you could erm look it up or something and and maybe you could tell me whether the symptoms that I've got are you know we we could f[ind] find the problem if you could do that that's all I was [1] that I was thinking
MS27
/OK /((nods)) /hmhm /HMHM /hmm /((nods)) /hmhm /OK

MS27
Right I mean wha[t] wha[t] what do you actually think is actually the problem

SP4/27
Erm I think I think it's HIV

As in interview 28, the student asks the first question. Also as in interview 28, the SP then checks if it is ok for him/her to talk to the student confidentially. Unlike in interview 28 though, the SP does not repeat this request and goes straight into talking about the patient's worries. Similarly, in contrast to interview 28, the patient talks about their worries without asking the student a question about them. Student 27 then asks the SP what they think the problem is. In the earlier stages of this interview, the student regains control over the first part of an adjacency pair. This is because the SP gives the student an opportunity to do so by not asking a question themselves. Student 27 was rewarded with three As (12 points), whereas student 28 was rewarded with two Cs and a D (5 points). One cannot of course say that this is entirely because of the role-player, but the two fragments that were discussed do show that MS27 and MS28 were presented with different levels of challenge. The questions looked at in these two fragments all occurred in the opening phase of the consultation, which will be further analysed in the next section.

6.3 Topic maintenance

As mentioned in the background chapter, control over the flow of the consultation is analysed here as consisting of asking questions and managing topic development. The aspect of topic development that has been the centre of this analysis is topic initiation. This could mean initiation after a silence, shared initiation of a new topic or a sudden initiation that shuts down a previous topic. A topic initiation is only successful if the topic is acknowledged by the other conversational partner, which means that topic following behaviour should also be considered in analysis of data.

In this section, findings on how topics are managed and developed will be discussed. First, the linguistic behaviour of the medical student will be described and analysed. Then, the SP's topic initiations and topic following behaviour is taken into account. The terms 'language game of medicine' and 'language game of education' will be used to clarify analysis of the examples given.

6.3.1 Topic maintenance by medical students

Medical students get some information before the simulated consultation starts (see the 'student notes' in Appendix 2). This next section will give an overview of what the students' role is in the development of topic.

6.3.1.1 Topic following behaviour

The first aspect of topic maintenance analysed in students' language was topic following behaviour. Generally, students were very good at following topics that SPs initiated. Medical students tended to follow up new topics by questions and reacted to what the SPs were saying, as the following example shows:

SP13/9
erm no - I mean [2] here's the thing there there is a history in my family / [1] that's - it it's what my dad died of / it is what my dad died of // erm
MS9
/hmm /right

MS9
// what was that↑

SP13/9
he had testicular cancer

MS9
right

SP13/9
erm

MS9
so was the lump actually on your testicles

SP13/9
yeah

MS9
hmm

In this example, the SP mentions his father dying. The medical student responds to this new topic immediately by asking what the father had died of. After that, the medical student asks a question to check if the father's death might be related to the patient's lump. All the content of this extract has been provided by the SP: the SP was the one the start about the lump on his testicles, the SP was the one to start talking about being afraid of 'something serious' and the SP was the one initiating the topic of testicular cancer. In nearly all scenarios, the same pattern was visible: the SP would initiate topics and the medical students would follow this topic and ask questions about it.

However, in some scenarios, students do not show good topic following behaviour. An example of a medical student not following a topic initiated by an SP can be found in interview 41:

MS41
Well erm [2] obviously maybe he shouldn't have said things so loudly but there's [4] eh eh erm

SP2/41
Ok do you do you erm do you think erm [2] I mean I don't want compensation but do you think I should complain

MS41
Erm do you know which doctor it was do you know who it was

SP2/41
Well [2] the n[urse] the nurse one of the nurses said they could find out

MS41
Maybe you can try see if you can speak to him say what you thought and [1] if he apologises then I don't know maybe you want to leave it there or if you want you can possibly talk with – was it a junior↑ member of staff or eh maybe talk to the consultant possibly

The SP asks if the medical student thinks a complaint is appropriate in this scenario. The student seems to ignore the topic of complaining by trying to find out which doctor it was who was involved. The student then offers a solution that requires the patient to talk to the doctor or other members of staff. The actual question 'do you think I should complain' and the topic of complaining is not followed by the student.

In the data, there are examples of medical students not following the SP and the SP trying to correct this behaviour. This is shown in interview 8, for example:

SP4/8
do do you think they [1] you would think the hospital would look after me a bit better than this

MS8
Well //

SP4/8
// wouldn't you↑

MS8
It would be nice yeah ((nods))

SP4/8
yeah it wouldn't be the same if it was you or a doctor would it? wouldn't be a same if it was a doctor - a doctor they'd see

In this example, the student is about to disagree or adjust the statement made by the SP. The SP does not give the student a chance to do this and interrupts by repeating the question. In the language game of teaching, the SP is teaching the student to follow the patient by reiterating important points that haven't been followed up. In this case, the SP teaches the student not to disagree with a frustrated patient but to follow their line of thinking and to show empathy.

6.3.1.2 Topic initiation

Topic initiation by medical students does not occur much, but examples were found mainly in scenario 4, in which a patient is afraid s/he might have HIV. Students initiate topics like sexual relationships, HIV tests and GUM clinics, as shown in the following examples:

SP3/15
I'm very anxious / [2] I mean I just made the assumption that eh if this isn't the si[gn] the first signs of HIV then I haven't got it / that's just the assumptions that I've – that's what's been in my head
MS15
/hmm /right

MS15
Yeah I mean unfortunately it doesn't work like that does it? I mean you you you may not have sym[ptoms] you may not have symptoms for ages or you know I I mean I can't tell you but because this person has rung you up they've obviously - they are quite concerned themselves it must take a lot of courage / to to tell you in the first place and then there's other people I mean are you erm in a relationship at all?
SP3/15
/yeah

SP3/15
No

MS15
You're not [1] but erm since this person have you [1] have you been in / a relationship

SP3/15
No

MS15
You haven't

In this example, MS15 initiates the topic of relationships. The SP gives a one-word response, but the student does not move away to a different topic; s/he checks again if there has been any relationship since the sexual relationship with the HIV infected person. Students show

more proactive, topic-initiating behaviour in this scenario, signifying how important they seem to consider HIV to be. Most students, like MS15, ask questions about other relationships and about contraceptive devices. Student 100, like a few other students, initiates some conversation about a GUM clinic:

MS100
Yeah erm you can you can go to a erm erm a GU medicine centre which is a genitourinary centre and they can do tests and give you advice and talk to you about things and it's completely separate and they don't tell your GP anything unless you want them to or unless you give your permission and they know a lot about things like that and can reassure you and give you advice and see where you wanna go from there [3] cause you probably need to talk to somebody who knows a bit more about this than me / erm [2] but I'm sure that I can find out some people that you could talk to that aren't people here / if you don't want to talk to people here
SP16/100
/((nods)) /yeah

Students initiate topics such as tests, GUM clinics, previous relationships and protection with which they stress the severity of HIV. Students seem know enough about this topic to talk about it more and to control the flow around this topic. Students also stress the importance of doing an HIV test and talking to a medical professional:

[2]

MS24
Ok so **have you ever had a HIV test in the past↑**

SP13/24
No

MS24
and have you got any particular reason to believe you might be at more risk

After asking about a test, the student moves on to other questions, but picks up the topic of testing again later in the consultation:

MS24
Ok [3] **are you interested in having an HIV test↑**

This is when the SP brings up issues around the confidentiality of medical notes. When the student deals with those appropriately, the SP picks up the topic of being tested themselves:

SP13/24
hmm [2] **how easy is it to set up an HIV test** - how quickly can it be done

In the language game of education, this teaches the student that their own ideas of what is best for the patient will only be taken into consideration if the patient has been listened to and if the patient's concerns have been taken into account and have been dealt with appropriately.

There are some examples of students initiating a topic in other scenarios. In the scenario of the cancelled operation, for example, the medical students have to break the bad news of a cancelled operation and thus initiate that topic:

MS78
Hi erm I'm [FN] I'm a third year medical student

SP15/78
Hi hi

MS78
I understand you're supposed be here for varicose veins surgery↑

SP15/78
Yeah that's right / I've got an operation today
MS78
/ oh:: ↑ ok

MS78
Unfortunately **I've got some ((leans forward)) very bad news for you / eh SHO's had to go away to an emergency situation / so he won't be available to see you today**
SP15/78
/right /right

SP15/78
What – so that means I can't have my operation?

The student checks if the patient is indeed present for a varicose veins operation and after confirmation, breaks the news of the cancellation. After the start of the consultation, however, the pattern seems to resemble other scenarios, in which the SP initiates a topic (when the operation will be rescheduled, why this happened, etc) and the student follows.

In section 2.2.3.2.2, different markers of topic extinction were mentioned. In the data, especially silences and the use of short words like ‘erm’ and ‘right’ were used when conversational participants failed to continue a topic. After these silences, new topics were started. This was sometimes done by the medical students:

SP5/6
Yeah - no she is <u>not</u> I’m not even sure where she’s having a test eh eh eh test done to be honest because she’s being very vague/ I mean the way she’s said it is as if she has only she she she’s just gonna have this test to see if if she’s got a problem / I I I tend to sense - because I know her / and I tend to and I tend to sense there is a bit more there that she’s not being upfront with me you know what I mean
MS6
/hmm /((nods)) /HMM

MS6
I SEE

SP5/6
yeah

MS6
and have you been in contact with any of the members of the consultant’s team perhaps one of the junior members↑

In this example, the student says ‘I see’, possibly to show understanding, possibly to close down the current topic of conversation, or possibly to encourage the SP to talk more. The SP does not add anything to the previous topic, which might encourage the medical student to initiate a new topic, namely that of talking about the issue with medical professionals. In this example, a topic was closed and a new one was started without there being silences. In the data, however, silences sometimes occurred before medical students initiated a new topic, as in interview 77:

[2]

MS77
Hmm **were your friends and family with you**↑

SP155/77
My my partner was with me yeah

MS77
Yeah

The silence might have been a reason for the medical student to think of a new topic, as it is a signal of a previous topic having ended. In the language game of teaching, the role of the SP in silences is very important. If the SP is quiet for long enough, it encourages medical students to initiate new topics and to take control. At times, students initiate a new topic after a silence in an inappropriate way; they close down a topic which looks as if it should have been investigated further. This happens in interview 25:

SP17/25
This is the second time this is happened to me

MS25
Is it ?

[3]

MS25
Like I said this person is very seriously ill and that's why all all operations – you're not the only person it's everyone that's come in for an operation today

In this case, the student could have asked more about what happened to the patient the first time their operation was cancelled. Perhaps the student is trying to do just this by asking 'Is it' but the SP does not respond and stays quiet. In the language game of teaching, the SP's silence could be a way of encouraging the student to ask a better question or to show empathy. Instead, the student moves on to a different topic, namely the reason why the operation was cancelled.

6.3.2 Topic maintenance by SPs

As mentioned above, there are more examples of SPs initiating new topics, although this seems to be quite topic-specific. The next section will focus on how and when SPs initiate topics and will analyse their topic following behaviour.

6.3.2.1 Topic following behaviour

As mentioned before, SPs are the conversational participants who are in a position that makes it easy to initiate topics. However, sometimes the medical students initiate a topic, for

example by asking a question, by taking control after a silence or after markers of topic extinction. When this is the case, SPs do not always show good following behaviour, as is shown in interview 3:

MS3
well I'm sorry you feel like that and [2] obviously there is a problem there if you been erm if you've been upset by that erm [2] erm [3] would you would you like to pursue it further or

[4]

SP4/3
do you think it's do you do you think it's wrong though

MS3
Well erm

In this example, the medical student is pursuing the topic of complaining, and is asking if the patient wants to complain officially. The SP is quiet for a little and changes the topic, by asking the student directly if s/he thinks what happened was wrong. The word 'though' seems to link the SP's question to the previous utterances made by the medical student; it seems as if the SP has heard the question and wants to respond, but needs to have more information before s/he can answer the question. In the language game of education, the SP's behaviour in interview 3 challenges the student to deal with a difficult situation, namely answering a patient who is asking for their personal opinion. In the language game of medicine, however, the SP is portraying a patient who does not follow the doctor's topic initiation and avoids answering the doctor's question, which may not be the behaviour of a 'typical patient'. A similar, but slightly different thing happens in interview 5:

MS5
Hmhm well would you like me to find someone higher up the team for you to talk to↑ or::: would you like me to find out the complaints procedure if you wanted go down more formal channels at this point erm certainly I think the thing for me to do is to pass it on to somebody more senior in the team

SP6/5
it is definitely not normal

MS5
no

SP6/5
eh you don't think I am overreacting you don't think other patients would have thought that was ok or

Here, again, the medical student asks what the patient wants to do regarding complaints procedures. The SP, however, does not answer the question but steers the topic back to the question of whether the experience was normal or not. In this case, however, the SP does not use silence to change the topic but seems to ignore what the student has said and starts talking about the consultant's behaviour. The new topic has not been linked to the previous topic. By not following or acknowledging the topic proposed by the medical student, SP6 might give the message that the student should not have brought this topic up. SP4 did acknowledge the previous topic, by using silence before the topic change and by adding the word 'though', thereby signalling that the student did not do anything wrong by raising the topic.

SPs tend to be especially bad topic followers when the medical students talk about very practical matters, such as for example complaints procedures, as is illustrated in this extract from interview 64:

MS64
Right well I think if you – if you do want to make a complaint I think the the best thing that you can do is is to try and erm maybe speak to the doctor yourself / erm but the hospital does have erm you know eh ways of complaining / you know routes you can go through erm to actually //
SP2/64
/((nods)) /yeah

SP2/64
//**And the worse thing really was the fact that he he stuck a finger up ((gestures))**

[2]

MS64
Right he did an examination yeah

SP2/64
And it was so painful and everybody heard and oh ((sighs))

In this example, the SP interrupts the medical student (who is talking about practical ways of taking the case further) with a statement about his experience and his emotions. The student is quiet for a bit before following the newly initiated topic. In the language game of education, the SP is steering the student back to territory that s/he can deal with, namely showing empathy and asking questions about a patient's experience.

6.3.2.2 Topic initiation

SPs play the role of a patient and have studied their briefing pack. This means that SPs have a lot of information about the role-play; they know who the patient is, what happened to them, what the context is, etc. The third year medical students only get a few lines stating which patient they will see and what the main objective of the conversation is. They have little medical knowledge, little knowledge about general hospital procedures and are mostly following topics that are initiated by the SP. This paragraph will look at different ways in which the SPs initiate topics.

Firstly, SPs initiate topics during their talk. A student can ask a SP a simple question and in the answer, the SP will initiate topics, as in interview 35:

MS35
Can you tell me what happened

SP9/35
Erm well [1] basically I came in last night and I was in quite a lot of pain erm obviously [1] and erm he he he started asking questions all sorts of personal questions erm that everyone has has been able to report back to me this morning things about what what sexual transmittable diseases I've had and all sorts of questions like this erm que[stions] basically he was asking me if I was an alcoholic in a very loud voice [1] and then eh [1] announced to everybody on the ward that he was going to give me a rectal examination which he then did erm you know nothing kind of poked around everyone could hear every detail you know everyone else was trying to sleep erm and they've heard everything and they're all very embarrassed on my behalf erm they all (( )) and [1] and then he's announced in a loud voice that he was going to give me you know app[endicitis] app[endicitis] appendicitis and {peridilitis}and and so on and just -

Most of the scenarios are cases in which the patient has a story to tell, or a worry to share. A lot of the content of the consultation therefore comes from the SP, which corresponds with findings in 5.1 where it was found that SPs talk more than medical students.

Another way in which SPs initiate topics is by asking questions. This happens in interview 11, for example:

SP3/11
//yeah but I was and I am telling you that that / that is what happened / **he took me up on the ward and he and he spoke very loudly and aggressively and did this examination and I mean I don't know is that where they normally do it↑**
MS11
/yeah yeah /ok

In interview 11, an SP asks a question about a procedure as a way of initiating a conversation about how this procedure should normally be done. In the language game of education, the SP is challenging the student to communicate their (lack of) knowledge and is giving the student an opportunity to talk about hospital procedures in general.

Finally, SPs initiate topics after silences or topic extinctions. When topics end, this is often signified by the student being quiet or using linguistic markers of topic extinction, as in this example from consultation 23:

MS23
I don't know myself like what the risk what how the disease how whether if the disease can be transferred that easy I'm not sure I don't know myself so erm

SP1/23
Right

MS23
erm

SP1/23
Well do you think I should do something about that

The SP responds to the student's utterance with a minimal encourager ('right'), but after that, the student seems to be unsure of how to continue. Because the student does not take control, the SP then initiates a new topic by asking a question to keep the consultation going. A similar thing happens in interview 45:

MS45
Yeah I'm afraid just - eh it will be rescheduled erm but today it's not going to be possible

[2]

MS45
Erm

[1]

SP12/45
J[ust] just out of nowhere y[ou] y[ou] I I was ready to go now / I I thou[ght] ((sighs)) [3] **it's already been cancelled once before**
MS45
/yeah

To start with, the student is quiet to give the patient the chance to respond. When the SP keeps quiet, the MS says 'erm', possibly because s/he knows it is their turn to speak if the patient doesn't speak. There is another second of silence, but then the SP responds. In the language game of education, a good use of silence by the student should be rewarded with more information so the student can continue the consultation, which is exactly what happens in interview 45. At times, the SP starts talking after a silence to help out the medical student, as in the following example:

SP9/43
((leans forwards, head in hands)) I try I mean you get eh I hate operations anyway and you get so psyched up [4] I mean I I've ((sighs)) I've got you know I've got I've arranged childcare now as well you know I haven't got the time - oh [2] this is pointless and I'm - out of my own pocket yeah ((mumbles)) this is stupid ah this is crazy you know I work here whole day every day on - you know erm and I got varicose veins and they are huge and they're absolutely killing by the end of the day - on your feet and after an hour they start throbbing and I just [1] you tr[ust] you spend day in day out in this hospital trying to give your best each day and you can't actually get the thing that's wrong with you sorted out

MS43
HMM

[9]

SP9/43
((mumbles)) **˚it's not your fault I know and˚ I'm s[orry] / I don't wanna take it out on you I just - it's just so frustrating [3] and what am I supposed to do now↑**
MS43
/it's ok it's all right

The SP gives the medical student a lot of time to respond, but eventually speaks again, perhaps demonstrating less aggression and asks a clearer question. This could be because the student does not know what to say next in the consultation, which in the language game of eduation requires the SP to step in and help the consultation move forward. On the other hand, it might have been hard for the student to respond to the SP, as s/he addresses many different topics; in one turn, the SP mentions hating operations, childcare, money, working at that hospital, varicose veins and how they affect her/his life, and frustration about the operation being cancelled. It is possible that the student is silent for a long time because s/he does not know which part to respond to. After the silence, the SP asks a more focused question which the student does answer, and the consultation moves on.

6.3.3 Other findings

When immersed in the data, I found that the content of the topics that students and SPs were initiating was also worth investigating. It appeared that students and SPs have different agendas in the simulated consultation which were clear from their choices of topics. In this section the content of both the student's and the SP's topics will be explored, as well as the struggles that occur when participants want to talk about a different topic.

6.3.3.1 Which topics?

This paragraph will aim to describe the content of students' topics. As mentioned before, SPs initiate more topics because they have more information and knowledge about the scenario. This teaches the student to follow cues from the patient and to ask appropriate questions. When the students initiate a topic, for example through asking a question, they can be topics that are quite practical in nature. The following extract from consultation 35 is an example of this:

SP9/35
yeah

[2]

MS35
Erm I'm not sure what you're suggesting would you like to speak to another doctor about it

[2]

In this example, MS35 is unsure what to talk about with this patient and proposes to go and get another doctor to talk to. There are quite a few examples in which medical students ask these types of questions. It seems as if they feel that they should solve something in the consultations, whereas the goal of the assessment interviews is to observe whether a medical student can converse with a patient appropriately, show empathy and ask questions that elicit the patients experience, thoughts and feelings. Medical students might not understand the exact goal of the assessment and feel that they need to call on other health professionals (receptionists, nurses, doctors, patient liaison services) in order to deal with this consultation.

The SP is the one initiating most topics and nearly all their narrative consists of an experience they have had or a worry that they have. This means that, besides the facts of their experience, emotions play a big part in the way they communicate with the medical student. The topics initiated by the SPs often have to do with emotion or frustration, as in this example:

[6]

SP17/61
I mean you just get yourself all psyched up for something like this / you know as I say I haven't eaten all day / [2] and then pfff [4] and I just want it sorted / as well
MS61
/hmm /((nods)) /HMM

In the simulated consultations these utterances in which the SP describes his/her experiences are the building blocks of the conversation. These expressions of frustration, emotion and worry have more functions; as mentioned before, when the student is lost for words or is talking about things that do not matter in this examination, they can be used to steer the student back to what the consultation is really about.

6.3.3.2 Struggles

The SPs are at times focused on their emotions, frustrations and worries. The students, on the other hand, tend to be solution-driven and eager to call in different health professionals to help out. In interview 81 this results in a series of turns one could call a 'topic struggle':

MS81
No I'm only a third year medical student I don't really know much about / what kind of information to tell you about that
SP9/81
/yeah

SP9/81
I mean is this something I should worry about

MS81
Erm have you spoken to the doctor at all about this

SP9/81
No ((laughs)) no to be honest I'm I'm I mean no offence intended but I I abs[olutely] I hate doctors I absolutely hate doctors I hate hospitals I hate being here erm erm no I haven't really said anything about it

MS81
Do you not think it's a good idea to talk – to speak to a doctor about it↑

SP9/81
Pffff

MS81
Just to put your mind at rest

SP9/81
Yeah probably erm [4] I've been worried for the last six months so erm [2]

MS81
But you're erm you're obviously concerned about it cause you're speaking to me about it / I mean – what I was gonna say is I'm not really the best person to be speaking to cause I don't really know much about it I think it's probably best you speaking to a doctor
SP9/81
/Yeah

The student mentions that s/he is only a third year medical student and might not know a lot. The SP ignores this and asks a question, which in the language game of teaching could steer the student away from insecurities and might move the consultation along. The student is still not sure and asks if the SP has spoken to a doctor. The SP answers the question and begins to speak about a general feeling of discomfort at being in a hospital. This gives the student a chance to show empathy and explore these feelings of the patient. The student does not follow the SP's cues and mentions a doctor again. In this extract, the SP gives the student several cues which could lead the student to ask questions, or to show empathy. The student seems to have a different perspective; s/he appears to think that s/he knows nothing and needs to refer this patient to a doctor because s/he can not do anything for this patient. The SP's attempts to keep the student on topic fail; the student refuses to follow.

The example from interview 81 is an exception in the sense that the struggle is quite explicit because the student does not follow the topic, and because the struggle takes more than two turns, which only happens in a few consultations. However, in scenario 4 it is much more common for the SP and the student to have a struggle about topic which will be shown below. Scenario 4 deals with a patient who is worried about having contracted the HIV virus but who does not want to have this written down on their notes. The following extract is a good example of what often happens in this scenario:

MS28
Well I can understand why you're so – why you're worried about it because – eh but I'm really not the person to be talking to about this / because I eh I don't have any expert knowledge on the subject because I'm only a student
SP9/28
/yeah

SP9/28
Is there any way to get hold of any information for me do you think? / you must have like textbooks and stuff you could probably look something up or
MS28
/erm

MS28
I think it's really important – because you're worried about this that you do talk to a doctor

SP9/28
But I don't really want to talk to a doctor about it

Before this extract, the SP has mentioned not wanting to talk to a doctor several times. The SP responds by asking a question which in the language game of teaching is a cue for the student to talk about something else. However, the student thinks HIV is so important that the patient must talk to the doctor. Therefore, the student does not follow and perseveres. Most of the interview is a struggle between the student wanting the patient to talk to a doctor and the SP trying to find ways to steer the student to a different topic. This is another extract from the same interview:

[3]

MS28
I really think it would be a good idea to talk about your worries to one of the doctors

SP9/28
yeah

MS28
I eh I think they you know would be really quite sympathetic to your worries and just have a chat with them about it

SP9/28
Yeah well I ((crosses arms))

MS28
I think it'd make you happier once you've talked to them about it [1] and got some proper advice

SP9/28
Hmm

[5]

MS28
I eh I'm sorry I can't be any more help than that

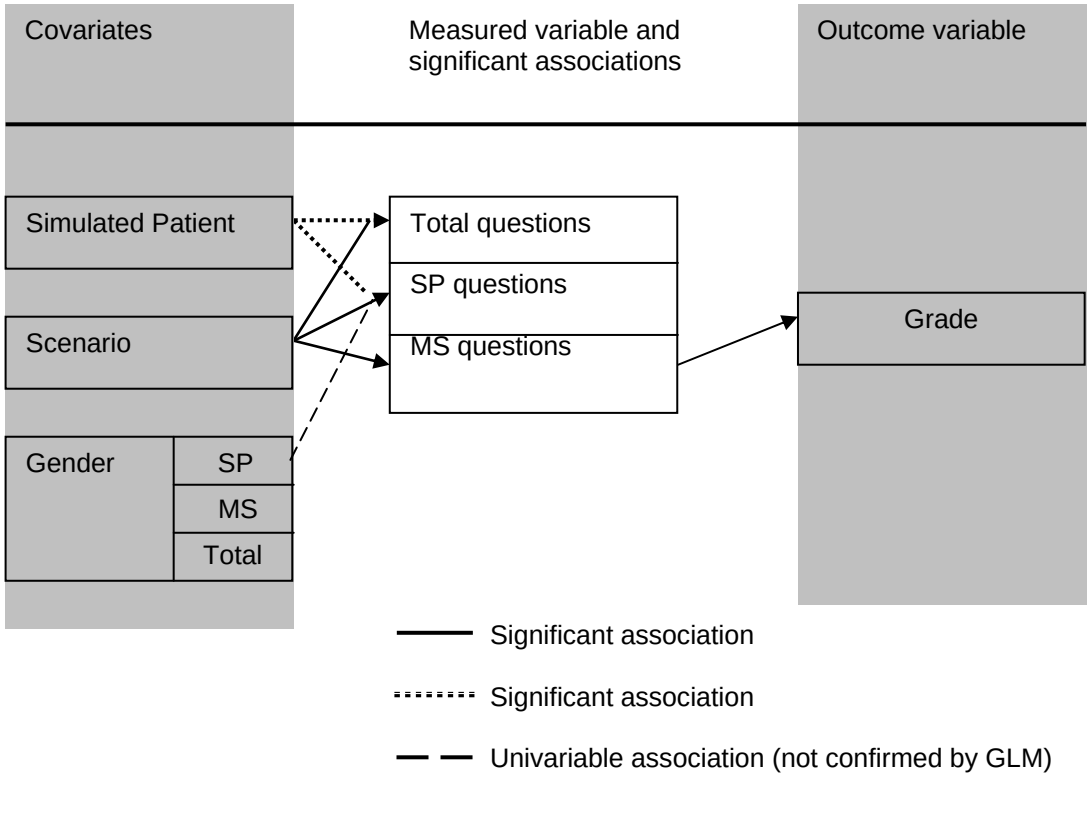
Interestingly, the student mentions that referring the patient to a doctor is all s/he can do, that s/he 'can't be any more help than that'. Even though the examples in this section are all exceptions because of their length and because the students do not follow, they do seem to paint a picture of how students perceive the exam; the students might find it hard to think how they can help a patient, might feel out of their depth and struggle to see what is expected of them. If this is the case, it might be worthwhile to have a pre-assessment session or a teaching session in which this is addressed.

6.4 Summary of findings

This chapter looked at the way both participants influence or direct the flow of the consultation by asking questions and initiating conversational topics. The number of questions posed by each participant was measured, and sociolinguistic analysis aimed to find out what types of questions each participant asked and how they participated in the development of the topic.

Quantitative analysis showed that SPs and medical students ask a similar number of questions (49% medical student questions, 51% SP questions). Figure 11 shows associations between the number of questions and other variables.

Figure 11: Associations between covariates, number of questions and outcome variable



This figure shows that scenario is significantly associated with the number of questions asked by both participants and in total. The SP role/playing the scenario is significantly associated with the number of questions asked by that SP. SP gender was univariably significant in its association with SP questions, with female SPs asking more questions than male SPs. However, GLM testing showed no significant link between the gender of the SP and the number of questions they ask, although the P value came close to significance (p=0.57). The number of questions asked by the medical student is significantly linked to grade; the more questions a medical student asked, he higher his/her grade.

Qualitative analysis of questions highlighted some differences in the way students and SPs asked questions. The types of questions found were:

a) Questions asked in the opening phase of the interviews
b) ´Direct´ questions
c) ´Non-interrogative´ questions
d) ´Minimal´ questions
e) ´Tag´ question.
f) ´Embedded´ questions

Questions from category a) are mainly asked by medical students, whereas questions in category f) are exclusively asked by SPs. SPs seem to be a bit more comfortable asking ´direct questions´, in which the question doubles up as an exam question. The SP often asks these questions when playing an emotional patient who wants more information. Students ask direct questions, but not when they address future plans or the patient´s wishes. In that case, students tend to use questions from category c), mainly by listing things that the patient could do. SPs also use non/interrogative questions, mainly as indirect requests for more information. The tag question is used by SPs as a sign of anger and frustration but used by the medical student as a sign of empathy or a way to check if certain information is correct. In scenario 4, the SP has a lot of questions for the student due to the nature of the scenario.

There are segments in the interviews in which there seems to be a fight for the position of ´questioner´, perhaps because the first part of the adjacency pair is a good starting point for taking control in a conversation.

When it comes to topic maintenance, the student is mainly the topic follower. The SP seems to ´drip feed´ information into the consultation. The student initiates topics in only a small number of occasions. One of them is in scenario 4, in which HIV is the main topic. Here, the student initiates a lot of questions regarding testing, previous partners and contraception. When the SP is quiet for a while, the student is more likely to initiate new topics.

SPs initiate during talk, in questions and after silences or topic extinctions, or when patients get stuck. SPs are not good topic followers; there are occurrences in which the SP does not follow but starts a new topic of conversation so as to steer the student away from practical issues such as complaints procedures towards the experience and emotions of the patient. In general, students are likely to talk about practical issues and often offer to get someone else to talk to the patient.

7 RESULTS –MANAGING THE FRINGES

7.1 Openings

The following section will focus on the way the simulated consultation is opened. In the general overview of data (Chapter 4) it was noted that the examiner will tell the SP and the student when the simulated consultation starts. The opening phase that is of interest for this analysis is the phase following this 'starting signal'.

7.1.1 Medical students' language in the opening phase

The first observation from the data is that medical students take control in this opening sequence without any hesitation. Starting a consultation seems to be quite formulaic and most medical students show the same behaviour at the opening sequence of the interaction.

In more than half of the cases, the opening sequence consists of the same four elements, namely: checking the patient's name, introducing themselves, introducing their role and asking the opening question. This is in concurrence with the literature as discussed in section 7.1. These four elements can all be mentioned in <u>one</u> conversational turn, as in interview 21:

MS21
Morning Mrs Steel my name is [FN LN] I'm a third year medical student I understand you've asked to speak to one of us↑

SP16/21
Erm [1] yeah I just needed to speak to somebody really I didn't I didn't feel I could speak to the doctors [2] yeah erm [2] just [1] I'm in a bit of a pickle at the moment erm

However, some students take more turns in order to do all four aspects of the introduction, as in interview 38:

MS38
Ok // hi Ms [Forsyth?]

SP1/38
//hi

MS38
My name is [FN] I'm a third year ((shakes P's hand)) medical student / it's nice to meet you
SP1/38
/hello

SP1/38
hiya

MS38
I hear you wanted to talk to a medical student about something

In this example, the student first checks the patient's name before introducing him or herself. After the introduction, MS38 seems to 'settle into' the consultation before starting with their opening statement. The comment 'it's nice to meet you' can be interpreted as a way of closing the opening phase and moving on to the consulting phase.
Most students who mention all four elements as mentioned above, do this in two turns, as is shown in 82:

MS82
Hiya Miss Steel↑

SP17/82
yeah

MS82
Erm I'm [FN] I'm a medical – third year medical student / and I've been told you've asked to speak to a medical student / so
SP17/82
/yeah /yeah

First, student 82 checks that s/he is talking to the right patient. After having confirmed the name of the patient, the student introduces themselves and mentions why they are here to talk to the patient. This final phrase 'I've been told you've asked to speak to a medical student', is the student's opening statement after which the patient can explain why they want to speak to the student.

Less than half of the students leave out one of the elements. Most of these do not check the patient's name; some do not mention their own name. In the following example, the student forgets to introduce themselves and starts by asking the opening question:

MS5
hello there I've been told you wanted to speak to a: medical student↑

SP6/5
yeah that's right erm erm I am actually erm eh hopefully getting out of here later today / erm but there's been a couple of things on my mind and I would like to speak to one of you guys before I go/ erm sort of in:formally erm [2] I got a cou[ple] a few reservations about the attitude of one or two of the doctors here / which I want to talk to you about / erm I though you might understand because I've certainly heard one or two of the more senior staff here having a bit of a dig at you s[ee] you know some of the medical students or the nursing students get barked at a bit sometimes / and I was certainly barked at a bit while I was here / and it has left me feeling quite uncomfortable I think - in fact I think my admissions night was probably the worst night of my life
MS5
/all right /HMHM /RIGHT ok /hmhm /((nod)) /right ok

MS5
right ok erm [1] can I just ask erm first I got to say I am a third year medical student / so I am about halfway through my training my name is [FN LN] ((laughs))/
SP6/5
/yeah

SP6 starts his/her narrative straight after the opening question. By listening to the patient and what the patient wants to talk about, the student realises the importance of telling the patient that s/he is not in fact a doctor. This triggers the student to introduce them by telling the patient his/her name and explaining their role in the hospital. In the scenarios chosen for this assessment, it is of importance for the students to communicate their position and limited knowledge to the patient. The students are often very aware of the limited help they can offer, as seen in the previous chapter, which might be why only a students few leave out the fact that they are medical students in the introduction.

Most students seem comfortable opening the consultation and seem to know what to do straight after the examiner's announcement to start. Additionally, in 50 of the 100 consultations, the medical student shakes the patient's hand – a sign of the student welcoming the patient into the consultation. This is another sign of the students being in control and feeling confident about having some 'institutional power' in the simulated consultation.

7.1.2 SPs' language in the opening phase

The SP's role in the opening phase is mainly a following role, which makes sense considering the more leading behaviour of the medical students in this part of the consultation. In the vast majority of cases, the SP does follow and start their opening statement or narrative after the student has asked his/her opening question. However, in some cases the SP does play a role in opening the consultation. It must be stressed that the examples given below are exceptions to the rule.

There are few cases in which the SP asks plays a part in opening the consultation. An example of this is found in interview 48:

MS48
Good afternoon my name is [FN] I'm a third year medical student

SP13/48
Hi [FN]

MS48
Hi

SP13/48
I'm Les

MS48
Hi

SP13/48
Erm yeah good erm you're a med student erm I thought so erm I been here a couple of days I'm currently on my way out erm and er::m yes it's been a bit of an eye opener erm you you're at Brum University aren't you

In this scenario, the student introduces him/herself and does not take control over the rest of the introduction: s/he does not ask for the patients name and does not ask an opening question. The SP mentions the patients name and gives the student time to ask an opening question. In the language game of education, the SP prompts the student and gives the student a chance to continue opening the consultation. When this doesn't happen, the SP makes the opening statement which starts the consultation.

Whereas the behaviour of SP13 is easily explained drawing on the language game of teaching, the way in which SP14 asks the first question is more difficult to defend when it comes to educational value:

MS36
Hi Mrs Steel

SP14/36
Hi

MS36
How do you do my name is [FN] one of the third year medical students / nice to meet you ((shakes P's hand))
SP14/36
/ok

SP14/36
And you erm [1] I I want want to talk to you about something but I do – before we start I do want to know in eh I I want you to reassure me that you won't tell anybody [1] about what I've said [1] is that eh eh that's absolutely clear is it↑

The student has checked the name of the patient, has introduced her/himself and might be getting ready to ask the opening question. However, the student does not get the chance to do so, as the SP starts their opening statement before the student does. The patient in this scenario is anxious to find out whether their confidentiality will be kept, and therefore asks the question at the start of the consultation. In the language game of teaching, however, this SP has not given the student a chance to show that s/he can open a consultation appropriately.

7.2 Closings

In this section, the results of the analysis of closing phases in the consultation will be reported. The behaviour of each participant will be discussed separately. Due to the findings, some attention will be given to the role of the examiner in the simulated consultation – this has not occurred in results so far, but was deemed appropriate here.

7.2.1 Closings initiated by the student

One way in which students initiate the closing sequence of the simulated consultations, is by asking the question if there is anything else the patient wants to talk about. In interview 54, the student initiates the closing phase with the '"anything else" question':

MS54
Yeah ok [1] **is there anything else I can I can - you want to talk to me about or anything else I could help you with**↑

SP9/54
No if you can't help you can't help I just though it was possible you know

MS54
Ok [1] erm well I'm sorry I couldn't help you any more that this

SP9/54
That's fine thanks for your time anyway

MS54
No problem I hope I hope that you know you decide to sort you know - I would advise you strongly to // seek advice

SP9/54
// Yeah I'll just keep going mad while I'm here ((laughs))

MS54
sure

SP9/54
thanks a lot cheers

MS54
Good luck

SP9/54
Bye bye

MS54
Ok bye

The student asks if there is anything else that the patient wants to discuss. However one could wonder if the student really wants to know if there is more to be said or if the 'anything else' question is a way to wrap up the conversation, as suggested by Robinson[219]. After the patient says that there is nothing more, the student utters typical linguistic elements for a closing sequence, namely 'ok' and 'well', followed by a summary of a kind. The ending, however, is still a few utterances longer. The participants exchange a few pleasantries and are quite polite in thanking each other and apologising to each other. It seems like the student knows how to initiate a closing sequence, but does not know how to actually end the consultation. The SP is the one to initiate the real closure by saying 'thanks a lot cheers' and then even more clearly, by saying 'bye bye'.

Another way in which the student initiates the closing sequence is by saying 'ok' in a questioning tone. The following extract from interview 15 shows this:

[3]

SP3/15
Well anyway yeah

[2]

MS15
Ok↑

SP3/15
Yeah [1] thank you

MS15
That's all right

Both look at examiner.

In this example, two moments of silence occur. The SP says 'well anyway yeah', which could be seen as a start of a summary or as an empty statement to fill the silence. The medical student notices that the SP is not going to say anything more and then asks 'ok'. This 'ok' can be seen as a way of asking if everything has been discussed. In the language game of

teaching, this ‘ok’ can also be interpreted as a way of checking if the student is allowed to close the consultation.

A third way for the student to start the closing sequence of the interview is by summarising. This is demonstrated in a fragment of consultation 70:

MS70
Yeah I certainly I will erm speak to a senior doctor or someone in charge or perhaps put them in touch with you as well / try and get this matter sorted out / obviously you understand that I personally can’t do anything to help you right now // (( ))
SP9/70
/yeah /yeah great cheers

SP9/70
// yeah of course you can’t you know you’re just a third year

MS70
I certainly will put you in touch with someone that erm you can speak to

SP9/70
ok

MS70
all I can do is apologise for the inconvenience

SP9/70
yeah it’s all right it’s all right thanks a lot

MS70
ok

SP9/70
cheers

Both look at examiner, who thanks SP9 and MS70. The end.

Here, the medical student is summarising what s/he can do to help. At the same time s/he apologises for not being able to do any more. As in the extract from interview 54, the SP and the medical student exchange polite utterances of apology and gratitude, before the SP thanks the medical student. The student might understand that the ‘thanks a lot’ means that the consultation is over, and responds with an ‘ok’. This ‘ok’ could mean a number of things: it could mean ‘it’s ok, I was happy to help you’, or it could mean ‘ok, we have come to an agreement’ or it could mean ‘ok, I agree that we are ending this conversation’. It takes another

utterance of the SP, ‘cheers’, to really close the consultation. Viewing the videotape of this consultation, it becomes a little more obvious that this ‘cheers’ is a way for the SP to end the consultation and that it is used as a signal to hand over the control to the examiner.
So far, examples have been discussed in which students initiate the closing phase of the consultation by asking ‘anything else’, by asking ‘Ok’ and by summarising. Despite students making a start to the closing phase, it is often the SP who actually makes the consultation stop. After all, the student does not want to end any consultation if s/he has not addressed any issues that should have been dealt with in order to pass the exam and the students thus wait until the SP has ended the consultation.

Sometimes, students initiate a pre-closing after which the consultation goes on for a lot longer. An example of this is in the following extracts of interview 93:

MS93
Ok all I can do is apologise for what’s happened and I’m just – I’m afraid you’re gonna have to wait until something else – another surgeon can be available to do the procedure

SP5/93
Don’t you think we should have priority? I mean you’re sort of working for the NHS as well do you know what I mean↑

MS93
yeah

SP5/93
You put yourself in my position

Here, student 93 summarises the case and seems to be ready to wrap up the conversation. In the language game of medicine, there is nothing more for a medical student to arrange when an operation has been cancelled, all the student can do is to refer to nurses and the administration. However, in the language game of education, one of the goals of this assessment is for students to express empathy and to ask patients questions about their experience. This is why the SP asks a question, which helps the conversation to roll on for a bit longer. After a while, the student is attempting to start the closing phase again:

MS93
Is there anyone else you'd like to talk to↑ other than me

SP5/93
Well they're gonna tell me the same stuff right↑

MS93
hmhm

SP5/93
So you know it's eh eh eh it's sort of pointless you know I just I just I just can't get me breath this is not what I expected this morning you know

Here, the student is ready to close the consultation again, perhaps by finding another health professional for the patient to talk to. The SP tries to tell the student that s/he can deal with this situation just as well as any doctor or nurse can. Then, the SP challenges the student to show empathy again. However, the student does not seem to want to do this and suggests finding help again, a bit further along in the consultation:

MS93
I see well I can get someone else to talk to you if if you want me to // (( ))

SP5/93
// pointless absolutely pointless

MS93
ok

SP5/93
You know

MS93
Yeah well sorry for what happened and erm we'll get back to you as soon as we know what's going on and erm yeah thanks for actually understanding that // (( ))

SP5/93
// oh I'm sure you lot don't understand but you know like I say I'm not blaming you I'm blaming the system but [1] you know it's just not fair

In this section, the student tries to summarise what happens and tries to thank the patient, much in a way that we have seen happen in earlier extracts. However, the SP does not reciprocate the attempt to close the consultation, and gives the student yet another chance to

show empathy. When this does not happen again, there is an awkward silence and the student asks the ‘anything else’ question:

[7]

MS93
Is there anything else that

SP5/93
No

MS93
No?

SP5/93
No

MS93
Ok thanks a lot then so ((shakes P’s hand)) good luck and we’ll speak to you soon

SP5/93
Ok ((sighs))

MS93 looks at examiner. The end.

This time, the SP does not give the student another chance to express empathy and agrees to starting the closing phase of the consultation. The student wanted to close the consultation a lot sooner, but the SP kept on asking more questions. The result of these multiple ‘re-starts’ is that the student is quite definite in his/her final closing, shaking the patient’s hand, wishing them well and then looking at the examiner. In the language game of education, the SP decided against following the student’s initiation to close the consultation and gave the student a few opportunities to show empathy. In the interviews, this occasionally happens; the SP then does not follow the student’s initiation to close, in order to present the student with an opportunity to show some more skills.

Students sometimes initiate the pre-closing sequence, but hardly ever really end the consultation. Most of the closings seem to be accompanied by (awkward) silences and moments of confusion. Whereas in the opening of the consultations, 50 of the 100 students shake the patient’s hand, in the closing sequence only 9 do so. The student often does not know if they are ‘allowed’ to end the consultation, and as said before, they do not want to run

the risk of having missed anything. An example of these features in a closing sequence can be seen in examples in the following paragraphs.

7.2.2 Closings initiated by the SP

As mentioned in the previous paragraphs, students sometimes initiate the closing phase, but find it difficult to actually end the consultation. This means that SPs play a big role in ending the consultation. The following section will focus on the SP's language in the closing sequence of the simulated consultation.

In some interviews, the SP initiates the closing sequence. The SP often does this by summarising, like in interview 23:

[3]

SP1/23
Ok [2] well if you could if you could get me some information that would be really // good

MS23
// yeah I can do that for you

SP1/23
Ok ok [1] well I'll see what that says

MS23
Hmhm

SP1/23
Ok thank you

MS23
Hopefully I have been a bit he[lpful] help to you

SP1/23
Yeah thank you

MS23
Ok

SP1/23
Thank you

After a three second silence, the SP requests some information, which in a way is a summary of what was discussed earlier in the consultation. The silence seems to be indicative of the

student's insecurity regarding the end of the consultation. The student does not seem to know how to end the consultation, which leads to an SP-initiated closing. The SP introduces typical linguistic markers of closing into the consultation, such as 'ok' and 'thank you'. To this, the student responds by checking if s/he has been helpful to the patient. After this, the student also seems to be all right with closing the consultation, but it is the SP who says the final 'thank you' before both participants look at the examiner. In this case, it is unclear if the student would have taken the lead in closing the consultation if s/he had more time or was given the opportunity to do so. In the language game of medicine, the SP might have wanted to challenge the student a bit more. In consultation 68, however, it is clear that the SP helps the student out by initiating the closing phase of the interview and then gives control back to the student:

[5]

MS68
((looks around – looks at examiner))

SP7/68
Ok erm so this goes no further this has just been a conversation between you and me only

MS68
Exactly yes

SP7/68
Ok and you'll get me the information on the GUM clinics

MS68
I'll find a leaflet for you yes

SP7/68
ok

MS68
I'll find out where and when when it is / and then you can pop up if you want to
SP7/68
/right

SP7/68
((nods)) ok yeah thank you

MS68
thanks

Again, this section starts with a silence, after which the student is very doubtful – evidenced by the student's look at the examiner. The look at the examiner can be interpreted as a way to

check if the consultation is finished – the student does not know how to close the consultation in a different way from this, or perhaps is not sure if s/he has actually managed to close it. The SP sees this and in the language game of teaching, tries to draw the student back into the consultation by summarising and asking a question. This seems to work, as the student takes over and helps the SP in summarising a plan of action. The SP needed to initiate the closing sequence in order for the student to remember how to close a consultation.

So far, there have been examples of students' behaviour in the closing phase of the simulated consultation. Students summarise, ask if patients have 'anything else' they want to talk about, and use the word 'ok' a lot in the closing phase. Sometimes, however, these things are triggered by a signal from the SP that can be interpreted as an instruction to start the pre-closing phase. An example might clarify this:

SP7/75
Ok ((nods))

MS75
Yeah↑

SP7/75
yeah

MS75
What what I'll do is I'll I'll have a word with the doctor and just say that erm you want to do something about some of your problems and he'll come and have a chat to you and come and see what the best plan is cause he's in a much better position than I am to to help you with this

SP7/75
ok

MS75
Is that ok↑

In this fragment of consultation 75, the SP nods at the student and says 'ok' (a word very much associated with the closing phase of the consultation). After this, the student asks 'yeah?' as if s/he wants to check if it is all right to start the closing phase of the consultation. The SP responds positively, after which the student starts summarising. In a way, the SP is giving off signals that can be interpreted as a 'permission' for the student to start the closing phase. This can be seen as a pre-pre-closing.

Even when the student initiates the closing phase of the consultation, it seems to be hard for the student to actually close the consultation. The pre-closing phase seems to consist of summaries, polite comments and final questions, after which a real closing should be initiated. In the data, this is nearly always done by the SP. Interview 77 shows a typical final exchange:

SP155/77
I'll read - you know I I I'll have a think about it

MS77
Ok

SP155/77
((nods))

MS77
ok

SP155/77
Thank you

MS77
That's all right

Here, the student participates in the pre-closing sequences but does not initiate the final exchange ('thank you' and 'that's all right') . It is the SP who often says 'thank you', which the student seems to interpret as a signal that the consultation is over. An example of this may be seen in an extract from interview 19:

SP16/19
Thank you / for taking the time out to talk to me
MS19
/all right

MS19
No problem yeah any time

SP16/19
Thank you

MS19
Ok thank you

Both look at examiner, who also says 'thank you'. The end.

The student often does not know if they are 'allowed' to end the consultation, and as said before, they do not want to run the risk of missing out on any information in the consultation. In the language game of teaching, the student is afraid to close the consultation before s/he has done what is expected of them. The 'thank you' by the SP is a signal for the student that they have not missed anything and it is all right to stop. In nearly all consultations, the SP's 'thank you' is reciprocated before both the medical student and the SP look at the examiner. The same happens in interview 46, where the SP's initiation of the final exchange is even more obvious:

MS46
Yeah ok I understand that right and is there anything else that you'd like to discuss or talk about or anything you're worried about

SP8/46
no

MS46
Ok I will I will speak to them and we'll take it from there

SP8/46
ok

MS46
ok

SP8/46
Thank you ((shakes D's hand))

MS46
No problem

In interview 46, it is the SP again who initiates the final exchange. In 15 of the interviews, the SP shakes the students hand at the end of the consultation compared to only 3 SPs who did so at the start of the consultation. Only 9 students feel enough in control to do so at the end of the consultations, whereas at the start of the consultation, 50 students shook the hand of the patient. This might signify that students feel more in control at the start of a consultation than at the end and that SPs feel like they need to be in charge of the closing phase.

7.2.3 Closings initiated by the examiner

It is not only the SP or the medical student who closes the consultation. Analysis shows that the examiner closes the simulated consultation a number of times. An example of this is shown in a fragment of interview 45:

[5]

SP12/45
◦ok◦

MS45
Is there anything else I could help you with↑

SP12/45
[No it's bad enough?]

[5]

MS45
Sorry very sorry sir it's not something we we look forward to doing and it's hopefully not something we'll have to continue doing

[3]

Examiner ends consultation.

In this example, the patient is quite angry and not very helpful in closing the consultation. The student tries to end the consultation by asking the 'anything else'-question, summarising and apologising. The SP does not respond and there are three long silences. After the third silence, the examiner closes the consultation. The examiner needs to close the consultation, because the student has made several attempts to pre-close that have not been acknowledged by the patient, because the patient is angry. In the language game of teaching, one could say that the SP is not giving the student a chance to close the consultation. This is why the examiner needs to step in and do it. The following example is another case in which the consultation grinds to a halt and needs the examiner to close the interaction:

MS3
is there some[thing else] any other concerns that↑

SP4/3
no its just that really

MS3
Ok [2] right

SP4 and MS3 look at each other. MS3 looks questioning at SP4. After 5 seconds of silence, examiner closes the conversation.

In interview 3, the student has done the pre-closing by asking the 'anything else'question. However, the SP does not say the final 'thank you' which leaves the student confused – the student does not know if this is the end. In the language game of medicine, it is clear that this is the end, as the student has asked is there is anything else and the patient has stated that there isn't. In the language game of teaching, however, the student is not sure if there are any hidden aspects to the interview that s/he has missed, which might be the reason why the student looks at the SP in a questioning way. If nothing happens after 5 seconds, the examiner closes the consultation. In the language game of teaching, it might have been better for the SP to say the final 'thank you', in which case the student might not have felt so insecure about the closing.

A common occurrence in the closing phase, are looks from the student to the SP and the examiner. This signifies that the student is very aware of the assessment situation and is looking for confirmation on what to do next. The barrier between simulation (language game of medicine) and reality (language game of teaching) seems to break down at the end of the simulated consultations. An example of this is given below, in an extract from consultation 40:

MS40
yeah

SP14/40
Ok

[4]

((SP14 nods at examiner, MS40 looks at examiner, MS40 looks back at SP14/40))

MS40
ok

SP14/40
Ok thanks yeah [1] th[ank] thank you anyway

MS40
Ok you're welcome

MS40 seems confused with the ending, says she can continue or finish, whatever is needed. Examiner states this is quite a natural ending.

In this case, the consultation seems to be stuck and the SP nods at the examiner as if to signal that the consultation is finished. The student also looks at the examiner before continuing the closing phase of the consultation. After the final exchange, the student asks if s/he should continue or not. This, again, might have to do with the students' worry that they have forgotten something in the consultation.

Finally, sometimes the examiner needs to close the consultation because the interaction goes over the 10-minute mark (NB: some examiners let the consultation continue after the 10 minute mark). This is illustrated in the next fragment from interview 95:

MS95
Well erm ok that's fine well I'll get you some more information / and erm if you think about who would be / best to speak to
SP12/95
/right /yeah yeah

SP12/95
Well -

Examiner stops conversation as 10 minutes have passed. The end.

In this case, it seems the student is initiating the closing phase, so perhaps the examiner could have waited for another few seconds before stopping the consultation. On the other hand, the assessment states that the interaction should not take longer than 10 minutes, so it might be fairer to stop all consultations after this time limit.

7.3 Summary of findings

This chapter has taken a closer look at how medical students and SPs construct the openings and closings of simulated consultations. Medical students take control of the opening of the interviews, often by including the following elements in the opening:

- checking patient's name
- introducing themselves
- telling their role
- asking first question

This could be in one single turn or in more turns. If students left out one of the elements, it was often either the patient's name or their own name. In 50 of the 100 interviews, the students shook the patient's hand at the start of the conversation. The SPs generally follow the student, yet sometimes introduce themselves or ask a question if the student does not initiate the first question.

When it comes to closings, the student is not in charge in the same way as in the openings. A signal of this loss of control could be the fact that merely 9 students shake the patient's hand, compared to 50 students at the start of the consultations. If students initiate the closing, they often do this in one of the following ways:

- asking "anything else?",
- summarising
- saying or asking "ok", often in a questioning tone

The impression given by the students is that they are seeking permission to close, perhaps because they want to make sure if they did not miss any topics of conversation in order to pass the exam. The SP is therefore mostly the participant who actually closes the consultation, by initiating the final exchange, often by saying "thank you". At times, the SP gives a sign

(such as a nod or saying “ok”) that triggers students to initiate the pre-closing – a phenomenon I have called a pre-pre-closing. This could be a signal from the SP that allows the student to round up the interview. Conversely, the SP can also ignore the pre-closing signals from the student in order to (re)initiate topics that the student might need to address.

In some cases, the examiner closes the consultation. This was because the time limit of 10 minutes was reached, because there was a long silence in which the examiner concluded the conversation was over or because one or both of the participants looked at the examiner.

8 DISCUSSION

8.1 Discussion of findings

8.1.1 The outcome variable - grade

A first finding regarding the outcome variable is that the grades 6, 12, 7 and 9 are the grades that were awarded most frequently. Grade 6 always equals CCC, grade 9 often (42 out of 44 times) equals BBB and grade 12 always equals AAA. The high prevalence of these grade bands suggests that examiners struggle to give different marks for skills, knowledge and attitude respectively and find it easier to give one mark for all three categories. This could indicate for example that it is hard to differentiate knowledge, skills and attitude or it could indicate that students with high skills often have a good attitude and sufficient knowledge. Either way, it seems superfluous to keep these three aspects in the marking system.

An important finding has been that none of the covariates correlate with the outcome variable. In other words: nothing in the set-up of the assessment influenced the final score of the student, suggesting that the score is based on the performance of the student and thus making the exam robust. Those measured variables correlating with the outcome variable will be discussed in this section.

The number of words spoken by both the SP and the student, as well as the total number of words, are significantly associated with grade; the more words uttered, the higher the student's score. This result can be interpreted in a number of different ways. The number of SP words could be higher in part because the questions were asked in such a way that the patient was encouraged to talk at length. This is behaviour that might be experienced as very positive by the examiner, which could explain the correlation between a higher score and more SP-talk. It could also mean that these conversations simply lasted longer, therefore increasing the chances for the students to show their skills; after all, if there are more words used, there is more chance of saying something that is valued by the examiners. Conversely, fewer words might signify a lack of knowledge on the part of the student. Also, it might mean the student asked fewer open questions or did not follow up clues. A high number of words

spoken by the student also correlates with a higher score, which might mean that students with more knowledge and more to say, get higher marks. Or more generally a student who speaks a lot, relatively speaking, may be perceived as having more confidence, with this in turn creating an atmosphere of competence in which it is easy to offer appropriate reassurance, explanation, etc. And for that matter, an air of confidence may make it easier for the SP to sustain something which more nearly resembles a genuine interaction.

Another variable significantly associated with the students' score is the interruptions made by the medical students. This was a positive correlation; if students interrupt more, their score goes up. Interrupting the SP could be a sign of confidence and could signify that the student takes control over the conversation. However, the qualitative analysis of interruptions suggested that medical students interrupt by uttering polite or empathic statements. It could be that these empathic and polite statements were valued by the examiner. Also, interruptions might be a sign of control or a sign of feeling comfortable in a conversation, which fits with the idea that a more confident student performs well in these exams.

Furthermore, the number of questions asked by the medical student correlated with the outcome variable; the more questions asked by the medical student, the higher the grade. In other words: questions asked by the student are valued by the examiner. The qualitative analysis of questions showed that students ask a variety of questions, but they are often meant to find out more about the experience patient and about the patients wants and needs. It is possible that it is not the question that is valued, but the fact that questions lead to more talk; the number of words spoken by both participants (also correlated with grade) goes up when more questions are asked, and vice versa - more talk leads to more questions being asked. Then, this finding would be connected to that discussed above regarding number of words.

8.2.1 The covariates

8.2.1.1 Scenario

Correlation tests showed that scenario is significantly associated with nearly all of the variables measured: total number of words, words per participant, total number of interruptions, SP interruptions, total number of questions and questions per participant. The only correlation that was not significant was that between scenario and interruptions made by the medical students, although the p-value is close to significance (p=0.59). Before discussing the importance of these associations, I will first discuss the findings for each scenario. The scenarios are attached as Appendix 2.

Scenario 1 presented the students with a patient who was due to undergo a varicose vein operation. The challenge for the student was to tell the patient that the operation had been cancelled. In this scenario, both the medical student and the SP utter fewer words than in other scenarios. For the students, this could be because there was not that much to say to this patient apart from the bad news of the cancelled operation. The SP did have other things to say, but looking at the transcripts, the SPs tended to show their annoyance in a non-verbal way (silences, sighing, rolling of eyes, etc). In this scenario the student asks fewer questions, whereas the SP asks more questions. This is easy to explain, as the patient in scenario 1 has many questions about when the operation will take place, why this has happened and other practical questions. If the SP would not ask questions, it would lead to a dysfunctional interview. The sociolinguistic analysis showed that the SP asks many questions that the student cannot answer at this stage, which implies that this scenario challenges students to explain their role and their lack of knowledge, too. Many of the SPs questions remain unanswered in this scenario. In the qualitative analysis of topic maintenance, though, the student initiated more than in most other scenarios (except from scenario 4), as the student is the one who starts to talk about the operation and breaks the bad news. This demonstrates that the nature of the task requires a certain language use; students initiated the topic of the cancelled operation because they were asked to in the brief, and returned to topic following

behaviour after this. This is an example in which linguistic features that occur are heavily context-driven but does not lead us to any profound conclusions.

Scenario 3 centres around a patient who had a bad experience with one of the consultants in the hospital. The patient wants to talk about it and wonders if s/he should complain about the consultant's behaviour. In this scenario, the SP talks significantly more than the mean SP-words in all scenarios. This is likely to be because the patient wants to talk about their experience of being admitted to the hospital and being treated in a way s/he feels is inappropriate. On the other hand, although the SP talks more in this scenario, s/he asks significantly fewer questions than in other scenarios.

In Scenario 4 the SP portrays a patient who thinks s/he might have contracted HIV after having received a phone call from an ex-partner. In this scenario, the medical student talks more and asks more questions. Additionally, the sociolinguistic analysis showed that students take control of the topic more than in any other scenario and ask more direct questions. All these aspects suggest that the student is more in control in this scenario by steering the topic, asking direct questions and talking more. The reason for this conversationally more dominant behaviour could have to do with the issue at hand: HIV. Students probably all know a certain amount about HIV is therefore might naturally ask questions about previous partners, contraception, tests and GUM clinics. This suggests that knowledge could translate into conversational control. Perhaps students talk more because in this case, there is a clear 'right' and 'wrong' way for the patient to deal with his/her fear of HIV: the right way is to get tested as soon as possible, the wrong way is to ignore the issue and not get tested. This might trigger students to convince the patient of the right way forward and might help them to show more dominant and potentially face-threatening behaviour.

Scenario 5 was not very well represented in the sample and deals with a patient who is worried about a lump and the possibility of cancer. In this scenario, the SP interrupts significantly fewer times than in the mean of all other scenarios. This could be because the patient in the scenario is a bit shy and soft-spoken about his/her worries. The medical student asks more questions in this scenario, which could be explained by the same argument: the SP

is quiet and shy, which might give the student more room to ask questions or even forcing them to ask questions to keep the conversation going.

Another less frequently used scenario is scenario 6, in which the SP plays a student who was brought into hospital after having drunk too much. The patient asks the student questions about student accommodation and other aspects of studying medicine. Because the SP plays a patient who is quite curious about the student's life, it is not very surprising to see that the SP talks more and asks more questions in this scenario. Both the student and the SP interrupt each other more than in other scenarios. This scenario challenged students in a different way, as the patient asked some personal questions about the student's life.

The scenario correlates with many of the measured variables (words, interruptions, questions) and the sociolinguistic analysis is in line with this finding, as different communicative behaviours were found in different scenarios. This has a few consequences. First of all, it suggests that students are not presented with the same situations and thus are exposed to different challenges, perhaps not similar in difficulty. Secondly, the scenario might not directly be associated to the grade awarded to students, but the linguistic features that are more frequent in some of the scenarios (interruptions, words, questions) do influence the score of the students. Indirectly, the scenario has some influence on how the student performs. In a valid and reliable assessment, students should be presented with a similar level of challenge that matches the teaching they have been exposed to so far. In section 9.2, I will propose some changes in scenario design for communication assessments.

8.2.1.2 Gender

According to the quantitative tests undertaken, the gender of the medical student is not of influence on any of the measured variables. Although the quantitative analysis showed no correlations between any of the variables and student gender, the sociolinguistic analysis did find some linguistic features which were more typical in interviews with female medical students. Firstly, all medical students who asked a tag question were female. When these students asked a tag question, it was mostly to show empathy or understanding of the patient.

Secondly, in 11 of the 13 cases of a simultaneous start after a silence, the student was female. Simultaneous starts seemed to have much to do with not knowing who is in control of the consultation. These two findings might point toward a more empathic, but less controlling style of talk from female medical students. This topic would benefit from further research.

The quantitative analysis did suggest that the gender of the SP influenced the distribution of measured variables. Univariably, the gender of the SP was not associated with number of words, however multivariable GLM tests did find a significant correlation between SP-gender and the number of words spoken by both participants (taking into account the SP and the scenario). GLM testing is more sophisticated and gives a more balanced view of the data than univariable testing as it takes more variables into account. Furthermore, the gender of the SP correlated with the number of questions posed by the SP; female SPs were found to ask more questions than male SPs. However, GLM testing did not find a significant correlation between SP-gender and SP-questions, although the p-value neared significance at p=0.57.
These results are hard to interpret due to the fact that SP gender is interwoven with SPs' personal style and the scenario played by the SP. I would, however, recommend more research in this area to get a better insight into the influence of SP-gender.

8.2.1.3 The Simulated Patient

Descriptive analysis revealed that SPs 9, 13, 3, 4, 15 and 17 account for 61 % of the consultations, leaving eleven SPs for the remaining 39% of the interviews. This is of importance, as the personal style of the SP might be of influence on the structure of the conversation. Correlation tests confirm this idea and showed that SP is significantly associated with the number of SP-words, SP-interruptions and SP-questions. These findings point toward the conclusion that SPs have individual styles of playing the patient. However, certain SPs play exclusively in certain scenarios, thereby having to adapt a certain role which might influence the number of words they spoke; this might mean the findings do not exclusively depend on the SP's personality but also on the scenario they played.

The personal style of SPs is of importance to the structure of the conversation. In the sociolinguistic analysis of topic, it became clear how certain SPs take charge of the

conversational flow, for example by asking ‘Shall I tell you more about it?’ rather than waiting for the student to ask ‘Can you tell me a bit more about it?’. Another example in which the personal style of the SP can influence the flow of the consultation was shown nin the fragment on page 192. The SP was not completely responsible for two students scoring different grades, but the two fragments that were discussed do show that MS27 and MS28 were presented with different levels of challenge by the way the SP behaves.

The SP also correlates with the number of student words. This is a different matter to the issues discussed above, as it might say something about control of the conversational floor. Some SPs are associated with more talk by both participants, such as SP6 and SP11, and some are associated with less talk by both participants, such as SP8. There are two SPs who do not talk significantly more or less themselves, but they are associated with more (SP12) or fewer (SP15) words uttered by the medical student. The association between SP and the number of words spoken by the medical student is interesting and should be further researched, as it might mean that some SPs do something to open up or close down the student who is in conversation with them. It is important to take the correlation between number or words and grade into account, too; SPs are associated with the number of words in a consultation, and the number of words is associated with the students’ grade. In all these interpretations one should keep in mind that certain scenarios are played by certain SPs and thus these findings can be down to the scenario played as well as the personal style of the SP.

It is worth stressing the importance of SP training at this stage. In the conclusion chapter, I will recommend ways of educating SPs about their role in the teaching and assessing of communication skills.

8.2 Strengths and weaknesses

In this section, the main strengths of this study will be highlighted and possible weaknesses will be discussed.

The main strength of this study is that interaction between SPs and students has not been studied much. Whereas many students will have role-played with an SP for communication skills teaching, testing and general clinical exams, the language of the simulated consultation has rarely been researched. Studies into the student-SP encounter have previously focused on assessment scores and student satisfaction rather than on the content of the simulated interviews. This study has tried to show how thorough analysis of SP-student encounters can shed new light on role-play as a teaching and assessment tool. Because the interaction between SPs and student is not much researched, the findings of this work are to that extent original and novel. Analysing the 'black box' that is the simulated consultation can help in the design teaching, assessments, training sessions for SPs and could help in the writing of scenarios for communication skills education.

Another strength of the study is the number of interviews used for analysis, as 100 interviews is a vast amount for the type of linguistic analysis undertaken here. This number of interviews benefits the generalisability of the findings. Moreover, the results of this study should be representative for the larger population of 317, due to method of sampling.

A potential weakness of this work, however, is the unbalanced sample. Stratified sampling was used to select 100 interviews from the total population of 317. The variables that were deemed important were gender, scenario and grade and these were used as strata, making sure the sample would contain a similar distribution of these variables as the total population. This means that the findings of the study are representative of the total population, however the sample is also as unbalanced as the total population; there were more female students than male students, for example. Also, descriptive statistics found that scenarios 5 and 6 are used much less frequently than 1, 3 and 4, who together account for 91% of all interviews. An alternative would have been to control for gender, scenario and grade and to just analyse

interviews dealing with certain scenarios, a certain gender of student or to limit the study to students with a specific score. This would have made the sample more balanced but would not have given results that were representative of the total assessment as it was held. However, the choice to study the exam as it was conducted can be disputed.

An aspect of this study that could be both a weakness as well as a strength is the combination of qualitative and quantitative methods of analysis. The quantitative aspect is given more meaning by analysing the data qualitatively, and the qualitative data is supported by the quantitative approach. Combining quantitative and qualitative approaches to the data hopefully amounts to a broad yet precise analysis of the data. However, the degree to which these two types of analyses inform each other remains questionable, as they investigate the data in such disparate ways and are so different in their mode of inquiry. I have tried to maintain a balance between how much certain linguistic features occurred and how and why the conversational partners related to one another when constructing these linguistic features.

8.3 Reflections on the nature of role play

8.3.1 Conversational dominance in the communication skills assessment

Both in the introduction and the literature review I refer to Hanna and Fins[14] who claimed that:

> *The power relation is inverted, because knowledge and judgment rest with the simulation patient rather than with the physician student.*

The results of this project do, in fact, corroborate the idea of a reversal of power in the simulated consultation; the patient (usually not very conversationally dominant) is portrayed by the SP but shows potential markers of conversational dominance. It is usually the doctor who talks more and interrupts more; in my data SPs talk more than students (55% versus 45%) and SPs interrupt more than students (74% versus 26%). Furthermore, the doctor normally asks more questions than the patient; in my data medical students and SPs ask a

similar number of questions (49% versus 51%). Additionally, SPs were found to initiate more topics, ask more ‘direct questions’ and not follow the students’ topic very well.

Students do take charge of the opening phase of the consultation, as 50 of the 100 students shake the patient’s hand and open the interview as often described in the literature. But after the opening, the SP tends to take control over the flow by largely maintaining the topic development and finally SPs also initiate the closing phase of the consultation. It could be that in the course of the consultation, there is a loss of institutional power on behalf of the students, illustrated by the fact that only 9 students shake the patient’s hand at the end of the consultation.

A danger of this power dynamic, in which the SP is conversationally more dominant in that they interrupt a lot, talk a lot and manage the topic and the closing phase of the consultation, could be that students do not feel responsible for the consultation. The students might just learn to let the SP talk in order to pass the exam, a lesson in the hidden curriculum that might not be desirable for medical educators as it could make students feel detached from the consultation. Hanna and Fins suggest that the power dynamics might make the students feel nervous and insecure, they might not feel ‘like a doctor’.

If we follow this line of reasoning, it might be worth training SPs to be less dominant. They could talk less, interrupt less and use silence more so students can initiate new topics or questions. In Chapter 5, a series of interruptions was shown and in Chapter 6, a struggle for the position of questioner was described. If we want the student to be more controlling in the conversation, these are occurrences where the SP could have stopped interrupting or asking questions and let the student take over. In the closing sequences, the SPs could have been quiet for longer in order to let students initiate the closing. This behaviour of the SP would be likely to result in consultations with a lot of silences, and possibly the student would look to the examiner for help a lot more frequently. Letting students take control like this (with many silences) could actually make them feel all the more disempowered and might change the observable behaviour in the interviews (the student might initiate more for example), but it will not change the power dynamics. The structure of the consultation would then still be dependent on the steering behaviour of the SP. The other question is whether students in year

3 could cope with this; after all, they have hardly any clinical knowledge and might not know how to deal with the consultation.

In Chapter 4.2 the sociolinguistic analysis of the interview revealed how important the educational setting might be in the analysis of the language. This approach has given way to a different way of analysing the simulated consultations, which will be discussed in the next section.

8.3.2 The language game of education in the simulated consultation

This study has observed that the SP does not behave like a normal patient - i.e. does not play the rules of 'the language game of medicine' - and is actually conversationally quite dominant. Further analysis revealed that this dominance can be explained by a different language game; the conversational dominance is functional in an educational sense. In the language game of education, the way these simulated consultations are structured might teach students to follow the cues given to them by the patient, which brings the patient's narrative and experience to the foreground. In other words: these types of consultations might teach students to be more 'patient-centred'[10] and to ask more questions based on the information given by the patient. This is a possible benefit from the power reversal that apparently takes place in the assessed simulated consultation.

Moreover, the conversational control of the SP was often aimed at helping the student in the assessment. Interruptions by the SP, for example, were aimed at steering students back to more relevant topics (the patient's experience rather than problem solving) or helping students who were struggling to find words to say. SPs initiate topics to help students explore different areas of the patient's story and SPs are at times bad topic followers to protect the student from talking about inappropriate topics. Finally, SPs give students permission to end the consultation even when they are not sure if they are allowed to. This type of behaviour is conversationally dominant, yet not limiting the student; rather, it creates opportunities for the student and helps them find directions in a relatively new situation, and one that is likely to make them anxious.

The question is whether students should be helped and given direction by the SP. It is probably not reasonable to expect much more from these inexperienced and young students. However, it might be useful to teach and test the ability of students to take the lead in a conversation and to show more conversationally dominant behaviour. This could mean that the SP uses more silence in order to stimulate students to think where to go next in the consultation and to wait longer for students to close the consultation, for example.

However, we should differentiate between assessment situations and teaching sessions. In a teaching session, SPs have more freedom to behave in different ways because there is room for reflection and feedback from the group and a possibility to play certain parts of the simulated consultation again. Additionally, not every student who role-plays needs to have the same experience in a teaching session. The purpose of an assessment is to measure the performance of a group of individuals who are all presented with the same level of challenge. But when assessing communication we are dealing with human interaction, in which the behaviour of the SP cannot be standardised completely; the SP responds to the student's behaviour, after all. But some behaviours might need to be monitored, for example, the initiations made by the SP. The briefing pack for SPs could include the degree of prompting that is desirable for that particular role. Alternatively, the SPs might be told not to initiate talk after a silence in order to give all students a similar challenge: to take control of the conversation.

8.3.3 Realism

One of the conclusions from this study is that the simulated consultation does not mirror the reality of the doctor-patient consultation because the SP and the student are aware of the educational setting underlying the simulated consultation. The SP does not behave like a 'normal patient', the examiner pretends not to be present and yet the expectation seems to be that the student behaves like a 'normal health professional'. One could wonder what this means for the use of simulation in teaching and testing communication skills, as the credibility of the SP and the scenario have previously been deemed important.

Seale[225] suggested that participants in simulation training are more successful if they are aware of the 'frame' of the conversation; he found that a participant who addressed the non-realistic nature of the setting in a playful way was very successful in conversing with the SP. Conversely, this study showed some cases in which the student seemed not to struggle with the scenarios. In the analysis of topic maintenance, it was found that students often want to solve the patient's problem or find a way to deal with the patient's worries. Students seem quite goal oriented and often offer someone else to talk to the patient (more senior doctor, receptionist, nurse). Interestingly, in one scenario, the student mentions that referring the patient to a doctor is all s/he can do, that s/he 'can't be any more help than that'. This suggests that students might find it hard to think how they can help a patient, might feel out of their depth and struggle to see what is expected of them. If this is the case, it might be worthwhile to have a pre-assessment session or a teaching session in which this is addressed. After all, the scenarios were designed for third year medical students and do not ask for any specific knowledge beyond the student's grasp. The assessment is not necessarily looking for students who play the rules according to the language game of medicine. .

In other words, it might be worth addressing the educational setting of the simulated consultation, both in teaching and in assessment settings. The examiner and the SP are aware of the setting and the fact that the consultation is not 'real', it might be worth telling the student that the scenario is designed for them and will not screen for any skills or knowledge that they do not possess. This might in turn heighten confidence and change the conversational dynamics.

Acknowledging the language game of role-play and informing students about this, could open up possibilities, as I will further explore in the next chapter.

9 CONCLUSIONS AND RECOMMENDATIONS

9.1 Tying it all together

The linguistic features looked at in this work are potential markers of dominance, indicating who has control over the conversation. In the medical setting, doctors are known to have control over the consultation. In simulated interviews between third year medical students and SPs, however, it seems that students are not conversationally dominant, as SPs show more markers of control. A reason for this dynamic could be that students are low in confidence and have a lack of knowledge. Or perhaps the SPs are too dominant and talk too much because they enjoy playing the role. Whatever the reason, the markers of conversational dominance seem to be mostly (but not only) used by the SP.

The question is whether this dynamic between SP and student is desirable, and if it is not, if it is possible to change it. The SP having more conversational control could be good as it teaches students to listen to the patient, and to generally show more behaviour that might be classified as patient centred. However, the conversational style of the SP could be unwanted as it limits the student's chances to take control and practise their consultation management skills. Ways of changing the dynamic in such a way as to make students more in control are hard to think of. However, in this work I have argued that the social context shapes language and that language shapes social context. If SPs would talk less, interrupt less, follow topics better and initiate topics less, perhaps students would take control of the conversation and become more conversationally dominant. This might result, however, in a situation where students feel even more insecure because they are expected to lead the conversation.

This study took a different approach to the data and found that the conversational dominance of the SP is in fact functional and can be well explained by taking into account the language game of education. When taking this approach, the conversational asymmetry is no longer a problem that needs solving, but rather a natural result of the setting in which the conversations take place. The discussion about the desirability of the dynamics between SP and student becomes less valuable as a consequence. Rather, the role of the SP and that of role-play needs to be revised, as the SP and role-play are not merely there to mimic reality but also to

challenge, reward and steer the student within the simulated consultation. The SP is not just an actor playing a patient; the SP's behaviour is a key part of the learning process of communication skills.

9.2 Reflecting on this research project

One of the difficulties of this project is the way I attempted to work in two different paradigms; I wanted my work to be strong in both the more qualitative, linguistic tradition as well as the more quantitative, (post)positivist tradition. The questions I wanted to answer were diverse, as was my approach. I feel this worked sufficiently well, notwithstanding the fact that it is at times hard to say how the different results (qualitative and quantitative) inform each other, which makes the interpretation of findings a complex matter. On the other hand, it was pleasing to notice how linguistic analysis can be undertaken on a large scale, if a few well-defined features are focused on.

This tight focus and the limited scope of linguistic analysis meant that some interesting features were observed, but not thoroughly analysed as they were not selected for analysis. One such feature that deserves attention in future is the minimal encourager. Minimal encouragers are used a lot, both by SPs and students and often seem to encourage the other speaker to continue. However, at times the minimal encouragers seemed to be a way of obtaining the floor and taking over the conversation. More research could deepen insight in the delicate balance between showing interest and taking the opportunity to 'get a word in'. Another interesting area of study would be non-verbal behaviour of both participants; head nods, gaze, expression of emotions and general body-language could provide insight into the roles of each conversational participant and the interaction between them. Additionally, new developments in technology have enabled more effective ways to transcribe data. It is now possible to watch the video-data and link it to a transcript; when one clicks on a segment of the transcript, the matching vide-data is played. This means that the video itself is the main data and the transcript is a mere tool to access to the data, which would facilitate the analysis of non-verbal aspects.

Finally, this project led me to think about conversational dominance and asymmetry in institutional settings. The literature about asymmetry in the doctor-patient consultation seems to negatively value conversationally dominant doctors. Perhaps, though, the relatively new attention to communication skills (often by researchers from different disciplines) has led to a quite critical view of physicians in which the doctor is seen as dominant and oppressive. Much like the way male conversational partners were seen by researchers in gender linguistics, in fact. If a poorly represented group of people (women in gender linguistics, patients in the analysis of medical consultation) find their voice, the 'oppressive' party (men, doctors) might naturally be blamed for previously silencing the emancipating group. However, the difference between male-female communication and doctor-patient communication is the institutional setting. In a doctor-patient consultation, some degree of inequality is predestined, unavoidable, and perhaps even desired. After all, one of the two participants has a professional role and a degree of expertise that the other one does not. This asymmetry leads to linguistic features such as interruptions or topic-shifts by the physician, which are not always a sign of a domineering doctor that does not listen, but merely a consequence of the tasks a doctor needs to fulfil. The doctor needs to manage the time within a consultation, needs to manage the flow of information and needs to discuss possible diagnoses with the patient.

9.3 Assessing communication skills through simulation

This study revealed that the communication assessment under investigation was indeed reliable. The validity of the exam, however, remains questionable. Even after this thorough exploration of the assessments, it is not quite clear what is being tested.

Quantitative analysis showed that a higher mark for the assessment is significantly associated with the following student behaviours: talking more, asking more questions, interrupting more. These three linguistic markers of conversational dominance are rewarded with a higher mark by the examiners; hence it is worth considering the desirability of this type of student behaviour. Students who show this type of behaviour might be more confident or more assertive than others, which might mean that the examiners reward confidence and that the assessment might be easier for students with a more self-assured personality type.

Alternatively, these students might correctly pitch their behaviour to match the hybrid conversational setting and are good at 'playing the doctor'. If this is the case, then we must wonder what is being tested in such communication skills assessments. Is it really the communicative competence of the student or is it the ability to perform in a desirable way at an assessment? There is then a danger of it becoming a theatrical endeavour. This is not helped by the presence of an audience, i.e. the camera and the examiner.

Then again, students might be more confident (and therefore perhaps conversationally more dominant) is they have more knowledge. This knowledge could be about the setting of the assessment, i.e. knowing what is expected of them and what the examiners are looking for. All too often, students in the data say 'I don't know' or 'I can't answer that' and try to find a health professional for the patient to talk to. Students need to know that they can deal with the situation and that they can make things up (such as doctors' names, leaflets, etc) within the simulated consultations. Medical educators, SPs, but also students should be aware of the language game of role-play. This could be improved by telling the students more about simulation as a teaching tool and perhaps clarifying exactly what the examiners will be looking out for.

Another way of improving students' confidence via an increase of their knowledge-levels is by designing the scenarios to be about topics they know enough about. This is well illustrated by scenario 4. This scenario dealt with a patient who was worried about possibly being HIV positive, a scenario in which there is a definite 'right' (convince the patient to get tested) and 'wrong' (let the patient leave without advice on getting tested) way to tackle the consultation. After all, there are lives in danger if this patient should have HIV. Students are likely to know this, which could be the reason for students to talk more in this consultation. Students also asked more questions in this scenario than in other scenarios and the qualitative analysis showed that their questions were more direct than in other scenarios. Students were also more in control of the development of the conversational topic. If we follow this line of reasoning, in which knowledge about content and conversational control are linked, it might be wise to integrate clinical teaching with the communication skills education. I envisage communication skills being part of a clinical module and the SPs to portray illnesses that have been discussed in the clinical teaching.

9.4 Recommendations

9.4.1 Recommendations for research

In this section, I would like to suggest further research that could be done in this area. Because the simulated consultation has been researched so little, there are a lot of aspects that could be looked at separately. My first recommendation for the discourse around simulation is to view the language of simulation as a separate genre. Moreover, the role of the SP could be further investigated as this work has suggested that an SP is not only an actor but also has an educational role. This new way of viewing simulated consultations are worth disseminating to a wider audience.

The present study has isolated different linguistic features and has focused solely on those. A further study should focus on only a few interviews and analyse the development of the SP-student relationship within the conversation. The results of the study presented here indicate that there might be a loss of control during the conversation; the students have some conversational control at the start of the consultation (they open the consultation and shake the SP's hand) but seem to have lost the control at the end (SPs close the consultation, hardly any handshakes). This process deserves some more attention.

The SPs showed many potential markers of conversational dominance in this project, whereas in doctor-patient consultations, the doctor is the one to have control over the consultation. To find out if, how and when students acquire or develop conversational dominance, students could be studied at different stages in their development. For example by following the same cohort of students and tracking their development. Another option is to present students in different stages of their training with the same scenario to detect differences.

Finally, it is worth using a focus group, a survey or an interview study to find out more about what students think about role-play as an assessment tool. Questions such as the following could be asked:

1. What would you do differently if this was a real patient?

2. How did you prepare for the assessment?
3. What do you think you need to do in order to score high on this assessment?

This has the potential to reveal some aspects of the hidden curriculum and could disclose students' attitudes and ideas about SPs and the simulated consultation.

9.4.2 Recommendations for education

One of the main findings of this study was that the student-SP conversation does not mirror the doctor-patient consultation. There are different possible conclusions to be drawn when it comes to communication skills assessment and education.

Using SPs for assessment remains a difficult matter. All in all, the communication skills assessment using SPs is hard to validate and the question of what is tested remains. A way to avoid this problem altogether would be to not assess communication skills. Even though the assessment described in this study was formative, the setting was very much like in a summative assessment such as the ones students will encounter in their studies towards becoming a medical specialist. An alternative could be to incorporate communication skills in the curriculum in a more formative way. The focus could be on the students' development in communication by letting them write reports on their experiences with patient-interaction. Or rather than focusing on the performance in a simulated encounter, their own reflections and observations of communicative events (videos of SP interactions perhaps?) could be marked. In this way, the students' reflective and observational ability of students is developed which might help their interaction with patients later on in their studies and/or careers. Another possible conclusion would be to make student-SP consultations more realistic by letting students talk to SPs on simulated wards, in rooms with a hidden camera and without an examiner or facilitator in the room.

Using SPs in the teaching of communication skills, on the other hand, is not useless at all. One could accept the student-SP dynamic and use simulated consultations to practise skills like listening, asking questions, etc. I would even recommend using SPs to practice skills in isolation by using different techniques than just one-to-one role-play, such as the 'repetitive role-play' which is used by the Connected, a national advanced communication skills training

course in the UK[6]. In repetitive role-play, each participant gets 2 minutes faced with the same patient who can either show a strong emotion or ask a difficult question. Each participant is videotaped and afterwards the group can watch the video to discuss which communicative strategies seemed to work. When using techniques like this one, the non-realistic character of simulation is not a negative point but rather a positive feature that opens up possibilities in the teaching of communication.

This study has shown that different scenarios invite different behaviour of both SP and student. I would therefore recommend giving more attention to the devising of scenarios. The scenario used for testing or teaching should match the learning objectives; if the learning objective is 'active listening', the scenario might involve a patient who talks a lot. If the learning objective is 'explaining', then the scenario involves a patient who has certain questions or does not understand certain information. The scenario must ideally be piloted before it is used in an assessment. By testing scenarios (with SPs or someone who is part of the teaching team or even with a student from a different cohort) before they are finalised for the use in assessment, one can get a better insight into what type of behaviour the scenario invites. Additionally, piloting a scenario could lead to a recommendation on how SPs should play the patient.

This work concludes that the language game of education is of great importance in the simulated consultation and suggests that SPs have two tasks: to play a patient realistically and to monitor the students' learning process by presenting them with challenges and rewarding appropriate behaviour. The first aspect is well-known and requires the SP to play a patient in the language game of medicine. The second aspect is little explored and requires the SP to be aware of the language game of teaching – which is something that ought to be included in SP training days. In a recent ISU training day for role-players, the importance of SP's educational role was stressed. An overview of this training day is given in appendix 11. I recommend that SPs are aware of the language game of education and how this influences the language game of role play.

[6] National Cancer Action Team. Connected: National Communication Skills Training Facilitator Manual. Version 5. October 2008.

The importance of communication skills for future doctors has been acknowledged in the curriculum of many medical schools and there seems to be agreement on which communicative skills students should master in the medical consultation. The method for teaching and assessing communication skills is often a very intuitive and practical one, in which SPs are used. SPs can be instructed to play certain roles, can be taught to give feedback, can be standardized to a certain extent and therefore offer a practical alternative to students interacting with real patients. SP-student interaction seems to have been a 'black box', as the mechanisms of this type of interaction remained unclear. This thesis demonstrated that the SP-student interaction is very complex, as there are several processes at play. A better understanding of these different 'language games' reveals the need to develop the way SPs are trained and used in the curriculum. Close analysis of consultations in the institutional setting can help us identify the mechanisms at work in the 'black box' of role-play and help us improve teaching and testing of communication skills.

REFERENCES

(1) Board of Medical Education. Communication education skills for doctors: an update. British Medical Association [cited 2009 June 16]; Available from: URL:http://www.bma.org.uk/careers/medical_education/professional_development/communicationskillsupdate.jsp

(2) Simpson M, Buckman R, Stewart M, Maguire P, Lipkin M, Novack D et al. Doctor-patient communication: the Toronto consensus statement. BMJ 1999; 303:1385-1387.

(3) GMC. Tomorrow's Doctors. http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors asp

(4) Kurtz S, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. Oxford: Radcliffe Medical Press; 2005.

(5) Newble D. Chapter 5 - Assessment. In: Jolly B, Rees L, editors. Medical Education in the Millennium. Oxford: Oxford University Press; 1998.

(6) Roberts C, Wass V, Jones R, Sarangi S, Gillett A. A discourse analysis study of 'good' and 'poor' communication in an OSCE: a proposed new framework for teaching students. Medical Education 2003; 37:192-201.

(7) Hodges B. OSCE! Variations on a theme by Harden. Medical Education 2003; 37:1134-1140.

(8) Ong LML, de Haes JCJM, Hoos AM, Lammes FB. Doctor-patient communication: A review of the literature. Social Science & Medicine 1995; 40(7):903-918.

(9) Kurtz S, Silverman J, Draper J. Skills for communicating with patients. Oxford: Radcliffe Medical Press; 1998.

(10) Mead N, Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. [Review] [121 refs]. Social Science & Medicine 1087;(7):2000.

(11) Ainsworth-Vaughn N. The Discourse of Medical Encounters. In: Schiffrin D, Tannen D, Hamilton HE, editors. The Handbook of Discourse Analysis. Oxford: Blackwell; 2001. 453-469.

(12) Skelton J. Role Play and Clinical Communication; learning the game. Oxford: Radcliffe Publishing; 2008.

(13) Bellack AA, Kliebard HM, Hyman RT, Smith Jr FL. The language of the classroom. New York: Teachers College Press; 1966.

(14) Hanna M, Fins JJ. Power and Communication; Why Simulation Training Ought to Be Complemented by Experiential and Humanist Learning. Academic Medicine 2006; 81(3):265-270.

(15) Chur-Hansen A, Burg F. Working with standardised patients for teaching and learning. The Clinical Teacher 2006; 3:220-224.

(16) Barrows HS. An overview of the uses of standardized patients for teaching and evaluating clinical skills. Academic Medicine 1993; 68(6):443-451.

(17) Beullens J, Rethans JJ, Goedhuys J, Buntinx F. The use of standardized patients in research in general practice. Fam Pract 1997; 14(1):58-62.

(18) Lorin S, Rho L, Wisnivesky JP, Nierman DM. Improving medical student intensive care unit communication skills: A novel educational initiative using standardized family members. Critical Care Medicine 2006; 34(9):2386-2391.

(19) Clay MC, Lane H, Willis SE, Peal M, Chakravarthi S, Poehlman G. Using a standardized family to teach clinical skills to medical students. Teaching and Learning in Medicine 2000; 12(3):145-149.

(20) Allen J, Rashid A. What determines competence within a general practice consultation? Assessment of consultation skills using simulated surgeries. British Journal of General Practice 1998; 48(430):1259-1262.

(21) Schneider EF, Gardner S, Johnson JT. Development of a practical examination utilizing standardized participants for disease state management credentialing. American Journal of Pharmaceutical Education 2000; 64(2):173-176.

(22) van Heerwaarden CLA, Laan RFJM, Leunissen RRM. Raamplan Artsopleiding 2009. Houten: Drukkerij Radoux bv; 2009.

(23) Frank J, editor. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottowa: 2005.

(24) Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Academic Medicine 2001; 76(4):390-393.

(25) Duffy FD, Gordon GH, Whelan G, Cole-Kelly K, Frankel R. Assessing competence in communication and interpersonal skills: The Kalamazoo II report. Academic Medicine 2004; 79(6):495-507.

(26) Balzer-Riley JW. Communication in Nursing. 5th ed. St Louis: Mosby; 2004.

(27) John RS. Everything you were afraid to ask about communication skills. British Journal of General Practice 2005; 55:40-46.

(28) Aspegren K. BEME Guide No. 2: Teaching and learning communication skills in medicine - a review with quality grading of articles. Medical Teacher 1999; 21(6):563-570.

(29) Rollnick S, Kinnersley P, Butler C. Context-bound communication skills training: development of a new method. Medical Education 2002; 36(4):377-383.

(30) Lelia NM, Pirkko H, Eeva P, Eija K, Reino P. Training medical students to manage a chronic pain patient: both knowledge and communication skills are needed. European Journal of Pain 2006; 10(2):167-170.

(31) Aspegren K, Lonberg-Madsen P. Which basic communication skills in medicine are learnt spontaneously and which need to be taught and trained? Medical Teacher 2005; 27(6):539-543.

(32) Miller G. The assessment of clinical skills/competence/performance. Academic Medicine 1990; 65:S63-S67.

(33) Shumway JM, Harden RM. AMEE Guide No. 25: The assessment of learning outcomes for the competent and reflective physician. Medical Teacher 2003; 25(6):569-584.

(34) Wass V, van der Vleuten C, Shatzer J, Jones R. Assessment of clinical competence. Lancet 2001; 357(9260):945-949.

(35) van der Vleuten C. The assessment of professional competence: developments, research and practical implications. Adv Health Sci Educ Theory Pract 1996; 1:46-47.

(36) Humphris GM, Kaney S. The Liverpool brief assessment system for communication skills in the making of doctors. Advances in Health Sciences Education 2001; 6(1):69-80.

(37) Medical Education in the Millennium. Oxford: Oxford University Press; 1998.

(38) Schafer M, Georg W, Muhlinghaus I, Frohmel A, Rolle D, Pruskil S et al. Experience with new teaching methods and testing in psychiatric training. Nervenarzt 2007; 78(3):283-+.

(39) Ziv A, Wolpe PR, Small SD, Glick S. Simulation-based medical education: An ethical imperative. Academic Medicine 2003; 78(8):783-788.

(40) Van Zanten M, Boulet JR, Norcini JJ, McKinley D. Using a standardised patient assessment to measure professional attributes. Medical Education 2005; 39(1):20-29.

(41) Mounsey AL, Bovbjerg V, White L, Gazewood J. Do students develop better motivational interviewing skills through role-play with standardised patients or with student colleagues? Medical Education 2006; 40(8):775-780.

(42) Bokken L, Linssen T, Scherpbier A, van der Vleuten C, Rethans JJ. Feedback by simulated patients in undergraduate medical education: a systematic review of the literature. Medical Education 2009; 43(3):202-210.

(43) Vessey JA, Huss K. Using standardized patients in advanced practice nursing education. Journal of Professional Nursing 2002; 18(1):29-35.

(44) van Dalen J, Bartholomeus P, Kerkhofs E, Lulofs R, Van Thiel J, Rethans JJ et al. Teaching and assessing communication skills in Maastricht: the first twenty years. Medical Teacher 2001; 23(3):245-251.

(45) Boerjan M, Boone F, Anthierens S, van Weel-Baumgarten E, Deveugele M. The impact of repeated simulation on health and healthcare perceptions of simulated patients. Patient Educ Couns 2008; 73(1):22-27.

(46) Wind LA, van Dalen J, Muijtjens AMM, Rethans JJ. Assessing simulated patients in an educational setting: the MaSP (Maastricht Assessment of Simulated Patients). Medical Education 2004; 38(1):39-44.

(47) Brady D, Schultz L, Spell N, Branch WT. Iterative method for learning skills as an efficient outpatient teacher. American Journal of the Medical Sciences 2002; 323(3):124-129.

(48) Hardoff D, Schonmann S. Training physicians in communication skills with adolescents using teenage actors as simulated patients. Medical Education 2001; 35(3):206-210.

(49) Beyth Y, Hardoff D, Rom E, Ziv A. A Simulated Patient-Based Program for Training Gynecologists in Communication with Adolescent Girls Presenting with Gynecological Problems. Journal of Pediatric and Adolescent Gynecology 2009; 22(2):79-84.

(50) Sullivan AM, Lakoma MD, Billings JA, Peters AS, Block SD. Teaching and learning end-of-life care: Evaluation of a faculty development Program in Palliative Care. Academic Medicine 2005; 80(7):657-668.

(51) Roche AM, Eccleston P, SansonFisher R. Teaching smoking cessation skills to senior medical students: A block-randomized controlled trial of four different approaches. Preventive Medicine 1996; 25(3):251-258.

(52) Quest TE, Otsuki JA, Banja J, Ratcliff JJ, Heron SL, Kaslow NJ. The use of standardized patients within a procedural competency model to teach death disclosure. Academic Emergency Medicine 2002; 9(11):1326-1333.

(53) Zick A, Granieri M, Makoul G. First-year medical students' assessment of their own communication skills: A video-based, open-ended approach. Patient Educ Couns 2007; 68(2):161-166.

(54) Biernat K, Simpson D, Duthie E, Bragg D, London R. Primary care residents self assessment skills in dementia. Advances in Health Sciences Education 2003; 8(2):105-110.

(55) Guagnano MT, Merlitti D, Manigrasso MR, Pace-Palitti V, Sensi S. New medical licensing examination using computer-based case simulations and standardized patients. Academic Medicine 2002; 77(1):87-90.

(56) Stratton TD, Elam CL, Murphy-Spencer AE, Quinlivan SL. Emotional intelligence and clinical skills: Preliminary results from a comprehensive clinical performance examination. Academic Medicine 2005; 80(10):S34-S37.

(57) Hanna E, Premi J, Turnbull J. Results of remedial continuing medical education in dyscompetent physicians. Academic Medicine 2000; 75(2):174-176.

(58) McLaughlin SA, Doezema D, Sklar DP. Human simulation in emergency medicine training: A model curriculum. Academic Emergency Medicine 2002; 9(11):1310-1318.

(59) Van Zanten M, Boulet JR, Norcini JJ, McKinley D. Using a standardised patient assessment to measure professional attributes. Medical Education 2005; 39(1):20-29.

(60) Carter MB, Wesley G, Larson GM. Lecture versus standardized patient interaction in the surgical clerkship: a randomized prospective cross-over study. American Journal of Surgery 2006; 191(2):262-267.

(61) Carter MB, Wesley G, Larson GM. Didactic lecture versus instructional standardized patient interaction in the surgical clerkship. American Journal of Surgery 2005; 189(2):243-248.

(62) Hauer KE, Hodgson CS, Kerr KM, Teherani A, Irby DM. A national study of medical student clinical skills assessment. Academic Medicine 2005; 80(10):S25-S29.

(63) Boyle D, Dwinnell B, Platt F. Invite, listen, and summarize: A patient-centered communication technique. Academic Medicine 2005; 80(1):29-32.

(64) Wundrich M, Peters J, Philipsen A, Kopasz M, Berger M, Voderholzer U. Clinical teaching with simulated patients in psychiatry and psychotherapy. A controlled pilot study. Nervenarzt 2008; 79(11):1273-+.

(65) Bokken L, Rethans JJ, van Heurn L, Duvivier R, Scherpbier A, van der Vleuten C. Students' Views on the Use of Real Patients and Simulated Patients in Undergraduate Medical Education. Academic Medicine 2009; 84(7):958-963.

(66) O'Sullivan P, Chao S, Russell M, Levine S, Fabiny A. Development and implementation of an Objective Structured Clinical Examination to provide formative feedback on communication and interpersonal skills in geriatric training. Journal of the American Geriatrics Society 2008; 56(9):1730-1735.

(67) van Dulmen S, Tromp F, Grosfeld F, ten Cate O, Benzing J. The impact of assessing simulated bad news consultations on medical students' stress response and communication performance. Psychoneuroendocrinology 2007; 32:943-950.

(68) Nestel D, Muir E, Plant M, Kidd J, Thurlow S. Modelling the lay expert for first-year medical students: the actor-patient as teacher. Medical Teacher 2002; 24(5):562-564.

(69) Nestel D, Kidd J. Peer tutoring in patient-centred interviewing skills: experience of a project for first-year students. Medical Teacher 2003; 25(4):398-403.

(70) Eagles JM, Calder SA, Nicoll KS, Walker LG. A comparison of real patients, simulated patients and videotaped interview in teaching medical students about alcohol misuse. Medical Teacher 2001; 23(5):490-493.

(71) Howley LD. Performance assessment in medical education - Where we've been and where we're going. Evaluation & the Health Professions 2004; 27(3):285-303.

(72) Vargas AL, Boulet JR, Errichetti A, Van Zanten M, Lopez MJ, Reta AM. Developing performance-based medical school assessment programs in resource-limited environments. Medical Teacher 2007; 29(2-3):192-198.

(73) Buyck D, Lang F. Teaching medical communication skills: A call for greater uniformity. Family Medicine 2002; 34(5):337-343.

(74) Price EG, Windish DM, Magaziner J, Cooper LA. Assessing validity of standardized patient ratings of medical students' communication behavior using the Roter interaction analysis system. Patient Educ Couns 2008; 70(1):3-9.

(75) Debra R, Susan L. The Roter interaction analysis system (RIAS): utility and flexibility for analysis of medical interactions. Patient Education and Counseling 46[4], 243-251. 1-4-2002.
Ref Type: Abstract

(76) Margareth S, Hilde E, Marianne L, Peter KG, Jorun T, Arnstein F. Analyzing medical dialogues: strength and weakness of RoterΓÇÖs interaction analysis system (RIAS). Patient Education and Counseling 46[4], 235-241. 1-4-2002.
Ref Type: Abstract

(77) Scheffer S, Muehlinghaus I, Froehmel A, Ortwein H. Assessing students' communication skills: validation of a global rating. Advances in Health Sciences Education 2008; 13(5):583-592.

(78) Ishikawa H, Hashimoto H, Kinoshita M, Fujimori S, Shimizu T, Yano E. Evaluating medical students' non-verbal communication during the objective structured clinical examination. Medical Education 2006; 40(12):1180-1187.

(79) Rifkin WD, Rifkin A. Correlation between housestaff performance on the United States Medical Licensing Examination and standardized patient encounters. Mount Sinai Journal of Medicine 2005; 72(1):47-49.

(80) Sanci LA, Day NA, Coffey CMM, Patton GC, Bowes G. Simulations in evaluation of training: a medical example using standardised patients. Evaluation and Program Planning 2002; 25(1):35-46.

(81) Lane C, Rollnick S. The use of simulated patients and role-play in communication skills training: A review of the literature to August 2005. Patient Educ Couns 2007; 67:13-20.

(82) Alexander SC, Keitz SA, Sloane R, Tulsky JA. A controlled trial of a short course to improve residents' communication with patients at the end of life. Academic Medicine 2006; 81(11):1008-1012.

(83) Knowles C, Kinchington F, Erwin J, Peters B. A randomised controlled trial of the effectiveness of combining video role play with traditional methods of delivering undergraduate medical education. Sexually Transmitted Infections 2001; 77(5):376-380.

(84) Feddock CA, Hoellein AR, Griffith CH, Wilson JF, Lineberry MJ, Haist SA. Enhancing Knowledge and Clinical Skills Through an Adolescent Medicine Workshop. Archives of Pediatrics & Adolescent Medicine 2009; 163(3):256-260.

(85) Porter-Williamson K, von Gunten CF, Garman K, Herbst L, Bluestein HG, Evans W. Improving knowledge in palliative medicine with a required hospice rotation for third-year medical students. Academic Medicine 2004; 79(8):777-782.

(86) Sanci LA, Coffey CMM, Veit FCM, Carr-Gregg M, Patton GC, Bowes G. Effects of an educational intervention for general practitioners in adolescent health care principles: a randomized controlled study. Western Journal of Medicine 2000; 172(3):157-163.

(87) Hauer KE, Teherani A, Kerr KM, Irby DM, O'Sullivan PS. Consequences Within Medical Schools for Students With Poor Performance on a Medical School Standardized Patient Comprehensive Assessment. Academic Medicine 2009; 84(5):663-668.

(88) Gispert R, Rue M, Roma J, Martinez-Carretero JM. Gender, sequence of cases and day effects on clinical skills assessment with standardized patients. Medical Education 1999; 33(7):499-503.

(89) Stimmel B, Cohen D, Fallar R, Smith L. The use of standardised patients to assess clinical competence: does practice make perfect? Medical Education 2006; 40(5):444-449.

(90) Yudkowsky R, Downing SM, Ommert D. Prior experiences associated with residents' scores on a communication and interpersonal skill OSCE. Patient Educ Couns 2006; 62(3):368-373.

(91) Colliver JA, Barrows HS, Vu NV, Verhulst SJ, Mast TA, Travis TA. Test Security in Examinations That Use Standardized-Patient Cases at One Medical-School. Academic Medicine 1991; 66(5):279-282.

(92) Nietzsche F. The Birth of a Tragedy & The Genealogy of Morals. 2008.

(93) Spencer-Oatey H. Reconsidering power and distance. Journal of Pragmatics 1996; 26:1-24.

(94) Concise Oxford English Dictionary. 11th edition revised ed. 2004.

(95) Lukes S. Power: A Radical View. London: MacMillan Press Ltd; 1974.

(96) French JRP, Raven B. The Bases of Social Power. In: Cartwright D, Zander A, editors. Group Dynamics; Research and Theory. third edition ed. London: Tavistock Publications; 1968. 259-269.

(97) Toffler A. Powershift: Knowledge, wealth, and violence at the endge of the 21st century. Bantam paperback edition ed. New York: Bantam Books; 1991.

(98) Russell B. Power: A New Social Analysis. London: George Allen & Unwin LTD; 1938.

(99) Galbraith JK. The Anatomy of Power. London: Hamish Hamilton; 1983.

(100) Bachrach P, Baratz M. Two faces of power. The American Political Science Review 1962; 56(4):947-952.

(101) Goldhamer H, Shils EA. Types of power and status. The American Journal of Sociology 1939; 45(2):171-182.

(102) Silverman D. Communication and Medical Practice; Social relations in the clinic. London; Newbury Park; Beverly Hills; New Delhi: SAGE Publications; 1987.

(103) Foucault M. The Birth of the Clinic. Chatham, Kent: Tavistock Publications Limited; 1973.

(104) Tuckett D, Boulton M, Olson C, Williams A. Meetings between experts; an approach to sharing ideas in medical consultations. London: Tavistock Publications; 1985.

(105) Goodyear-Smith F, Buetow S. Power Issues in the Doctor-Patient Relationship. Health Care Analysis 2001; 9(4):449-462.

(106) Haug MR, Lavin B. Practicioner or Patient - Who's in Charge? Journal of Health and Social Behavior 1981; 22:212-229.

(107) Maynard DW. Interaction and Asymmetry in Clinical Discourse. The American Journal of Sociology 1991; 97(2):448-495.

(108) Foucault M. Power/Knowledge: Selected Interviews and Other Writings 1972-1977. Brighton: The Harvester Press; 1980.

(109) Foucault M. Power: essential works of Foucault 1954-1984. London: Penguin Books; 1994.

(110) Dahl RA. Who Governs? Democracy and Power in an American City. New Haven and London: Yale University Press; 1961.

(111) Clegg SR. Frameworks of power. London; Newbury Park; New Delhi: SAGE Publications; 1989.

(112) Hobbes T. Leviathan. Penguins Classics ed. London: Pengiun Books; 1985.

(113) Foucault M. The Subject and Power. Critical Inquiry 1982; 8(4):777-795.

(114) Sarangi S, Roberts C. The dynamics of interactional and institutional orders in work-related settings. In: Sarangi S, Roberts C, editors. Work and Institutional Order: Discourse in Medical, Mediation and Management Settings. Berlin: Mouton de Gruyter; 1999. 1-60.

(115) Kendall G, Wickham G. Using Foucault's Methods. London, Thousand Oaks, New Delhi: SAGE Publications; 1999.

(116) Attewell P. Ethnomethodology since Garfinkel. Theory and Society 1974; 1(2):179-210.

(117) Cuff E, Francis D, Hestler D, Payne G, Sharrock W. Ethnomethodology as a perspective. In: Cuff E, Payne G, editors. Perspectives in Sociology. London: George Allen & Unwin Publishers Ltd; 1979.

(118) Psathas G. Why Goffman was Not an Ethnomethodologist. All Academic Inc [2008

(119) Goffman E. On Face-Work: An analysis of ritual elements in social interaction. Psychiatry: Journal of Interpersonal Relations 1955; 18(3):213-231.

(120) Goffman E. Frame Analysis: An Essay on the Organization of Experience. London: Harper and Row; 1974.

(121) Bourdieu P. Outline of a Theory of Practice. Cambridge: Cambridge University Press; 1977.

(122) Wang J. Questions and the exercise of power. Discourse Society 2006; 17(4):529-548.

(123) Linell P, Gustavsson L, Juvonen P. Interactional dominance in dyadic communication: a presentation of initiative-response analysis. Linguistics 1988; 26:415-422.

(124) Searle J. Speech Acts: An Essay in the Philosophy of Language. Cambridge: Cambridge University Press; 1969.

(125) Grice H. Logic and conversation. New York: Academic Press; 1975.

(126) Dunbar NE, Burgoon JK. Perceptions of power and interactional dominance in interpersonal relationships. Journal of Social and Personal Relationships 2005; 22:207-233.

(127) Fisher S, Todd AD. Introduction: Communication and Social Context - Toward Broader Definitions. In: Fisher S, Todd AD, editors. The Social Organization of Doctor-Patient Communication. Washington DC: The Center For Applied Linguistics; 1983. 3-18.

(128) Fairclough N. Language and Power. second edition ed. London: Longman; 2001.

(129) Ng SH, Bradac JJ. Power in language; verbal communication and social influence. Newbury Park; London; New Delhi: Sage; 1993.

(130) Linell P. The power of dialogue dynamics. In: Markova I, Foppa K, editors. Dynamics of Dialogue. Hemel Hampstead: Harvester Wheatsheaf; 1990. 147-177.

(131) Maynard DW. Language, Interaction, and Social Problems. Social Problems 1988; 35(4):311-334.

(132) ten Have P. Talk and Institution: A Reconsideration of the "Asymmetry" of Doctor-Patient Interaction. In: Boden D, Zimmerman DH, editors. Talk & Social Structure; Studies in Ethnomethodology and Conversation Analysis. Oxford: Polity Press; 1991. 138-163.

(133) Ainsworth-Vaughn N. Topic transitions in physician-patient interviews; power, gender, and discourse change. Language in Society 1992; 21(3):409-426.

(134) Drew P, Heritage J. Talk at work. Cambridge: Cambridge University Press; 1992.

(135) Sarangi S, Roberts C. Talk, Work and Institutional Order: Discourse in Medical, Mediation and Management Settings. Berlin: Mouton de Gruyter; 1999.

(136) Drew P, Heritage J. Analyzing talk at work: an introduction. In: Drew P, Heritage J, editors. Talk at work: Interaction in Institutional settings. Cambridge: Cambridge University Press; 1992. 3-65.

(137) Wodak R. Critical discourse analysis and the study of doctor-patint interaction. In: Gunnarsson B-L, Linell P, Nordberg B, editors. The Construction of Professional Discourse. 19 ed. London and New York: Longman; 1997. 173-200.

(138) Brown P, Levinson SC. Politeness; Some universals in language use. Cambridge: Cambridge University Press; 1987.

(139) Morand DA. Dominance, Deference, and Egalitarianism in Organizational Interaction: A Sociolinguistic Analysis of Power and Politeness. Organization Science 1996; 7(5):544-556.

(140) Morand DA. Language and Power: An Empirical Analysis of Linguistic Strategies Used in Superior-Subordinate Communication. Journal of Organizational Behavior 2000; 21(3):235-248.

(141) Mills S. Rethinking Politeness, Impoliteness and Gender Identity. In: Litosseliti L, Sunderland J, editors. Gender Identity and Discourse Analysis. Amsterdam & Philadelphia: John Benjamins Publishing Company; 2002. 69-90.

(142) O'Barr WM, Atkins BK. "Women's Language" or "Powerless Language"? In: Coates J, editor. Language and Gender: A Reader. Oxford: Blackwell Publishing; 1998. 378-387.

(143) Edelsky C. Who's got the floor? In: Tannen D, editor. Gender and Conversational Interaction. New York; Oxford: Oxford University Press; 1993. 189-230.

(144) Gender and Conversational Interaction. New York, Oxford; 1993.

(145) West C. 'Not just doctors' orders': Directive-Response Sequences in Patients' Visits to Women and Men Physicians. In: Coates J, editor. Language and Gender: A Reader. Oxford: Blackwell Publishing; 1998. 328-353.

(146) West C. When the Doctor is a "Lady": Power, Status and Gender in Physician-Patient Encounters. In: Coates J, editor. Language and Gender: A Reader. Oxford: Blackwell Publishing; 1998. 396-412.

(147) Davis K. Power under the Miscroscope. Dordrecht, Holland: Foris publications; 1998.

(148) Roter DL, Hall JA, Aoki Y. Physician Gender Effects in Medical Communication: A Meta-analytic Review. JAMA 2002; 288(6):756-764.

(149) Roter D, Lipkin M, Jr., Korsgaard A. Sex Differences in Patients' and Physicians' Communication during Primary Care Medical Visits. Medical Care 1991; 29(11):1083-1093.

(150) Roter D, Lipkin M, Jr., Korsgaard A. Sex differences in patients' and physicians' communication during primary care medical visits. Medical Care 1991;(11):1083.

(151) Leet-Pellegrini HM. Conversational dominance as a function of gender and expertise. In: Giles H, Robonson W, Smith MP, editors. Language: Social psychological perspectives. Oxford: Pergamon; 1980. 97-104.

(152) Woods N. Talking shop: sex and status as determinants of floor appointment in a work setting. In: Coates J, Cameron D, editors. Women in Their Speech Communities. London and New York: Longman; 1988. 141-157.

(153) Okamoto DG, Smith-Lovin L. Changing the Subject: Gender, Status, and the Dynamics of Topic Change. American Sociological Review 2001; 66(6):852-873.

(154) James D, Drakich J. Understanding Gender Differences in Amount of Talk: A Critical Review of Research. In: Tannen D, editor. Gender and Conversational Interaction. New York; Oxford: Oxford University Press; 1993. 281-312.

(155) Cameron D. "Is there any ketchup, Vera?" : Gender, power and pragmatics. Discourse Society 1998; 9(4):437-455.

(156) Cameron D. The Myth of Mars and Venus; Do men and women really speak different languages? Oxford: Oxford University Press; 2008.

(157) Itakura H. Describing conversational dominance. Journal of Pragmatics 2001; 33:1859-1880.

(158) Itakura H. Conversational Dominance and Gender. A study of Japanese speakers in first and second language contexts. Philidelphia, PA, USA: John Benjamins Publishing Company; 2001.

(159) Diamond J. Status and Power in Verbal Interaction. Amsterdam/Philadelphia: John Benjamins Publishing Company; 1996.

(160) Ainsworth-Vaughn N. Claiming Power in Doctor-Patient Talk. Oxford: Oxford University Press; 1998.

(161) Sacks H, Schegloff EA, Jefferson G. A simplest systematics for the organization of turn-taking for conversation. Language 1974;(50):696-735.

(162) Jones R, Thornborrow J. Floors, talk and the organization of classroom activities. Language in Society 2004; 33(3):399-424.

(163) Swann J. Talk control: an illustration from the classroom of problems in analysing male dominance of conversation. In: Coates J, Cameron D, editors. Women in Their Speech Communities. London and New York: Longman; 1988. 122-140.

(164) Roper TA, Skelton JR, Hobbs FDR. Cooperative language in consultations by male and female doctors. BMJ 1999; 318(7200):1760a.

(165) Roter D. Which Facets of Communication Have Strong Effects on Outcome - A Meta-Analysis. In: Stewart M, Roter D, editors. Communicating With Medical Patients. Newbury Park,London,New Delhi: SAGE Publications; 1989. 183-196.

(166) Sanden I, Linell P, Starkhammar H, Larsson US. Routinization and Sensitivity: Interaction in Oncological Follow-Up Consultations. Health (London) 2001; 5(2):139-163.

(167) Butow P, Dunn S, Tattersall M, Jones Q. Computer-based interaction analysis of the cancer consultation. British Journal of Cancer 1995; 71(5):1115-1121.

(168) Coleman H, Burton J. Aspects of control in the dentist-patient relationship. International Journal of the Sociology of Language 1985; 51:75-104.

(169) Roter DL, Hall JA, Aoki Y. Physician gender effects in medical communication: a meta-analytic review. JAMA 756;(6):2002.

(170) Stenström A-B. An introduction to spoken interaction. London; New York: Longman; 1994.

(171) Carroll DW. Psychology of Language. Third edition ed. Brooks/Cole Publishing Company; 1999.

(172) Coates J. Gossip Revisited: Language in All-Female Groups. In: Coates J, Cameron D, editors. Women in their Speech Communities. London and New York: Longman; 1989.

(173) West C, Zimmerman DH. Small Insults: A Study of Interruptions in Cross-Sex Conversations between Unacquainted Persons. In: Thorne B, Kramarea C, Henley N, editors. Language, Gender and Society. Rowley, London, Tokyo: Newbury House Publishers, Inc; 1983. 103-118.

(174) Ferguson N. Simultaneous speech, interruptions and dominance. British Journal of Social & Clinical Psychology 1977; 16:295-302.

(175) Zimmerman DH, West C. Sex roles, interruptions, and silences in conversations. In: Thorne B, Henley N, editors. Language and sex: differences and dominance. Rowley, Mass: Newbury House; 1975.

(176) James D, Clarke S. Women, Men, and Interruptions: A Critical Review. In: Tannen D, editor. Gender and Conversational Interaction. New York; Oxford: Oxford University Press; 1993. 231-280.

(177) Beckman H, Frankel R. The effect of physician behavior on the collection of data. Annals of Internal Medicine 1984; 101(5):692-696.

(178) Irish JT, Hall JA. Interruptive patterns in medical visits: the effects of role, status and gender. Social Science & Medicine 1995; 41(6):873-881.

(179) Rhodes DR, McFarland KF, Holmes Finch W, Johnson AO. Speaking and Interruptions During Pramary Care Visits. Family Medicine 2001; 33(7):528-532.

(180) Stratford J. Women and men in conversation: a consideration of therapists' interruptions in therapeutic discourse. Journal of Family Therapy 1998; 00020(00004):383-395.

(181) Werner-Wilson R, Price S, Zimmerman T, Murphy M. Client gender as a process variable in marriage and family therapy: are women clients interrupted more than men clients? Journal of Family Psychology 1997; 11:373-377.

(182) Robinson JD. Asymmetry in action: Sequential resources in the negotiation of a prescription request. Text 2001; 21 (1/2):19-54.

(183) Sacks H. Lectures on Conversation. Oxford: Blackwell; 1992.

(184) Maguire P, Pitceathly C. Key communication skills and how to acquire them. BMJ 2002; 325(7366):697-700.

(185) Robinson JD, Heritage J. Physicians' opening questions and patients' satisfaction. Patient Educ Couns 2006; 60(3):279-285.

(186) Tsui A. English Conversation. Oxford: Oxford University Press; 1994.

(187) Austin JL. Sense and Sensibilia. Oxford: Oxford University Press; 1962.

(188) Quirk R, Greenbaum S, Leech G, Svartvik J. A Comprehensive Grammar of the English Language. London: Longman; 1985.

(189) West C. "Ask me no questions...": An analysis of queries and replies in physician-patient dialogues. In: Todd AD, Fisher S, editors. The social organization of doctor-patient communication. Norwood, NJ: Ablex; 1993. 127-147.

(190) Byrne PS, Long BEL. Doctors Talking to Patients: A study of the verbal behaviour of general practicioners consulting in their surgeries. Republished second impression ed. Exeter: The Royal College of General Practicioners; 1984.

(191) Kearsley GP. Questions and Question Asking in Verbal Discourse: A Cross-Disciplinary Review. Journal of Psycholinguistic Research 1976; 5(4):355-375.

(192) Lyons J. Lingustic Semantics: An Introduction. Cambridge: Cambridge University Press; 1995.

(193) Thornborrow J. Questions, Control and the Organization of Talk in Calls to a Radio Phone-In. Discourse Studies 2001; 3(1):119-143.

(194) Graesser AC, Person NK. Question Asking during Tutoring. American Educational Research Journal 1994; 31(1):104-137.

(195) Frankel R. Talking in interviews: A dispreference for patient-initiated questions in physician-patient encounters. In: Psathas G, editor. Interaction competence. Washington DC: International Institute for Ethnomethodology and Conversation Analysis & University Press of America; 1990. 231-262.

(196) Brown G, Yule G. Discourse analysis. Cambridge: Cambridge University Press; 1983.

(197) Tracey TJ. Stage Differences in the Dependencies of Topic Initiation and Topic Following Behavior. Journal of Counseling Psychology 1987; 34(2):123-131.

(198) West C, Garcia A. Conversational Shift Work: A Study of Topical Transitions between Women and Men. Social Problems 1988; 35(5):551-575.

(199) Garcia LJ, Joanette Y. Analysis of Conversational Topic Shifts: A Multiple Case Study, . Brain and Language 1997; 58(1):92-114.

(200) Crow BK. Topic Shifts in Couples' Conversations. In: Craig RT, Tracy K, editors. Conversational Coherence; Form, Structure, and Strategy. Beverly Hills/London/New Delhi: Sage Publications; 1983. 136-156.

(201) Keenan EO, Schieffelin BB. Topic as a Discourse Notion: A Study of Topic in the Conversations of Children and Adults. In: Li C, editor. Subject and Topic. London: Acadmic Press Inc; 1976. 335-384.

(202) Drew P, Holt E. Figures of Speech: Figurative Expressions and the Management of Topic Transition in Conversation. Language in Society 1998; 27(4):495-522.

(203) Wilson J. On the Boundaries of Conversation. Oxford: Pergamon Press; 1989.

(204) Sinclair, J.McH, Coulthard RM. Towards an Analysis of Discourse. Oxford: Oxford University Press; 1975.

(205) Witt JC, Erchul WP, McKee WT, Pardue MM, Wickstrom KF. Conversational Control in School-Based Consultation: The Relationship Between Consultant and Consultee Topic Determination and Consultation Outcome. Journal of Educational and Psychological Consultation 1991; 2(2):101-116.

(206) Tracey TJ, Ray PB. Stages of successful time-limited counseling: An interactional examination. Journal of Counseling Psychology 1984; 31(1):13-27.

(207) Zimmerman DH. The interactional organization of calls for emergency assistance. In: Drew P, Heritage J, editors. Talk at work: Interaction in institutional settings. Cambridge: Cambridhe University Press; 1992. 418-469.

(208) Whalen MR, Don HZ. Sequential and Institutional Contexts in Calls for Help. Social Psychology Quarterly 1987; 50(2):172-185.

(209) Lindström A. Identification and Recognition in Swedish Telephone Conversation Openings. Language in Society 1994; 23(2):231-252.

(210) Houtkoop-Steenstra H. Opening Sequences in Dutch Telephone Conversations. In: Boden D, Zimmerman DH, editors. Talk and Social Structure: Studies in Ethnomethodology and Conversation Analysis. Cambridge: Polity Press; 1989. 232-250.

(211) Schegloff EA. Sequencing in Conversational Openings. American Anthropologist 1968; 70(6):1075-1095.

(212) Schegloff EA. The routine as achievement. Human Studies 1986; 9:111-152.

(213) Levinson SC. Pragmatics. Cambridge: Cambridge University Press; 1983.

(214) Heath C. The opening sequence in doctor-patient interaction. In: Atkinson P, Heath C, editors. Medical Work: Realities and Routines. Westmead: Gower Publishing Company Limited; 1981. 71-90.

(215) Gafaranga J, Britten N. "Fire away": the opening sequence in general practice consultations. Fam Pract 2003; 20(3):242-247.

(216) Walter A, Bundy C, Dornan T. How should trainees be taught to open a clinical interview? Medical Education 2005; 39:492-496.

(217) Schegloff EA, Sacks H. Opening up closings. Semiotica 1973; 7:289-327.

(218) Jefferson G. A Case of Precision Timing in Ordinary Conversation: Overlapped Tag-Positioned Address Terms in Closing Sequences. Semiotica 1973; 9:47-96.

(219) Button G. Moving out of Closings. In: Button G, Lee JR, editors. Talk and Social Interaction. Clevedon, Philidelphia: Multilingual Matters LTD; 1987. 101-151.

(220) White J, Levinson W, Roter D. "Oh by the way"...: The closing moments of the medical visit. Journal of General Internal Medicine 1994; 9:24-28.

(221) White JC, Rosson C, Christensen J, Hart R, Levinson W. Wrapping things up: A qualitative analysis of the closing moments of the medical visit. Patient Educ Couns 1997; 30(2):155-165.

(222) Robinson JD. Closing medical encounters: two physician practices and their implications for the expression of patients' unstated concerns. Social Science & Medicine 2001; 53:639-656.

(223) West C. Coordinating closings in primary care visits: producing continuity of care. In: Heritage J, Maynard DW, editors. Communication in Medical Care. Cambridge: Cambridge University Press; 2006. 379-415.

(224) de la Croix A, Skelton J. The reality of role-play: interruptions and amount of talk in simulated consultations. Medical Education 2009; 43(7):695-703.

(225) Seale C, Butler CC, Hutchby I, Kinnersley P, Rollnick S. Negotiating frame ambiguity: A study of simulated encounters in medical education. Communication & Medicine 2007; 4(2):177.

(226) Wear D, Varley JD. Rituals of verification: The role of simulation in developing and evaluating empathic communication. Patient Educ Couns 2008; 71(2):153-156.

(227) Benbassat J, Baumal R. A step-wise role playing approach for teaching patient counseling skills to medical students. Patient Educ Couns 2002; 46(2):147-152.

(228) Makoul G. Commentary: Communication skills: How simulation training supplements experiential and humanist learning. Academic Medicine 2006; 81(3):271-274.

(229) Roberts C, Sarangi S. Hybridity in gatekeeping discourse: Issues of practical relevance for the researcher. In: Sarangi S, Roberts C, editors. Talk, Work, and Institutional Order: Discourse in Medical, Mediation and Management Settings. Berlin, New York: Mouton de Gruyter; 1999. 473-503.

(230) Linell P, Thunqvist DP. Moving in and out of framings: activity contexts in talks with young unemployed people within a training project. Journal of Pragmatics 2003; 35(3):409-434.

(231) Rees C, Sheard C, McPherson A. Medical students' views and experiences of methods of teaching and learning communication skills. Patient Educ Couns 2004; 54(1):119-121.

(232) Teherani A, Hauer KE, O'Sullivan P. Can simulations measure empathy? Considerations on how to assess behavioral empathy via simulations. Patient Educ Couns 2008; 71(2):148-152.

(233) Wallace P. Coaching Standardized Patients For Use in the Assessment of Clinical Competence. New York: Spinger Publishing Company; 2007.

(234) Goffman E. The presentation of self in everyday life. New York: Anchor Books; 1959.

(235) Giddens A. Sociology. Second edition, fully revised & updated ed. Cambridge: Polity Press; 1993.

(236) Garfinkel H. Ethnomethodology's Program. Oxford: Rowman & Littlefield Publishers Inc.; 2002.

(237) Garfinkel H. Ethnomethodology's program : working out Durkheim's aphorism . edited and introduced by Anne Warfield Rawls ed. Oxford: Rowman & Littlefield; 2002.

(238) Wooffit R. Conversation Analysis and Discourse Analysis; A Comparative and Critical Introduction. London, Thousand Oaks, New Delhi: SAGE Publications; 2005.

(239) Stubbs M. Discourse analysis: the sociolinguistic analysis of natural language. Chicago: University of Chicago Press; 1983.

(240) Slembrouck S. What is meant by "discourse analysis". 20-3-2006. 17-6-2009. Ref Type: Internet Communication

(241) Richards JC, Platt J, Platt H. Longman Dictionary of Language Teaching & Applied Linguistics. Second edition ed. Harlow: Longman; 1992.

(242) Trask R. Language and Linguistics: The Key Concepts. Second Edition ed. Abingdon, Oxon: Routledge; 2007.

(243) Hutchby I, Wooffit R. Conversation Analysis; Principles, Practices and Applications. Cambridge: Polity Press; 1998.

(244) Hokkanen T. Interruption and timing in self initiated repairs. SKY Journal of Linguistics 2003; 16:57-74.

(245) Bunniss S, Kelly DR. Research paradigms in medical education research. Medical Education 2010; 44(4):358-366.

(246) Wiskin C. Negotiated marking and gender variables in the communication skills element of a high stakes general practice final examination [2007.

(247) Rees C, Sheard C. The relationship between medical students' attitudes towards communication skills learning and their demographic and education-related characteristics. Medical Education 2002; 36:1017-1027.

(248) ten Have P. Doing Conversation Analysis: A Practical Guide. London; Thousand Oaks; New Delhi: SAGE Publications; 1999.

(249) Jefferson G. Glossary of transcript symbols with an introduction. In: Lerner GH, editor. Conversation Analysis: Studies from the first generation. Amsterdam & Philadelphia: John Benjamins Publishing Company; 2004. 31.

(250) Pathas G. Conversation Analysis: The Study of Talk-in-Interaction. London; Thousand Oaks; New Delhi: SAGE Publications; 1995.

(251) Skelton JR, Wearn AM, Hobbs FR. 'I' and 'we': a concordancing analysis of how doctors and patients use first person pronouns in primary care consultations. Fam Pract 2002; 19(5):484-488.

(252) Skelton JR, Hobbs FDR. Descriptive study of cooperative language in primary care consultations by male and female doctors. BMJ 1999; 318(7183):576-579.

(253) Carter R, McCarthy M. Exploring Spoken English. Cambridge: Cambridge University Press; 1997.

(254) Machin D, Campbell M, Fayers P, Pinol A. Sample Size Tables for Clinical Studies. second edition ed. Oxford;London;Edinburgh;Malden,MA,USA;Carlton, Vic, Australia: Blackwell Science; 1997.

(255) Itakura H, Tsui AB. Gender and conversational dominance in Japanese conversation. Language in Society 2004; 22:223-248.

(256) Collins S. Communication and strategy in health care consultations [York: University of York; 2005.

(257) Coleridge ST. Biographia Literaria. 1817.

APPENDICES

Appendix 1 – Student consent form

(Reprinted as it was used in the communication skills assessment 2003-2004)

Student ID Number:	

Agreement for video-recording of role-play to be used for educational research project

This role-play is video-taped as a record of your performance which can be reviewed by you and your assessor if the decision is made to refer you for extra training.

We also need to use video data to evaluate the screening programme. We ask every student, regardless of outcome, whether or not they are willing for their performance to be used for this purpose.

A choice not to consent will have no influence on the screening process, nor is this choice recorded on the comment sheet.

Non anonymised data (ie your image) will only be made available to academic staff of the Medical School. Students will never have access to such data; it will be stored securely on university premises and will be destroyed not more than 5 years after you graduate.

Statement of student

I agree for the video-recording of my performance to be used for evaluation and educational research.

I understand that my performance will be analysed for research purposes by academic staff of the University and will not be shown to students.

I understand that my participation in this study **will not influence the outcome** of the screening process.

I understand that once my role-play is finished I will have the opportunity to withdraw consent. My consent form will be kept by the undergraduate administrator for a week after my screening and I can ask for it to be removed from the file. The tape of my recording will be marked to prevent it from being used for research purposes.

Signature	Date
Name (PRINT)	

Appendix 2 – Scenarios

(Reprinted as they were used in the communication skills assessment 2003-2004)

YEAR 3 Screening Programme

Scenario One - Cancelled operation

ROLE PLAYER'S NOTES

Please remember that Yr3 students have little clinical experience and little experience of patient contact. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question 'so what happens now?' difficult as they've had no previous experience dealing with a similar problem. The question is therefore testing their ability to role-play creatively rather than assessing their communication skills. It serves little purpose to keep returning to that line of questioning if a student has already shown s/he finds it difficult to 'invent' outcomes. In order to be as fair as possible only offer one prompt on a certain issue – if the student does not pick up on this do not prolong the role-play unnecessarily by giving them 'a second chance'. Although there is a maximum time limit of 10 minutes, we expect most scenarios to last 4-5 minutes.

You are **Chris Mitchell**. You are married with children and work as a nursing auxiliary in the outpatients department.

You have varicose veins on both legs. They look appalling (like big blue slugs stuck to your legs!) and you are extremely embarrassed by them. Your husband / wife is always teasing you about them, and you have given up swimming / playing sport because they are so noticeable. You are very busy at work and are on your feet al.l day. The veins start to ache and throb when you have to stand for more than an hour, and become quite painful by the end of a day at work.

You are frightened of having surgery, but decided that you had to have the veins removed. You have been on the waiting list for an operation for your varicose veins for about 18 months. The operation has already been cancelled once at two days notice by the hospital. This was extremely annoying, since you had arranged time off work, childcare and had prepared mentally for the ordeal. You feel that this shouldn't have happened because you work for the hospital.

You have come into hospital today for the operation. You have not eaten any breakfast in preparation for surgery. You are feeling very apprehensive about the operation, but are determined to go ahead. You are approached by a young medical student, who asks if he / she can have a word with you.

You will be told that the operation list has been cancelled because of an emergency. You should be upset by this, but do not take it out on the student. You feel you have been treated badly, especially as an NHS employee. Make sure you get a clear explanation of why the operation was cancelled.

Issues that could be raised: -

- Doesn't it make a difference that I work for the hospital? (No)
- This wouldn't have happened if I were a doctor. (Yes it would!)
- Why should someone else have priority over my operation? (Because they would die otherwise)
- When is my operation going to happen? (The medical student probably will not know this – it should be rescheduled within 28 days)
- What about time off work, the kids etc. (Can only apologise)

Scenario One - STUDENT NOTES

You are attending a day case surgery list one morning. The SHO tells you that the whole morning's list has been cancelled because a patient has just come in with a ruptured abdominal aortic aneurysm. The patient will die unless a three hour operation is performed immediately. He asks you to inform all the patients about what has happened because he needs to go and assist in theatre straight away. Before you have a chance to ask anything, he runs off to theatre.

The first patient you see is **Chris Mitchell**, who has come in for her / his varicose vein operation.

Information about the screening procedure

- You will be asked to do a 10 minute role-play and answer questions about it for up to 5 minutes.
- The role-play and questions will be recorded on a **video camera** as a record of your performance.
- Before the role-play, you will be asked whether you want to give your consent for the video recording to be used for research purposes. **If you do not want to give consent, this will not affect the assessors decision whether or not to pass or refer you in any way.**
- During the role-play scenarios, **you are expected to behave as a third year medical student.** Do not pretend that you are a doctor. The scenarios require little or no clinical knowledge and you will not be expected to make clinical decisions.
- You have up to 10 minutes for the role-play. Some successful role-plays take only a few minutes. You may take all the available time, but do not feel that you have to.
- Your assessor will stop you if the role-play goes on longer than 10 minutes. Do not be alarmed if this happens. It is done to allow time for questions.
- After the questions, the video recording will be stopped and you will be asked to leave the room.
- If you have consented to allow the video recording to be used for research, the assessor will check whether you are still happy for the recording to be used before you go.

YEAR 3 Screening Programme

Scenario One - Cancelled operation

FACILITATOR'S NOTES

This scenario tests the student's ability to break bad news sensitively. Do not expect the student to be familiar with the techniques involved (warning shot etc.), but they should demonstrate appropriate behaviour. They should be able to listen empathically to the complaints from the patient without feeling personally insulted, and should be able to give a convincing explanation of why the operation was cancelled.

Whether NHS staff should receive preferential treatment compared to other patients should be raised, and whether doctors should be treated differently to auxiliary staff.

Waiting lists and cancelled operations are political issues, which has raised patients' expectations.

Questions for the student after completing the role play

1. What do you think went well?
2. What could you have done differently?
3. Do you think you were the right person to tell Chris Mitchell that his / her operation had been cancelled?
4. Do you think that NHS staff should have preferential treatment compared to other patients?
5. Discretionary question(s) about the students performance.

Ethical principles involved: -

The main principle is utilitarianism (greatest good for the greatest number). The surgeons are trying to save one person's life rather than relieving the suffering of a number of patients. Waiting list targets distort clinical priorities by placing increased importance on non-urgent cases.

The principle of justice is also raised. Is it fair that NHS staff should expect better treatment than non-NHS staff? Would the NHS be more efficient if all it's staff received rapid, high quality health care, enabling other patients to be treated more quickly?

YEAR 3 Screening Programme

Scenario 2 - Side Room

ROLE PLAYER'S NOTES

Please remember that, although they are acting as junior doctors, Yr3 students have little clinical experience and little experience of patient contact. This is a test of their communication skills and attitudes, rather than knowledge of the medical world. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question "so what happens now?" difficult as they've had no previous experience dealing with a similar problem. That question would therefore be testing their ability to role-play creatively rather than assessing their communication skills. In order to be as fair as possible, only offer one prompt on a certain issue. If the student does not pick up on this do not prolong the role-play unnecessarily by giving them "a second chance". Although there is a maximum time limit of 9 minutes, scenarios often last for only 4-5 minutes. Please be aware that the students need the opportunity to demonstrate their skills, so try not to talk too much, and where possible, 'drip feed' your questions one at a time.

You are Lily / Lenny Hinton. You are the close relative of Sarah, aged 16 yrs, who is in hospital recovering from an appendicectomy. She is on a busy surgical ward, surrounded by adults, including elderly people. She cannot sleep there, and is constantly upset by all the disruption and noise. You feel she needs far more rest, as she has to stay in hospital for a few more days. There is one side room on the ward, but a young woman was admitted there this morning before you had a chance to ask for it.

You overheard the nurses talking and you know that the woman in the side room is a member of staff. You don't agree with hospital staff "queue jumping", and you certainly don't see why this woman should have the benefit of a side room. Your relative was, after all, here first.

You want your relative to swap beds with this other patient, but you are too scared to ask the nurse. You see a friendly junior doctor and want to ask them if they would arrange for the swap for you. Remember to focus on asking the student for their personal opinions, and not for "facts" e.g. "Do you think that's fair?"

Issues that must be raised: -

- You don't agree with some patients, i.e. staff, getting 'special treatment'. What does the doctor think?

- Why should someone who has just come in and looks fit and well get preferential treatment like a side room?

- Please could the doctor ask the nurses if their relative could be moved into the side room?

- Can the doctor promise that they will get the beds swapped over?

YEAR 3 Screening Programme

Scenario 2

STUDENT'S NOTES

In this scenario you are expected to adopt the role of a house officer. You are not expected to show the clinical knowledge of a qualified doctor, but you are expected to exhibit the professional manner of a newly qualified doctor.

This morning one of the hospital's doctors had a miscarriage, and was placed in the ward's one side room. The decision of which patient gets allocated a side room is made by the nursing staff, although as a doctor it is possible to influence this decision on medical grounds.

A relative of one of the other patients on the ward has asked for a quick word. Your task is to listen to his / her concerns and respond to them in a professional manner.

YEAR 3 Screening Programme

Scenario 2

NOTES FOR FACILITATOR

- The medical student should maintain the confidentiality of the patient in the side room
- The student should not be judgemental, should listen to and respect the views of the relative.
- There may be many reasons for the patient having a side room that may or may not be related to the reason for admission.
- The student could agree to discuss the concerns with the nurses but cannot promise that the rooms will be swapped.

Questions for the student after completing the role play

1. What do you feel went well in terms of communication with the patient?

2. With hindsight, is there anything about the encounter that you would do differently were the scenario to be re-run?

YEAR 3 Screening Programme

Scenario Three - Patient complaint about colleague

ROLE PLAYER'S NOTES

Please remember that Yr3 students have little clinical experience and little experience of patient contact. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question 'so what happens now?' difficult as they've had no previous experience dealing with a similar problem. The question is therefore testing their ability to role-play creatively rather than assessing their communication skills. It serves little purpose to keep returning to that line of questioning if a student has already shown s/he finds it difficult to 'invent' outcomes. In order to be as fair as possible only offer one prompt on a certain issue – if the student does not pick up on this do not prolong the role-play unnecessarily by giving them 'a second chance'. Although there is a maximum time limit of 10 minutes, we expect most scenarios to last 4-5 minutes.

You are **Alex Forsythe.** You are in hospital recovering from an appendicectomy, after developing appendicitis.

The appendicitis started on your partner's birthday. You had done all the food and invited lots of friends and family. You had suffered with pains in the centre of your stomach all day, but thought this was due to nervousness about the party. The pain got gradually worse during the day, and started to become very sharp in the **right lower part** of your abdomen. During the party, you drank way too much alcohol in an attempt to numb the pain in your stomach. In the early hours of the morning, you finally couldn't bear the pain anymore and called an ambulance because you felt like you were about to die.

You were seen quickly in Accident and Emergency because it was obvious you were so unwell. You were admitted to a ward, where a surgical doctor assessed you. He asked you lots of questions about your medical history, some of which you found very embarrassing (e.g. an abortion, testicular lump, sexually transmitted disease etc. – feel free to extrapolate!) He also asked how much you had been drinking and what your drinking habits were generally, implying that you were an alcoholic. He did this in a loud voice, with only the curtains around your bed, thus letting the whole ward hear everything that was being said.

To add insult to injury, he then did a rectal examination, first announcing it loudly. (This is an important part of the medical examination for appendicitis, but you aren't sure whether it was really necessary). You found the examination extremely painful, despite the alcohol. After all this he announced loudly that he thought you had appendicitis and peritonitis and needed an operation straight away. You thought you were having a nightmare and was very frightened. You don't remember much after that, since a kind nurse gave you some painkillers and you might have passed out.

It was only after the operation that another man / woman on your ward spoke to you about the way you were treated by the surgical doctor. He / she and some other patients were embarrassed by the whole incident. Not only was their sleep disturbed, but they were also forced to hear all your intimate details and the rectal examination. They felt indignant on your behalf and suggested that you write a letter of complaint to the Chief Executive and name the doctor concerned. You feel absolutely mortified about this, but are not usually one to complain.

You decide to speak to a medical student about this incident, because they seem quite approachable. You have seen them get humiliated by the senior doctors during the ward round when they don't know something, so you think they might understand your position.

You wonder whether this kind of thing might happen all the time, and don't want anyone else to go through the same experience. You would like the student's opinion about whether the doctor was in the wrong, so that you can decide if you should complain. You are not interested in compensation, but would simply like an apology and the knowledge that steps would be taken to stop such a humiliating experience happening to anyone else.

Issues that could be raised: -

- How can privacy be maintained in a ward when the only barrier between you and other patients is a curtain?
- Can the student tell the surgical doctor tactfully on your behalf?
- Is this something that should be reported to a higher authority?

YEAR 3 Screening Programme

STUDENT NOTES

You go to see a patient called **Alex Forsythe** because s/he has asked to speak to a medical student.

Information about the screening procedure

- You will be asked to do a 10 minute role-play and answer questions about it for up to 5 minutes.
- The role-play and questions will be recorded on a **video camera** as a record of your performance.
- Before the role-play, you will be asked whether you want to give your consent for the video recording to be used for research purposes. **If you do not want to give consent, this will not affect the assessors decision whether or not to pass or refer you in any way.**
- During the role-play scenarios, **you are expected to behave as a third year medical student.** Do not pretend that you are a doctor. The scenarios require little or no clinical knowledge and you will not be expected to make clinical decisions.
- You have up to 10 minutes for the role-play. Some successful role-plays take only a few minutes. You may take all the available time, but do not feel that you have to.
- Your assessor will stop you if the role-play goes on longer than 10 minutes. Do not be alarmed if this happens. It is done to allow time for questions.
- After the questions, the video recording will be stopped and you will be asked to leave the room.
- If you have consented to allow the video recording to be used for research, the assessor will check whether you are still happy for the recording to be used before you go.

YEAR 3 Screening Programme

Scenario Three - Patient complaint about colleague

FACILITATOR'S NOTES

This scenario tests the students ability to listen empathetically to the patient's complaints and to manage his / her anger sensitively. The student should not openly criticise his / her senior colleagues or put them into a difficult situation. On the other hand, the student also has a duty to care for the patient's best interests. A professional approach to this situation is important.

The student may realise that someone more senior should be involved. This is particularly true if the patient is going to make a complaint.
The difficulties of the ward layout and lack of privacy might arise. (NHS lack of funds?)

Questions for the student after completing the role play

1. What do you think went well?
2. What could you have done differently?
3. Is this a problem that you should manage on your own?
4. Do you think there are adequate arrangements for privacy in NHS hospitals?
5. Discretionary question(s) about the students performance.

YEAR 3 Screening Programme

Scenario Four – HIV fears

ROLE PLAYER'S NOTES

Please remember that Yr3 students have little clinical experience and little experience of patient contact. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question 'so what happens now?' difficult as they've had no previous experience dealing with a similar problem. The question is therefore testing their ability to role-play creatively rather than assessing their communication skills. It serves little purpose to keep returning to that line of questioning if a student has already shown s/he finds it difficult to 'invent' outcomes. In order to be as fair as possible only offer one prompt on a certain issue – if the student does not pick up on this do not prolong the role-play unnecessarily by giving them 'a second chance'. Although there is a maximum time limit of 10 minutes, we expect most scenarios to last 4-5 minutes.

You are **Cory / Corinne Steel**. You are single at present. You work as a waiter / waitress in the city centre.

You are in hospital to have some disturbing symptoms checked-out. You've been experiencing a great deal of pains in your stomach recently, and seem to always be either constipated or having bouts of diarrhoea. After a few weeks of 'hoping it'd go away' you noticed some blood mixed in with the diarrhoea. This prompted you to see your GP, who referred you to a bowel specialist (or gastroenterologist) for some investigations. Your GP speculated about IBS (irritable bowel syndrome), but said it was important to rule out more serious causes, such as inflammatory bowel disease.

You saw the bowel specialist in the outpatients department, who asked lots of questions, but didn't really give you any answers about what the problem might be. He said he would have to organise some 'routine' tests and arranged for you to be admitted to hospital for a couple of days to have them done.

Since being in hospital, you have already had several blood tests, 'stool' tests and a sigmoidoscopy. This involved having an powerful enema the night before, then having a doctor stick a camera (endoscope) up your backside. [During the sigmoidoscopy, you weren't always able to hold on to your bowels, and some diarrhoea and blood did spray the examination room!] You are also booked for a

barium enema later today. You aren't sure what's involved, but know it's not going to be pleasant.

However, what's really terrifying you is that you secretly believe the symptoms are the first sign of something really serious – HIV. This fear is really getting you down, and you are regularly losing sleep over it. While you are itching to 'get it off your chest', fears of stigmatisation and having something on your record that could affect your mortgage have so far prevented any disclosure. One of the nurses and a junior doctor did pick up on how anxious you looked, but you felt unable reveal the true source of your fears, and so concocted a story about feeling intimidated by the investigations and the hospital environment generally.

The reason for your fears is pretty well-founded. Although you have had only a few partners (all of whom involved sexual relationships, and were relatively serious) you have recently discovered that one of them is HIV positive. S/he told you this him/herself, and was honest enough to confess that s/he may have had the virus during the relationship with you…

You would like to know for sure if the bowel problems you are experiencing could be indicative of HIV status. You dare not ask health professionals directly as you know they have to write everything in the patient notes. It has occurred to you that there might be another way of getting information, which would also afford you the opportunity of a much needed 'chat'. The medical students on the ward seem very personable and approachable. You believe that they make no contribution to patient notes, and in that respect could ensure discretion. Your hope is for a talk with a medical student, who you plan to ask to get you some information about symptoms of HIV……

You will say that you have a worry about HIV, but that you are 'probably overreacting' and don't want to 'trouble' the doctors, but perhaps the student could "bring you back a little info…." You do not expect the student to know this information. You will ask the student not to tell anyone else about this.

Issues that could be raised: -

- Confidentiality – will the student promise not to tell anyone else about your concerns.
- Resources – is it OK for students to research things for patients (Yes)
- Risk – should the student make colleagues aware of the 'risk', especially after the sigmoidoscopy (not necessarily – all staff should be taking precautions with all patients anyway)
- Stigma – how does the student respond to the HIV issue. Are assumptions about your sexual orientation made?

YEAR 3 Screening Programme

STUDENT NOTES

You go to see a patient called **Cory / Corinne Steel** because s/he has asked to speak to a medical student.

Information about the screening procedure

- You will be asked to do a 10 minute role-play and answer questions about it for up to 5 minutes.
- The role-play and questions will be recorded on a **video camera** as a record of your performance.
- Before the role-play, you will be asked whether you want to give your consent for the video recording to be used for research purposes. **If you do not want to give consent, this will not affect the assessors decision whether or not to pass or refer you in any way.**
- During the role-play scenarios, **you are expected to behave as a third year medical student.** Do not pretend that you are a doctor. The scenarios require little or no clinical knowledge and you will not be expected to make clinical decisions.
- You have up to 10 minutes for the role-play. Some successful role-plays take only a few minutes. You may take all the available time, but do not feel that you have to.
- Your assessor will stop you if the role-play goes on longer than 10 minutes. Do not be alarmed if this happens. It is done to allow time for questions.
- After the questions, the video recording will be stopped and you will be asked to leave the room.
- If you have consented to allow the video recording to be used for research, the assessor will check whether you are still happy for the recording to be used before you go.

YEAR 3 Screening Programme

Scenario Four – HIV fears

FACILITATOR'S NOTES

This scenario tests the students ability to listen sensitively to a patient's concerns about a potentially fatal condition. This should be done in a non-judgemental way without allowing personal beliefs to influence the consultation. The good student will not make assumptions about the patient because of their concerns about HIV infection.

Students should maintain confidentiality regarding information that patients disclose to them. On the other hand, the student may also be concerned about the risk to his / her colleagues from exposure to HIV (see notes on confidentiality below).

Students may have some knowledge about symptoms of HIV, since they study this in year 1. The bowel symptoms that this patient has are **not typical of HIV infection.** However, HIV may cause immunosuppression or AIDS, which could cause infection resulting in diarrhoea with blood. Students are unlikely to know this.

Questions for the student after completing the role play

6. What do you think went well?
7. What could you have done differently?
8. Do you think the patient is being unreasonable by confiding in a student?
9. What might you say to colleagues after this encounter?
10. Discretionary question(s) about the students performance.

Ethical principles involved: -

Confidentiality vs. duty to disclose in the interests of the patient – confidentiality is an extremely important part of the doctor patient relationship. Students must not disclose information about the patient unless the patient gives them permission to do so.

There are a few exceptions to this duty of confidentiality:

1) Disclosure within health care teams – this is on a strictly 'need to know' basis, borne out of the duty of beneficence and the growing tendency for health care to be delivered in teams. However, if the patient explicitly asks for confidentiality to be respected (as in this case), then this should be respected.
2) Disclosure without consent in the patient's medical interests – usually applies where the patient is too ill to give consent. In this scenario, you should consider what is the patient's best interests. You might not help them by disclosing this information, as you could undermine trust in the medical profession at a crucial time when the patient is may have a serious condition and needs medical care. Alternatively, you could argue that disclosing this information might help the patient receive improved care (they could be tested for HIV, which they otherwise wouldn't be, and their concern could be addressed). This is a difficult judgement that you could argue each way.
3) Disclosure in the interests of others – the student might wonder whether they should disclose to protect health care staff from the risk of getting HIV from the patient. However, all staff should be taking precautions against diseases that are transmissible in body fluids (e.g. hepatitis B and C) with all patients anyway, since any patient could be an asymptomatic carrier of such a disease.
4) Disclosure for legal proceedings or in accordance with statutory requirements – not applicable.

YEAR 3 Screening Programme

Scenario Five – An embarrassing lump

ROLE PLAYER'S NOTES

Please remember that Yr3 students have little clinical experience and little experience of patient contact. This is a test of their communication skills and attitudes, rather than knowledge of the medical world. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question 'so what happens now?' difficult as they've had no previous experience dealing with a similar problem. That question would therefore be testing their ability to role-play creatively rather than assessing their communication skills. In order to be as fair as possible only offer one prompt on a certain issue – if the student does not pick up on this do not prolong the role-play unnecessarily by giving them 'a second chance'. Although there is a maximum time limit of 10 minutes, scenarios may last for only 4-5 minutes.

You are **Jo / Joe Harper**. You don't like the going to see the doctor, let al.one going to hospital. You have been forced to come into hospital as a day case for a minor operation due to a very painful ingrowing toenail.

You are healthy, sporty and sociable. Apart from this you have not needed to see the doctor about anything. You are a bit frightened about the operation, but cover this by being flirty with the staff and joking about everything. (The big toe nail is constantly painful and keeps getting infected, so you agreed to have it removed with a local anaesthetic because this is the only way to get it treated. If the student asks more about this, just mention how annoying and painful it is, especially when playing sports, and change the subject. You had hoped that your GP would have done the operation, but he does not do minor surgery).

Recently you have also become worried because you have found a lump in your breast / testicle. It is a hard, uneven lump about the size of a walnut (breast) or Broad Bean (testicle). It has been there for about six months. You are worried that it may be something serious like cancer but have not had the guts to tell anyone else about it.

A third year student comes to see you about your toenail. After talking about this, you decide that this is your opportunity to confide in them about the breast / testicular lump (after all, they are almost a doctor). You are really anxious and embarrassed, but try to cover your concerns by being a bit flippant.

Issues that **should** be raised: -

- You mention that you have a lump but ask the student to reassure you that it is nothing to worry about and that you need not seek advice from a doctor.
- If the student suggests that you see a doctor you start to protest and refuse, as you are scared of doctors.
- If the student continues to persuade you in a reassuring way then concede and ask him/her if they could mention it to one of the doctors for you.

YEAR 3 Screening Programme

Scenario 5

STUDENT NOTES

You go to see **Jo / Joe Harper,** because you have been asked to find out about her / his ingrowing toenail by your surgical registrar.

Information about the screening procedure

- You will be asked to do a 10 minute role-play and answer questions about it for up to 5 minutes.

- The role-play and questions will be recorded on a **video camera** as a record of your performance.

- Before the role-play, you will be asked whether you want to give your consent for the video recording to be used for research purposes. **If you do not want to give consent, this will not affect the assessors' decision whether or not to pass or refer you in any way.**

- During the role-play scenarios, **you are expected to behave as a third year medical student.** Do not pretend that you are a doctor. The scenarios require little or no clinical knowledge and you will not be expected to make clinical decisions.

- You have up to 10 minutes for the role-play. Some successful role-plays take only a few minutes. You may take all the available time, but do not feel that you have to.

- Your assessor will stop you if the role-play goes on longer than 10 minutes. Do not be alarmed if this happens. It is done to allow time for questions.

- After the questions, the video recording will be stopped and you will be asked to leave the room.

- If you have consented to allow the video recording to be used for research, the assessor will check whether you are still happy for the recording to be used before you go.

YEAR 3 Screening Programme

Scenario Five – An embarrassing lump

FACILITATOR'S NOTES

This scenario tests the student's ability to listen sensitively to the patient's concerns, even when they appear flippant about them. Good students will be able to explore the patient's worries, without alarming them. Students should realise that they cannot reassure patients about a clinical condition, and should acknowledge that the patient will need to see someone who is medically qualified.

Finally, the student should be able to deal professionally with difficult questions, without alarming the patient or reassuring them without justification for doing so. The student should also be willing to help the patient to see a doctor.

Questions for the student after completing the role play

11. What do you think went well?
12. What could you have done differently?
13. Can you give me some reasons why patients delay seeking medical advice?
14. What do you think about the patient asking you to reassure them that there is nothing wrong?
15. Discretionary question(s) about the student's performance.

YEAR 3 Screening Programme

Scenario Six - Alcohol Abuse

ROLE PLAYER'S NOTES

Please remember that Yr3 students have little clinical experience and little experience of patient contact. It is important that you try to focus on a range of issues rather than get bogged down on an issue the student is struggling with. For instance, many students will find the question 'so what happens now?' difficult as they've had no previous experience dealing with a similar problem. The question is therefore testing their ability to role-play creatively rather than assessing their communication skills. It serves little purpose to keep returning to that line of questioning if a student has already shown s/he finds it difficult to 'invent' outcomes. In order to be as fair as possible only offer one prompt on a certain issue – if the student does not pick up on this do not prolong the role-play unnecessarily by giving them 'a second chance'. Although there is a maximum time limit of 10 minutes, we expect most scenarios to last 4-5 minutes.

You are **Leslie / Lesley Watts**. You are a student at Birmingham University studying _____ (note to role player, pick a subject) [7].

You were admitted to casualty last night after collapsing outside a club following a very heavy drinking session. You've indulged in excessive drinking **many** times before, and while you often fail to remember what's gone on (or how you got home) you've never seriously hurt yourself before. This time though you downed a pint of whiskey / vodka / bacardi and lost consciousness. Fortunately one of your friends panicked, called an ambulance, and accompanied you to hospital. The doctors said you went into a temporary coma due to alcohol excess and would have died if you hadn't been taken to hospital. You feel lousy. You'd like to think it was a bad batch of booze or fruit-juice 'gone off' in the cocktails, but deep down inside you know that you mixed too may drinks and went much too far……

You do know the risks of alcohol abuse, including addiction, liver damage and financial strain. You are worried that if you are found out by your lecturers and (being in hospital is not likely to go unnoticed) you would be likely to be thrown off the course. You think of yourself as the 'heart and soul of the party', and are proud of your 'in crowd' reputation.

Both of your parents rejected you. Your Dad left when you were 10. He has a new wife & family & never contacts you. Your mother emigrated for a new life in Australia. Alcohol abuse is probably a way for you to mask your feelings of loneliness and emotional pain. You are unhappy in your life, but cover it well (or so you believe) with extrovert behaviour.

[7] Can include mature students, Masters and so on

You have asked to speak to 'one of the students'. You have been suffering bouts of uncontrollable crying since you regained consciousness but you have so far refused to talk to anyone. Seeing the student cheers you up; at last, someone on the same level. You will be very familiar with the student and ask a lot of questions; after all you are students at the same University. (examples: You want to move out of the house you live in, you have decided that your housemates are a bad influence; you think that this student might be able to help you. You will ask them where they live. Is there any chance of you moving in or could they ask around their friends and get back to you if they know of anywhere going in Birmingham. You want to know where they socialise because you think you would benefit from a change of social group. Ask them if they drive and could they give you a lift when you have to leave as you are skint and have no money for a cab…)

If the student seems to be judgemental about your drinking problem, say that you know medical students who take drink a lot in bars, and have a 'party' reputation! Surely they must know people too? Point out that a lot of medical students and doctors 'party hard' as a well-deserved relief from a stressful week…

You are not happy with your course and are thinking of applying to do Medicine after you finish your present studies (you have just heard about the new graduate entry course for people with an existing degree). What do they think? Do they like the course? Who would you have to apply to and would they put in a good word for you? Could they help you in any way?

Finally, you want to get hold of a copy of _____ (add obscure magazine title) and the trolley ladies have been most unhelpful. Could they see if they could get hold of one for you?

Issues that could be raised: -

- We are fellow students having a chat; what's wrong with that? Why the need for 'professional boundaries' – you're not even a doctor.
- I'm only here temporarily; if we meet up outside or even end up as house-mates, our relationship will change anyway.
- Nobody needs to know about this; what about patient confidentiality?
- I'm just asking you to give a fellow student a bit of a helping hand.
- Medical students are no better than any other students; some of them take drink heavily.

<u>Questions:</u>

- What went well?
- If you could re-run the scenario is there anything you'd change?
- How did you feel when the patient mentioned that some medical students/doctors drink too?
- What, if any, action will you take now?

YEAR 3 Screening Programme

STUDENT NOTES

You are asked to talk to **Leslie/Lesley Watts**, a student from Birmingham University. S/he was brought into casualty unconscious by a friend last night after excessive alcohol consumption. Leslie/Lesley was found to have an alcohol induced coma and has been kept in for observation. S/he has been transferred to the ward.

The patient has refused to talk to anyone but has been quite upset on a couple of occasions during the day. S/he has asked to speak to 'one of the students' and you were chosen.

Information about the screening procedure

- You will be asked to do a 10 minute role-play and answer questions about it for up to 5 minutes.
- The role-play and questions will be recorded on a **video camera** as a record of your performance.
- Before the role-play, you will be asked whether you want to give your consent for the video recording to be used for research purposes. **If you do not want to give consent, this will not affect the assessors decision whether or not to pass or refer you in any way.**
- During the role-play scenarios, **you are expected to behave as a third year medical student.** Do not pretend that you are a doctor. The scenarios require little or no clinical knowledge and you will not be expected to make clinical decisions.
- You have up to 10 minutes for the role-play. Some successful role-plays take only a few minutes. You may take all the available time, but do not feel that you have to.
- Your assessor will stop you if the role-play goes on longer than 10 minutes. Do not be alarmed if this happens. It is done to allow time for questions.
- After the questions, the video recording will be stopped and you will be asked to leave the room.
- If you have consented to allow the video recording to be used for research, the assessor will check whether you are still happy for the recording to be used before you go.

YEAR 3 Screening Programme

Scenario Six - Alcohol Abuse

FACILITATOR'S NOTES

This scenario is designed to test the student's ability to maintain a professional boundary between him/herself and a patient; this ideally, without becoming defensive or judgemental. On the surface these are two fellow students but becoming involved with this patient on a personal level could involve unacceptable risk to the student him/herself. In fact, this scenario should demonstrate the benefits to the practitioner of maintaining a professional persona. The student may deal with this in different ways but should refuse to be drawn on personal details. It may be that in so doing s/he upsets the patient but this is preferable to becoming involved in this patient's situation. Any appeal for help should be answered in the first instance with good listening skills and subsequently with suggestions of the involvement of other professionals.

Questions for the student after completing the role play

1. What do you think went well?
2. What could you have done differently?
3. Is it ever advisable to have patients as friends?
4. Is it your responsibility to inform anybody of this student's conduct?
5. Discretionary question(s) about the students performance.

Appendix 3 – Marking schedule and grading bands

(Reprinted as they were used in the communication skills assessment 2003-2004)

Date____/____/20_____ Time _____ SCREENING NO:_____

SCENARIO _____
HOSPITAL:_____

LEAD TUTOR:_____ OBSERVER: _____

STUDENT NAME:_____ STUDENT NO: _____

KNOWLEDGE-SHARING WITH PATIENT: Evidence/concerns:

SKILLS: Evidence/concerns

ATTITUDE: Evidence/concerns

SIGNATURE (of lead tutor) _____

Overall referral PASS REFER (circle)

KNOWLEDGE-SHARING - KNOWLEDGE IN THIS CONTEXT RELATES NOT SO MUCH TO 'CLINICAL FACTS' BUT RATHER TO THE WAY THOSE FACTS ARE PRESENTED AND SHARED. INFORMATION (CLINICAL AND NON-CLINICAL) SHOULD BE PRESENTED TO THE PATIENT IN A WAY THAT IS APPROPRIATE, IN TERMS OF LANGUAGE USED AND AMOUNT OFFERED.

Grade A (70% and over)

Students at this level perform impressively; they present and share knowledge confidently and appropriately. Students will check for understanding and know when to seek clarification. Role-player requests for clarification will be dealt with fully and competently. Students will share knowledge at a level appropriate to the role play. The student's use of language will be confident and fully comprehensible.

Grade B (60-69%)

Students present and share knowledge easily and with some confidence. Attempts will be made to check for understanding and seek clarification, although occasionally these attempts may appear uncertain. Where clarification is sought from the role-player, students will generally handle such situations with little difficulty. Information will be pitched at an appropriate level throughout, although, for example, use of jargon may sometimes hinder communication. The student's use of language is comprehensible and competent.

Grade C (50-59%)

Students present and share knowledge adequately although sometimes may struggle to convey information appropriately. For instance, there may be an over-reliance on jargon. Checking for understanding will be attempted but some important areas of clarification may be missed. Role-players and assessors may sometimes encounter difficulties in comprehending what the student says - for example the student may be occasionally inaudible or the use of language may be confusing.

Grade D (45-49%) *Screening Referral/ Assessment Fail*

Students struggle to convey information effectively and appropriately. Few, if any attempts may be made to check for understanding, for example missing patient or assessor questions. There may be overuse of unexplained jargon or students may appear inappropriately uncertain about information they present. Role-player attempts to seek clarification will either be ignored or mishandled. The role-players and assessors may have serious difficulties in comprehending what the student says due to either performance issues (such as audibility, nerves) or language difficulties.

Grade E (44%-below) *Screening Referral/Assessment Fail*

Students will have serious problems, not only in conveying and sharing knowledge, but with communication in general. Students at this level will make little attempt to check for understanding. Information presented will be unclear, contradictory or inappropriate. There will be an obvious lack of understanding or agreement between the role-player and student. Role-player attempts to seek clarification will either be ignored, rebuffed or mishandled. Student's use of language use may be largely incomprehensible, inaudible or inappropriate (for example showing rudeness).

SKILLS - SKILLS IN THIS CONTEXT REFERS TO THE USE OF OBSERVABLE

‘COMMUNICATION SKILLS’. THE SKILLS DEMONSTRATED, HOWEVER, MUST

BE APPROPRIATELY CONTEXTUALISED.

Grade A (70% and over)

Students at this level will exhibit excellent use of most or all of the following: appropriate questioning styles – including effective information gathering; appropriate levels of eye contact and body posture; and active listening. Additionally, students will show a clear understanding of demonstrating empathy, rapport-building and acknowledgement of emotional responses. They will also make excellent use of some of these skills in the question and answer session, and show excellent insight into the use of these skills.

Grade B (60-69%)

Students will use eye contact and body language appropriately and in an engaged manner. Students will use a variety of questions to gather information and will be able to reflect on that information adequately. They will listen actively, be able to demonstrate empathy consistently, and handle emotion in the role-play appropriately. In the Q and A session, students will show insight on the use of skills, and also appear to demonstrate good use of skills in communicating with the assessor.

Grade C (50-59%)

Although students may occasionally be inconsistent or erratic, they will gather information adequately and attempt different questioning styles. Although they may occasionally interrupt inappropriately, they generally listen well. Eye contact and body language will mostly be appropriate, with occasional inconsistencies. They will demonstrate some empathy and respond to emotion, but perhaps in a ‘clumsy’ fashion or limited way. Some the skills listed above may be used out of context, but will generally be adequate. At this level a student may acknowledge deficiencies in certain skills in the Q and A session.

Grade D (44-49%) *Screening Referral / Assessment Fail*

Students at this level demonstrate poor competency in information gathering and questioning styles. They may not listen well, interrupting and impeding role-player concerns. Eye contact and body language may not be appropriate to the content of the encounter. There may be little or no demonstration of empathy, little or no response to patient emotion, and inadequate reflection. Skills used within the encounter will neither be appropriately contextualised, nor meaningfully demonstrated (for example a warm smile during the breaking of bad news). The student will lack insight into skill deficiencies in the subsequent Q and A session.

Grade E (44% - below) *Screening Referral /Assessment Fail*

Students at this level will have serious deficiencies in their skill set. They will demonstrate few if any of the following skills: eye contact, body language, active listening, demonstrating empathy and responding to patient emotion. They show little understanding of the context in which they might be used. In some cases inappropriacy (for example - little eye contact or overly casual body language) may lead to an effective failure to interact with either the role player, the assessor, or both. They will have little or no insights to share in the Q and A session.

ATTITUDE REFERS TO THE STUDENT'S PROFESSIONALISM. THE ASSESSOR SHOULD FEEL CONFIDENT THAT THE STUDENT WILL PRESENT THEMSELVES MATURELY AND RESPONSIBLY TO PATIENTS, RELATIVES AND COLLEAGUES. THE GOOD STUDENT WILL SPONTANEOUSLY DEMONSTRATE APPROPRIATE BEHAVIOURS RATHER THAN, FOR EXAMPLE, APPEARING TO PERFORM BY ROTE OR SHOWING INAPPROPRIATE USE OF HUMOUR.

Grade A (70% and over)

Students at this level are likely to appear highly professional, confident and sincere. Advice, when offered, will be given appropriately and responsibly. Students interacting with the role-player will demonstrate good levels of respect, and show no signs of prejudice or stigma. Students will engage responsibly with the screening process. They respond to questions from assessors with effective insight into both the scenario presented and an awareness of their future professional role as self reflective practitioners.

Grade B (60-69%)

Students at Grade B demonstrate professionalism and sincerity, although may occasionally appear uncertain. Advice if offered, will mostly be appropriate and responsible. Students will be respectful and demonstrate attitudes free of prejudice and stigma. Students will engage with the screening process and generally answer questions appropriately. Students will show a good level of insight into both the scenario presented and an awareness of their professional learning role.

Grade C (50-59%)

At this grade, although occasionally they may appear to lack sincerity and certainty in their professional role, students' self presentation seems adequate. Advice, if offered, may at times be inappropriate or appear slightly irresponsible, but this is more likely due to lack of insight than an intention to mislead the role-player. Role-players will be treated respectfully, although 'clumsiness' from the student may result in the role-player occasionally feeling uncomfortable. Students will take the occasion seriously, show some insight and appear willing to address shortcomings. However their understanding of these shortcomings may appear limited.

Grade D (45-49%) *Screening Referral/ Assessment Fail*

Students at this grade will appear unprofessional and may appear to lack sincerity. They may give the impression of a lack of care or interest in either the role-play, the following question and answer session, or both. Advice, if offered, will likely be inappropriate and/or poorly presented. Student responses may sometimes appear stigmatising. Students may lack thoughtfulness and insight into their own position as learners (for example – responding to criticism defensively) and also the issues raised from the role-play scenario.

Grade E (44%-below) *Screening Referral/ Assessment Fail*

Students will have serious difficulties presenting a professional manner. Little interest in the scenario, role-player, assessor and subsequent questions will be shown at this level. Students are likely to demonstrate an uncaring interpersonal style that could be interpreted as arrogant, prejudicial or stigmatising. Students are likely to appear unreflective on their position as learners, their performance in the scenario, and the question and answer session.

Appendix 4 - Ethical approval University of Birmingham

I have reviewed this project for the Medical Education Unit* and consider all ethical issues to have been adequately addressed. The research involves the video taping of medical students undertaking a communication skills activity which is already a well established part of the MBChB programme. There is no selective intervention and therefore no potential for students to be benefitted or compromised by the research. Students are fully aware of their involvement in a research process: give their consent to such involvement before the start of the activity and confirm consent afterwards. Processes for gaining consent are such that students should not feel coerced into agreeing to participate. All reasonable measures have been undertaken to ensure student confidentiality and the material presented as part of the research will be fully anonymised.

Nick Ross
Associate Professor: Medical Education

*There is currently no formally constituted Ethical Approval Committee responsible for review of projects involving students within the University of Birmingham College of medical and Dental Science. However, academics within the Medical Education Unit undertake such a review on an informal basis, calling on other or more specialist opinions as necessary.

Appendix 5 – List of contenders for sample

Contenders for interviews with a score of 3 and 4 per scenario & gender. Results show the chosen interviews, chosen by random number generator.

Allocated number of student	Exam number of student	Mark for Knowledge	Mark for Skills	Mark for Attitude	Score as calculated by me	Gender of student
1	323167	D	D	D	3	M
2	320542	D	D	D	3	M
3	315903	D	D	D	3	M
4	322963	C	D	D	4	F
5	323970	D	C	D	4	F
6	323216	D	C	D	4	F
7	320560	D	D	C	4	F
8	320657	D	C	D	4	M
1	321702	D	D	D	3	F
2	320593	D	D	D	3	F
3	321988	C	D	D	4	F
4	323294	D	D	C	4	F

1	322941	D	D	D	3	M
2	323149	D	D	D	3	M
3	320776	D	D	D	3	M
4	316424	C	D	D	4	M

Result 1

2	320542	D	D	D	3	M
3	323216	D	C	D	4	F

Result 2

1	321702	D	D	D	3	F

Result 3

3	320776	D	D	D	3	M

Contenders for interviews with a score of 5 and 6 per scenario & gender.
Results show the chosen interviews, chosen by random number generator.

Allocated number of student	Exam number of student	Mark for Knowledge	Mark for Skills	Mark for Attitude	Score as calculated by me	Gender of student
1	320679	C	D	C	5	F
2	324792	C	D	C	5	F
3	320636	C	C	C	6	F
4	319422	C	C	C	6	F
5	316359	C	C	C	6	F
6	322949	C	C	C	6	F
7	320625	C	C	C	6	F
8	320205	C	C	C	6	F
9	321804	C	C	C	6	F
10	316205	C	C	C	6	F
11	323191	C	C	C	6	F
12	321697	C	C	C	6	F
13	320554	C	C	C	6	F
14	322995	C	C	C	6	F
15	320528	C	C	C	6	F
16	322982	C	C	C	6	F
17	323038	C	C	C	6	F
18	320639	C	C	C	6	F
19	316961	C	C	C	6	F
1	320652	C	C	D	5	M
2	320578	C	D	C	5	M
3	260462	C	D	C	5	M
4	322988	C	D	C	5	M
5	321808	D	D	B	5	M
6	320721	C	C	C	6	M
7	316616	C	C	C	6	M
8	323078	C	C	C	6	M
9	322985	C	C	C	6	M
10	321801	C	C	C	6	M
11	316409	C	C	C	6	M
12	320546	C	C	C	6	M
13	323079	C	C	C	6	M
1	320762	C	D	C	5	F
2	321865	C	D	C	5	F
3	316687	C	C	C	6	F
4	317014	C	C	C	6	F
5	321764	C	C	C	6	F

6	301071	C	C	C	6	F
7	317537	C	C	C	6	F
8	320667	C	C	C	6	F
9	318962	C	C	C	6	F
1	320158	C	C	D	5	
2	321769	C	D	C	5	M
3	321761	C	C	C	6	M
4	316599	C	C	C	6	M
5	316458	C	C	C	6	M
6	319720	C	C	C	6	M
7	324480	C	C	C	6	M
8	324527	C	C	C	6	M
9	321763	C	C	C	6	M
10	320601	C	C	C	6	M
11	321991	C	C	C	6	M
						M
1	320836	C	C	D	5	
2	324046	C	D	C	5	M
3	319749	D	C	C	5	M
4	320167	C	C	C	6	M
5	319023	C	C	C	6	M
6	320728	C	C	C	6	M
7	322951	C	C	C	6	M
8	321862	C	C	C	6	M
9	319031	C	C	C	6	M
						M

Result 1

4	319422	C	C	C	6	
9	321804	C	C	C	6	F
17	323038	C	C	C	6	F
6	320721	C	C	C	6	F
7	316616	C	C	C	6	M
10	321801	C	C	C	6	M
						M

Result 3

4	317014	C	C	C	6	
7	317537	C	C	C	6	F
1	320158	C	C	D	5	F
2	321769	C	D	C	5	M
						M

Result 4

1	320836	C	C	D	5	
						M

Contenders for interviews with a score of 7 and 8 per scenario & gender.
Results show the chosen interviews, chosen by random number generator.

Allocated number of student	Exam number of student	Mark for Knowledge	Mark for Skills	Mark for Attitude	Score as calculated by me	Gender of student
1	316474	C	B	C	7	F
2	318985	C	B	C	7	F
3	320634	C	C	B	7	F
4	323986	B	C	C	7	F
5	321823	C	C	B	7	F
6	325036	B	C	C	7	F
7	323076	C	C	B	7	F
8	320589	B	C	C	7	F
9	320204	C	B	C	7	F
10	298629	C	C	B	7	F
11	319060	B	C	C	7	F
12	322945	C	B	B	8	F
13	320258	B	B	C	8	F
14	320173	B	C	B	8	F
15	321949	B	B	C	8	F
16	320640	B	C	B	8	F
17	321688	C	B	B	8	F
18	316406	B	B	C	8	F
19	316678	B	C	B	8	F
1	512698	C	B	C	7	M
2	316898	B	C	C	7	M
3	316377	C	B	C	7	M
4	323066	C	C	B	7	M
5	323140	B	C	C	7	M
6	322956	B	C	B	8	M
7	323032	B	B	C	8	M
8	320680	B	C	B	8	M
9	321861	B	C	C	8	M
1	316311	C	C	B	7	F
2	320568	C	B	C	7	F
3	316432	B	C	C	7	F
4	316334	B	C	C	7	F
5	316766	B	C	C	7	F
6	320556	C	B	C	7	F
7	317004	C	B	C	7	F
8	321692	B	B	C	8	F
9	320753	B	C	B	8	F

10	321804	C	A	C	8	F
11	320766	B	B	C	8	F
12	321730	B	C	B	8	F
1	324405	B	C	C	7	M
2	316531	C	C	B	7	M
3	322947	C	B	C	7	M
4	320619	C	C	B	7	M
5	316536	B	C	B	8	M
6	321864	B	B	C	8	M
7	318368	A	C	C	8	M
8	316384	B	B	C	8	M
1	324030	C	C	B	7	F
2	320596	C	B	C	7	F
3	320226	C	B	C	7	F
4	321787	C	C	B	7	F
5	320543	C	B	C	7	F
6	321873	B	C	C	7	F
7	320574	B	C	C	7	F
8	319832	C	B	B	8	F
9	316653	C	B	B	8	F
10	321750	B	B	C	8	F
11	323137	B	C	B	8	F
1	319706	B	C	C	7	M
2	316571	C	B	C	7	M
3	324482	B	C	C	7	M
4	323177	B	C	B	8	M
5	324014	C	B	B	8	M
6	319453	B	C	B	8	M
1	322979	B	C	C	7	F
2	321690	B	B	C	8	F
3	323964	B	C	B	8	F
1	322030	C	C	B	7	F
2	323023	C	C	B	7	F
3	321728	C	B	B	8	F

Result1

2	318985	C	B	C	7	F
3	320634	C	C	B	7	F
6	325036	B	C	C	7	F
8	320589	B	C	C	7	F
11	319060	B	C	C	7	F
13	320258	B	B	C	8	F

14	320173	B	C	B	8	F
2	316898	B	C	C	7	M
4	323066	C	C	B	7	M
6	322956	B	C	B	8	M

Result 3

2	320568	C	B	C	7	F
3	316432	B	C	C	7	F
8	321692	B	B	C	8	F
9	320753	B	C	B	8	F
3	322947	C	B	C	7	M

Result 4

2	320596	C	B	C	7	F
3	320226	C	B	C	7	F
9	316653	C	B	B	8	F
2	316571	C	B	C	7	M
3	319453	B	C	B	8	M

Result 5

1	322979	B	C	C	7	F

Result 6

1	322030	C	C	B	7	F

Contenders for interviews with a score of 9 and 10 per scenario & gender. Results show the chosen interviews, chosen by random number generator.

Allocated number of student	Exam number of student	Mark for Knowledge	Mark for Skills	Mark for Attitude	Score as calculated by me	Gender of student
1	320581	B	B	B	9	F
2	321733	B	B	B	9	F
3	322999	B	B	B	9	F
4	322987	B	B	B	9	F
5	310217	B	B	B	9	F
6	320555	B	B	B	9	F
7	323152	B	B	B	9	F
8	322940	B	B	B	9	F
9	316601	A	B	B	10	F
10	319049	B	A	B	10	F
11	320029	A	B	B	10	F
12	320575	B	B	A	10	F
13	315854	B	A	B	10	F
14	323013	B	A	B	10	F
15	323019	A	B	B	10	F
16	320526	B	B	A	10	F
1	320770	B	B	B	9	M
2	324021	B	B	B	9	M
3	323974	A	B	B	10	M
4	323184	B	A	B	10	M
5	321771	B	B	A	10	M
6	316591	B	B	A	10	M
1	321980	B	B	B	9	F
2	316868	B	B	B	9	F
3	323069	A	C	B	9	F
4	320653	B	B	B	9	F
5	320611	B	B	B	9	F
6	323074	B	B	B	9	F
7	320617	B	B	B	9	F
8	320236	B	B	B	9	F
9	316401	B	B	B	9	F
10	320521	B	B	B	9	F
11	316410	B	B	B	9	F
12	316375	B	B	B	9	F
13	323008	B	B	B	9	F
14	321758	B	B	A	10	F
15	323208	B	A	B	10	F
16	320774	B	B	A	10	F
17	321792	B	A	B	10	F
18	323214	B	A	B	10	F

19	320779	A	B	B	10	F
20	320652	B	B	A	10	F
21	320290	B	A	B	10	F
22	321776	B	A	B	10	F
23	322011	A	B	B	10	F
1	316320	B	B	B	9	M
2	324483	B	B	B	9	M
3	320641	B	A	B	10	M
4	320643	B	B	A	10	M
5	316673	A	B	B	10	M
6	316253	B	B	A	10	M
7	322955	B	B	A	10	M
8	316762	A	B	B	10	M
9	321933	A	A	C	10	M
1	320587	B	B	B	9	F
2	320818	B	B	B	9	F
3	321952	B	B	B	9	F
4	315940	B	B	B	9	F
5	320641	B	B	B	9	F
6	316582	B	B	B	9	F
7	322983	B	B	B	9	F
8	323965	A	B	B	10	F
9	320833	A	B	B	10	F
10	320606	A	B	B	10	F
1	323021	B	B	B	9	M
2	316297	A	C	B	9	M
3	316723	B	B	B	9	M
4	321858	B	B	B	9	M
5	323189	B	B	B	9	M
1	321708	B	B	B	9	F
2	323002	B	A	B	10	F
1	323034	B	B	B	9	F
2	320732	B	B	B	9	F
3	322993	B	B	B	9	F
4	319541	B	B	B	9	F
5	316607	B	B	A	10	F

Result 1

1	320581	B	B	B	9	F
2	321733	B	B	B	9	F
3	322999	B	B	B	9	F
5	310217	B	B	B	9	F
15	323019	A	B	B	10	F
1	320770	B	B	B	9	M
3	323974	A	B	B	10	M

Result 3

1	321980	B	B	B	9	F
7	320617	B	B	B	9	F
9	316401	B	B	B	9	F
15	323208	B	A	B	10	F
19	320779	A	B	B	10	F
21	320290	B	A	B	10	F
23	322011	A	B	B	10	F
2	324483	B	B	B	9	M
5	316673	A	B	B	10	M
7	322955	B	B	A	10	M

Result 4

2	320818	B	B	B	9	F
7	322983	B	B	B	9	F
8	323965	A	B	B	10	F
1	323021	B	B	B	9	M
2	316297	A	C	B	9	M

Result 5

1	321708	B	B	B	9	F

Result 6

5	316607	B	B	A	10	F
2	320732	B	B	B	9	F

Contenders for interviews with a score of 11 and 12 per scenario & gender. Results show the chosen interviews, chosen by random number generator.

Allocated number of student	Exam number of student	Mark for Knowledge	Mark for Skills	Mark for Attitude	Score as calculated by me	Gender of student
1	320665	A	B	A	11	F
2	323960	A	B	A	11	F
3	321875	B	A	A	11	F
4	316478	A	B	A	11	F
5	322992	A	B	A	11	F
6	320659	A	A	A	12	F
7	322967	A	A	A	12	F
8	323203	A	A	A	12	F
9	320211	A	A	A	12	F
10	320800	A	A	A	12	F
11	316433	A	A	A	12	F
12	321842	A	A	A	12	F
13	320576	A	A	A	12	F
1	321682	B	A	A	11	F
2	320724	B	A	A	11	F
3	324520	A	A	B	11	F
4	320583	A	A	B	11	F
5	320767	A	A	B	11	F
6	320552	A	A	A	12	F
7	323045	A	A	A	12	F
8	320954	A	A	A	12	F
9	320722	A	A	A	12	F
10	320735	A	A	A	12	F
11	388164	A	A	A	12	F
12	316410	A	A	A	12	F
13	321809	A	A	A	12	F
1	321684	A	B	A	11	F
2	320178	A	A	A	12	F
1	323023	A	A	A	12	M
2	321738	A	A	A	12	M

Result 3

7	322967	A	A	A	12	F
8	323203	A	A	A	12	F

Result 4

1	321682	B	A	A	11	F
11	388164	A	A	A	12	F

Result 6

1	321684	A	B	A	11	F
1	323023	A	A	A	12	M

Appendix 6 – Transcription key

MS	Medical Student
RP	Role Player
[FN]	first name medical student
[LN]	last name medical student
[FN LN]	first and last name medical student
:	elongation of sound
::	elongation of sound longer than one second
◦please◦	very low in volume
underlined	a lot lot louder, stressed
(( ))	inaudible
[4]	seconds of silence
-	sudden interruption of speech
Sud[denly]	non-finished word, within brackets only if it is clear what the word was
[so much?]	approximation of the exact words
{bla}	mispronunciation by speaker
((words))	description of non-verbal behaviour, can be accompanied by a number for amount of seconds. For example:

((sighs))	strong sigh
((laughs))	laugh accompanied by sound
((nods))	multiple movement of head - up and down
((nod))	single movement of head - up and down
((shakes head))	multiple movement of head – left to right
((shake head))	single movement of head – left to right
((smiles))	corners of mouth move upward, no sound
((shakes D's hand))	handshake

Yeah, hmhm, ok	
Hmm, uhuh	Minimal encouragers/response tokens/backchannels
YEAH	Minimal encourager WITH NODDING
/	overlapping speech

NB: overlapping speech can result in a turn-transition, but could be a minimal encourager or a different interjection. Examples:

Option 1 - Minimal encourager:
MS: I think / that might be the best idea
RP: /yeah

RP: Actually it might be yeah

Option 2 - Interjection:
MS: I think / that might be the best idea
RP: /well it's -

RP: Actually it might be yeah

Option 3 - Turn-transition:
MS: I think that / might be the best idea

RP: /Actually I think I want to complain

Appendix 7 - Number of words per interview

	Words	WMS	WSP	%WMS	%WSP
1	1220	433	787	35.49	64.51
2	1392	745	647	53.52	46.48
3	1330	610	720	45.86	54.14
4	1089	567	522	52.07	47.93
5	2292	817	1475	35.65	64.35
6	1471	588	883	39.97	60.03
7	1565	598	967	38.21	61.79
8	481	288	193	59.88	40.12
9	1337	568	769	42.48	57.52
10	566	328	238	57.95	42.05
11	1511	679	832	44.94	55.06
12	776	179	597	23.07	76.93
13	1417	734	683	51.80	48.20
14	1126	453	673	40.23	59.77
15	2498	1256	1242	50.28	49.72
16	1456	568	888	39.01	60.99
17	1204	444	760	36.88	63.12
18	1382	725	657	52.46	47.54
19	1591	588	1003	36.96	63.04
20	1418	598	820	42.17	57.83
21	1399	818	581	58.47	41.53
22	1589	648	941	40.78	59.22
23	1502	621	881	41.34	58.66
24	1300	710	590	54.62	45.38
25	735	466	269	63.40	36.60
26	1026	368	658	35.87	64.13
27	959	476	483	49.64	50.36
28	1781	865	916	48.57	51.43
29	684	473	211	69.15	30.85
30	1161	476	685	41.00	59.00
31	914	317	597	34.68	65.32
32	997	554	443	55.57	44.43
33	1135	486	649	42.82	57.18
34	1133	592	541	52.25	47.75
35	2282	789	1493	34.57	65.43
36	1422	735	687	51.69	48.31
37	859	289	570	33.64	66.36
38	1991	875	1116	43.95	56.05
39	1606	816	790	50.81	49.19
40	1179	567	612	48.09	51.91
41	987	297	690	30.09	69.91
42	1563	640	923	40.95	59.05
43	719	252	467	35.05	64.95
44	1369	494	875	36.08	63.92
45	1427	1018	409	71.34	28.66

46	1093	447	646	40.90	59.10
47	1672	639	1033	38.22	61.78
48	1288	384	904	29.81	70.19
49	867	294	573	33.91	66.09
50	1129	585	544	51.82	48.18
51	916	616	300	67.25	32.75
52	873	331	542	37.92	62.08
53	714	373	341	52.24	47.76
54	1533	706	827	46.05	53.95
55	1088	761	327	69.94	30.06
56	614	186	428	30.29	69.71
57	798	399	399	50.00	50.00
58	1122	542	580	48.31	51.69
59	1327	621	706	46.80	53.20
60	2262	1138	1124	50.31	49.69
61	669	396	273	59.19	40.81
62	898	422	476	46.99	53.01
63	1218	539	679	44.25	55.75
64	1295	586	709	45.25	54.75
65	1929	932	997	48.32	51.68
66	765	415	350	54.25	45.75
67	2024	1076	948	53.16	46.84
68	1139	518	621	45.48	54.52
69	785	487	298	62.04	37.96
70	1424	728	696	51.12	48.88
71	1116	564	552	50.54	49.46
72	2080	1108	972	53.27	46.73
73	1894	885	1009	46.73	53.27
74	1586	590	996	37.20	62.80
75	1674	823	851	49.16	50.84
76	1484	800	684	53.91	46.09
77	1331	430	901	32.31	67.69
78	855	466	389	54.50	45.50
79	1689	795	894	47.07	52.93
80	2198	666	1532	30.30	69.70
81	977	448	529	45.85	54.15
82	1066	510	556	47.84	52.16
83	704	451	253	64.06	35.94
84	1294	425	869	32.84	67.16
85	1706	907	799	53.17	46.83
86	1380	446	934	32.32	67.68
87	2186	1068	1118	48.86	51.14
88	1438	622	816	43.25	56.75
89	1312	428	884	32.62	67.38
90	1371	427	944	31.15	68.85
91	904	459	445	50.77	49.23
92	1474	493	981	33.45	66.55
93	1048	398	650	37.98	62.02
94	1186	487	699	41.06	58.94
95	1693	718	975	42.41	57.59
96	2307	1127	1180	48.85	51.15
97	969	450	519	46.44	53.56

98	1932	1009	923	52.23	47.77
99	695	346	349	49.78	50.22
100	1388	807	581	58.14	41.86
Total	131220	59682	71538	45.48	54.52

Appendix 8 - Number of interruptions per interview

	Interruptions	MSInt	SPInt	%MS	%SP
1	3	0	3	0.00	100.00
2	2	0	2	0.00	100.00
3	2	1	1	50.00	50.00
4	11	1	10	9.09	90.91
5	2	0	2	0.00	100.00
6	8	4	4	50.00	50.00
7	6	1	5	16.67	83.33
8	4	0	4	0.00	100.00
9	6	3	3	50.00	50.00
10	2	2	0	100.00	0.00
11	7	1	6	14.29	85.71
12	1	1	0	100.00	0.00
13	6	0	6	0.00	100.00
14	2	0	2	0.00	100.00
15	12	7	5	58.33	41.67
16	1	0	1	0.00	100.00
17	2	0	2	0.00	100.00
18	3	1	2	33.33	66.67
19	4	1	3	25.00	75.00
20	7	1	6	14.29	85.71
21	4	0	4	0.00	100.00
22	15	6	9	40.00	60.00
23	6	3	3	50.00	50.00
24	5	1	4	20.00	80.00
25	2	0	2	0.00	100.00
26	3	1	2	33.33	66.67
27	0	0	0	0.00	100.00
28	4	0	4	0.00	100.00
29	3	0	3	0.00	100.00
30	1	1	0	100.00	0.00
31	1	0	1	0.00	100.00
32	10	0	10	0.00	100.00
33	4	2	2	50.00	50.00
34	7	0	7	0.00	100.00
35	8	2	6	25.00	75.00
36	9	3	6	33.33	66.67
37	1	0	1	0.00	100.00
38	3	1	2	33.33	66.67
39	1	1	0	100.00	0.00
40	8	1	7	12.50	87.50
41	1	0	1	0.00	100.00
42	6	2	4	33.33	66.67
43	3	0	3	0.00	100.00
44	8	4	4	50.00	50.00
45	10	5	5	50.00	50.00
46	2	1	1	50.00	50.00

47	4	2	2	50.00	50.00
48	12	1	11	8.33	91.67
49	3	1	2	33.33	66.67
50	7	3	4	42.86	57.14
51	4	1	3	25.00	75.00
52	4	0	4	0.00	100.00
53	1	0	1	0.00	100.00
54	9	2	7	22.22	77.78
55	5	1	4	20.00	80.00
56	2	1	1	50.00	50.00
57	9	0	9	0.00	100.00
58	4	0	4	0.00	100.00
59	14	3	11	21.43	78.57
60	7	4	3	57.14	42.86
61	2	1	1	50.00	50.00
62	4	3	1	75.00	25.00
63	8	4	4	50.00	50.00
64	6	0	6	0.00	100.00
65	8	2	6	25.00	75.00
66	1	0	1	0.00	100.00
67	7	3	4	42.86	57.14
68	2	0	2	0.00	100.00
69	1	0	1	0.00	100.00
70	18	0	18	0.00	100.00
71	5	1	4	20.00	80.00
72	12	3	9	25.00	75.00
73	9	4	5	44.44	55.56
74	7	2	5	28.57	71.43
75	13	5	8	38.46	61.54
76	14	3	11	21.43	78.57
77	0	0	0	0.00	100.00
78	7	1	6	14.29	85.71
79	11	3	8	27.27	72.73
80	11	3	8	27.27	72.73
81	0	0	0	0.00	100.00
82	1	1	0	100.00	0.00
83	5	0	5	0.00	100.00
84	1	0	1	0.00	100.00
85	12	2	10	16.67	83.33
86	6	3	3	50.00	50.00
87	20	6	14	30.00	70.00
88	3	1	2	33.33	66.67
89	8	3	5	37.50	62.50
90	0	0	0	0.00	100.00
91	1	0	1	0.00	100.00
92	3	0	3	0.00	100.00
93	7	1	6	14.29	85.71
94	2	0	2	0.00	100.00
95	2	1	1	50.00	50.00
96	14	5	9	35.71	64.29
97	3	1	2	33.33	66.67
98	10	3	7	30.00	70.00

99	4	1	3	25.00	75.00
100	2	1	1	50.00	50.00
Total	551	144	407	26.13	73.87

Appendix 9 - Number of questions per interview

	Questions	QMS	QSP	%QMS	%QSP
1	15	3	12	20.00	80.00
2	14	3	11	21.43	78.57
3	16	10	6	62.50	37.50
4	14	2	12	14.29	85.71
5	9	4	5	44.44	55.56
6	17	11	6	64.71	35.29
7	24	19	5	79.17	20.83
8	8	2	6	25.00	75.00
9	21	19	2	90.48	9.52
10	7	1	6	14.29	85.71
11	10	4	6	40.00	60.00
12	10	5	5	50.00	50.00
13	17	9	8	52.94	47.06
14	14	11	3	78.57	21.43
15	33	23	10	69.70	30.30
16	22	11	11	50.00	50.00
17	9	5	4	55.56	44.44
18	9	3	6	33.33	66.67
19	11	7	4	63.64	36.36
20	14	10	4	71.43	28.57
21	6	2	4	33.33	66.67
22	21	19	2	90.48	9.52
23	15	4	11	26.67	73.33
24	16	9	7	56.25	43.75
25	12	1	11	8.33	91.67
26	6	2	4	33.33	66.67
27	13	5	8	38.46	61.54
28	14	11	3	78.57	21.43
29	11	3	8	27.27	72.73
30	12	8	4	66.67	33.33
31	13	6	7	46.15	53.85
32	11	3	8	27.27	72.73
33	11	5	6	45.45	54.55
34	13	10	3	76.92	23.08
35	16	9	7	56.25	43.75
36	14	6	8	42.86	57.14
37	13	9	4	69.23	30.77
38	11	7	4	63.64	36.36
39	12	6	6	50.00	50.00
40	12	3	9	25.00	75.00
41	9	6	3	66.67	33.33
42	8	5	3	62.50	37.50
43	7	3	4	42.86	57.14
44	8	5	3	62.50	37.50
45	17	8	9	47.06	52.94
46	11	5	6	45.45	54.55
47	11	3	8	27.27	72.73

48	22	2	20	9.09	90.91
49	16	6	10	37.50	62.50
50	11	2	9	18.18	81.82
51	15	13	2	86.67	13.33
52	11	6	5	54.55	45.45
53	6	1	5	16.67	83.33
54	15	11	4	73.33	26.67
55	10	2	8	20.00	80.00
56	11	1	10	9.09	90.91
57	10	1	9	10.00	90.00
58	8	1	7	12.50	87.50
59	7	1	6	14.29	85.71
60	25	14	11	56.00	44.00
61	7	0	7	0.00	100.00
62	17	9	8	52.94	47.06
63	19	14	5	73.68	26.32
64	9	7	2	77.78	22.22
65	36	12	24	33.33	66.67
66	13	8	5	61.54	38.46
67	16	9	7	56.25	43.75
68	19	13	6	68.42	31.58
69	15	1	14	6.67	93.33
70	12	3	9	25.00	75.00
71	17	2	15	11.76	88.24
72	7	3	4	42.86	57.14
73	33	20	13	60.61	39.39
74	13	6	7	46.15	53.85
75	23	13	10	56.52	43.48
76	20	4	16	20.00	80.00
77	14	11	3	78.57	21.43
78	11	3	8	27.27	72.73
79	27	8	19	29.63	70.37
80	39	22	17	56.41	43.59
81	21	13	8	61.90	38.10
82	10	7	3	70.00	30.00
83	7	1	6	14.29	85.71
84	10	1	9	10.00	90.00
85	22	6	16	27.27	72.73
86	16	9	7	56.25	43.75
87	11	3	8	27.27	72.73
88	17	11	6	64.71	35.29
89	5	4	1	80.00	20.00
90	22	11	11	50.00	50.00
91	13	10	3	76.92	23.08
92	16	7	9	43.75	56.25
93	9	3	6	33.33	66.67
94	17	7	10	41.18	58.82
95	19	12	7	63.16	36.84
96	26	19	7	73.08	26.92
97	8	3	5	37.50	62.50
98	15	9	6	60.00	40.00
99	9	4	5	44.44	55.56

100	13	8	5	61.54	38.46
Total	1437	702	735	48.85	51.15

MS1 sits left, SP3 sits right. MS1 looks at facilitator who says 'if you just want to make a start'. MS1 quickly turns to SP3 and starts.

MS1

Good morning/ Ms Mitchell how are you ?
SP3/1
/hi

SP3/1

I'm all right thank you yeah I'm fine a bit nervous but I'm all right yeah

MS1

YEAH my name is [FN] and I am a third year medical student erm and I have just received some news that an emergency has just been rushed into theatre and unfortunately we are actually going to have to postpone the operating that's for today

[2]

SP3/1

does that mean today completely:: not today at all?

MS1

((shakes her head)) no it's been - there was - obviously it wasn't planned erm and this person has been rushed in it's a life threatening condition and unless they have this operation [1] you know [1] it was totally unavoidable

[6]

SP3/1

((sighs))

MS1

I can understand how upsetting it must be

SP3/1

I just I mean I I I don't take anything rep[] - its fairly nor[mal] eh I mean I work here so I understand / ((sighs)) I understand what it's like and I understand what people are like and I don't want to take anything away from that person but this is the second time it's happened to me and I I I'm really nervous / about having an operation and really and eh its taken me a lot to psych up / to come and to do it and / you know and I've done so much you know I've got two kids my husband is away / at the moment and I've got you know one of them Jenny she is at nursery / but she is only three so I've had to make sure she goes into nursery today and then other one has gotta be picked up / and he's got to be picked up qui[te] - and it took me sort of arranging all this/ and I can't believe it how eh and I just ((sighs)) and you sort of psyche yourself up to do it / and you psych yourself up and you psyche you[rself up] and you get things organised and you get things - this is what I'm gonna do / and then
MS1
/YEAH /((nods)) /((nods)) /YEAH /((nods)) /((nods)) /((nods)) /YEAH / YES definitely /((nods))

[2]

MS1

I know // it was -

SP3/1

// I am just quite annoyed about it now

MS1

YEAH I can I can fully understand why you're annoyed if it were me I would be as well but honestly there is nothing we can do if you're still unhappy erm I suggest you can go talk to a cons[ultant] the the consultant about it erm but obviously there's nothing that we can do the SHO that was actually meant to come and to talk to you now is actually already rushed off to theatre so it was that much of an emergency

SP3/1

And that means e::verybody / e:very single person has been/ so it's / not just me?
MS1
/((nods)) /YES /it is not just you

MS1

not just//

SP3/1

//not just like they've taken my slot out

MS1

No they've taken the whole morning [1] slot out

SP3/1

I mean [2] do you I need the phone numbers though [2] eh do you know when else when when I'll be able to come back again when do you think they'll be able to put me in again?

MS1

I really don't know but I assume that they will try and fit in people that have been cancelled as soon as possible erm I assume you will receive it in writing in the post

SP3/1

yeah it's just last time that was two months ago / do you know? and you know and that is another two months and eh I mean I know it is only varicose veins / and just – it's just varicose veins but it is quite painful/ and I am having you know I'm standing up at work all day and it's really hurting me
MS1
/right /((nods)) /YEAH /YEAH

MS1

you just want to have it done // don't you?

SP3/1

//I want to get it done / and I mean I booked time off work you know I / I am now going to cause more problems and I'm sure they got cover now – from other nurses – from hospitals erm you know from erm from agencies and whatever / and that means that that's another week I have got to take off/ again and ooh I mean I know it is not their fault / and I I I can't blame the fact that erm someone gets ill kind of I can't / I'm not going to say that [1]
MS1
/YEAH /((nods)) /((nods)) /yes /YEAH /YEAH

MS1

It's just frustrating for you at the time

SP3/1

But there isn't anyway of [1] I mean any way of squeezing me in any way / you don't think they are going to squeeze anybody in tomorrow or something? ((laughs)) you know
MS1
/((shakes head))

MS1

no as far as I know the lists are full [1] so they are going to have to reschedule

[8]

SP3/1

((sighs)) fair enough I suppose

MS1

I am very sorry for the inconveniences cause obviously you have built yourself up / to come in and it's the nerves and everything beforehand
SP3/1
/I know

SP3/1

I mean I'm really quite worried about it / I've never had an operation and that [1] I've seen it / hap[pen] you know I have seen/ people being operated and I've s[een] I don't ((sighs)) I'm really quite worried in terms of - I just don't think I can put myself through this again / <u>again</u> I didn't sleep last night and [2]
MS1
/yeah /((nods)) /YEAH /hmm

MS1

If you're extremely worried it might be worth booking an appointment with the doctor just to talk it through before / you have the next op because they might at least be able to put your mind at rest a little bit
SP3/1
/YEAH

SP3/1

yes I know they they have been good actually I mean I know it's something I have to do / I have to do it/ I I you know I've stopped I stopped swimming I've stopped / you know I don't like my legs I sort of I feel quite embarrassed about them / so [2] I know it's something I have got to do so I just wish that they'd ((mumbles)) today/ But what can I do what can I do but well fair enough well thank you for telling but I - but when I'm thinking about that person I can't / it's not well I can't get too cross/ cause that's something that they if you say that they're ill then / what can I do ?
MS1
/YEAH /uhuh /YEAH /YEAH /sorry /YEAH /((nods)) /YEAH

MS1

ok I'm very sorry about it and you will be informed through post/ as soon as possible
SP3/1
/yeah

SP3/1

thank you there isn't any way because I work here / you don't think there is anyway of them getting me in quicker?
MS1
/((shakes head))

MS1

I'm afraid there isn't no

SP3/1

You know think I'm a NHS employee and they might help me a bit quicker ((laughs))

MS1

((laughs)) I know:: but you can't you can't make allowances in that way

SP3/1

Yeah you don't think they would?

MS1

no

SP3/1

Do you think they would if I was a doctor?

MS1

no

SP3/1

really?

MS1
really [2] they have to treat everybody the same

SP3/1
Even if I was a top notch consultant

MS1
Even if you / were a top notch consultant ((laughs))
SP3/1
/((laughs))

SP3/1
really they they would do the same and put him back / on the waiting list you think? he'd probably get quite angry ((laughs))
MS1
/yes

MS1
((laughs)) maybe ((laughs))

SP3/1
He'll do it himself

MS1
But yes on the NHS they would treat everyone the same way

SP3/1
oh I hope so I hope they do

MS1
yeah

SP3/1
Well thank you for telling me

MS1
Ok that's ok / take care
SP3/1
/ thank you

SP3/1
thank you very much

MS1
ok /bye
SP3/1
/bye

Both turn towards facilitator. The end.
MS2 sits left, SP3 sits right. MS2 looks at facilitator, says 'OK', faces SP3 and starts.

MS2
Hi ya I am a third year medical student / ((shakes P's hand)) nice to see you how can I help?
SP3/2
/hi

SP3/2
eh basically erm [2] I I wanted to talk to a medical student because I I understand that you don't have to add things on n[otes] notes is that true?

MS2
Right erm depends what it is erm I mean just if you like tell me a bit more about it and then I'll let you know if I have to write it on my notes or not

SP3/2
OK it's just it's just erm it is just I don't erm I got something that's annoying me a little bit and something that erm I need a little bit of advice / on and I sort of don't really want to talk to a doctor / ◦because I don't want them to write it on my notes really◦ and I just sort of wanted to make you know make sure that we're like safe / you you'll be able to tell me to start ((laughs))
MS2
/((nod)) /OK /((nod))

MS2
yeah yeah can I ask what the reason is that you don't want it to be put on your notes?

[2]

SP3/2
It's pers[onal] it's a personal reason about erm [3] that I I don't want outside bodies reading my notes

MS2
of course yeah I understand we do understand your notes are totally confidential

SP3/2
yeah but I know doctors notes are - aren't you know when [1] you know apply for life insurance or whatever / they do ask you for your medical records and I don't want everything going through here to my doctors notes / erm because eh I sort of erm [2] what I <u>will</u> say it's taken me a lot to actually talk to anyone - talk to anybody / about this I'm here because I have bowel a few bowel problems and I have had stomach - I've had eh eh absolutely excruciating stomach pains / for the last eh I don't know [1] two two months three months and I've had diarrhoea and constipation / on and off about ((mumbles)) with that blood in there and erm I'm here for tests about it / and a two or a few week ago my worst fear - or a week ago my worst fear was erm bowel cancer and my least fear was you know irritable bowel and now I I'm a little bit worried that these are the first signs of erm [2] the first signs of erm [1] HIV/ and I wondered [if] - and I know you won't <u>know</u> but I wondered if there would be any way that you going to find out for me?
MS2
/((nod)) /ok /OF COURSE YEAH /((nod)) /((nods)) /((nod)) /right

MS2
right erm as you know I'm just a third year medical student//

SP3/2
//yeah but you can go to libraries and look at books that was what I was thought you see? ((laughs))

MS2
right erm I could go and look at books but I wouldn't really be obliged as to give you any information regarding erm as you know I'm just a third year medical student I'm not authorised to give you any information if you would want to require any information on HIV it is best to speak to [2] a doctor because they are people who are in the best position to give you advice under such circumstances erm

SP3/2
you wouldn't be able to just find out whether perhaps these are the first symptoms of HIV or whatever the symptoms [1] you know?

MS2
I mean erm symptoms are pretty [2] a vague thing I mean it is the initial thing to be able to diagnose anything a symptom to me could mean anything it could mean numerous things erm unless you have proper investigations there is no way of actually knowing that you have HIV and of course I won't be able to help with anything to do with getting investigations done / it'd just be totally random so I'm afraid not sorry about that
SP3/2
/no

[2]

SP3/2
So you you don't I mean I don't want to talk to a doctor because [2] well because I don't really want it put on my notes

MS2
Anything medically related will have to be put on your notes because it's [2] it's for the patients best interest now you could talk to someone who is in a superior position and tell them just your dilemma I'm sure they'll be able to give you something a bit more relevant as opposed to me because again I'm [1] just a medical student so I won't be able to tell you if anything has to be on your notes or could be left out / I'm not in a position to talk about that I'm afraid [1] I do apologize I'm sorry / about that
SP3/2
/no /that's ok

SP3/2
So what do you think I should do?

MS2
The best thing would be just to speak to perhaps your GP or a nurse or someone who is in the medical profession that you know quite well erm that you do trust/ and just get a professional opinion and then take it from there
SP3/2
/hmm

SP3/2
I mean that - you see the GP thing as I say I applied for a - you know it sounds really materialistic but [2] you know I am applying for a mortgage and you know and the life insurance within that they ask for your medical records and if you have had an eh [2] you know if you have had an HIV test or or whatever even if it's negative they it still goes down against you and I don't th[ink] I don't really want that to be the case with me

MS2
I appreciate your circumstance I understand what you are saying but but again you'll have to talk to someone at the GP about it not talk about having an HIV test straight away but the implications of eh a

HIV test would mean to you and what it would be and perhaps the GP would be eh well he is definitely the best person to give you advice or a doctor in a senior position because erm I have eh very little medical knowledge and eh/ it is not really my position to give you any kind of advice like that at all
SP3/2
/No

SP3/2
Ok but you won't erm have to tell anyone about this conversation?

[4]

MS2
eh eh erm

SP3/2
I would really appreciate it if you didn't

[2]

MS2
I I mean it's just of course it is just an issue between yourself and I eh I think they are pretty vague symptoms that you described and I don't think there is any indication that it could be HIV or not however erm if there is any advice I could give to yourself is just to speak to someone in [2] a:: more authorised position someone who's more competent giving you advice because they will give you advice to you to suit yourself and the the best advice for yourself you'd find out that is actually beneficial to yourself more than anything else erm if I am asked by any doctors about nature of this conversation then I will may be be obliged to advice (( )) but hopefully (( ))

SP3/2
So you don't yeah because I would really appreciate it if you didn't and I don't really want people to know I have that [2] you know sort of - have that label on me you know what I mean erm and I and you know I haven't [4] you know I got a lot a lot to think about and a lot to worry about / and then I don't really want that [2] erm do you know what I mean?
MS2
/((nod))

MS2
No I totally appreciate but then again I've got a surgical orders as a medical student that I have to {astain} to and there are surgical rules and guidelines and I can't loosen those those guidelines and //

SP3/2
//yeah but there is also patient confidentiality isn't there?

MS2
of course there is but eh telling another doctor (( )) I think is if they do ask and I think is in your benefit in anyway well they think it's for their benefit that is attesting the doctor's profession so yeah I understand that patient confidentiality if there is no - I'm not approached by anyone of any details (( ))

SP3/2
ok so you won't go to anybody

MS2
of course not I won't I would (( ))

SP3/2
ok that's all I want to know that's my worry

[4]

SP3/2
That’s you know that’s great isn’t it?

MS2
sorry about that

SP3/2
that’s ok

[4]

SP3/2
thank you

Nervous laughter all around. SP3 and MS2 look at facilitator. The end.

Role play starts immediately as tape starts.

MS3
Hi Mr Forsyth ((shakes P's hand))

SP4/3
name is Lee

MS3
My name is [FN LN] I am one of the eh third year medical students here

SP4/3
yeah

MS3
I hear you wanted to erm to speak to to someone?

SP4/3
Yeah eh eh [2] I wanted to speak to someone that wasn't a doctor but that was / erm [4] I am not someone that complains / I'm not erm yeah I erm I just wanted to just wanted to get someone's opinion about [3] erm the way I've been treated and whether that's/ right or not/ erm [1]
MS3
/ Ok sure /ok /ok /yeah

MS3
well carry on

SP4/3
Yeah I got I had to come in last night it was an emergency my appendix / and erm [3] eh it was terrible because eh it it it's it's my daughter's engagement yesterday and I / eh so we had a par[ty] we were having a party had a few drinks and the pain started and I was ignoring it / but that eh I erm anyway eh we had I'd had a few of drinks by the time I came in / and erm [2] anyway it was eh eh it seemed very serious they put me straight on the ward / and then erm [2] then the surgeon came round to examine me and [1] he he he [tackled?] me there on the ward I mean he pulled the curtains round / but he was [2] it was it was it was you know people are asleep / and he was talking in this <u>loud</u> voice / and you know obviously he could he could tell that I'd been drinking and he was he he made comments about that / and and wh[en] when when I came back to the ward after the operation the bloke in the next bed said that erm that he he woke everybody up they'd all <u>heard</u> this and it was he [1] he was you know he was asking these questions and I know that you know I do do I got a bit upset cause I don't see why he needs to ask these questions and he had to do erm had to do an examination / and and [2]
MS3
/sure /uhuh /yeah /hm /right /hm /hm /yeah /yeah /right /sure

MS3
a rectal examination

SP4/3
Yeah / and eh [2] all in this really loud voice [2] / and well it's just it's it's it's it's embarrassing/ and/ and it it and it <u>hurt</u> and it <u>hurt</u> and eh and so I had you know I had to eh eh make a <u>noise</u> and everybody in the ward hear::d that / and I just don't see why I couldn't been taken somewhere else and eh this could have been done somewhere / somewhere pri:vate
MS3
/ok /hmm /sure /I understand /hmm /((nods))

MS3
sure ok [1] so [1] sorry carry on

SP4/3
and I just wanted to know if that was if that was if that was ri::ght if that was that was that was the way to treat people

MS3
ok so you're - you're just upset that your priv[acy] - you think you should have been entitled to more privacy is that is that what?

SP4/3
yeah I suppose that's what it is yeah I suppose that's what it is I think you should be treated with more I think I should have more privacy yeah / [2] and erm also I noticed the way he was talking to me see [2] you know [2] not / not right
MS3
/((nods)) OK /((nods))

MS3
well I'm sorry you feel like that and [2] obviously there is a problem there if you been erm if you've been upset by that erm [2] erm [3] would you would you like to pursue it further or ?

[4]

SP4/3
do you think it's do you do you think it's wrong though?

MS3
Well erm

SP4/3
I don't I mean I don't want to cause any I don't want to cause erm [1] you know I don't want to get anyone into trouble

MS3
OK well [3] obviously erm [3] doctors do need to ask certain questions that might be a bit personal to sort of / to make sure you get the best sort of treatment and the best outcome / and that may include sort of examining you in sort of uncomfortable places / but erm I could assure you there's nothing unnecessary was was erm happened to you / but erm obviously if if you do feel upset about the way you were treated then / and there's things that can be done I mean it doesn't - and there are official channels / erm erm I'm not I'm not sure about the process but I'm sure you can make a sort of anonymous / complaint of that you think ?
SP4/3
/yeah /right /yeah /ok /yeah /right yeah /yeah

SP4/3
Could I ask you could you have a word with him? could you have a word with the surgeon is what I was wondering if if you could you have a word with the surgeon and and just tell him that I was unhappy?

MS3
Well erm I can do that for you erm would you like to speak to him face to face perhaps or maybe speak to any of the other doctors on the team?

SP4/3
I don't know eh do you think that is what I should do?

MS3
Erm [3] well if you feel that you've been treated in the wrong way then

SP4/3

Well - it could not been taken somewhere else to be examined?

MS3
Erm [4] eh you cou[ld] I'm sure you could've well the th[ing] trouble is that if it was late at night as you say erm there may there maybe if if people were asleep then it might not been possible to sort of move rooms if you like / if if sort of the facilities were a bit were a bit crammed on the ward / erm //
SP4/3
/oh right ok yeah /YEAH

SP4/3
//I'd just like him to know that I was unhappy / really
MS3
/((nods))

MS3
OK well I mean it's right that he should know if you if you've been sort of / upset by that and [3] what erm [2] what would you like to do?
SP4/3
/yeah

SP4/3
I'd just like him to know if if you you could just tell him that I was unhappy and explain what I said I don't wanna eh you know get involved in all of the erm I don't wanna go through even more of the::

MS3
OK well erm perhaps it would be I mean I'm only a medical student so/ I can't really I can only sort of erm give you my sort of opinion on / on what's happened but erm you might be better off speaking to one of the erm sort of the more the senior members of the team I think one of the junior doctors maybe / if that would make you feel more comfortable / if you don't want to s[?] pursue it officially
SP4/3
/yeah /yeah /right /yeah

SP4/3
No no thank you very much don't want to pursue it officially no

MS3
Ok well that can certainly be arranged I'll ask one of the doctors to come and have a word with you / and I mean would that be sufficient is there anything else that / concerns you?
SP4/3
/Ok /no

SP4/3
No it was just I just wanted to it just didn't seem <u>right</u> it just didn't seem right to be treated like that / so [1] I just [1] //
MS3
/RIGHT

MS3
//I can imagine it was very embarrassing to you if / how you described it
SP4/3
/yeah

SP4/3
It it was and actually for everybody else on ward/ I mean I wouldn't have liked to have heard somebody else going through that
MS3
/yeah

MS3
SURE [1] well erm it's [3] I mean there are lots of patients doctors see a lot of patients it might be erm I mean its [2] I'm not saying its right but / it sort of [1] if there's a new patient thing it might be easy to sort of forget / you know how these things affect people
SP4/3
/yeah /yeah

SP4/3
yeah I think that's probably what happened

MS3
But erm there certainly needs to be a remedy though that's for sure so is that is that's ok with you ?

SP4/3
yeah

MS3
is there some[thing else] any other concerns that ?

SP4/3
no its just that really

MS3
Ok [2] right

SP4 and MS3 look at each other. MS3 looks questioning at SP4. After 5 seconds of silence, facilitator closes the conversation.

SP13 sits left, MS4 right. Facilitator speaks to MS4, who looks at the camera. Facilitator says: 'OK in your own time." MS4 looks at SP13 and starts.

MS4
Good morning / Mr Mitchell ? / ((shakes P's hand)) I am [FN LN] I am a third year medical student/ I have been sent by your SHO do you know who he is:: ?
SP13/4
/hiya /yeah that's me /hi

SP13/4
Er::m no but ((laughs))

MS4
he is one of the doctors in charge of your care

SP13/4
oh right yeah

MS4
erm erm your operation this morning has been cancelled I'm afraid

SP13/4
<u>What ?</u>

MS4
I know its I'm really sorry but erm

SP13/4
<u>Why ?</u>

MS4
an emergency has come in and the surgeons had to go to attend to that/ there is nothing we can do about it I'm afraid

[2]

MS4
so

[2]

MS4
I presume if you stay here erm a nurse will come and talk to you / and maybe talk about your discharge and arrange another time for you to come in
SP13/4
/oh sh::::

SP13/4
oh that is the second time this has happened now

MS4
I know it's// very frustrating

SP13/4
//this is this is the second [time] I've been - oh God

MS4
I know it's// very frustrating but erm

SP13/4
//so in all fairn[ess] what wh[y] wh[y] why I don't understand wh[y] wh[y] why has it changed? I I mean I mean I've ((sighs))

MS4
((nods)) it's just / an emergency that comes in and there is nothing we can do about it and we just have to treat the people that are more urgent I'm afraid [3] I hope you can understand and //
SP13/4
/((sighs))

SP13/4
//I mean see I mean eh ((sighs)) I mean everyone is involved or what? it it's -

MS4
yeah because it is a big operation I suppose so and they need the whole team there

SP13/4
((sighs)) well how - I mean how long is it going to go on for? // this operation

MS4
// I think it's quite a long operation but erm I think it will be best of you wait and then a nurse might come over and talk to you and explain maybe let you to go home and arrange for you another time for you// to come in

SP13/4
//You mean it's not going to happen today?

MS4
No ((shakes head)) I don't think so

SP13/4
oh::

MS4
But I would wait until the doctor comes back or // until the nurse comes to look after you

SP13/4
//but you know how it is I mean I mean I cause I haven't eaten I have got the kids erm - you know I got to sort out the baby sitter

MS4
Yeah it means I can't give you any more information I'm just a third year medical student

SP13/4
yeah I know I know it's not your fault I mean but it's you know [2] just the <u>second time</u> / and I wasn't looking forward to this you know but [1] oh
MS4
/I know ((nods)) very frustrating

MS4
I know it's a nuisance especially after you have worked yourself up / and you have applied for it and stuff

SP13/4
Yeah::

SP13/4

you know erm I mean ((sighs)) are are we cer[tain] how certain ((sighs)) I don't think I can do a month more if this goes (( )) am I going to be rescheduled today I'm I'm [2] I'm ready to go ((sighs)) you know / I haven't eaten / I'm ready to go I'm psyched up I'm in the zone
MS4
/((nods)) /YEAH

[2]

MS4
Hmhm erm I have no idea about anything of that // but I will suggest that you stay here and see if there is

SP13/4
//I mean why me? eh eh why not somebody else or you know

MS4
Its just because the surgeon has been called and he is the only one probably that can do it erm

SP13/4
There is nobody else that can I mean I [1] does it hold any sway that I work here? you know I I work in the outpatients / I am one of the auxiliary nurses but I mean
MS4
/((nods))

MS4
Yeah I I don't think that will make any difference I'm afraid

SP13/4
Can we <u>ask</u> somebody? I mean / is it worth it you know?
MS4
/I could -

MS4
I could ask the nurse// but if I

SP13/4
//yeah I mean can we find out eh if [2] you can find out any information? I mean if there is <u>any</u> chance it is going to happen today ?

MS4
yeah I can go and talk to the sister / and she might know more information by now maybe she's in eh contact with the doctors
SP13/4
/yeah

SP13/4
yeah because I mean if there is <u>any</u> chance it can happen today because what I don't want to do is go away or eat food and what they tell me it is oh you are in you know

MS4
hmhm YEAH well / /

SP13/4
because I have been I have waited as long time for this it's been eighteen months its been going last time they cancelled two days notice I was upset by that/ but just but <u>now</u> /you know
MS4
/HMHM /yeah

MS4
It is very frustrating but I'm afraid there is nothing we can do about it but yeah what I will suggest is that you just wait here/ and not eat anything obviously/ just in case // and see if there is anyone that can come and talk to you
SP13/4
/yeah /yeah

SP13
//I mean is there a chance it will happen today or

MS4
I have no idea I am afraid/ I would have to go find out from somebody that would know
SP13/4
/ok ok

SP13/4
I mean if [2] they if they do if I do have to they say to me wh[at] wh[at] what when am I gonna be back do I have to wait another eighteen months or::: you know?

MS4
I am – ((shakes head)) I don't know what the procedure is about cancellations I am // afraid

SP13/4
//ok can we can we find that out or you know will the nurse know or?

MS4
erm I could ask but they might not know today / when they could reschedule it for they would have to look at the lists I imagine and see where there is a slot available
SP13/4
/((sighs))

SP13/4
hmmm well if if you can find her then / then yeah see the nurse yeah / [2] <u>damn it</u>
MS4
/((nods)) /hmm

MS4
I know it is very annoying especially when you've made all the arrangements/ and
SP13/4
/((sighs))yeah

SP13/4
yeah well if you can find/ her - great then I will check with her I mean I know it is not your your your fault but you know erm
MS4
/((nods))

[3]

SP13/4
thanks

MS4
it's ok ((nods)) I hope you can understand and the doctors <u>are</u> very annoyed that things like this happen/ it's just it's real life and you never know what is going to happen // in a hospital
SP13/4
/yeah

SP13/4
//yeah but these are real life as well / I mean (( )) happened twice and (( ))

MS4
((nods))

MS4
it is an unpredictable environment

SP13/4
all right well [thanks] ((shakes D's hand)) thank you

MS4
thank you very much sorry about that

SP13 looks down, MS4 keeps looking at SP13. SP13 looks up at facilitator, MS4 looks at facilitator. The end.

SP6 sits right, MS5 left. SP6 coughs, plays with hair. MS5 leans on table and starts.

MS5
hello there I've been told you wanted to speak to a: medical student?

SP6/5
yeah that's right erm erm I am actually erm eh hopefully getting out of here later today / erm but there's been a couple of things on my mind and I would like to speak to one of you guys before I go/ erm sort of in:formally erm [2] I got a cou[ple] a few reservations about the attitude of one or two of the doctors here / which I want to talk to you about / erm I though you might understand because I've certainly heard one or two of the more senior staff here having a bit of a dig at you s[ee] you know some of the medical students or the nursing students get barked at a bit sometimes / and I was certainly barked at a bit while I was here / and it has left me feeling quite uncomfortable I think - in fact I think my admissions night was probably the worst night of my life
MS5
/all right /HMHM /RIGHT ok /hmhm /((nod)) /right ok

MS5
right ok erm [1] can I just ask erm first I got to say I am a third year medical student / so I am about halfway through my training my name is [FN LN] ((laughs))/
SP6/5
/yeah

SP6/5
good for you ((laughs))

MS5
Erm ((laughs)) sorry erm can I just ask what you wanted to sort of get out of this? would you like the consultant to know you that are unhappy with erm the way that you have erm you feel you have been treated would you like things to change or did you just want to talk things through with someone?

SP6/5
I just want to talk things through with someone / I I have need I need to decide before I go if I want to take things further or not/ I would like to protect people from what happened to me / erm [2] ((tuts)) and I am not sure where to go with this next/ I don't know if/ I am a one off / if it if it you know if I was the butt of the joke that day / or if it is something that happens more regularly and I know these doctors all speak to each other so I thought I could just run some things past you first so // for mutual yeah
MS5
/ok /RIGHT /right /OK /YEAH /hmhm

MS5
//oh certainly I am quite happy to listen certainly

SP6/5
yeah ok erm when I was brought in I was brought into A&E I was brought in at night and erm it was ((coughs)) it was after my husbands birthday party/ it's his fortieth birthday party and we had a massive [1] bash / erm eh all through the day I had been having some some pains and/ and I tried to get in the party mood and I kind of you know a few glasses of wine and then joined in the meal because we spent <u>so</u> long planning this / but things didn't get any better they got worse and worse and ended up being erm eh well in quite a state/ and erm it turns out I needed my appendix out / ((coughs)) erm [2] and erm and I was brought in I was in a dreadful state and I was bundled on to this ward and the curtains were were pu[lled] pulled around / and this erm [2] consultant said t[o me]– I don't know if they thought that I was that I was out of it and I couldn't hear / I could hear every word they were saying and this doctor just th[ings] th[ings] things that he was saying <u>loudly</u> / about me were appalling absolutely appalling
MS5

/RIGHT /((nods)) /HMHM /((nods)) /HMHM /right /((nods)) /((nods)) /hmhm

MS5
what sort of things were they?

SP6/5
erm jokes were cracked about me/ about erm eh this one is wasted might be a bit of an alky ask one of the students or one of the junior staff said better do an alcohol erm history on this one when she comes around / I might have had five or six glasses of wine but it was my husband's fortieth birthday / and this is over a period of seven hours but you know it is Chardonnay so probably it might smell a bit whatever I thought that was inappropriate and assumptive I was very frightened and I did't want to be the butt of someone's joke's / erm this guy's voice was booming / a woman heard it six beds down she actually complained the next day / about how embarrassed she was ◦six beds down◦ / they talked loudly with each other about [2] my sexual history / asked me loudly how many sexual partners I'd had / I have been married for ten years / it is just not what you want in those circumstances so everybody now thinks I suppose that I'm a slag and an that I'm alcoholic/ it's the worst part of my life
MS5
/hmhm /HMHM /RIGHT /HMHM /((nod)) /right /yeah /((nod)) /hmm /hmhm /yeah /((nod))

MS5
right ok [1] /

SP6/5
and then they did this completely humiliating rectal examination which may or may not have been necessary I don't know / [3] but not only did it but discussed very loudly with each other what they were doing again to make sure that anybody who was missing the fun in bed eight / knew exactly what was happening and [2] I was humiliated [FN] I was completely humiliated/ it actually brings tears to my eyes thinking about it I just [2] /do you know what I am saying
MS5
/HMHM /RIGHT /HMHM ok /yeah

MS5
yeah so can I just reiterate is that ok? Erm you didn't feel things were properly explained to you you weren't I mean if you weren't sure if some of the tests were necessary / erm and you felt like you didn't get enough consideration for your privacy in terms of what they were saying / and you felt ridiculed
SP6/5
/yeah /yeah

SP6/5
I did yeah

MS5
right ok [1] erm well certainly I wouldn't think that would be normal practice so that erm / I think if you wanted to take it further then certainly that is something that you could do obviously I am only a medical student / erm I haven't seen a lot of what goes on the wards but that shouldn't be normal what we what I could what I suggest we could do that if we talk to the erm one of the senior members of staff - I mean first of all you could take it to the team that were treating you erm sort of if you wanted to talk to some of them erm I could certainly ask them to speak to you that sort of if you could say to them that you felt that was unacceptable //
SP6/5
/◦should hope not◦ ((laughs)) / ((coughs))

SP6/5
//The ones that were actually looked after me / because that that really mounted up because there is another one she is a hou[se] hou[se] she is the senior house officer and there is another one a woman and she / is a bit of a ◦cow◦ / erm I don't know how they would take a direct a ch[allenge] challenge from me / I mean don't get me wro:ng I mean / I have hardly seen them to be honest / they just came to do the business that night and they they / have gone off some of the other staff that have been

looking after me / have been absolutely lovely / the house officers been great there is another consultant comes round and she's / she's fab / I just keep thinking back on that night /and I just I have I was just so embarrassed
MS5
/yeah / that might help or you could talk to other doctors /((nods)) /((laughs)) yeah / HMHM /yeah /YEAH /hmhm /((nods)) /yeah brilliant /((nods)) /hmhm /YEAH

MS5
hmhm well certainly what I suggest if you talk to - I am only a medical student but if you talk to a more senior member of staff erm and we can find out the complaints procedure if you wanted to take it that far but certainly I think the people who who treated you are possibly the first people to go to we can go to sort of their equals in the team if you wanted to

SP6/5
you don't see anything else that will happen?

MS5
No ((shakes head))

SP6/5
because I you know I - you know I am not normally a nervous person / I I I am not normally a person to complain much either to be honest with you but it just seemed eh
MS5
/yeah

MS5
and if you feel like you haven't had the care you deserve than certainly it is worth taking it further

SP6/5
I feel like I have been [2] really embarrassed in front of a group of strangers and I have had to live with that for the last four days / and a couple of them have expressed great concerns about what happened and they were mortified too - there was a lady there s s eh with me who made a bit of a joke about it since / I mean it was just like - they were calling me the word alky I mean it is ((coughs)) and it is erm it is stressful enough I don't know if you have ever been to hospital / because I have it is stressful enough being in those situations that you know no privacy and gaps in the curtains / but without you know your neighbours/ [4] your neighbours jump to conclusions based on what your consultant has said / or your senior registrar / or whatever he called himself I think he called himself what was it consultant or registrar I eh I have met so many of them now
MS5
/((nods)) /((nods)) /((nods)) /((nods)) /YEAH /yes /HMHM

MS5
Hmhm well would you like me to find someone higher up the team for you to talk to? or::: would you like me to find out the complaints procedure if you wanted go down more formal channels at this point? erm certainly I think the thing for me to do is to pass it on to somebody more senior in the team

SP6/5
it is definitely not normal

MS5
no

SP6/5
eh you don't think I am overreacting you don't think other patients would have thought that was ok or?

MS5
erm if patients further down the ward have said that they also agree with you that this wasn't acceptable / I certainly wouldn't think it would be normal no

SP6/5
/hmhm

SP6/5
I mean eh I guess you know perhaps you know [2] I don't want people to think I am you know m making a fuss out of nothing but really I am very angry about this and you know I don't know I don't want my relatives / t[o] t[o] to come in here and experience / [2] that
MS5
/((nods)) /((nods))

MS5
hmhm yeah I can // quite see where you are coming from

SP6/5
//I don't know I don't know if I'll clear my name now I just feel so ashamed [2] and I don't know I mean are those sort of those sort of examinations normally done sort of on the ward with the curtains not even closed properly I mean anybody could walk past and see anything
MS5
I mean that kind of examination if they've done it if probably was eh you know it is going to be necessary but they should have explained things to you better I think erm it would be nice if you were understood what was going on but obviously they had -there was a misunderstanding about sort of your level of consciousness at that time

SP6/5
it is a funny old place to look for erm something to do with st[omach] with chronic stomach pains isn't it?

MS5
erm there is a lot of things that can be sort of - that can cause stomach pains some of which you can find by doing a rectal exam so in those situations it is <u>normal</u> to do a rectal exam erm so that's certainly not out of the ordinary at all

SP6/5
just wish they hadn't detailed - I don't know if the guy was teaching or wh[ether] whether they they were just discussing loudly what they were doing but you know blow by blow apparently what was going on as well was – and there was nothing I could do to stop it I was just in so much pain and so out of it and so [2] / and I mean yeah just a ↑little bit of discretion I mean it is <u>so</u> personal just that ↑little bit of tact / or or understanding I don't know how he would have felt / bent over naked with / them doing that and everybody you know an audience next door and
MS5
/YEAH hmhm /hmhm /((nods)) /yeah

MS5
well certainly if what you are wanting is to stop this happening again is to / what we need to do what we need to do is to get the doctors in question to realise that you are unhappy with what happened so if - I think if we can speak to Doctor Thompson at the team and find out the complaints procedure for you if you are happy with that I can go and speak to someone
SP6/5
/ I want to stop it happening in the future

SP6/5
could you find out that that procedure for me or ?

MS5
Yes

SP6/5
or do I need to that?

MS5
I can I can speak to one of the nurses who should be able to find that / that for me
SP6/5
/right

SP6/5
yeah I mean you know I'm gonna to be here until this evening and I need to make a decision about what I am going to do before I go

MS5
((nods)) ok well I can //

SP6/5
// I am just a bit out of my depths so your help would really be appreciated

MS5
I can certainly pass it on to somebody now if you are happy with that

SP6/5
yeah that would be helpful/ that would be helpful I appreciate that thank you
MS5
/OK

MS5
thank you very much ((stands up and walks off))

SP6/5
I see you later then thank you

Facilitator asks MS5 to sit back down.

SP5 sits left, MS6 right. Facilitator talks, MS6 looks at Facilitator and shifts on seat. 'When you're ready' – MS6 starts.

MS6
Good morning Mr. Steel

SP5/6
Hi

MS6
((shakes P's hand)) My name is [FN] nice to meet you I'm a third year medical student from Birmingham University ((points at badge)) / and I believe you've asked to speak to a medical student?
SP5/6
/yeah

SP5/6
yeah eh eh I hope I'm not taking up too much of your time I just – I need to talk to somebody and erm I I'd rather not talk to anyone in in authority/ I mean I I'd like the conversation off the record if possible / it erm it just really advice I'm I'm looking for
MS6
/HMHM /HMHM

MS6
ok that's fine

SP5/6
erm well the thing is recently I've suffered a lot of erm pretty severe stomach pains / and I've erm I've had diarrhoea and erm constipated / I've been seen by a doctor and erm you know he thinks it it it could possibly be irritable bowel syn[drome] syndrome so he sent me here for these tests / and erm I I've had a quite a few tests I've had blood tests stool tests / erm I've had a pretty uncomfortable enema [1] endoscopy / and it all sort of seems pretty serious to me do you know what I mean? / erm It's erm like I say I can't I don't really want to talk to anybody to soon at the moment / erm but erm [2] I just need to get to the sort of root of what's going on you know / I erm [1] I had a had a pretty weird phone call from a girlfriend a few months ago and that is sort of sort of a reason as well
MS6
/((nods))/HMHM /((nods)) /((nods)) /hmhm /hmhm /((nods)) /I see

MS6
((nods)) I see was that in relation to your tests ?

SP5/6
well erm [2] yeah I suppose it is in a way <u>she</u>'s now decided to erm get her<u>self</u> tested / and she's she's mentioned erm she mentioned HIV / which which I I mean I don't quite – she's never mentioned it before / it is sort of <u>now</u> she's brought it up you know what I mean ? / and erm I'm losing sleep over it to be honest with you / I just I just erm ((sighs)) [2] you know just eh my symptoms it it it just seemed so severe I just wondered if there is a connection to be honest with you
MS6
/((nods)) /((nods)) /((nods)) /hmhm /((nods))

MS6
I see so has has the consultant who's seeing you actually explained to you the things you - the tests you've been having and the reasons you've had them ?

SP5/6
well erm one or two some some of it has gone over my head to be honest with you / do you know do you know what I mean? erm I seem to be erm I've just got this this conversation with my girlfriend there all the time / do you know what I mean <u>so</u> erm you know I'm I'm I'm a little bit in the dark when it

comes to that but erm [2] I co[uld] I co[uld] I could be HIV positive myself I suppose couldn't I ? at the end of the day
MS6
/HMHM /((nods))

MS6
well let me just say that you've done the right thing by coming to speak to someone about it / but unfortunately as I said I'm only a third year medical student / so I'm not actually qualified to - I won't – I'm not actually the best person who is going to explain to you the actual / - the test you have been having and the investigations that have been done but you <u>have</u> done the right thing by raising the issue / and I think we can go on from there and perhaps look to erm identify the possible product do you - is there an actual problem with the consultant in terms of talking to him?
SP5/6
/hmm /all right /hmm /hmm

SP5/6
Well I'm worried about I mean my mortgage and things I'm worried about stigmatisation / and all that stuff do you know what I mean ?
MS6
/hmhm

MS6
that's perfectly understandable

SP5/6
yeah and I was <u>hoping</u> I was hoping that erm [2] we could have this conversation I don't know if you could possibly - it might be possible to get me a bit of literature that I could r[ead] r[ead] read on the subject you know / maybe later on but I thought now would be a good time when I'm seeing you I want to wait for the results of my girlfriend's test anyway / because it might not be necessary you know what I mean?
MS6
/RIGHT /I see

MS6
hmhm is your girlfriend seeing the same consultant // ?

SP5/6
//well she's an ex-girlfriend so:

MS6
ex-girlfriend so it's (( ))

SP5/6
Yeah - no she is <u>not</u> I'm not even sure where she's having a test eh eh eh test done to be honest because she's being very vague/ I mean the way she's said it is as if she has only she she she's just gonna have this test to see if if she's got a problem / I I I tend to sense - because I know her / and I tend to and I tend to sense there is a bit more there that she's not being upfront with me you know what I mean?
MS6
/hmm /((nods)) /HMM

MS6
I SEE

SP5/6
yeah

MS6

and have you been in contact with any of the members of the consultant's team perhaps one of the junior members?

SP5/6
No no

MS6
Because perhaps just they might be able they - again they might be the best position better than myself to recommend the literature perhaps / that might be answering your questions do you know what I mean?
SP5/6
/hmhm

SP5/6
I [f] yeah if if I see somebody else that's you know erm will it be recorded at all?

MS6
Well patient {confidality} confidentiality is a very important thing / I am sure if you mentioned to the to the to the nurse perhaps or one of the more junior doctors that you didn't want the consultation to go any further they will respect that totally / so perhaps if you spoke to your - the nurse that you're - whose care you're under or perhaps eh again a member of the junior team / they would be more than willing to speak to you in a very confidential matter
SP5/6
/hmmm /hmmm hmmm / hmmm

SP5/6
hmm ◦that's important that◦

[2]

MS6
Is that the im[portant] the important thing for you actually to finding out ?

SP5/6
well yeah I - you know I mean I wanna - I wanna - I want to find out a little bit more about you know what HIV is /and erm you know speak to my ex again and and and really just take it from there eh you know because of the symptoms that I've got I've been in a lot of pain I must admit you know I'm passing blood erm and and and it just seems pretty severe do you know what I mean / [1] so [1] I am just worried
MS6
/hmhm /((nods))

MS6
right you have <u>definitely</u> done the right thing by bringing it to somebody's attention

SP5/6
yeah yeah

[2]

MS6
so

SP5/6
I just didn't want to [1] just someone seeing me / I just don't want it down on paper that you know erm it it it might not be necessary
MS6
/((nods))

MS6
I can appreciate it

SP5/6
hmm thanks

MS6
so so is is your consultant actually aware of your girlfriend's girlfriend's position?

SP5/6
no no no he's not actually

MS6
is it something it that you you don't wish him to be aware of?

SP5/6
well as soon as I find out erm what the exact situation is with Anne then I'll know whether or not to say anything because / if it is not necessary then I'd rather not say anything see/ know what I mean?/ If she comes back to me and says that she's definitely HIV positive then I will ◦have to consider that◦
MS6
/((nods)) /I see /HMHM

MS6
◦I see◦

SP5/6
◦yeah◦

[3]

SP5/6
◦I have to think about that◦

MS6
◦of course you do◦

SP5/6
◦yeah◦

[3]

MS6
but again as I said the medical team <u>are</u> there for you/ it's it is entirely confidential – con[fidentiality?] it is entirely confidential / and they will respect your wishes and they'll be very - I am sure they are more than capable of finding the right information / and again they are always there to talk to you whether it be a consultant or a more junior member / and again even a medical student can you can actually bring something to their attention / and I I can appreciate it is a very worrying time for you
SP5/6
/yeah /hmhm /yeah /hmm /yeah

SP5/6
It is

MS6
[with the symptoms?]

SP5/6

I appreciate you talking to me anyway

MS6
that's ok

SP5/6
thanks

[4]

MS6
Is there anything else you'd like to ask me at all ?

SP5/6
no erm just thanks for talking to me

MS6
that's ok I mean as I say I'm sure if you've been to the – next next time a doctor comes to see you if bring it to their attention they will be able to help you

SP5/6
ok

[3]

((SP5/6 starts grinning))

MS6
ok thank you very much

SP5/6	FACILITATOR:
thank you	thank you

SP5/6, MS6 and facilitator all laugh. The end.

MS7 sits left, SP6 right. MS7 shifts around in seat, looks at facilitator. Facilitator says 'OK it's recording now'. MS7 looks at SP6 and starts.

MS7
Hi Alex Forsyth ((shakes P's hand)) I am I am [FN] I am / a third year medical student
SP6/7
/hello

SP6/7
hello [FN]

MS7
How can I help you today ?

SP6/7
erm I am actually at the end of my hospital stay now and I should be erm hopefully going home later on today / erm I am not happy with lots of the things that have happened here and I just wanted to have a quick chat with to one of you / students before I left
MS7
/right /((nods))

MS7
right ok erm what kind of things are you unhappy with ?

SP6/7
erm I am unhappy about the way I was spoken to the night that I was admitted and the way I was treated by certain members of the medical team / erm and and I I have seen members of the medical team talking down to st[udents] some of you students as well and I don't think that appropriate either I thought you might understand where I was coming from / erm my admission night was the worst night of my life
MS7
/((nods)) /((nods))

MS7
really?

SP6/7
Yeah

MS7
can you tell me a bit more about it?

SP6/7
yeah it was absolutely foul I was erm I I I had a:: appendicitis which has now been surgically remedied / erm but the night that I was brought in I had experienced some discomfort during the day and it was worst time to have it it was my husbands fortieth birthday / I had massive yeah I had a massive a massive surprise party planned all the old friends the old school friends relatives
MS7
/YEAH /oh no

MS7
((laughs)) bad timing

SP6/7
yeah about a hundred and fifty people in a hall erm I wasn't feeling very well I had I did have some alcohol about four five / glasses of Chardonnay / erm [2] erm by the time I was brought in I was in

such a state I was I was all over the place basically with pain I was I was brought into A and E and then brought into this ward/ erm and the doctor talked to me like I was a piece of dirt – loudly
MS7
/((nods)) /yeah /hmm

MS7
Loudly ?

SP6/7
yeah

MS7
so this is when you're actually on the ward ?

SP6/7
yeah

MS7
what what kind of things did he say ?

SP6/7
erm remarked to one the nurses that I stank like a brewery/ erm remarked to - it might have been a medical student - I was all over the place- remarked to a medical student I think it was a medical student or a nursing student better take an alcohol history on this one she is wasted/ erm made a loud reference to erm a very distressing termination that I had when I was sixteen / and erm then started to tempted to ask me when I was in that state on how many sexual partners I had had
MS7
/◦really ?◦ /hmm /really ?

MS7
hmm is it –

SP6/7
it was heard by a woman six beds down

MS7
six beds down?

SP6/7
six beds down she was mortified to talk to me next day / I have never been so humiliated in my life
MS7
/ yeah

MS7
hmm I can I can see why you would be upset like this erm what which particular doctor was it ?

SP6/7
erm it's erm doctor Stein

MS7
right and erm had you ever met him before in the past or is this the first occasion?

SP6/7
it's the first occasion, I have never been in hospital before

MS7
RIGHT

SP6/7
And I hope I don't have to come back again in a hurry no disrespect to you guys

MS7
Right well I mean it does seem kind of erm have you mentioned it to him since?

SP6/7
((shakes head))

MS7
You haven't?

SP6/7
oh just he he flitted on the wards once for about thirty seconds (( )) but erm the junior doctors in fact both of them they are called Henry and Becca / erm they've been doing all the work they're the ones doing all the real work around here/ but the physician he is a - he has just swarmed off / erm it was so humiliating and so unfair
MS7
/yeah /yeah /hmm

MS7
I completely see why you are so upset I mean it would be quite embarrassing for you obviously

SP6/7
Have you seen it before in here?

MS7
erm I haven't no but I mean obviously this erm – this situation has upset you I mean what what would you like me to do ? Would you like me to erm to go and bring this up with the consultant for you or ?

SP6/7
not sure I mean it is one course of action isn't it? and I m[ust]and I must admit I am seriously considering it erm

MS7
well I I am sure he didn't mean to offend you because sometimes obviously they are very busy but that is no excuse for speaking to to patients in a disrespectful way

SP6/7
I think it was erm it was the registrar or consultant was it the consultant

[3]

SP6/7
I mean do you do you I mean you know - what with the circumstances do you think that is appropriate really?

MS7
erm well [2] I I mean it is completely up to you what you decide to do but erm [2] I could I I mean I can probably eh you can safely say that - I am sure he didn't mean to offend you in any way but you know doesn't make you feel any better about yourself obviously

SP6/7
no see you know I think he <u>did</u> mean to offend me because well eh the only way he might not have meant to offend me is if he actually thought I was unconscious / but then just because you think the patient is not hearing anything is no reason to treat them like dirt like that
MS7
/YEAH

MS7
no

SP6/7
and you know (( )) I was going through a really intimate examination (( )) go up my backside and it was like he was doing a commentary like you know why don't at least put the curtains open mate because eh - you know just in case a few people don't know what you are doing do you know what I mean?

MS7
yeah I can see what you are saying erm //

SP6/7
//◦it was really [foul?]◦

[1]

MS7
so apart from that erm was there anything else that's upsetting you by your treatment while you were in hospital or?

SP6/7
no

MS7
So it was just the one member of staff ?

SP6/7
hmhm

[2]

SP6/7
No just the one member of staff and you know I'm I'm quite a tough bird really
what if - how will somebody react that was that was was shyer than me or more reversed //

MS7
//more vulnerable

SP6/7
more vulnerable yeah

[2]

MS7
Well I mean I mean I can certainly pass on your concerns to the consultant but I don't know any particular// (( ))

SP6/7
// (( )) the consultant does he (( )) anything or ?

MS7
erm I am really not sure I mean I am only a medical student so maybe I am probably not the best person to talk to about this //

SP6/7

//I think you <u>are</u> because I see you guys shouted at on a number of occasions / I have seen you you <u>and</u> the nursing students talked down to by some of these ((nods))
MS7
/((laughs))

MS7
you kind of expect that as a medical student as a patient you you would expect a bit more more care

SP6/7
why should you expect that as a medical student?

MS7
((laughs)) well not really but I mean they (( ))

SP6/7
you should really be doing a professional job and working hard

MS7
yeah

SP6/7
I I well I - my degree was in arts and I certainly would have not t[aken] would not have taken it - been spoken to by one of my lecturers like the way that these guys speak to you / I just would not have it
MS7
/yeah

MS7
personally I haven't actually found it that bad at my consultancy they have been quite kind and helpful to me so far erm so [1] well I'm not really sure what to suggest to you to be perfectly honest but I mean I will certainly pass on your concerns if that would make you feel better about the situation

SP6/7
yeah I think you <u>should</u> pass on my con[cerns] concerns to the consultant and I'll I'll consider whether or or not I actually want to make it/ formal
MS7
/hmm

MS7
I mean obviously // that is completely underst[andable]

SP6/7
//you haven't seen it happen to other people?

MS7
no I haven't to be honest that's erm that's why I'm not sure of what to do in this situation I will pass it // on to the consultant

SP6/7
// it probably seems like I'm overreacting just every time I think about it I feel my heat I feel my hackles rising / I I just it makes me just ((sighs)) it was so humiliating and so shameful and so shoddy and-
MS7
/aah

[1]

MS7
I can completely see why you are upset I really can but erm I mean would you be thinking about taking this further or would you be happy to let it rest if I erm ◦if I had a word with him◦ ?

SP6/7
I don’t know you have a word first and see what happens

MS7
Yeah but eh I will hopefully get erm somebody a bit more senior than me to get back to you about this

SP6/7
ok in in the next two three hours because I am due to (( ))

MS7
YEAH I will try to sort that out for you

SP6/7
Ok thanks for your time ((smiles at MS7))

MS7
That’s ok thank you ((laughs)) bye bye

SP6/7
◦bye◦

Facilitator thanks MS7, SP6 says ‘well done’, both SP6 and MS7 look at facilitator.

SP4 sits left and MS8 sits right, both are looking at facilitator who says 'OK'. They face each other and start.

MS8
Good morning Mr Mitchell?

SP4/8
That's me yeah

MS8
Hi ((shakes SP's hand)) I am [FN LN] I am a third year medical student with the surgical team here

SP4/8
right

MS8
erm [2] unfo[rtunately] - you are here for a varicose veins operation?

SP4/8
yes I am yeah

MS8
yeah erm unfortunately erm the SHO who's going to be doing the operation has had to go tend to an emergency

SP4/8
oh right

MS8
erm so unfortunately all this had to be cancelled for today

SP4/8
what?

MS8
((laughs)) erm unfortunately it seems to one of those things that - somebody has come in with a erm emergency [1] and he's had to go to assist I am eh really sorry

[2]

SP4/8
what am I supposed to do? I – [7] wh[at] what eh you saying just go home now? Is that it?

MS8
erm [3]

SP4/8
I mean

MS8
I can ei[ther] either say //

SP4/8
// I had to take a day of work I've had to this is the second time it has been cancelled

[2]

MS8

I am very very sorry but it has been cancelled but unfortunately [2] em[ergencies] emergencies do happen / and erm I I know it must be a pain for you
SP4/8
/yeah yeah

SP4/8
wel yes it is a pain for me actually yeah

MS8
I am very sorry that it is inconvenienced // yourself but

SP4/8
// I work here you know / [2] I'm a nursing auxiliary in the outpatients / I have had to take a day off there they need me there
MS8
/((nods)) /((nods))

MS8
HMM

SP4/8
do eh do

MS8
I understand //

SP4/8
// do do you think they [1] you would think the hospital would look after me a bit better than this

MS8
Well //

SP4/8
// wouldn't you?

MS8
It would be nice yeah ((nods))

SP4/8
yeah it wouldn't be the same if it was you or a doctor would it? wouldn't be a same if it was a doctor - a doctor they'd see

[1]

MS8
I couldn't say I'm afraid

SP4/8
yeah this is unbelievable

MS8
I'll take your word for it you are the one with far more experience

SP4/8
Right so what do I do do I just go home then? Forget about it or ?

MS8

erm well I'd imagine that – eh they are not just going to forget about the operation / they they would be in contact with you again I'm sure if you spoke to erm one of the sisters she would be able to tell you where to make an appointment now or erm wait for them to get in contact with you and unfortunately I only saw the SHO for under a minute this morning he dashed in told me there was an emergency on and erm could I stay here to tell the patients that unfortunately he's unable to do it
SP4/8
/oh?

SP4/8
so he has [landed it ?] all to you has he?

MS8
these things happen somebody has to do it and [1] he is very busy

SP4/8
yeah

[2]

SP4/8
so

[3]

SP4/8
that's it then? that that's it? that is [2] right

MS8
I am I am really sorry

SP4/8
yes I heard what you said ((sighs))

MS8
((nods))

[3]

SP4/8
ok

MS8
ok sorry

Silence. SP4 looks at facilitator, MS8 looks at facilitator. Facilitator says 'OK thanks for that'.

MS9 sits right, SP13 left. Facilitator talks to MS9, says to start whenever MS9 is ready. MS9 leans toward SP13 and starts talking.

MS9
Hi Mr Harper ((shakes P's hand))

SP13/9
hello

MS9
my name is [FN LN] I'm a third year medical student erm my registrar asked if erm it is ok with you if I can come and had a look at your toe nail / find out about it erm can you tell me what the problem is?
SP13/9
/hmhm

SP13/9
erm well erm for:: a few days weeks now the big erm nail on my erm big toe nail is been just keeps on - it is when I am playing sport / keeps on getting infected / and erm eh I erm it is just you know it is really painful now to / erm to walk on it wh[ile] wile I'm out I actually had to play footie a few days ago / and it was just getting worse and worse and worse / and erm yeah so they said look you know it's getting infected all the time/ best thing is to get it treated / erm apparently it won't go on its on so you know / and yeah
MS9
/((nod)) /right /((nods)) /HMM /HMM /((nods)) /yeah /right

MS9
and erm it is your left // toe nail ?

SP13/9
//left yeah

MS9
and when it gets infected can you describe what – erm does it swell up or ?

SP13/9
It it swells up - it it is very red all the time / it swells up the nail is discoloured / erm and you know it it just is very painful / just thro[bbing] you know can't sleep keeping me awake just you know ((coughs)) why I (( )) / it is erm
MS9
/yeah /((nod)) /HMM HMM /yeah

MS9
and when did the problem first start?

SP13/9
er::m oh exactly probably about a week / a bit longer than that / erm it wa[s] erm [3] can I ask you something ?
MS9
/((nod)) /right

MS9
yeah sure

SP13/9
((coughs)) I am just worried this is going to be a huge shot in the dark but erm [2] I'm in for this [1] erm ((coughs)) I don't like hospitals / I don't like hospitals

MS9

((laughs))

MS9
you are not the only one ((laughs))

SP13/9
yeah ((laughs)) erm and [3] I didn't want to come in with this anyway and but / erm yeah and I am going to have it done fine / that that is erm that is that is no great shakes actually that ain't life threatening erm [2] just saying I I you know play some footie / which is you know why this I think it needs sorting out erm//
MS9
/hmm /YEAH /hmm

MS9
//and it is interfering with that now isn't it?

SP13/9
erm yeah erm I [2] erm after after one game [2] this is this is eh what I (( )) as well/ erm [3] it was only myself in the bath I'm sorry if this is a bit embarrassing
MS9
/hmm

MS9
no not at all

[2]

SP13/9
((coughs)) I think I found a lump

MS9
RIGHT

SP13/9
erm and erm [3] ((sighs)) ((coughs))

MS9
can you be a bit more specific about where the lump was?

SP13/9
it eh it erm down here / it's erm where (( )) should be / and erm ((sighs))[2] ((coughs)) s[] erm erm I //
MS9
/it is /hmm

MS9
// have you told the doctor about this ?

SP13/9
no no no no I haven't told anyone as asI say I don't - I mean call me stupid but I don't like hospitals and / I mean no offence but I don't like doctors either
MS9
/no

MS9
no

[1]

SP13/9
and erm ((coughs)) [3] but erm ((sighs)) [4] but I think I think I got - I think it is serious

MS9
hmm

SP13/9
erm ((sighs))

[2]

MS9
when when were you in the bath when you found it out when was that ?

[2]

SP13/9
((sighs)) it was probably it was a number of months ago / it was probably s[omething] like [2] six / months round figure / six months ago half a year ago erm [2] I know it sounds [1] odd but you know I I I I don't I don't I don't want to see a doctor on this you know / I just you know it is hard enough talking about it / and you know
MS9
/yeah /((nods)) /hmm /no that's understandable /hmm

[3]

MS9
do you have any idea what might have caused the lump?

SP13/9
erm no - I mean [2] here's the thing there there is a history in my family / [1] that's - it it's what my dad died of / it is what my dad died of // erm
MS9
/hmm /right

MS9
// what was that ?

SP13/9
he had testicular cancer

MS9
right

SP13/9
erm

MS9
so was the lump actually on your testicles ?

SP13/9
yeah

MS9
hmm

SP13/9

and erm [2] and eh it it - you know and lets face it it's cancer so you know

MS9
Hmm [2] I don't think you really jump to that conclusion erm without talking to a doctor obviously I am only a medical student I can erm [2] can't tell you anything for sure erm but just as general advice I know erm you are - to need to do tests and these sorts of things

[3]

MS9
Is it painful?

SP13/9
it can - yeah it it can be / yeah it is - it is inconvenient / it is painful it is you know it is always there (( )) makes it worse / and the damn cold
MS9
/hmm /hmm /hmm

MS9
yeah annoying you obviously

SP13/9
hmm I just ((sighs))

[2]

MS9
if you don't like hospitals do you get on well with your GP ? maybe that would be someone you could approach

SP13/9
yeah I mean he is ok he is ok erm

MS9
because that is more of a conform setting isn't it ?

SP13/9
yeah [2] yeah I mean I I I know it sou[nds] it sounds pathetic but erm you know just [1] /I see a I see a white coat / and I just freak / you know and I am not going to play your amateur psychologist / over - like well it was all about my dad or whatever / just you know ((sighs))
MS9
/no not at all /yeah /yeah yeah /hmm /hmm

[2]

SP13/9
you know

MS9
I think for your piece of mind as well as erm you know for your health it would be good to get some advice and / and see to somebody <u>about</u> it and if you are afraid of hospitals which is very understandable considered what happened to your father you know maybe a GP would be a better erm setting or you know / if you want then maybe they could come come and see you at home / erm [2] / and maybe they would feel that you needed other tests / and maybe it would just be [1] not something to worry about I don't know
SP13/9
/hmhm /hmm /hmm /hmm /hmm

SP13/9
hmm hmm ((sighs))

[4]

SP13/9
((coughs)) I mean might he he would be able to to to deal deal with everybody?

MS9
he might / have to refer you on to someone else / but there's no telling that's the thing / and I can understand it must be extremely distressful for you at the moment and worrying erm and it may be something serious but then again / it may not be you don't know
SP13/9
/wha[t] /oh /oh /I could eh –

[4]

SP13/9
((coughs)) yeah

[4]

MS9
have you spoken to any friends or family / about this? was / your mother erm able to / help?
SP13/9
/no /no /no

SP13/9
no I haven't [1] spoken to her / I don't know if she has -I mean she lost out / she she doesn't want me sort of / me (( )) robbing sort of number two family gone
MS9
/hmm /yeah of course /no

MS9
no

[3]

MS9
hmm

[4]

MS9
I think if you felt able to erm if you don't go to your GP [2] you will just carry on to get more and more worried about it aren't you?

[2]

SP13/9
yeah [3] yeah [2] yeah [3] I got this ((points at toe)) to worry about today anyway so

MS9
((laughs)) yeah yeah

SP13/9
yeah

[3]

SP13/9
ok

MS9
when is your operation for your toe?

SP13/9
Erm a couple of hours / so

MS9
/hmhm

MS9
and are you feeling worried about that as well?

SP13/9
eh yeah / yeah because I am here ((laughs))
MS9
/HMM

MS9
yeah

[2]

MS9
did you know if they give you any indication of when you might be able to go home after the operation?

SP13/9
erm they just said pretty soon / and and after erm a little bit afterwards/ they said it was just a local anaesthetic apparently / a simple procedure / erm you know it is sort of in and out / so yeah [2] so I'll deal with this today
MS9
/yeah /((nods)) /right /yeah /hmm

MS9
deal with this first yeah

SP13/9
yeah yeah

MS9
and then think about [3] // this

SP13/9
//thank you for your time ((shakes D's hand))

MS9
no not at all // here to help

SP13/9
//thanks

Facilitator says 'thank you', SP13 looks up, MS9 looks at facilitator.

MS10 sits left, SP17right. Tape starts as role play starts.

MS10
Hello is it miss Mitchell?

SP17/10
Mrs

MS10
Mrs hi ((shakes P's hand)) my / name is [FN] I am a third year medical student / erm I have some unfortunate news erm I understand you were meant to be having surgery today / it's been cancelled unfortunately / erm really sorry it is just that erm we have had an emergency it has just come in and erm the surgeon who was meant to be operating on you has had to erm he's been called to operate on this patient
SP17/10
/hi /uhuh /yeah / why?

SP17/10
so I am not going to have the operation // today?

MS10
//unfortunately not ((shakes head))

[2]

MS10
really sorry it must be real inconvenient

SP17/10
((sighs)) oh this is the second time this has happened actually / so it is more than that now
MS10
/HMHM

MS10
HMM [3] yeah I mean eh erm as I said it was an emergency that was that we had and I if they're not operated on then they would die so::

[4]

SP17/10
I mean I I have had well you have no idea it is just / I have had to organise so much in order to be free today / for this operation / and [3] it is just a - you know it's just a logistical nightmare / basically and to pay for extra child care days / two days extra I had to swap my shift and change my rota at work / ((laughs)) pfff [2] it's just ridiculous [2] I have just been sitting here
MS10
/hmhm /((nods)) /sure /HMM /hmhm /((nods))

MS10
sure

[5]

SP17/10
I bet / this wouldn't happen if I were a doctor I bet I would still have my operation
MS10
/yeah

MS10

((laughs)) oh I am sure it wouldn't it is just unfortunate but you know you are meant to be in for surgery today [2] but there is an emergency that's come in

[3]

SP17/10
When am I going to have my operation?

MS10
I really don't know I'm only a eh medical student I couldn't be able to tell you that erm but I am sure you will eh [2] you know get your operation but I couldn't give you a date or whatever

SP17/10
so how do I find out?

MS10
I am sure the erm sur[geon] your surgeon will be in touch with you

SP17/10
well am I getting operated on before Christmas?

MS10
I really don't know [2] / of course like eh we'll try our best but I really couldn't say
SP17/10
/((sighs))

[4]

SP17/10
((tuts)) that's that then

MS10
really sorry

[3]

MS10
It must be very frustrating but

[3]

SP17/10
well you you just sort of really psyche yourself up / for something like this you know yes of course it is not life threatening / but it is still an operation // I mean -
MS10
/sure /((nods))

MS10
// you are still important you know

[4]

MS10
it is just unfortunate it has happened a second time as you've said

SP17/10
Well it is a bloody nuisance / I mean that is a bit more than unfortunate
MS10

/HMM

[2]

SP17/10
((sighs)) well wh[at] how I mean how soon will I hear about the rescheduling?

MS10
erm well I really don't know what happens in cases like this erm I mean it might even be told today erm but I I don't know about how quickly you'll be seen erm I mean somebody will definitely be in touch with you [1] as soon as possible [1] but unfortunately I couldn't give you a date 'cause as I said I am only a medical student

[2]

SP17/10
right well if I go now I can I will only have to pay for two half days so / I I -
MS10
/right

MS10
I am really sorry ((laughs))

SP17/10
these things happen

MS10 looks at facilitator and back to SP17, facilitator says 'right, thank you'.

Facilitator says 'ok then', MS29 (left) faces SP3 (right) and starts.

MS11
Hello is this erm Alex Forsyth?

SP3/11
Yeah yeah

MS11
yeah my name is [FN LN] third year medical student and I believe you want to speak to a medical student?

SP3/11
Erm yeah I did real[ly] erm I di[d] I eh I have had a bit of a situation happen to me since I have been here and [2] I want a bit of advice really I wanted to know whether you you feel that [1] I don't know I sort of have a bit eh a bit of a problem and I just want to talk to someone about it

MS11
Ok now what is the problem [why did you call in?]

SP3/11
Well basic[ally] basically I came in here erm two nights ago and I was rushed in and I had pains I rushed in with this pain then I had an appendix / I had my appendix out / and erm [2] I this - I was taken onto the ward obviously when I was taken the doctor that saw me was extremely rude / and aggressive and erm making a huge amount of assumptions about me about [1] erm basically I drunk qu[ite] / quite a lot before I came in he made this assumption I was an alcoholic asked a lot of personal questions and afterwards [1] it was commented by all these ladies on the ward next to me / that they heard everything that went on / that they felt embarrassed for me - one o clock in the morning / and he was shouting on his top of his voice /woke everyone up embarrassed me embarrassed them asking all these questions and proceeds to do an examination and that was for - you know I am now going to examinate you know your back passage very loudly but very painful [1] and I just feel I don't know whether this practice↑ whether this is how they should be or:: [1] whether - because there were there were all these ladies and they now know everything about me
MS11
/((nods)) /ok /((nod)) /((nods)) /((nod)) /ok /((nod)) /ok

MS11
Ok so I mean I mean what do you want to do? Do you want to complain? Because I'm just a medical student and erm I mean I'm not sure if I am it is probably really - I am not the best person to come to for this kind of advice really I mean I can try to advice you / (( )) or try to get to find you the relevant people
SP3/11
/yeah

SP3/11
Well this is what I thought you see I didn't want to go and ask a doctor because I feel em[barassed] embarrassed complaining about one of their colleagues / do you know what I mean? And I I I thought if I I asked you you might be able to [2] you know find out why I sh- I mean I f[eel] I feel really humia- humiliated and angry / and embarrassed about the whole thing / and I don't think it's fair that somebody in that position should treat people like that / and I don't know I mean do you think I - do you think he was wrong?
MS11
/◦ok yeah I understand◦ /ok /YEAH /yeah

MS11
I mean I can't really say because I wasn't there at the time

SP3/11
no

MS11
And I mean eh as being a medical student he is my senior so I mean so I can't really comment on wha[t] on what actions he's done but I mean if you want to complain I mean there must be a sort of system set up in the hospital whereby you can complain / within the trust I mean each trust has the own sy[stem] system / so I mean I think that will be a good idea [1] // to go through the system
SP3/11
/yeah /right

SP3/11
//so how will I find out about that?

MS11
Erm I could go and find out for you/ erm find you the information for you or a better idea might be if you ask one of the staff here at the hospital maybe a doctor or a nursing staff because they might know even more / even though I know you don't want to speak to a doctor // I can understand
SP3/11
/ok thank you /yeah

SP3/11
//yeah I don't want to speak to a doctor really I just sort of feel a bit embarrassed / about about talking about it him you know
MS11
/yeah

MS11
Yeah yeah I mean there must be some leaflets as well erm about how to complain or what to do if you have been treated in a certain way if you think you have been treated in a certain way / but I mean I can't give you much more advice than that
SP3/11
/I know

SP3/11
And you -I mean -is it is it - well I mean - just so I know if I do complain is it normal practice for them bring people up on the ward and <u>do</u> all that and <u>ask</u> all those personal questions and <u>do</u> that personal examination just behind curtains? Is that a normal thing to do?

MS11
Erm again I am not sure what actually happened at the time but I mean if you if you <u>were</u> to come in ill then I mean it would be behind curtains I mean that does give you some privacy but I mean //

SP3/11
//yeah but you can can still hear what//

MS11
//yeah well I mean I w[as] I then again I wasn't there so//

SP3/11
//yeah but I was and I am telling you that that / that is what happened / he took me up on the ward and he and he spoke very loudly and aggressively and did this examination and I mean I don't know is that where they normally do it?
MS11
/yeah yeah /ok

MS11

I am not sure I mean it it must be different for each case that comes through / I mean erm so I think probably the best thing you could do is erm either speak to someone working in the staff here they would know more about where to go with such a complaint / if it is a complaint [1] erm or if you're // eh
SP3/11
/right /yeah

SP3/11
//do you yeah do you think it <u>is</u> a complaint?

MS11
Erm well that is not for me to decide that is for the patient because you were obviously there and you know how you feel

SP3/11
Yeah I am I am very I am very angry and I don't want anyone else – / I don't want anyone else to feel the way I am feeling / I mean I don't want your mother to come in or your sister or your brother or whatever / I mean you wouldn't want anyone treated like that that - would you? I mean / that's the thing you wouldn't want anyone of your family or yourself or your – to be treated like that / you know? and that's how I feel I wouldn't want anyone I know should be treated the way I was treated without Mrs Blogs next door hearing everything
MS11
/yeah /ok /ok /hmm /ok

MS11
Yeah like I said basically is to find out something about – I mean if you if if you are not happy to speak to another doctor about it personally I mean than maybe take up some complaint or something for to see how the procedure works there / that is the only advice I can give you basically
SP3/11
/yeah

SP3/11
I think I'm gonna to have to do that because it is this thing eh I <u>am</u> angry about it I am angry that he thought it was all right to speak to me like thought that it was all right to wake everyone else up on the ward / and embarrass everybody
MS11
/ok

MS11
Yeah I mean so that is the best way

SP3/11
ok

MS11
And try to find where – you know you might - before you make the complaint might be easy just to talk to someone about it someone higher up than me someone who works in the actual - for the NHS / that might be an idea too
SP3/11
/yeah

SP3/11
Yeah I mean I I [1] I don't know what else they can say really can they? or – just so I suppose I whether this is procedure for them to do and will the doctors eh what eh

MS11
well I can't I can't talk about his procedural - what you know whether it was right or whether it was wrong because I don't know myself I am just a third year medical student //

SP3/11
//No [1] no no but [2] erm I thought you'd understand eh eh you know the way they humiliate you I see the way they talk to you you know I I I always understand the way you know that they treat medical students is sort of not very pleasant with these consultants you know

MS11
Hmm yeah but I mean but again it is best is either someone of the NHS staff and they they will direct you to the department that can deal with it honest

SP3/11
Yeah I'll do that

MS11
Because I am not the right person really to give you advice on that

SP3/11
No no but nice to talk to you

MS11
All right thanks a lot

SP3/11
Thank you

At last line of MS11, he looks at facilitator, who ends the role-play after this.

Faciltator whispers 'ok'. MS12, right, starts straight away. Dark room.

MS12
Good afternoon ((stands up, shakes P's hand)) my name is [FN] I'm a third year medical student

SP13/12
hi

MS12
How can I help you?

SP13/12
Right yeah erm [1] thanks for coming down / for a start I appreciate that erm I need to have a chat erm [1] with somebody sort of – well [1] I need to have a chat slightly off the record
MS12
/ok no problem

MS12
Ok that's fine

SP13/12
Erm the story so far with me is this erm [1] I've got really bad bowel problems erm to which end I have just erm had a sigmoidoscopy erm which wasn't exactly a barrel of laughs erm and I am about to go erm they're just preparing erm me for a barium enema / so erm yeah so I've sort of got some erm [1] serious problems here erm [1] on top of that [1] I have [1] recently found out [1] that [1] what is going on in here is not just painful and inconvenient in itself but could be erm [2] the signs of something (( )) it could be [1] a symptom of the HIV virus
MS12
/OK

MS12
Ok how did you find that out?

SP13/12
Erm I recently received erm [1] a phone call from [1] an ex partner of mine erm [2] and erm she's been instructed by her - she she has recently discovered she is HIV positive and she's been instructed by her GP to contact any people who erm [1] might have been [1] exposed (( )) / erm and (( ))
MS12
/ok

MS12
((nods))

[2]

MS12
Have you taken the test?

SP13/12
No I haven't

[2]

MS12
And are you thinking of going to do the test?

SP13/12

((laughs)) [2] erm [2] because this has all happened so quickly / erm it is quite a lot to take on board plus also going from one examination / going to another / I'm kind of in the middle erm [1] so I've just erm well like all this processing going in and there's also the matter of erm and I am kind of worried about that is kind of one of the reasons why I wanted to speak to erm to you / rather than any of the the doctors/ who are dealing me directly is that - and this may sound trivial but it's a concern / of mine / but I tell the doctor who's treating me or or or I take the test [1] somebody's gonna take a note / somebody's gonna keep notes somebody's gonna make records / erm I am not the expert so I don't know - but fast forward weeks [1] months years down the line erm this information has got out / and I go to apply for a mortgage / or life insurance and ((claps hands loudly)) well that's/ kind of that
MS12
/((nods)) /((nods)) /yeah /((nods)) /((nods)) /((nods)) /hmm /((nods)) /((nods)) /((nods)) /hmhm /((nods))

MS12
Your medical records are confidential

[1]

SP13/12
Yeah?

MS12
Yeah they are ((nods))

SP13/12
Including [2] HIV?

MS12
((nods)) it would only be discussed within the health care team

SP13/12
Hmm [3] and [3] an HIV test will be within that

MS12
It will yeah it will count as something clinical

SP13/12
Ok

[2]

SP13/12
You can understand though how // you know?

MS12
// I can understand that it is a bit of a dilemma really ((nods))

SP13/12
Because again it's erm [2] me being the perennial optimist it's not that there is not so much to worry about like hey I don't have to worry about anything it's just [1] I'm a little bit in the dark here so it's ((laughs)) it's – everything's like on on on a need to know basis erm

[3]

MS12
(( )) / – they may help you if you need the guidance / [1] it is not something nice to have hanging over your head
SP13/12
/hmm /hmm

SP13/12
No no no erm [2] yeah ((laughs)) and finding out yeah erm [1] is there [1] is there somewhere as it were in house that this test can be - that I can do this test? I mean [2] where when how why - you know how long does it take?

MS12
I don't know the ins and outs of it/ I can find out for you confidentially / erm and come back and let you know when I have spoken to one of the more senior members of staff
SP13/12
/Ok /yeah

SP13/12
Ok confidential is the word

MS12
((nods)) hypothetically speaking I would [1] give them the scenario and find out the information

SP13/12
Ok ok

MS12
I wouldn't mention your name / [1] would you like me to do that?
SP13/12
/ok ok

SP13/12
Yes erm

[5]

SP13/12
I'm going now –the time I have got you know because I got this enema now to get ready for – erm if you can just if you got the time if you could just get some information if you can find out that is all I'm after just just find out erm

MS12
Yeah sure no problem

SP13/12
Erm if I am not here I will be wherever they send me to get ready for barium enema / erm ok yeah yeah (( )) thanks thanks for your help ((shakes D's hand))
MS12
/((nods))

MS12
That's ok

SP13/12
I really appreciate that

MS12
That's ok

SP13/12
Thanks for your help thanks for your help

Facilitator says 'OK', MS12 and SP13 both look up at facilitator.

MS13 sits left, SP10 sits right. MS13 starts immediately as tape starts.

MS13
Hi

SP10/13
Hello

MS13
erm I am [FN] I am a third year medical student

SP10/13
Oh right

MS13
erm I understand you have come in today about erm your varicose veins [1] is that right?

SP10/13
Yeah yeah I have come to have them done

MS13
OK well I unders[tand] – there there's a slight problem the doctor who was supposed to be doing it unfortunately one of his patients has had a a serious medical emergency / and he's had to rush off to theatre to perform a major operation if he doesn't do so then there is going to be serious complications with that patient // so
SP10/13
/oh dear

SP10/13
// What sort of - what sort of operation?

MS13
Erm [1] basi[cally] basically that patient is has had a a complication with their aorta and it's it's a major blood vessel and if he doesn't repair that straight away erm it – basically she could die / or he could die so unfortunately he has not been made available to do your your operation today
SP10/13
/Oh dear

SP10/13
Well is there someone else who can do it?

MS13
Erm [1] I can find out I'm sure [1] I'm sure there would be someone else to speak to about this because I'm only a third year medical student to find out if there is a place for you but the likelihood is is that most operations are filled up and you probably will have to make a another date to come in // is that going to be a problem?

SP10/13
//Oh you're joking you <u>are</u> joking aren't you? they won't be able to fit me in today is that what you're saying?

[1]

MS13
Erm they may be able to – I eh I could have a word with with the consultant or have a little chat find out if it is possible but I have no authority to to change things around this place erm I mean what sort of problem is it going to cause you if if you had to come in another day?

SP10/13
Well I've already had - this has happened to me once before / I'm an auxiliary at this hospital ok / I been waiting eighteen months for this operation / now I know people have to wait for operations but I work here / you know I have had to wait eighteen months six months ago I was booked in to actually have the operation I was cancelled two days before / now I've come in I have to had take time off work / I've had to arrange for my - childcare for my kids it's cost me money / and now it's gonna be cancelled again↑ / oh lord I don't believe this
MS13
/ok /((nods)) /((nods)) /right /((nods)) /((nods)) /RIGHT /right

MS13
And this is - this has happened once before? Or is that – how many times is it?

SP10/13
Yes it's been cancelled once before I wasn't actually in the hospital then / but it was cancelled two days before and then it took another six months / to sort me out / I don't believe it I mean↑ eh eh it's not right is it? that I should actually be working here at this hospital and surely I should get some sort of preferential treatment?
MS13
/right /((nods)) /ok

MS13
I understand that that [1] you do work at this hospital but [1] I think that the main (( )) for doctors is to treat to treat all patients equally and unfortunately can't treat prioritise people over others because it's probably not ethically correct to do so a::nd //

SP10/13
//So we've all got to be treated equally as bad / tell you what if I would have been I would have been a doctor I wouldn't have been cancelled so much I wouldn't have to wait eighteen months
MS13
/((laughs))

MS13
Right [1] I mean I'm not I'm not sure exactly erm the situation doctors get treated in the hospitals but I would assume that they would all be treated equally - and I I'd hope that they would do erm

SP10/13
What you would expect to wait eighteen months for an operation would you? when you're a doctor? [1] you'd probably do it yourself

MS13
((laughs)) yeah erm yeah if I get to that stage ut erm obviously I I can understand that you are upset about the fact that you have had to wait a long a long time for your for your operation erm is it causing you great discomfort?

SP10/13
Yeah it is actually I - I mean you know after about an hour of standing I'm in qui[te] – it sta[rts] - the veins starts throbbing I mean that you've probably seen varicose veins they're like / horrible great big like slugs on your legs and erm you know they start throbbing and and hurting and by the end of the day because being a nurse is being on your feet / all day / and I mean you know what it's like [1] by the end of the day I'm in in a lot of pain with it you know / and I just want it out of the way I've had to cancel one holiday because the last time I was booked in we were supposed to be going on a holiday / you know / and I – there was no way that I was gonna go and sit on a beach or two weeks in Lanzarote with legs looking like that / so we've had to cancel that at holiday but it is you know it is very uncomfortable and painful to actually work / you know and the longer it goes on the the more you know depressed I'm getting about it really / I just want to get it done it is not a difficult operation

MS13
/HMHM /((nods)) /YEAH /right /((nods)) /OK /RIGHT /((nods)) /right

MS13
Have you - have you spoken about this this situation with your doctor at all the guy who's meant to be doing this for you?

SP10/13
Yeah yeah

MS13
And what was his response to that?

SP10/13
He said we'll get you sorted out

MS13
Ok and and nothing more?

SP10/13
No

MS13
Ok [2] well [1] I mean the best you can probably hope for is to speak to your doctor again and maybe press him a bit further about it as far as maybe - I mean I know you you said you had to take time off work and you've had to erm get childcare in was it did you say? I mean is there anyone else who can help you with that in stead of you having to pay money for childcare // maybe family friends?

SP10/13
//if I could have - if I could have – if I could have done that I would have done you know I mean I eh I wouldn't have I wouldn't I wouldn't arrange childcare to pay for if you know I could get it free it is not easy for me so erm / [2] well anyway that is not your problem the problem is you know is there any chance you can get me slotted into a list?
MS13
/ok

MS13
((laughs)) erm

[1]

SP10/13
I mean I have waited eighteen months and they have cancelled me twice now

MS13
Right well obviously as I said being a third year medi[cal student] all I can do is have a word with the the consultant or with with the person in charge which means I probably get shouted at <u>but</u> / I can give it give it a go and hopefully erm just let them know the rest of the problems that you're you're been having with not being treated
SP10/13
/ah I don't want that

SP10/13
Well I don't want you to get shouted at and in a way I don't think it is right that you should have come to tell me anyway / it should have been him that came and told us wasn't it?
MS13
/right

MS13
Erm well I'm sure he would have liked to come come and told you but obviously he's had to run off to do to do an emergency operation and it would have been difficult to come here and then run off to theatre as well / so erm [1] but yes I'll I will try and //
SP10/13
/hmm

SP10/13
//Well don't - if its gonna risk you being shouted at don't //

MS13
//No no no it's ok I'm not particularly scared of the consultant so // it should

SP10/13
// well good for you

MS13
It should be fine [1] erm [2] where was I - considering your erm [5] ((looks away, laughs, looks for words)) erm // considering

SP10/13
//have you got to have you got to tell it to all the other patients as well?

MS13
Yes I do I've got I think I've got about ten fifteen patients to go and see and have the same word with them

SP10/13
Ok thank you very much ((shakes D's hand))

MS13
Thank you very much thank you

SP10/13
Thanks

SP10 and MS13 both look at facilitator, who says 'thank you very much'.

MS14 sits right, SP13 left. Both are looking at facilitator, who states to 'start when you're ready'. MS14 turns to SP13 and starts.

MS14
Hi / my name ((shakes P's hand)) is [FN] / I've just been asked by the registrar to come and have a look at your toe nail would that be all right?
SP13/14
/hi /hi

SP13/14
yeah yeah great great

MS14
is that is that all right for me to examine it?

SP13/14
Yeah erm yeah the offending article it's erm it's been [1] bloody hell today just glad I'm - you know what I mean listen I know this is not what you're here for / but I mean [1] I'm scared shitless of hospitals I'll admit that right now and I'm not too clever with people in white coats / and I'm just a little bit you know nervous and I'm a bit nervous about this operation and what have you erm and it's funny - hospitals it's a funny thing I must admit but erm ((coughs)) (( )) but erm I did this toe in playing footie / I I play footie quite regularly erm and it was after a game of footie erm ((coughs)) eh quite a while ago that erm [1] I was having a bath erm after a match ((coughs)) and I was examining myself as you do erm and I erm [1] erm found a lump where a lump shouldn't be / erm and erm erm [2] ((coughs)) erm [1] ((laughs)) and I just suddenly thought I should tell somebody
MS14
/yeah /right /yeah /right

MS14
Right have you have you been to see a doctor about it or have you //

SP13/14
// as I say – not good with the white coats [1] not good with hospitals either so

MS14
right I mean have you thought about going to see your GP maybe?

[2]

SP13/14
Yeah but that's basically you know - what you're saying there is that it's basically it's cancer isn't it? And erm

MS14
Oh no that's not what I'm saying at all there's a lot of reasons reasons for lumps but I mean obviously until until the doctor has seen it / [2] nobody's gonna know and obviously you're quite anxious about it / probably would be advisable / to go and see someone
SP13/14
/hmm /hmm /yeah

SP13/14
yeah

[2]

MS14
I mean is is that something you would consider maybe?

SP13/14
Erm well I mean [1] I know it sounds stupid because you know I can talk to you about it and erm [1] but erm you know you know I just I got this thing about erm you know [1] it's like saying it's like admitting you know the worst you know like hey doc here I am yeah there it is and eh goodbye ((laughs))

MS14
There is a lot of things it could be that aren't cancer [2] and what - I mean whatever it is it is better to to find it earlier [1] and to s[tart] to start treatment earlier

SP13/14
That's the problem isn't? it - this has been going on for [3] for a while ((laughs))

[3]

MS14
I mean [1] is there no one there you would consider sort of seeing or talking to?

[3]

SP13/14
I'd consider it but I wouldn't be happy do you know what I mean? [1] it is you know

MS14
Would it would it not be worth it? to just find out once and for all you know to just - for all you know you could be worrying about nothing

SP13/14
Hmm hmm [1] I know I know

MS14
It might not be worth / all this stress
SP13/14
/I know I know

[5]

SP13/14
I know this says yes ((points to head)) this says you know ((points to heart))

[3]

MS14
I mean obviously it's it's a decision you've got to make / I'm sure you yourself can [1] weigh up your pros and cons / and everything – it isn't me that can make yourself go to the doctor / [2] but if it <u>is</u> causing you this much / grief [1] it'll probably [1] it'll probably be worth doing
SP13/14
/hmm /yeah /yeah /yeah yeah

SP13/14
Yeah yeah I know what you mean and I hear what you're saying and I know <u>I know</u> you're right but it's just you know

MS14
Is it because you actually know your GP? Would it be better if you were able to go to someone you didn't know that well or?

SP13/14
Yeah I mean poss[ibly] I don't know its like you know [1] – I just [2] ((coughs)) maybe I don't know I mean I don't know you know he is he's been my doctor for ages / and I I'd visit him like that ((snaps fingers)) and it took like wild horses to take me in here as well / and you know see how well that's turning out erm that's just for a just for a toe nail erm [4] I mean yeah maybe seeing some[one] - I don't know seeing you you're different would it help seeing someone diff[erent] I don't know maybe
MS14
/yeah /yeah

MS14
Seeing someone different yeah

SP13/14
Yeah I mean I don't know

MS14
Maybe (( )) / I mean what is it that's stopping you from going is it just [1] are you just scared that it could be something?
SP13/14
/yeah

SP13/14
Well yeah I mean - you get - it it's you know [2] cause it's - first thing you'll say is hi doc I've got this and the next thing you're saying is so how long have I got to live? you know what I mean

[3]

SP13/14
you know

MS14
You do you do realise that there is a lot of other things that it could be?

SP13/14
hmm

[2]

MS14
A lot / of things
SP13/14
/hmm

[3]

SP13/14
yeah

MS14
The only way you're gonna know [3] is by / going to the doctor
SP13/14
/yeah yeah

SP13/14
Yeah as I say you know I hear you but ((laughs))

MS14
yeah

SP13/14
But I mean ((laughs)) yeah yeah

MS14
I mean well it is something you're gonna have to think about yourself / and obviously it's it's your decision / we're not just gonna - [2] and everything you said to me obviously will / stay with me / it's not a [2] this is confidential so
SP13/14
/hmm /hmm /hmm /hmm hmm yeah

MS14
It's definitely worth giving it some thought

SP13/14
Yeah well [1] I got a lot on me on my plate with my foot (( )) gonna go in today [1] I mean is there is there nothing else that [3] ((coughs)) yeah yeah yeah [1] see the doctor ◦see the doctor◦ ok

[2]

MS14
Ok is there well is there anything else I can do for you ? / I mean do you want me to ?
SP13/14
/erm

SP13/14
No as I say I mean they they they've got me ready for – I don't know if you can find out how long it's gonna be until I get my – I've been told it's a couple of hours I've got to get a plaster thing / you know / I mean I don't know how long does it take - if you find out how long it's gonna take afterwards before I can go into any ((laughs)) you know
MS14
/yeah /yeah

MS14
Yeah well I think the registrar is probably going to be back in to see you // I think so

SP13/14
//Ok yeah that's brilliant that's good that's good yeah so yeah well thank you / thank you you know thanks for your help really appreciate it
MS14
/all right

MS14
Thank you

MS14 looks at facilitator, who thanks both MS and RP.

MS15 sits left by the door, SP3 sits right. As tape starts, MS15 turns head to SP3 and starts.

MS15
Hi erm you've asked to see a med student I understand? I'm [FN] I'm a third year med student

SP3/15
Yeah I did actually erm I just wanted to check with – the reason I wanna talk to you is really just to ch[at] have a chat about something erm to check that you don't put anything in my notes – I mean do you – if if I told you something you wouldn't have to put anything down on my notes would you?

MS15
Right like erm for - like what for instance?

SP3/15
Well it's just I want I want – the reason I can't talk to a doctor is I don't want them to put what I've said down on my notes / and I'm wondering if if I talk to you would - do you have to put things down on notes?
MS15
/ok

MS15
Erm well would you would you like to tell me what it is or would you rather?

SP3/15
Erm well I need to know first really because I can't – I I don't want what I wha[t] - oh sorry I'm awkward I'm ever so sorry / but erm I don't want you to write it down on my notes that's all
MS15
/that's ok

MS15
Well everything that does go down on your notes you know it is completely confidential I mean only you and only the medical staff involved will will s- look at it so and it - anything that goes down on your notes will hopefully be relevant to your case or I mean anything you <u>do</u> say if we think it's relevant then I think it is probably quite important then you - that you tell me

SP3/15
But you don't have to write it down on my notes though do you?

MS15
Erm I'm [2] to be honest I'm not – I I'd have to check on that for you //

SP3/15
//yeah it's just that I've noticed that you don't <u>seem</u> to have to write things on notes and I I don't I know that a doctor if I told them that they'd have to write it on the notes and [1] I just sort of need to to – I need you to get me some information really / and erm [1] I don't really wanted anyone to know I've talked to you that's all
MS15
/right

MS15
Ok erm [1] do you want to - I mean it depends the thing is it depends what it's about I mean if it's going to be something that's going to be relevant to your case I mean I think I'd urge you to tell me about it because I mean we all just wanna help and hopefully you know erm sort things out for you so erm [1] whether I can put it down on your notes I mean you know obviously you know your notes are confidential so what are you worried about? are you worried that you know that they are going to get other people involved or?

SP3/15

Yeah I don't want anyone really to to to see it that's all I don't want it to go down on my notes or my records or my doctor's records all all those sort of things I don't really want it - that's all I mean eh

[2]

MS15
ok

SP3/15
I mean I do need I I do need to talk to somebody / so I mean erm
MS15
/((nods))

[1]

MS15
I mean I I'm here for – you know you've asked to see me I and I'd really like to help you so do you do you like to try and tell me / what it's about you know?
SP3/15
/Ok

SP3/15
I will do I mean erm what it what it - what it is is I really need you to get me some information and I mean I understand you probably won't be able to answer it now / but I would appreciate it if you could find some information and the reason that my concern is erm for for the last couple of months I erm I've had erm quite bad bowel problems / erm I've had diarrhoea and constipation / hu::ge huge amounts of pain / and with blood and whatever / erm [1] seen the GP seen the bowel specialist and no one really has any idea what it can be and I'm here for some tests now [1] my concern is and something that I need to find out I'm a little bit worried [3] that erm [1] it could be related to or first signs of erm [3] of erm [1] of HIV / and that's the reason that I can't I don't want it down on my notes and I and I need to know if this is the first signs of HIV
MS15
/RIGHT /RIGHT OK /YEAH /HMM /right /right ok

MS15
Ok erm have you any reason to believe that you that you are are exposed - been exposed to the virus?

SP3/15
hmm

MS15
You think you have?

SP3/15
hmm

MS15
Well I mean [1] has anyone asked you – have any of the doctors asked you about an HIV test or anything?

SP3/15
No [1] no no and erm no that hasn't been mentioned by anybody erm I mean I only really I mean I have had this for months and I never thought HIV I thought you know on the worst case you know bowel cancer on the not so worst case irritable bowel you know / it is erm [1] but I had a call just before I came into hospital erm literally a couple of days before / [1] from a erm an old partner / who said that erm [3] / that
MS15

/HMM /((nods)) /right

[3]

MS15
he has he he's actually got erm HIV?//

SP3/15
//Yeah and he and he reckons that he thought that he also he had it when we were together [2] / and [2] //
MS15
/Right ok

MS15
//I mean the thing is that my concern is whether or not this is related to – whether this your symptoms you are having is related to HIV or not it's the fact that that you may have been exposed to it so I mean you need to find out anyway don't you? I mean you do realise how serious HIV is and the implications? / so whether this is the start of HIV or not I mean I can't tell you and I'm I'm you know obviously only training but erm but I think I mean for your own benefit anyway you need you need to get this sorted out so I mean really you I mean how do you feel about [2] about?
SP3/15
/yeah

SP3/15
Well I //

MS15
//I mean you just you need to I mean do you have you met any of the medical staff that you particularly sort of you found them quite helpful?

SP3/15
Well I think they're all helpful / they're all helpful yeah eh eh [2] I mean there's that big thing it sounds rea::lly silly and really materialistic I am applying for a mortgage / wit[hin] within that there they've got you've got the life insurance and they ask to see your medical record don't they / and they ask you if you've had an HIV test and that's it - even if it was negative /they ask it and [1] I don't want that to go against me this is my first house I I found somewhere I want to live I've got money behind me and
MS15
/very nice you see they're all here to /((nods)) /yeah /HMM

[2]

MS15
But I mean at the end of the day it is your health isn't it I mean it that's the most important thing and I'm not sure about insurance but I mean [1] erm [2] you I mean erm how how are you going to feel about you know living without knowing you know it's - I mean you must be quite anxious about it

SP3/15
I'm very anxious / [2] I mean I just made the assumption that eh if this isn't the si[gn] the first signs of HIV then I haven't got it / that's just the assumptions that I've – that's what's been in my head
MS15
/hmm /right

MS15
Yeah I mean unfortunately it doesn't work like that does it? I mean you you you may not have sym[ptoms] you may not have symptoms for ages or you know I I mean I can't tell you but because this person has rung you up they've obviously - they are quite concerned themselves it must take a lot of courage / to to tell you in the first place and then there's other people I mean are you erm in a relationship at all?

SP3/15
/yeah

SP3/15
No

MS15
You're not [1] but erm since this person have you [1] have you been in / a relationship

SP3/15
No

MS15
You haven't

SP3/15
No god no I haven't / no no no no
MS15
/ok

MS15
I mean that's good erm you know good from the point of view of the infection / erm but I mean so really all we've got to to think about is <u>you</u> and I think the sooner you sort this out
SP3/15
/yeah

SP3/15
It eh it eh I just don't want that whole stigma thing I don't want even even if it's negative you know the whole thing of having to tell everybody and then ha[ving] having the test and // I don't want to

MS15
// you don't have to tell anybody you don't have to oh eh eh you don't have to tell ell anyone you don't want to apart from the person you know the the doctor who'll do the test and if it comes back negative just you know you can get on with your life and you'll <u>know</u> to be more you know cautious in the future but I think you know you've got to get it sorted out // I mean how do you

SP3/15
//You think I should // have the test?

MS15
//Yeah I think you should have the test how do you feel about that?

[1]

SP3/15
And you and you really feel that even though this isn't the sign of HIV erm it could be a possibility having it anyway?

MS15
Yeah eh I mean I don't know erm but I mean this person you can contract it from erm sexual intercourse so [1] yeah I think so do you think you'll be willing to talk to somebody? I mean [1] I can come with you as well if that would help

SP3/15
Thank you

MS15

Yeah I'll explain to them how you sort of - how anxious you are about it and I'm sure they'll be extremely confidential about it

SP3/15
I don't want to talk to a doctor about it

MS15
No ok

SP3/15
You know well the chap that is dealing with me the one eh eh [2] I'm seeing a (( )) about all this (( )) and he is quite nice / erm I don't know whether he would erm I mean would they do tests here do they do they do that?
MS15
/hmm

MS15
Yeah I think erm I think//

SP3/15
//will he know straight away?

MS15
I'm not sure how long it takes I'll have to - I'd have to check all that out for you but I can find out and you know give you the information and perhaps that'll make you a bit more / clear on the whole subject
SP3/15
/yeah

SP3/15
I'm only here until tomorrow / and erm I have a few more tests today and I've got a few more tomorrow and that's it / but erm [1] I'm gonna take these blood tests any[way] you know they've take blood / from me anyway [1] oh I don't know I mean I I [3] I've got // to know
MS15
/hmm /right ok /HMM

MS15
// have you got anyone else you can talk- I mean have you got any family or anything that you - or friends?

SP3/15
I've got my sister / she's good she she does (( )) a couple of minutes (( )) [2] maybe I should talk to her
MS15
/yeah /hmm

MS15
Yeah I think if you can that would be good / she'll probably be able to give you some support
SP3/15
/yeah

SP3/15
Yeah / I mean I eh I <u>know</u> what she'll say I <u>know</u> what she'll say she'll say [doctor Dell? Talk to Dale?]
MS15
/hmm

MS15
Yeah // get the test yeah

SP3/15
//I know she will I know she will because she's a sensible woman but erm

[3]

MS15
I think I mean you coming to see – you you mean you telling me about it is a sign to me that you you obviously want to get it sorted out it's just gonna get - you know its just gonna stay with you thinking about whether you've got it or not so

SP3/15
Yeah you are you're right you're right I've got to know haven't I? / and [2] you know I mean I haven't mentioned it to anybody eh eh after after he called [1] I haven't mentioned it to anyone / (( )) you know and since all you know because of all this ((points to belly)) I I've got to find out haven't I?
MS15
/hmm /hmm

MS15
Hmm yeah I think you do I think we agree on that don't we?

SP3/15
yeah

MS15
ok

SP3/15
And I I maybe [1] get it done as soon as possible

MS15
YEAH so I think first thing I'm gonna to do now is erm I'm gonna find someone to for you to talk to who can sort of sort this out for you and so you don't – eh anyone in particular?

SP3/15
I don't know really I – [1]

MS15
One of the younger doctors?

SP3/15
Yeah there's a nice nice chap erm I can't - the chap that did the – well the one that has been dealing with me has been all right / erm
MS15
/Right ok

MS15
and would you be happy for me to bring him down to talk – you know eh eh /to come down and talk to you? / Yeah?
SP3/15
/yeah

SP3/15
Yeah thank you thank - I appreciate that // yeah thanks

MS15
//That's no problem

SP3/15

Yeah he might be able to – and I know what he'll say he'll do the same won't he?

MS15
Yeah you know I mean but he'll be understanding this has probably happened many times before you know?

SP3/15
Yeah I mean you can't help (( )) probably other people are // (( ))

MS15
//of course there are yeah there are a lot of people who don't say anything and that probably doesn't help them at all

SP3/15
Yeah I I I know It's good to talk about it / it's good to get it off my chest I've had a whole night of no sleep of worrying / I can't help but think well this is it you know because it is such a horrible thing and I don't really know much about it but
MS15
/YEAH /hmhm

MS15
Hmm I mean you know the chances are you don't have anything but it's just there is that risk there and you need to sort it out but once it's sorted out you know you can move on from there / and you know you know what what kind of future you have
SP3/15
/yeah

SP3/15
Yeah and it's funny because if you said to me you have the choice of HIV and bowel bowel cancer give me bowel cancer / that sounds really stupid but / it's that whole thing of
MS15
/hmm /yeah

MS15
It's the whole stigma isn't it?

SP3/15
Exactly / it's that complete and utterly / because some people think / it's completely (( )) a whole sexually sexual thing / is
MS15
/yeah /hmm /hmm /yeah I know yeah

[3]

SP3/15
Well anyway yeah

[2]

MS15
Ok?

SP3/15
Yeah [1] thank you

MS15
That's all right

Both look at facilitator.

MS16 sits left and looks at facilitator. SP16 sits right and looks at MS16, who turns to face SP16 and starts.

MS16
Hi you've asked to see a medical student my name is [FN] I'm a third year

SP16/16
Hi [FN]

MS16
what did you want to talk about?

SP16/16
Erm [3] erm I don't I just sort of - I just needed to talk to somebody and erm and I'm in a bit of a pickle really [2] having all these these horrible tests at the moment / and ((laughs)) and I was kind of worried about what what you know - what they are about what they're looking for
MS16
/hmhm

MS16
Hmm have the doctors explained to you at all what's going on?

[4]

SP16/16
A little bit erm I suppose they don't tend to say too much really / erm and they're not very nice these tests that I need to have done / [1] not very pleasant [4] ((sighs)) I'm just [4] just worried about things really
MS16
/hmhm /hmhm

MS16
Hmhm what is it that's exactly worrying you? is it the actual test themselves or are you worried about the results?

[1]

SP16/16
Erm [2] well the tests really aren't very nice / [1] at all
MS16
/hmhm

MS16
What is it about the tests? Which one?

SP16/16
Erm well they did a [2] oh I can't remember what it's called something {ology seek- seekology} something they they put a camera up / [1] it's not very pleasant
MS16
/hmhm

MS16
Hmm these tests are sometimes necessary to to prevent long term problems and to see what's wrong / to start with
SP16/16
/hmhm

SP16/16
Yeah I just erm I've been really [2] worrying about [1] about what it might be what they're looking for

MS16
Hmhm [3] have you had any support from your family? // because -

SP16/16
//my mum [1] I haven't really t[old] well I I told my mum (( )) any of these tests but I haven't really told her what I am worried about haven't told anyone what I'm worried about really / [2] you see erm I'm really worried that it's [2] ((sighs)) what I think they're doing is - that they gonna find that that I might have HIV
MS16
/hmhm

[2]

MS16
What makes you worry about HIV?

[4]

SP16/16
Erm [3] well I [3] the guy that I used to go out with erm [2] he told me recently - very recently that he's got the v[irus] the HIV [2] eh I don't eh I wanted to speak to you because I know that you - if you talk to a doctor they write it down in your medical records / and I don't want it down in the medical records / you know because it might not be and I know it's difficult to get insurance and all sorts of things if ((sighs))
MS16
/hmhm /hmhm

MS16
Hmhm

[2]

MS16
If you think you're at risk then it might be erm worth considering it

SP16/16
Is - are these eh ((sighs)) are these the symptoms that you get for ?

MS16
What symptoms do you have?

SP16/16
Erm well what I'm having the tests for because I've had a lot of stomach pain and erm [1] I've had constipation and diarrhoea and and and blood / in in my [1] st[ools] stools they call it don't they?[1] erm that's what I've been having the tests for I'm just worried that that's that they're symptoms of [2] ((sighs)) symptoms of HIV
MS16
/((nod))

MS16
Hmm I'm I'm not sure if these things are symptoms I'm afraid but [2] if you haven't mentioned HIV to the to the erm doctors in your care then [2] the erm the tests that they're doing will be related to the the the symptoms you've been having [2] hopefully they'll they'll find another cause for your symptoms

SP16/16

((sighs)) hope so [3] I just don't know anything about it really – he only he only told me recently and I just don't know anything / – and it will probably be a silly
MS16
/hmm

MS16
No I dot think so ((laughs)) [2] you could always erm look at some leaflets on the wards erm / find a little more literature
SP16/16
/right

SP16/16
And is there is there leaflets around?

MS16
There are leaflets on on the wards / you'll be able to ask the nursing staff I'm sure
SP16/16
/right ok

SP16/16
Oh god I I eh I don't want to ask them about - because I don't want it to go down on the medical records that's what I'm worried about / so I don't really want to ask them where it is
MS16
/hmm

[2]

MS16
They wouldn't record if you asked for the information

[1]

SP16/16
no [2] oh [2] will you will you - you wouldn't tell anyone that I've had this conversation with you, would you?

MS16
No I won't if it if it doesn't im- I mean impose on your current medical care then it is just a worry I mean

SP16/16
Right yeah it's a big worry [2] erm

MS16
If the doctors think that your symptoms erm went towards HIV then they'd be asking you the relevant questions and / they'd be asking you about your sexual history things like that
SP16/16
/right

SP16/16
Oh they haven't / I don't think they've done that no [1] so you don't think they think it's that?
MS16
/no

MS16
Erm I wouldn't be able to tell without looking at your record

SP16/16
Ok [2] oh dear

[3]

MS16
Have you talked to your your ex-partner? Does - Is he sure?

SP16/16
Yeah he's not sure [1] whether he had it when we were together / he doesn't really know all the times so he might have done / I couldn't really talk to him about it because I just really freaked out
MS16
/((nods)) /hmm

MS16
Hmhm [2] if it did come up that erm your symptoms were pointing towards HIV then I may have to tell the doctor erm what you've told me but only if it came up not to - I wouldn't just tell him but just to give you the best care that the doctors possibly can

[6]

SP16/16
I just don't - you know I just I don't (( )) isn't it I just don't - once its gone in my medical records and maybe I can't get insurance and you know mortgage and things like that / I don't want this to ruin this the rest of my life / you know might not be anything really
MS16
/hmm /hmm

MS16
Yeah [3] It's best best not to worry I mean (( )) if you're not sure

[4]

SP16/16
Yeah not sure [1] I'm not sure as I said I don't really know anything about it I don't know the symptoms are or anything I just ((sighs)) I just thought eh eh straight away when he said I just thought oh god this is the reason why I am having all these symptoms / [2] I do all this tests to find out if I've got the [2]
MS16
/hmm

MS16
Hmm [2] it's more likely to be something else really

SP16/16
Really?

MS16
Yeah I don't it is it's not probably not what you think erm

SP16/16
The doc[tor] GP said something about erm inflammatory bowel sy[mptom] disease or something / and that's what he said he he thought that it might be I don't know they don't really tell you much / so [2] these silly tests and these tests aren't really nice at all - got another one today don't know what it is
MS16
/hmhm /hmm

MS16
Hmhm [2] have you asked have you asked the doctor erm specifically what's going to happen in the test?

SP16/16
Erm no I haven't I suppose I have been so preoccupied / worrying about this that I just [2] ((sighs)) I didn't think to [3] but I know I eh eh shouldn't (( )) be very nice nice
MS16
/hmm

MS16
Hmm they can give you a:: slight sedative erm a slight erm amnesic to make it easy you're not really aware of what's going on if you tell them that you

SP16/16
Hmm I want a permanent one now

MS16
((laughs)) [3] are there other things troubling you?

SP16/16
Pff I just this is you know / this is the big thing / I'm just so worried that's what [2] I mean [3] I suppose I don't want to I don't want to put anyone else at risk if that's what [2] / I'm just so worried that if other people know that the doctors know
MS16
/hmm /hmm /hmm

[2]

MS16
Hmm [1] hmm I can't make any promises though but I [1] eh eh if the do[ctor] if it came up I don't think it would but in your best interests

SP16/16
Ok but other – if - unless it comes up you are not going to tell anyone

MS16
no

SP16/16
Oh [4] I don't know what to do [4] I suppose I should try to get hold of some of these leaflets then

MS16
Hmhm the doctor will be able to explain if you ask him what the procedure is this afternoon / [3] if you think about whether you want to have the test or not
SP16/16
/yeah

[4]

SP16/16
Yeah I'll think about it

MS16
So that's your decision really

SP16/16
Yeah [2] oh yeah thanks for listening anyway

MS16
That's all right

SP16/16
It needs to get off my chest really

MS16
Hmm do you feel better?

SP16/16
Yeah I feel a bit better yeah it's all you know going round my head yeah

MS16
I'll try to get the information and then you can try and make an informed decision about getting the test and what to go for

SP16/16
Yeah yeah [1] oh well thank you

Facilitator says 'ok', MS16 and SP16 look at facilitator.

MS17 (right) starts straight away when tape starts.

MS17
Hello ((shakes P's hand)) good to meet you

SP15/17
Hi hi

MS17
Hi erm I hear you:: want to speak to someone?

SP15/17
Yeah I I just wanted a bit of advice to be honest erm I came in a couple of days ago I had appendicitis / I had my appendix taken out erm and I was chatting to a lady the one in the next bed / and she was saying that she thought that the way that I was treated / the night that I came in erm wa[s] wa[s] was a bit bad really / and erm eh I mean basically I was brought in in the early hours of the morning / and erm I was in quite a lot of pain / erm Dr Jenkins saw me and erm basically I I I was making quite a lot of noise I was quite loud cause was in a lot of pain / erm and he was asking me a lot of questions which were quite [1] personal questions / and erm Elaine said that - you know they brought me onto this bed and that everyone could hear what I was saying / everyone could hear what he was saying and he did a erm a rec[tal] rectal examination / as well which I I am not quite sure why he had to do that / erm but again everyone heard and you know everyone [1] you know / I feel really embarrassed about it / and and I mean it - I just wonder whether or not I mean Elaine said I should write a letter to the chief executive / and complain I just want wanted some advice what what do you think I should I do so I don't want to get anyone in trouble you see
MS17
/((nods)) /uhuh /((nods)) /((nods)) /ok /((nods)) /ok yeah /ok /((nods)) /((nods)) /hmm /((nods)) /yes /hmhm

MS17
Ok Elaine is the patient next to you

SP15/17
Elaine yeah she's in the next bed

MS17
Erm ok //

SP15/17
// but she's not the only one who's mentioned it a lot of people have mentioned it actually

MS17
You don't think it was // satisfactory ?

SP15/17
// well they said it was very loud / and they were all aware of what was happening / ang things
MS17
/yeah /((nods))

MS17
Hmm well that is the problem with general wards I mean obviously you can't have your independent room it's not - there is not funding for everyone to have their own rooms / erm and so you know I I well everyone will be hear will be able to hear / quite a lot of what's going on / erm the thing is though erm to get a diagnosis they have to be you know exactly sure what's wrong with you / and to do that well they have to do the best I mean the best ways to assess / what is the actual problem and sometime a rectal examination is needed
SP15/17

/hmm /hmm /hmm /hmm /right

SP15/17
but do you think it was needed this time?

MS17
Erm I'm not exactly sure you know I'm not exactly sure of the criteria what we actually have to do that / I imagine if the consultant actually performed it it it it was necessary /
because well he is more experienced he probably knows probably exactly what's needed
SP15/17
/right /right

SP15/17
Hmm it's just some of the questions and / things as well / it's just embarrassing you know
MS17
/hmm /yeah

MS17
It is it is kind of yeah it is very personal I agree with that but erm it makes well basically it makes your care better if we know exactly what's wrong with you if we know exactly what needs to be done

SP15/17
I mean I just I don't I don't think its right that I should have been brought in here for the examination things / I mean I don't understand why that happened [1] you know / and for everyone to hear / it's happening and stuff I mean - you know I know I know like you say there isn't the money to to for everyone to have their private room / I know that but surely when I was taken in I should've been brought to another room (( )) / because with the curtains you could hear everything like they're saying / I just don't think it's right that that happens
MS17
/hmhm /((nods)) /hmm /yeah /((nods)) /hmm

MS17
Well I think it it's a pretty common examination I mean a lot of pe[ople] I mean you are not a singled out patient so it is quite a common procedure

SP15/17
I know that for you but for me / I've never had anything like that before
MS17
/yeah

MS17
Maybe he should have explained it a bit more the consultant I mean did he did he tell you exactly?

SP15/17
He did a bit but I mean I was in a lot of pain as I was saying I was making quite a lot of noise and [1] you know I had some painkillers afterwards the nurse gave me painkillers and - you know kind of things got hazy after that / but I just – I mean what I resent was he almost - it was my husband's birthday / and I'd arranged a party and erm I'd you know invited everyone around and I I got quite a lot of pain / so I had a drink and I kept handed drinks so I was a bit drunk although I don't / drink that much actually usually / and so I probably didn't have that much really / erm but he seemed to be saying I was was I in pain because I was an alcoholic you know / again and again I just - he didn't say as much but almost and I just think what must everyone think of me on the ward now?
MS17
/HMHM /ok /ok /((nods)) /((nods)) /ok ((laughs)) /the doctor?

MS17
Hmm erm ((laughs)) may maybe he [2] was was he saying he was saying to you maybe it might be that you're an alcoholic ?

SP15/17
No he was saying do you normally drink this much / and things like that
MS17
/yeah

MS17
Well yeah I suppose he was trying to find out I mean it could be any[thing] it could be a number of things so that's why he has to ask those questions / erm [1] I don't think you've got anything to worry about cause in the end it wasn't
SP15/17
/hmm

SP15/17
Oh [1] I'm just worried of what everyone thinks of me now and I just feel like I [1] I don't know I don't wanna get anyone in trouble but I just don't think that should happen to some other patient

MS17
Hmhm maybe you should let the nurse know erm you know erm just mention it to a nurse and see what she thinks

SP15/17
That's why I wanted to talk to you / cause I was wondering if you would [1] if you would have a word with him / so that it doesn't happen again
MS17
/ok yeah /certainly yeah

MS17
Yeah that should (( )) / I'll mention it to him and see yeah definitely work it out / it erm yeah maybe yeah things'll change / for the future
SP15/17
/yeah /yeah /yeah

SP15/17
Yeah would you do that ?

MS17
Yeah I will

SP15/17
Ok [2] thank you

MS17
ok

SP15/17
Thanks for coming to see me

MS17
That's all right no problem

SP15/17
And as I said I don't want to get anyone in trouble but it's good that someone has a word with him cause it mustn't happen again

MS17
Right I'll mention it to him

SP15/17
Thank you

MS17
Thank you

MS17 and SP15 lean back in their chairs. Facilitator says 'thank you', SP15 gets up.

MS18 (right) and SP15 (left) look at facilitator, then look at each other.

MS18
Alice Forsyth ?

SP15/18
Yeah /hi

MS18
/hi I hear you've requested to speak to a medical student ? my name is [FN] a third year medical student how can I help you ?

SP15/18
Erm well thank you for coming to talk to me I erm I wanted to just have a chat with you / for a bit of advice erm basically I I've been in hospital now for:: eh this is my third day I I've had my appendix out / and erm I was chatting to Elaine who is in the next bed / and erm she was saying about the night that I was brought into hospital I was brought in in the early hours of the morning / erm I was in a lot of pain and erm I was quite loud and things / and erm she was saying that she felt the way I was treated by the doctor Dr Jenkins / was actually quite erm [1] bad really / erm I I don't I I [1] basically I came in and I I have a vague / vague memory of it and he he asked me quite a lot of personal ques[tions] / they brought me into here and all – you know just closed the curtain round the bed and he asked me a lot of very personal question and he also did a erm [1] a rectal examination / e[veryone] everyone knew what was going on and and I was in a lot of pain / and erm he also insinuated a couple of things I I you know and and and erm and she – I mean Elaine said she thought I should write to the chief executive and make a complaint erm / and a few other people mentioned that they could here everything / and I just – I don't want to get anyone in trouble / but I just want to know if what happened is normal really
MS18
/((nods)) /((nods)) /((nods)) /((nods)) /HMM /((nods)) /ok /((nods)) /((nods)) /HMHM /((nods)) /ok /all right /((nods)) /((nods))

MS18
Ok so if I just recap what I think I picked up from you is that you came in in a lot of pain you weren't really sure at the time what was going on / and now you feel that maybe you weren't treated in the best possible way that he could've done first of all I'd like to apologise that you felt that / you that in a way you've been treated in a way that wasn't up to standard / erm I'll try and explain things as best I can the set-up we have in a hospital it means that the only way of getting any privacy on a ward is to pull a curtain and it's not ideal unfortunately that's the way the hospital is designed / erm so unfortunately thing are going to be overheard but we do try and keep that to a minimum and I'm sure that no-one meant for anything personal to be displayed / erm [1] the personal questions that you were asked or insinuated / erm can you tell me a bit more about?
SP15/18
/hmhm /hmhm /yeah /hmm yeah /hmhm /hmm

SP15/18
Yeah I remember thinking at the time that they were a bit [2] / he was asking me about erm about my sex life / and about if I'd had an abortion / erm [2] he asked me erm what happened was the day that this happened / it was my husband's birthday party / and I'd organised it and I'd got quite nervous / and I could I could feel the pains I'd drank quite a bit that day / and I don't usually drink very much / so when I came in I was actually quite drunk / and I remember him saying you know about do you usually drink this much / and and kind of insinuating that I was an alcoholic or something / and certainly other people heard that and picked up / on that and which I'm not / you know <u>absolutely</u> not / but erm [1] again I I thought that was a bit a bit odd
MS18
/((nods)) /((nods)) /HMM /((nods)) /ok /hmm /hmhm /((nods)) /((nods)) /HMM /((nods)) /ok /((nods)) /((nods))

MS18
Hmm ok erm I don't know much about things and I'm only a third year medical student but I know that doctors only ask personal questions when they feel it might be relevant to how your treatment is going to be carried out / erm he might have been asking about things like your sex life and previous abortions just in case there had been anything that have might have caused this pain / erm as for the alcohol as well if you had been someone who had drunk a lot of alcohol in the past there might have been a reas[on] that might have been the reason for it / but erm I I'm sure he didn't mean for people to hear / those questions / he may have had to talk slightly louder perhaps for other members of the medical staff / at your bedside to hear so that he could share the information and insure continuing care / [1] once again I'm terribly sorry for this
SP15/18
/HMHM /right /right /hmm /hmm /hmm /hmhm

SP15/18
No I know I know I know I know I know well I weren't blaming you anyway / and erm [1] you know like the the examination that he did / was that necessary ? / because I eh I I felt very uncomfortable then and I'm not even sure if / it was necessary and
MS18
/((nods)) /((nods)) /((nods)) /((nods))

MS18
Erm off the top of my head it's not the kind of information that I know at the moment but I imagine that - did you say it was a rectal examination ?

SP15/18
yeah

MS18
I imagine that that was to assess whether it was indeed your appendix that was causing the pain / because if you can get in closer to the organs inside you erm // are you ?
SP15/18
/right

SP15/18
// he would have been able to tell that perhaps (( ))

MS18
I'm not entirely sure but what I can do is perhaps have a quiet word with some of the nursing staff to find out if that happens to other patients that come in with the same problem cause it'll be useful for me as a teaching aid as well / and I could find out [1] find out whether that was standard routine
RM
/oh yeah excellent great

SP15/18
You you wouldn't mention I'd said

MS18
No not at all

SP15/18
Look I don't want to get this doctor into trouble / I'm not one of those patients who's after compensation or anything like that / but I feel like this shouldn't happen to patients and I know I appreciate what you said about the way that hospital's designed and / it's just so - a lack of privacy isn't it ?
MS18
/no /((nods)) /((nods))

MS18

I do appreciate that

SP15/18
Hmm I mean do you think I should make a formal complaint or ?

MS18
Eh it's not my place to say I'm afraid he is one of my consultants erm I I work with him so it's not for me to say – if you're uncomfortable I can put you in touch with other people that are can give you a bit more advice / there is a patients advice and liaisons service / here in the hospital the hospital / and they could chat to you about the specifics and the non-medical side / of whether this is acceptable or not acceptable
SP15/18
/right /hmm /hmm /right

SP15/18
I mean would you have a chat to him would you say about how I feel ?

MS18
I can pass on information in a [1] co erm [1] confidential no no names kind of way that a patients haven't been happy but I'm not sure if it's my place to speak directly to the consultant I might speak to one of his lower staff allowed to talk to him

SP15/18
Right [1] right [2] I don't wanna get him into trouble you know

MS18
No but it's important that if you feel that you've been badly treated that we know so that we can make changes to the way that things happen so / it's very important you tell us thank you
SP15/18
/hmm

SP15/18
I'll have a think about what to do erm I feel better for having spoken to you so I might I might leave it but yeah

MS18
Well if you want to talk to me again erm feel free / I'm sorry I couldn't be of more help / but I will do what I can for you
SP15/18
/hmm

SP15/18
/No no no you've been very helpful you - ok thank you thanks for your time

MS18
Any time

Both look at facilitator. The end.

MS19 (left) looks at facilitator, says 'OK', looks at SP16 (right) and starts.

MS19
Hi ((shakes P's hand)) my name is [FN] // I'm

SP16/19
// Hello [FN]

MS19
I'm a third year medical student / now as I erm gather you want to speak to a medical student / what seems to be the matter ?
SP16/19
/right /yes

SP16/19
Erm ((sighs)) erm I've just had a erm / appendectomy /erm a couple of days ago / and erm I did I had a really awful experience when I came in / and erm a couple erm a the other / people in the ward mentioned it to me / and I'm just not really sure that erm I should / make a complaint or not / I just wanted to talk to somebody about it
MS19
/((nods)) /right /ok /OK /((nods)) /YEAH /((nods)) /right

MS19
OK can can you tell me what exactly happened ?

SP16/19
Erm well erm I came in and it was quite late / erm I was in a lot of pain / and I'd had quite a few drinks because / it erm was my partners birthday party / and erm in so much pain / I been drinking to get rid of the pain / because I didn't realise what it was / ((sighs)) and erm so I came in quite late / and everybody everyone was asleep in the ward and erm the the surgeon chap Mr Thompson I think his name was / ((sighs)) came in to chat to me [2] and erm it was just a very humiliating experience really / and backed up by the fact that the other people on the ward have mentioned to me about it
MS19
/((nods)) /RIGHT /OK /HMM /HMM /HMM /HMM /HMM /OK /YEAH

MS19
They have said to you as well ?

SP16/19
yeah

MS19
Yeah ok all right erm what what do you feel that you want to do ?

SP16/19
Well I mean I don't wanna complain / about things but it was [1] I mean he [3] he took he was taking history / and I <u>know</u> it's important to do that / but he was so lou::d / he woke the other people up on the ward / you know actually / woke them up by how loud he was talking / and he was asking lots of questions about my ºabortion / that I'd had º when I was ↑much younger / sixteen or fifteen or something / and I was having to answer these questions and I knew / that people could hear / well I did I well I didn't know how much cause I was I was as I say I was a bit drunk / and he was also I do remember this asking these questions about [1] alcohol / and I got the impression that he thought because I was / a bit drunk / that I was an alcoholic / and that's you know [1] / and I spoke to - there was a woman in the bed next door to me / said when I come round from my operation because I had an operation that night / said you know that shouldn't happen you know / he did an / examin[ation] / rectal examination / as well and they all knew what's happening / because he said so loudly what he was gonna do / and erm it was <u>extremely</u> painful extremely painful / and you know and the woman just

next door to me just said you can't put up with that / she thinks I should write to the chief executive / and I just I don't know / how to go about it really
MS19
/HMM /((nods)) /right /hmm /OK /((nods)) /yeah /OK /HMM /HMM /((nods)) /right /YEAH YEAH /OK /((nods)) /YEAH YEAH /right ok /hmm /yeah /hmm /ok /((nods)) /examination YEAH /ok /yeah /HMM /ok /HMM /right /hmm

MS19
Was the examination done in privacy did you have ?

SP16/19
There was a curtain round / but I mean how much {pric} privacy is a curtain really ? / I mean would you want to have not – [1] / you know sorry not personal cause it's not about you personally cause - but I mean a rectal examination with a curtain round and six other people on the ward who can all hear ? / I mean [1] it's I know I don't even know / if you if it if it's the appropriate thing to do I don't know / but it's very uncomfortable and he was so rough about it / [2] and I just feel so [1] embarrassed and shamed / and erm I just don't know / whether that you know I don't want anyone else to go through that / I mean you know shouting / about my medical history
MS19
/yeah /HMM HMM /hmm yeah /HMM I understand /((nods)) /HMM /yeah yeah /hmhm /((nods)) /YEAH /HMM I understand

MS19
Yeah ok well do you do you feel that what he was doing was the wrong thing do you feel that [2] ?

SP16/19
I don't I mean I don't obviously / I don't know medically / eh I certainly think that if you are having that sort of / examination it would / be better to go to a private room if / there is one / and also I thought erm yeah I definitely think / erm I I probably won't have said anything because I was a bit you know I probably wouldn't have said anything / had it not been for the two people on the ward / saying to me you've got to say something about that because it's not on / [1] and it obviously wasn't appropriate / if two people have thought they were they woke the whole ward up / with details about my abortion / when I was sixteen
MS19
/((nods)) /yeah yeah /((nods)) /hmm /((nods)) /YEAH /((nods)) /yeah /HMM /true /((nods)) /right /yeah yeah

MS19
Hmm I see well [1] it it may just have been that the erm the doctor was [.] maybe a bit a bit tired or he may have been erm you know what I'm saying but I suppose it doesn't it doesn't erm approve // that that what he was saying

SP16/19
// well it wasn't helping when I was dealing with my appendectomy afterwards

MS19
Yeah yeah I see well if if you feel that you want to make a complaint then by all means you are allowed to and and you should really have a think about it and if if you really thought the doctor was was not doing things in the right way - cause if he is doing this with all all patients / then maybe some some something should be done about this someone should say to him that [.] he should do things more tactfully
SP16/19
/yeah

SP16/19
Well that's what I think because I don't want anyone / else to go through that it was horrible / and I know that how they talk to you / I know how the doctors talk to the students / that's how I knew that

you you'd understand / and I mean I was wondering if because I did – I don't want to complain sort of personally / but I was just wondering maybe if you could have a quiet word / if you could mention it to him /rather than I mean maybe / I should go to somebody higher up / but do you think you'd be able to do that ?
MS19
/((nods)) /HMM /((nods)) /((laughs)) /hmm /YEAH /HMM /right /yeah /hmm

MS19
Erm I I suppose eh I could do that but then if I don't if I don't know the doctor he may feel that I'm I'm intruding and I'm only a medical student / so erm it may not be the right thing to do erm
SP16/19
/((laughs)) yeah that's true

SP16/19
Do you think I should complain ?

MS19
Erm it it entirely depends on on what you feel and if you really feel that the doctor's done [1] things the wrong way then by all means complain I mean you have a right to you you have your own rights as a patients / so yeah definitely
SP16/19
/yeah

SP16/19
Do you think somebody'd speak to him if I did complain ?

MS19
Definitely / definitely
SP16/19
/yeah

SP16/19
cause I mean I couldn't say anything to him myself

MS19
Yeah yeah of course

SP16/19
(( ))

MS19
((laughs)) well the the the doctors are not all erm horrible old / old men or

SP16/19
((laughs)) no

SP16/19
I know some of them are very nice / but he just – I mean the way he was taking about well asking me about alcohol and things / he obviously thought that I was a drunk
MS19
/hmm hmm /yeah yeah

MS19
Yeah you just thought he was a bit inappropriate

SP16/19
Yeah it was really and two other people have mentioned it / ((sighs)) [2] I mean I'm really I'm really upset about it

MS19
/HMM HMM

MS19
Ok well as I say it's up to you / erm you you can complain if you want / definitely have a think about it / and and I suppose what swayed you is the fact that there was other people have said that so they've heard and really eh eh we erm we're told that patients' erm notes and patients' information in confidentiality / so if other people have heard / then that he's broken that that erm rule / so maybe for that fact you should erm you should definitely make a complaint // cause
SP16/19
/ok /yeah /ok /that's not really confidential is it ? /yeah

SP16/19
//I should cause I don't want it to happen // to someone else

MS19
// Say for example if someone in the bed next door they erm you were relative of yours and then erm eh eh

SP16/19
Oh dear

MS19
Eh eh yeah hmmm

SP16/19
All my details going back to them yeah I think I'll have to make a complaint really because I just don't want it to happen to someone else again

MS19
Hmm yeah [1] but then the - I'm sure the doctor is competent and erm

SP16/19
I hope so he's done a good job on my stitches anyway

MS19
((laughs)) ok is there is there anything else that erm is bothering you ?

SP16/19
No I think that's been very helpful actually/ so erm
MS19
/yeah

MS19
so

SP16/19
Thank you / for taking the time out to talk to me
MS19
/all right

MS19
No problem yeah any time

SP16/19
Thank you

MS19

Ok thank you

Both look at facilitator, who also says ‘thank you’. The end.

Tape starts when consultation starts. SP2 sits right, MS20 left.

MS20
Erm Mr Forsyth erm good morning ((shakes P's hand)) // nice to meet you

SP2/20
// Hi how are you ?

MS20
Hi my name is [FN LN] / I am a third year medical student erm how can I help you ?
SP2/20
/hi

SP2/20
Erm well I've I sort of I 've known I I've noticed that erm students have been around in ward / and erm you know I sort of you know they make me laugh really / so erm I thought that [1] I feel comfortable talking to one of you so that's really why I asked erm I'm not happy about something and I'm not quite sure what I should do next and I just kind of wanted to sound people out about it erm
MS20
/((nods)) /((laughs))

MS20
Ok ok erm I really must just tell you first I'm a medical student so I'm not clinically / you know capable of telling you any- you know
SP2/20
/ok

SP2/20
No no that's fine I've I I've realised that / but ((sighs)) but no I wasn't happy about the way I was treated by a doctor / erm yeah
MS20
/ok /ok

MS20
Erm have you taken it up with anyone else at all ?

SP2/20
Erm I well I don't I don't want to sort of go down the rigmarole of forms and things erm, I don't - well I'm not looking for compensation

MS20
Ok do you so do you just want to - cause there is a complaints procedure for the hospital if you feel that you wanna just // talk to someone

SP2/20
// well that that's what I was sort of asking you about / cause I wanna find out if you know if you know if it 's wise complaining / about I wanna find out I sort of wanted someone's opinion who is kind of in the system and not if you see what I mean
MS20
/hmhm /ok

MS20
Ok erm my my opinion I can't really give to you I've been listening to what you're saying but I couldn't give you an opinion as to what you erm well what you should do all I can tell you is there is a complaints procedure and cause I must stick by hospital policy and I'm not you know qualified to do anything

SP2/20

Hmhm ok

MS20
Ok ?

[2]

SP2/20
so should I ?

MS20
Erm well is it a [1] is is it a medical ?

SP2/20
((sighs)) erm shall I - I'll start from / the - probably the best thing to do then is to start from the beginning [2] erm ((sighs)) I I I've had my appendix removed / and I came in – I c[ame] well the day I came in the day beforen erm I had real griping pains / in my stomach but but I was on edge anyway cause we were at a big family party / and erm [1] I was running about like a blue-arsed fly you know so cause I'm running about / and I've got this to do and I've got food to get and I had to go to Lidl's to get drink erm so I thought I was really kind of busy / and that why I / I just didn't have time to you know I was eating on the run and I just thought ok it's just indigestion / erm but it got worse as the party went on it got worse / and I I I dru[nk] I <u>did</u> drink / erm because it seemed to dull the pain / but well after we were finishing the party and just you know cleaning up and the pain kind of moved down / [1] to the right and it was like stabbing / and I I was so bad and I I I knew that I had to go into hospital / I did have a lot to drink I know ((sighs))
MS20
/yeah ok /ok /HMHM /((nods)) /HMHM /((nods)) /YEAH /((nods)) /((nods)) /HMHM /OK /right /((nods)) /ok

MS20
So is your complaint about the hospital ?

SP2/20
It's about no no erm ((sighs, hands face)) what I mean - once I got there erm I was seen / and the doctor basically said he just basically said I was an alcoholic / because I hadn't - and he didn't - he didn't even stop to listen I don't think / about reasons why I'd been drinking that night / ((sighs)) and oh ((sighs))
MS20
/yeah /((nods)) /((nods)) /((nods))

MS20
So do you feel [1] I think - do you feel the doctor was out of order he shouldn't have behaved like that ?

SP2/20
Well yeah eh eh well the worst ((hands gone)) oh the worst thing for me was that it was on a ward full of people / and the other patients have told me they'd heard everything / because he had a really loud voice / and ((sighs)) there were – there's other things too
MS20
/hmhm /((nods)) /OK

MS20
Well I think if you really were un[happy] you were unhappy / with that situation you should talk to the hospital procedure because obviously they must take everyone's views / what everyone feels like it's very important / that they know how patients are being treated erm you are you know one of the people that are looked after in hospital / so make sure you tell someone about it and erm erm I mean I can't do anything myself / I'm not responsible / at all for anything //
SP2/20

/hmhm /hmhm /ok /hmm /Can't /can't

SP2/20
// Can't you talk to them ?

MS20
No it's really not my responsibility I'm I'm not involved in any sort of you know complaints procedure I am not qualified to do anything like that but I reckon if you're unhappy you should go and speak to someone about it who's // qualified

SP2/20
// I mean eh the the thing was as well there was like well you know the ward was full / everyone I wouldn't have known cause I had had a lot to drink and also cause I was in so much pain I passed out I think / but erm you know the other people said that that he was asking things about my medical history / and he had notes and things and he was talk[ing] I mean there were some embarrassing things / in my his[tory] I don't want - embarrassing stuff / that he was talking about and they all heard / and I don't think that's on
MS20
/hmm /((nods)) /((nods)) /((nods)) /((nods)) /((nods))

MS20
Well I think the fact you don't think it's on is important and you should go and tell someone //

SP2/20
// and also erm I think erm well I had erm he stu[ck] he ºoh godº he stuck his finger up ((points)) and erm it really hurt and it still hurt my - I can still feel it hurting / and I you know and I can't even remember if the curtains were pulled or shut / and yet other people like the guy next to me said that he he he knew that I'd had that done / and that is just so awful / and I now I got I it's just so embarrassing ((hands face)) and I I just can't stop thinking about it and I want him to know how unhappy I am ((hands gone)) / about the whole thing
MS20
/((nods)) /((nods)) /((nods)) /((nods))

MS20
Ok well I really think the best thing you can do is talk to someone about it make sure you go to speak to someone / and it because - you know lots of people have things to say good and bad and it's really important / that you tell someone about your experience because it could happen again to someone else otherwise / [1] or you know I I think it's best you talk to someone so if you talk to erm you know erm hospital ring them up say you want to talk to someone about it or write a letter even / erm then they'll be able to go through the appropriate channels there
SP2/20
/hmm /hmhm /((sighs)) /hmm

SP2/20
but who should I write a letter to ?

MS20
Erm well I don't know myself but what your probably best bet is to just phone up the hospital and I assume you will probably get a main switchboard or a receptionist / and they'll know exactly what to do with it they'll deal with your complaint and they'll they'll put you through to the right people and they'll make sure it's dealt with / ok do you feel a lot happier now ?
SP2/20
/ok /all right

SP2/20
Erm I mean it's kind of cemented not my mind that / I will make a complaint
MS20
/Yeah

MS20
well yeah

SP2/20
I mean I still -I don't think anyone should be treated like that

MS20
Well make sure you tell them that and then then maybe maybe there'll be some changes you never know you – it's worth it's worth / telling someone about it ok
SP2/20
/ok

SP2/20
Well thanks a lot

MS20
ok I hoped I've helped // anyway

SP2/20
// Ok thank you // goodbye thanks

MS20
//Ok thank you very much ok bye

Both look at facilitator. The end.

Facilitator says 'right, ok', MS21 (left) turns to RP16 (right) and starts.

MS21
Morning Mrs Steel my name is [FN LN] I'm a third year medical student I understand you've asked to speak to one of us ?

RP16/21
Erm [1] yeah I just needed to speak to somebody really I didn't I didn't feel I could speak to the doctors [2] yeah erm [2] just [1] I'm in a bit of a pickle at the moment erm

MS21
Just take your time don't worry

[2]

RP16/21
Thanks [1] I'm having all these tests at the moment [2] and I'm just erm a bit worried what they're all about really [3] just erm wanted to know the [1] tests weren't very nice [1] unpleasant

MS21
I appreciate it must be really very difficult [1] °very difficult° [2] I'm only a third year medical student though I really haven't got the knowledge or experience really to answer questions / about the tests
RP16/21
/right

RP16/21
right ok

MS21
I understand it must be very difficult for you but what I can do is go and speak to a doctor or one of the nurses and they have a lot more experience and the qualifications and the knowledge to answer your questions in greater detail I'm very sorry but I really I just I haven't got the experience

[3]

RP16/21
Well then erm I just [2] I don't want – [2] really don't want to tell eh speak to a doctor about cause then ((sighs)) what I'm worried about it will go down on my medical records and I don't want that to happen

[2]

MS21
Hmm the doctor is the best person though [4] he really is the doctor has a more experienced knowledge to deal with the situation I really I'm very sorry but - and I appreciate it must be very difficult for you to speak to a doctor but he or she is the best person that you can speak to

RP16/21
But if I talk to him he may want to write what I tell him on my medical records and that could affect [1] ((sighs)) that could affect lots of things and I don't want I don't want it to go - that's why I wanted to speak to a medical student because I didn't want what I said to go down on my records

MS21
But we we really we can't we can't answer your questions [1] I can go now immediately and go and find a doctor or nurse to come and talk to you straight away and whatever you say to them goes is in strict confidence between you [1] would you like me to go and find you a doctor // to speak to ?

RP16/21
//No no

MS21
I do feel it is important to you to talk to a doctor [1] it's very important [4] I know it must be difficult [1] if you prefer I could go find in particular a female doctor if that would make it easier for you

RP16/21
No basically I'd you know - whatever the doctor it is they're gonna have to write it down on my medical records and then it's then it's there [3] I just I just want to know if ((sighs)) the symptoms that I'm having the tests that I'm having are related to this thing that I'm worried about because I just don't know if that's what it's related to

MS21
But I won't be able to tell I really don't have the knowledge to tell you that you must – it's very important to speak to someone that really knows

RP16/21
Could you get me some information ? could you not get me some – look it up or something ?

MS21
I'm very sorry I'm only a third year medical student I'm really not allowed to do that

[4]

RP16/21
oh I mean I can't sleep at the moment I'm [1] ((sighs)) really having difficulty speak[ing] sleeping I'm just so worried

MS21
I know it must be v[ery] really very hard that's why it's so important to talk to someone that knows and has experience of dealing with the situation

[8]

RP16/21
Maybe I [3] I I've got I've ºI'm worried I've got HIVº [4] and see if I tell the doctors that they'll write it in my medical records

MS21
But it is very important that you talk to someone with more experience [3] and knowledge and everything you say to the doctor // is in

RP16/21
//you've gotta know more than I know I don't know anything

MS21
I'm really not allowed to and I really haven't got the experience to you know help you or answer your questions I'm really don't have the qualifications either [2] but whatever you speak with the doctor about is in strict confidence

[3]

RP16/21
Do – now I've said something are you going to tell ? I don't want anyone else to know

MS21
I do think it's very important you speak to someone about it if you're worried

RP16/21

I am worried

MS21
I really do think it's very important that you do [1] and I can go now and find someone immediately that can talk to you now [1] about your concerns

RP16/21
I don't know I don't know I still got the urge to talk to you about it

MS21
I'm very sorry but I really I really do not have the experience and knowledge to help you but I can go and find someone that does

[3]

RP16/21
I mean I'm just [3] I'm just really worried at the moment

MS21
And I appreciate that and I appreciate it must be very hard and it must be very hard to even tell me that and I do I know I keep saying it but I do think it's very important to talk to someone with the qualifications that can help you

RP16/21
I just [1] I just wanna know if these are symptoms that you get with HIV I just don't wanna ask a doctor about that suppose I could just look it up on the internet when you can't help

MS21
I it - I really do think it's important that you talk to the doctor now you're here I really do I do think it's very important

RP16/21
But then it's down on my medical records and you know you it it it affects your insurance and mortgages and everything I don't want my whole life to be - you know I might I might just be I just want it might be I'm just being silly and then it's down on my medical records

MS21
I know it's very difficult but you've been very brave just telling me and I - it's just it is very important that you talk to the doctor or I can go and sort of find a nurse that [1] you can speak to they really will // they will

RP16/21
// will the nurse have to put it in my medical records ?

MS21
I think it's important that you speak to them [4] I know it's very difficult I do appreciate it but they are the best people to talk to they know how to - they have a lot more experience in answering your questions than I have

RP16/21
I've got another test this afternoon [2] they're really horrible the tests they do the last was awful I I don't know what this one is about but

MS21
It must be very hard for you

RP16/21
Well you know I'm so worried anyway

MS21
Hmm it's very // difficult

RP16/21
// not what you need somebody sticking a camera up there

MS21
I really appreciate it must be very difficult

RP16/21
And I don't want I don't want to say anything to the doctors at the moment I just need to think about it

MS21
I really do I can't stress enough that I really do think it's very important that you talk to someone about this someone with more experience and I can go straight away now and find you someone

RP16/21
No I'll have a think about it first

MS21
They really will have the experience and knowledge and they will be able to answer your questions and maybe that will make you feel better

[2]

RP16/21
I just want to think about - I've got this test this afternoon and I don't / I can't you know - I'll think about it
MS21
/Yeah I appreciate it

MS21
But please I - it really is that it's important that you talk to someone on your ward / and as I say I'll go now and I can go now / and I can go and find a doctor I'm sorry I can't be of any more help but I am only a third year medical student / I'm really I really just don't have the experience and qualifications to answer your questions properly
RP16/21
/ok /no I don't want you to /ok

RP16/21
Ok

Facilitator ends the consultation by saying 'ok'. Both RP16 and MS21 look at facilitator. The end.

MS22 (left) nods at facilitator, then turns on his chair towards RP13 (right) and starts.

MS22
Hello sir

RP13/22
Hi

MS22
My ((shakes P's hand)) name is [FN] third year medical student / erm so you asked to see a third year // student
RP13/22
/hi

RP13/22
// Yeah yeah thanks for coming down I appreciate this well first of all [1] I'm in a bit in a situation and I kind of needed to speak to someone kind of a little bit off the record / and I was wondering if you could do that ?
MS22
/OK

MS22
Yeah sure

RP13/22
Yeah yeah erm the story so far with me I::'ve been having some really bad bowel problems / erm the doctors have already seen my I had a sigmoidoscopy which is a lot of laughs erm / I'm waiting to erm have a erm a barium enema so even more giggles erm [2] so obviously I got doctors running around with results / doctors preparing for exams whatever the hell - which is one of the reasons I wanted to speak to somebody who wasn't so directly so busy busy / erm I found out that what I am experiencing here erm which is bad enough in itself anyway / [1] also could be a symptom of something greater i.e. [1] HIV / which opens a whole sort of you know different can of worms / and erm damage and the whole thing now erm I'm still a bit in the dark about this in this age / it's just something I've I've heard recently other people / who've had HIV / (( )) I need a bit more information obviously and basically you know because everyone is running around / I just basically wondered could you find out a bit more / information for me about this ?
MS22
/ok /ok /((nods)) /ok /((nods)) /OK /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods))

MS22
Ok erm well am actually a third year medical student / I'm just - this is my first week /of placements so erm whatever you wanna know I may not be the person to grant you all the information I am still learning myself / so but I'll try to answer as much questions I can / so what seems to be the main thing that you want to know about ?
RP13/22
/right /sure I appreciate that /yeah yeah /right right

RP13/22
Well ((sighs)) I mean I //

MS22
// you do know that anything that you say between me and you is confidential //

RP13/22
// Sure no I appreciate that that that that's what I wanted to hear because well I [2] I don't know – this this might just be something in itself I might just have dodgy bowels / that's it well fair / enough it goes no further it might not it might be an indicator of something further and though I don't know (( )) I don't know I don't know quite what's going on so I'm a little bit sort of in limbo and just a case of

getting the information the symptoms / of potentialities what to look for what not to / look for / erm [2] yeah I'm just worried at the moment
MS22
/yeah /((nods)) /((nods)) /((nods)) /ok

MS22
Ok so you'd like me to like basically explain to you about HIV and what will may present // itself

RP13/22
// well directly associated with with bowel problems and // you know what I mean

MS22
// ok because there is many different (( )) and the only way to find out really how what's causing this is ask you a few questions / about what erm when did it the pain come on how did it come on / and and we will do some investigations and // we start
RP13/22
/right /right

RP13/22
// I mean that's kind of wh[at] well this is why this is why I was ask this is why this is why (( )) as well you know erm it's a[nd] a[nd] and as we're waiting for the results of that anyway so that's erm

MS22
Yeah cause many things can cause the problems you been having is it really really bad ?

RP13/22
it's bad // yeah yeah

MS22
// it is bad has it been going on for a long time ?

RP13/22
Yeah // yeah

MS22
// when did it when did it start ?

RP13/22
Erm we're talking a matter of weeks you know it's been it's been long term

MS22
since your bowel movements have just changed

RP13/22
It is shocking down there just shocking

MS22
Is there any pain when you go to the toilet ?

RP13/22
Yeah erm

MS22
What about your stools ?

RP13/22
Well they will test them as well it's not as it should be it's not as it should be in fact the sigmoidoscopy is a well a tad messy shall we say erm

MS22
Ok just erm have you noticed any change in the colour of your stools at all ?

RP13/22
Erm [2] it's been so long since it started I I can't remember what sort of normal was / erm I just remember you know amounts of blood / with it which you know which is why the initial alarm bell kind of went off erm
MS22
/((nods)) /OK

MS22
Ok what was it the blood was it like fresh blood ? bright bright red // or was it dark ?

RP13/22
// yeah

MS22
Yeah and there was nothing else like any have you had any like mucus at all any green or was it watery your stool ?

RP13/22
Not really not really well it varies ((laughs)) / one day it is one / one day it's the other yeah
MS22
/((nods)) /OK

MS22
Why would you think it's probably due to HIV ? what's your the main reason for to come to that con[cerns] conclusion or that suspicion ?

RP13/22
Well [2] the other day I got a call off an old partner of mine / erm and she was phoning people / at the request of her GP / [1] erm because apparently she has been found to actually be / HIV positive and on her - his rather recommendations she had been informed to inform any erm partners / that erm that might have been at risk during the period that that / erm that that was / you know and I came smack in the middle of that
MS22
/OK /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /OK

MS22
Ok do you mind if I ask you some personal questions at all ? / cause if if if I ask some questions / you don't wanna answer just say and I'll stop / so erm this girl did you know her long or is it person is it just?
RP13/22
/((shakes head)) /sure /sure

RP13/22
We have we were together for about six months yeah

MS22
Ok did you use any contraceptives at all ?

RP13/22
Erm initially we did use condoms very early on in the relationship / because I didn't know what she was using / or whatever - took the responsibility erm later on she was on the pill / anyway so we stopped using condoms / and
MS22

/yeah /((nods)) /((nods)) /OK

MS22
Yeah so [1] another personal question and again – if you don't wanna answer – say did she have any more partners or did he have more partners ?

RP13/22
Erm we knew that we had a [1] each other had a history / obviously because you know there is the normal sort of jealousy / about exes at the early start of a relationship / so erm you know we were honest to each other as far as we didn't make lists of names or but you know / but yeah we were both aware that the other had a a / a sexual history obviously
MS22
/((nods)) /yeah /YEAH /((nods)) /((nods))

MS22
Erm when when you when when she rang you / did you like go to the GP to get tested or did you go into (( ))
RP13/22
/hmm

RP13/22
Well it was kind of in the middle of all this happening / so that's why I kind of went // aah
MS22
/ok

MS22
// So it made you more concerned then ?

RP13/22
Yeah yeah yeah

MS22
Is there anything else you wanna (( )) cause again I will say again I'm just new on the ward / so I just I'm not really / I'm not really up to date // you know but I will try my best to help you you know

RP13/22
//sure I mean I know what you mean I know what you mean it's a it's a yeah - all I need is information / about this versus that / erm and erm [3] / you know I just I just need to find out some things / as much information
MS22
/((nods)) / erm /OK /((nods))

MS22
What the thing I can probably suggest is – erm obviously what you just told me is between me and you / I'll just go if if it's ok with you I'll go and see a more senior person it's the house officer / I won't say your name or anything or any details about you I'll just say about well what are the symptoms of this / and what will it present with and then I will come back to you / and tell you what / and things does that sound// erm like
RP13/22
/sure /yeah /hmhm /that's great /that's great

RP13/22
// that sounds great yeah just any information you can get would be great yeah that would be – I really appreciate that

MS22
Ok is there anything else you want me to get out of him ?

RP13/22
Erm [2] I mean not at the moment / it it it's as I say I don't I'm keeping this on very / much a to know basis
MS22
/((nods)) /((nods))

MS22
I know I wish I knew more on // the subject so I could

RP13/22
// yeah no no I understand I understand if you do if you do what you say that would be great as far as you can / and and then you know / I'll be around anyway so you'll know / how to find me
MS22
/((nods)) /((nods)) /((nods))

MS22
Yeah I'll come up is there is there any particular time you want me to some and see you or ?

RP13/22
I'm I'm not due for / until the erm later this afternoon / so yeah I'm around all afternoon so//
MS22
/((nods)) /((nods))

MS22
//Ok as I said I won't say / any details / about you or //
RP13/22
/I appreciate that /I appreciate that

RP13/22
// thanks for / your help ((shakes D's hand))
MS22
/any time

Both look at facilitator. The end.

MS23 sits left, RP1 sits right in the corner. Silence in the room. MS23 looks around, sees a sign of the facilitator and starts.

MS23
Hi

RP1/23
Hi

MS23
Ms Corinne erm ((shakes P's hand))

RP1/23
HI

MS23
My name is [FN] I'm a third year medical student

RP1/23
Hi there

MS23
I heard you wanted to speak to a medical student ?

RP1/23
Yeah erm I just wanted to have a bit of a chat really erm / yeah eh eh if I talk to you it won't be – none of this is - this is kind of of the record isn't it ?
MS23
/ok

MS23
Yes it is private it's

RP1/23
I mean you you you don't write anything on my notes or anything or do you?

MS23
No I don't write

RP1/23
No but if I'd talk to some of the doctors they would write stuff on my notes

MS23
Yeah they could

RP1/23
yeah yeah but you this is definitely [1]

MS23
no I won't do that

RP1/23
confidential yeah great great yeah I just erm [1] just wanted really to erm [3] just erm have a bit of a a a chat eh erm [2] just a bit worried about something which I'm probably overreacting to it's probably not anything to worry about but I just feel like it would be it's quite good to talk about that's all

MS23
Is it a recent problem ?

RP1/23
Eh erm it's to do with erm yeah I suppose so it's related to I I I mean I I'm in hospital now for having tests at the moment erm / I got a load of bowel problems / erm [2] and so I'm having every test under the sun it seems at the moment I mean I I've had well but well you know when they put the camera up your backside / basically that I've just had that erm yesterday and erm [2] I'm erm well basically erm
MS23
/ok /hmhm /yeah

MS23
You would like the results yes ?

RP1/23
Erm [2] it's not so much that [1] / it's - I'm worrying about [1] as I say I'm probably overreacting but [2] I I think there is a small a very small chance that I could be HIV positive
MS23
/hmm

MS23
And what what gives you that idea ?

RP1/23
Well eh [3] I mean you know I know I just it's just possible that that I've taken that that that I've been in contact with someone who is / but what worries me is [3] erm well I don't know whether the symptom - I just don't know much about it I don't know / whether the symptoms I'm having at the moment / could be related
MS23
/hmhm /oh ok /erm

MS23
It's erm unless you actually have the HIV test I'm not sure maybe I'm not sure whether the doctors can find out cause you don't know whether you <u>do</u> have it or not unless you yourself have to go in to do the test but I wouldn't erm [3] I I'm not I'm I myself not clear about what the exact symptoms so / but I I I

RP1/23
/no no no and I don't expect you to be

MS23
No but erm if you yourself don't care about symptoms I'm not sure it should be that worried about that things

RP1/23
Well I was thinking would there be any - would you be able to find out for me ?

MS23
Erm I can I can sort of erm I can // speak to

RP1/23
// just get just get a get a bit of information ?

MS23
An explanation for you erm it is possible but I though I'd recommend you talk to someone cause I am just a medical student so erm

RP1/23
Yeah I know I mean I'm not asking you to to to do anything you know I I just I just was wondering whether I could eh eh eh if you could get me some information about it that I would I I'd have a better

idea of what I'm dealing with do you understand what I mean before I actually speak to anyone / and it'd have to go on my notes and once once it's I just feel like once it's recorded then that's it you know / I can't ever have it taken off again I'm just wondering whether I I don't have access to any more information about it I just wonder if you could get me some information
MS23
/yeah /oh yes

MS23
Getting for some basic information I can I can easily do that but if you want a bit more information you sort of have to go and find out if yourself or eh best thing is if you is a bit worried about it we can go and have it tested like privately somewhere go like you know go see a doctor somewhere [1] not not maybe not your GP or something but

RP1/23
Yeah as I say I don't want it to go on my notes

MS23
hmm

RP1/23
That's why [2] you know I've [2] I just wanna know a little more about it really / just to see if it could be connected or not cause I could be completely wrong about it you know
MS23
/yeah

MS23
I see erm I can help with the aspects of getting basic notes but there's not really much more I can do I'm just a third medical student so

RP1/23
But you can get me some just some

MS23
Reading materials will be quite easy to get

RP1/23
That'd be brilliant / thank you erm [1] because the other thing I don't know about is that I'm just really aware that erm [1] ((hands in front of face5)) when you know when I had the - obviously I had an enema erm [3] to in order to have the camera / an enema and obviously it clears you out completely / and [2] I mean it's absolutely disgusting I tried I really did try to keep a hold of it but it's just [1] actually jeering ooh eh eh and it it just it just sounds disgusting but I'm sorry to say it I just am worried cause there was a point where I'm [1] ((hands in front of face3)) I just got terrible diarrhoea at the moment at that time at that moment so it just all came out and there was blood in my [2]
MS23
/yeah /yeah /yeah

MS23
[There was blood]

RP1/23
Yeah so so anyway blood kind of sprayed around and I'm just worried about whether cause there was somebody in particular you know who got quite a lot on her and I don't know whether that was - you know what I mean I know whether she is now at risk or

MS23
I don't know myself like what the risk what how the disease how whether if the disease can be transferred that easy I'm not sure I don't know myself so erm

RP1/23
Right

MS23
erm

RP1/23
Well do you think I should do something about that ?

MS23
Well I say if you think you are at risk the best thing would probably be just to get tested and just to clear your mind about whether you are or not are - I don't really know much else to tell you as I tell you I can get you sort of basic information but there is really not much more I can do because I don't know much about it myself

RP1/23
right

MS23
Yeah

RP1/23
cause I can't - I don't wanna get tested here // cause I

MS23
// no you don't have to get tested at the same – if you suspect you don't want people to know you can get tested somewhere private or somewhere far or I don't - someone who is not your GP / or something so [2] but erm
RP1/23
/ yeah

RP1/23
But it would still go on my notes then ?

MS23
Hmm ?

RP1/23
Would it still go on my notes that I've had the test ?

MS23
Erm I'm not sure about but like I erm [2] I really don't know about whether it goes on your notes or not erm

RP1/23
So there is nothing I can really do while I'm here eh while I'm in here you know I have to wait till I like get out and go and / so you don't think there's anything about it - it's ok if I don't do anything about it / for now ?
MS23
/erm /erm

MS23
I'm not sure really but maybe if you would talk to someone like a consultant or someone // like that

RP1/23
// it'd have to go on my notes that's the thing

MS23

So unless you unless they actually test you nothing's gonna go down on your notes maybe we can discuss {beforehands} beforehand wha[t] wha[t] what would happen if they test you maybe cause I don't know what the procedure is about putting stuff on notes

RP1/23
So they wouldn't put it down if I just said that // erm I

MS23
// yeah I I I don't know what the procedure is someone like like a consultant will be able to tell you what goes on on because so you can ask them and then you can decide whether you want to get tested or not but

RP1/23
Right

MS23
yeah

[3]

RP1/23
Ok [2] well if you could if you could get me some information that would be really // good

MS23
// yeah I can do that for you

RP1/23
Ok ok [1] well I'll see what that says

MS23
Hmhm

RP1/23
Ok thank you

MS23
Hopefully I have been a bit he[lpful] help to you

RP1/23
Yeah thank you

MS23
Ok

RP1/23
Thank you

Facilitator says thank you. Both MS23 and RP1 look at facilitator. The end.

Tapes starts when conversation starts. MS24 sits left, RP13 sits right.

MS24
Good afternoon Mr Steel / ((shakes P's hand)) I understand you've asked to talk to a medical student
RP13/24
/hi hi

RP13/24
Yeah erm [1] I basically need to talk to somebody kind of off the record / if that's ok can you do that ?
MS24
/ok

MS24
Erm I need to tell you first of all I'm a third year medical student and I don't have a great deal of clinical experience at the moment so if there is anything I am certain - not certain about I'll tell you // and it will (( ))

RP13/24
// That's fine that fine it erm eh eh it's more kind of keeping everything slightly under wraps / erm yeah right so my story so far erm I'm having really bad bowel problems / erm I had a sigmoidoscopy the other day results which we don't know yet erm [1] I'm about to go in for even more stuff - going in for barium enema later [1] erm which is pretty rough erm [1] but ((coughs)) that's almost a side issue what what I've what I'm suffering from I've found out erm [1] is [1] that it's all possibly a symptom of the HIV virus / which obviously opens up a whole separate can of worms erm [1] and kind of the – I got doctors working on test results I got doctors working on tests erm [3] probably the reason I came to to you is is er I is eh eh [1] it's not as if (( )) all over the place / my concerns but I do need to find out some information I do need to find out you know literally is what I got is it just worried and is that it ? in which case what do you do doesn't go any further or [2] is it a large concern is it symptoms of a greater
MS24
/ok /ok /ok /ok

[2]

MS24
Ok so have you ever had a HIV test in the past ?

RP13/24
no

MS24
and have you got any particular reason to believe you might be at more risk ?

RP13/24
Yes

MS24
Can I ask what that is ? I understand this might be difficult for you

RP13/24
Sure erm [2] basically erm it literally it it it was end of the last few days I got a phone call from erm an erm ex partner and erm she has been told by her GP after results were taken that she is HIV positive erm she was advised to phone erm whoever she has been in contact with sexually one of which is me to inform that they might be at risk [2] and I'm at risk

[1]

MS24

And do you know if she's had partners since yourself and between yourself and testing positive ?

RP13/24
Erm erm I belive so yeah

MS24
Ok so // you

RP13/24
// but wh[at] from what she said her exact wording was during that period that we were together that was (( ))

MS24
Ok and erm can I ask did you have - did you use condoms when you had // s[ex] eh

RP13/24
// well eventually yes but then no

MS24
Ok [3] are you interested in having an HIV test ?

RP13/24
Erm [5] here's the thing the other thing why I I wanted to talk to you an not the doctors / if I know from a medical point of view you're probably going to think it's silly but [1]
MS24
/ok

MS24
If it's a concern it's not silly at all

RP13/24
If I talk to the doctors about this if I have a test I'm sure it goes down on notes my records and [2] in years to come when I'm I don't know I'm applying for life insurance a mortgage something like that and [1] on my record it says somewhere applied for HIV test [1] you know [2] ((moves with arm as if crossing out name))

MS24
One of the things from what I understand is that a negative HIV test result has absolutely no bearing on any future insurance claims / it's a positive test that does having a negative te[st] erm having a HIV test come back negative is a sensible protective thing that many people do that they do when starting a new sexual relationships the biggest biggest concerns I see is that you're having some basic procedures / erm and at the moment you're not actually sure of your status but potentially if you are HIV positive some of the doctors could be at a greater risk than other ones and them not knowing and that's a quite a difficult situation really [2] I'd really recommend that you spoke to one of my supervisors erm one of my eh firm leaders who could give you a bit more information about your options cause I'm not really sure how to proceed from here
RP13/24
/hmm /hmhm

RP13/24
ok

MS24
I understand why you're reluctant to talk to people and I understand it's an incredibly difficult situation for you to be in but also I think if you did find out you're HIV positive it'd be best for you to find out sooner and you you can start appropriate treatment

RP13/24

hmm

MS24
What would you want me to do from here ?

RP13/24
Hmm ((coughs)) [5] who do you think will be able to [2] deal with this as - how can I put this - closed as possible ?

MS24
It will always be dealt with in an entirely confidential manner only people who absolutely need to know results for your test will be told so people who who are involved in sort of the more invasive investigations erm I'd recommend - I could get one of the - I could either get a junior member of the team might be a less intimidating for you or one of the consultants to come and talk to you and they can have a chat about who to refer you to and as I understand it if you decide to go for an HIV test erm you have a thorough counselling session before so you're informed of the sort of implications of results erm but equally for the time being it might be possible if you're not ready to ha[ve] have an HIV test erm I wonder if it might be possible for them to treat you as an at risk patient without you actually going forward to the test now if you didn't feel you were quite ready

RP13/24
hmm

MS24
I'm sure you understand it's it's very difficult for me to know this information and to not tell // anyone

RP13/24
//of course yeah I I comple[tely] // yeah

MS24
//but I don't want to do anything without your consent I'd much rather / that you tell me
RP13/24
/hmm

RP13/24
hmm [2] how easy is it to set up an HIV test ? how quickly can it be done ?

MS24
I don't know the specifics / of that I wouldn't imagine it would be a wait
RP13/24
/I eh - ok

RP13/24
Ok are we talking days or hours or weeks or ?

MS24
I should certainly imagine it isn't weeks but I wouldn't know whether or not it would be today

RP13/24
ok

MS24
And what I – I sense they'd refer you to one of the genito-urinary specialists they have speciality test for sexual transmittable diseases and HIV

RP13/24
Ok [4] well you're here today ain't you ?

MS24
yeah

RP13/24
I can get al.l of you today yeah ?

MS24
Yeah [3] I can come with you when the doctor comes as well if you'd rather that

RP13/24
Well I gotta go away and have a think about this

MS24
ok

RP13/24
And [4] thank you for what you've said I'll think about that [2] and [4] when I've made my mind up I'll let you know anyway [4] cause then if you're there in a way if I - I can tell the doctor if you're there if if I feel like (( ))

MS24
I just think it's really important before you have anymore invasive investigations that that people who are performing the investigations know there is a potential risk

RP13/24
Hmm ok

[2]

RP13/24
//well

MS24
//I understand it is incredibly difficult for you

RP13/24
Well thank you for your help ((shakes D's hand)) really appreciate it thanks

MS24
Thank you very much

RP13 sits up, both him and MS24 look at facilitator. The end.

RP17 sits right, MS25 left. MS25 looks at facilitator, who tells MS25 to make a start. MS25 turns to RP17 and starts.

MS25
Hi Ms Mitchell I'm [FN] I'm one of the third year medical students I've just been asked by one of the doctors to come round inform you that your operation won't be taking place today↑

RP17/25
Why not ?

MS25
Because we've had an emergency case come in erm this individual is very seriously ill we need to perform an operation on him straight away so we've had to cancel all the operations for today until further notice

[2]

RP17/25
So it's just just not gonna happen ?

MS25
No not today very sorry

RP17/25
This is the second time this is happened to me

MS25
Is it ?

[3]

MS25
Like I said this person is very seriously ill and that's why all all operations – you're not the only person it's everyone that's come in for an operation today

[3]

RP17/25
((laughs)) well who's going to stand the bill for the extra childcare costs I've incurred [1] you know I've had to organise all sorts of things I've had to change my work rota I've had to organise two extra days in nursery for my kids [2] and now - complete waste of time

MS25
I can I can sympathise with you I un[derstand] understand what you're saying but like I said all I've been told is we've had an emergency case come in and that person has to take priority

[3]

RP17/25
I bet that wouldn't be the case if I were a doctor

[2]

MS25
I don't I I I don't think that would be the case at all

[5]

RP17/25
So when am I gonna have my operation then ?

MS25
I - I can't answer that question all I've been told is to come round and inform all the patients that the operations won't be taking place but I'm sure once this case has been sorted one of the doctors will come round and tell you - rearrange another day for the operation

RP17/25
Well [3] I'm presuming I can go home now?

[2]

MS25
I I don't I I'm not even aware of that if you can go home [1] cause I'm not sure how I'm not sure how long this case will take if they'll be able to fit you in for the rest of the day

[1]

RP17/25
Sorry – what ?

MS25
I'm not sure how long this operation will take and maybe they'll fit you in after this operation //

RP17/25
// but I thought you said they've all been cancelled today ?

MS25
At the moment yes but I haven't been told any other information I've just been told to come round and say all of the patients are cancelled

RP17/25
So am I gonna have the operation today or not ? I'm confused

MS25
As far as I'm aware no but I think it's best if you wait for one of the doctors to come and talk to you

RP17/25
Well how long is <u>that</u> gonna be ?

MS25
Again that's something I can't answer

[5]

RP17/25
((laughs)) complete waste of time isn't it ?

[4]

MS25
You know all together all I could do is apologise on behalf of all the doctors and say you know this you know doesn't happen every time

RP17/25
Well no it's just happened both times to me so far

MS25
That's just an unfort[unate] that's unfortunate situation I know [1] on your part

[6]

RP17/25
Well am I gonna get this operation before Christmas ?

[1]

MS25
Again that's something I can't answer I'm not aware of the hospital [1] the surgical timetables or anything like that

RP17/25
Yeah but you must have some idea what sort of waiting time there is you know I wanted to get it all out of the way before Christmas so I could just I could enjoy myself

MS25
Right I can understand that but I'm sure you appreciate that if you were the person that come in you'd expect you would expect that person to take priority over // (( ))

RP17/25
//I'm not saying that I should have priority over somebody that is seriously ill I'm just saying that I'm really fed up with this situation ok / it's the second time it's happened and I'm just trying to find out if anyone has any idea when my operation will be
MS25
/right

MS25
Right I personally don't have the answer to that question

RP17/25
Well who will can't you find out ?

MS25
Well I all I can do is ask one of the doctors when they come out of theatre

[9]

RP17/25
Right so I'll just go through all this again then great

[3]

MS25
I know it's an unfortunate situation but it's as I say again it's something we can't help

[2]

RP17/25
ok

[12]

Facilitator says 'I think we've come to a stop', both RP17 and MS25 look at facilitator. The end.

MS26 sits left, by the door. RP3 sits right. Facilitator says to start whenever MS26 is ready. MS26 turns to patient and starts immediately.

MS26
Mrs Mitchell is it ?

RP3/26
yeah

MS26
My name is [FN] I'm a third year ((shakes P's hand)) medical student

RP3/26
Hiya

MS26
Erm I've been sent along - I'm very sorry to say this erm the house officer has said to me that erm they've had an emergency case come in today [1] and they're not gonna be able to operate on your varicose veins today

[3]

RP3/26
And that's [2] oh god that's annoying

MS26
yeah

RP3/26
And that's all that's //

MS26
// all day yeah - thing is someone's come in they've had erm a big bleed in their stomach and if they don't have this operation they're gonna die today immediately and so they've had to take him into theatre and

RP3/26
Fair enough

MS26
Hmhm I'm sorry about it

RP3/26
Oh it's just I (( )) and wh[at] I wh[at] what can I wh[at] I can't have anything against that person but [3] it's been eh I know it's just varicose veins / but to me it's really important / and it's taken me a lot [2] I'm really frightened and it's taken me a lot to psych myself up to do this / and a lot of problems with childcare and issues and blablablabla and time off work cause I work here / you know so [2] do you know they've done this to me already I've been it's been cancelled once already and I'm just like no not again you know oh:: [2] you know I just taken lot to psych myself up / to do this
MS26
/hmm /yeah /hmhm /yeah /yeah

MS26
do you think you can psych yourself up say again ?

RP3/26

I don't know I just the hassle that you put put me through I mean there were problems with the kids my my husband he is he works away a lot and he is working away tomorrow and the next couple of days so / [1] it's not my daughter's normal nursery / day and I had to book extra nursery / and I've got my mother in law /is picking them up from school and she's (( )) and it's all - it's difficult and organising that is really difficult and with work taking time off and it's like they were really annoyed about them asking more time off cause I've already taken time off before / and of course I couldn't go back cause they already have nurses there and you know from the agency nurses to cover for me ooh [1] I'll I I will do it / because it's really painful
MS26
/hmhm /((nods)) /hmm /((nods)) /hmhm /yeah

MS26
I understand that it must be - it's difficult organising all these things / isn't it ? but you'll get another appointment // again that will be

RP3/26
// It is - Well I – are they gonna be quick ? is he gonna be able to get us in quick how how do you think ?

MS26
Honestly I couldn't I couldn't say anything about that

RP3/26
Really ?

MS26
Erm [2] you'd have to ask one of the doctors on another position to suggest that

RP3/26
Ok I is I mean do you [1] I mean you know because I work here / and I am an NHS employee do you think they might be able to squeeze me in I mean I know you might not know but I mean is there any way – do you think they would do that ?
MS26
/yeah

MS26
As far as I know they do the list of priority of how it goes and if you're a high priority I I don't know anything about your case I have to say all I know is you are here today to have your varicose veins removed / erm
RP3/26
/yeah

RP3/26
So you don't think because I work here they don't you don't think they'd squeeze me in ?

MS26
I don't know if you smile nicely at a consultant you never know what'll happen

RP3/26
((laughs)) you never know do you? but I bet you if I was a doctor they'd let me in if I was a consultant Dr Smith you know any[way] eh eh [2]

MS26
hmm

RP3/26
I just I just I find I can't really be angry / cause I know I know the reason and I understand and I understand what it is like when people get / rushed in

MS26
/yeah /yeah

MS26
I mean you work here you must // (( )) about these things

RP3/26
// I yeah I know I know what it's like and if if if he's got internal bleeding then you you do what you've gotta do you've gotta deal with him isn't it ? ((sighs)) just erm

[2]

MS26
Thank you very much for being so understanding / that's great

RP3/26
Well it's very eh erm I am cross / I'm just cross because / it's a lot for me it's a lot for me to do this you know I psyched myself up to do this and having to do that again I'm so ner[vous] I'm so really I'm so nervous about it
MS26
/hmhm /yeah

MS26
I can talk I can talk to the doctors if you want about it and sugge[st] and suggest them it has been a lot for you to psy[ch] psych yourself up to this and suggest can they be as nice about getting you an early appointment as possible

RP3/26
Thank you bless you / I appreciate all that you know I mean erm I know it's difficult for you / and I know - but if you could say something that'd be / lovely cause you know if I'd have to wait another two months again I mean the pain of it – I know they probably don't think of it as a priority but to me it is a priority because it <u>does</u> hurt / it <u>is</u> affecting my work it's affecting my kids because I can't go out and play with them as much because it hurts and so [1] I really appreciate it if you could have a word with him / <u>I</u> don't mind having a word with him
MS26
/ok /yeah /absolutely /((nods)) /((nods))

MS26
Yeah well [1] I'm sure there'll there should be someone else about the nurses will still be about today / you can talk to them if you want you can talk - there will probably be another doctor about at some stage talk to them make your point / make and erm
RP3/26
/yeah /yeah

RP3/26
Ok well thank you very much for that

MS26
Ok thank you very much / cheers ((shakes P's hand))
RP3/26
/ok

Both RP3 and MS26 look at facilitator. The end.

Tapes starts when conversation starts. MS27 sits left, RP4 right.

MS27
Hi there my name is [FN] ((shakes P's hand))

RP4/27
Hi

MS27
Nice to meet you I'm a medical student erm how can I help you ?

RP4/27
Right erm I just wanted to talk to somebody that wasn't erm [2] that wasn't a doctor really / erm [2] erm [2] yeah erm [1] it's I just need to know whether erm [1] that you won't talk about this with anyone else / is that is that ok ?
MS27
/((nods)) /((nods))

MS27
Yes ((nods))

RP4/27
yeah [1] good [2] right erm [4] thing is eh erm [1] I'm coming in for these these tests / I've got this bowel / problem / erm [1] and and nobody knows what's wrong really / everyone's looking and I've got to got to have these tests got this barium enema today / [1] and erm [1] nobody knows what's causing the problems cause there's a [1] there's [2] cause there's there's blood in -when / I go to the toilet / there's there's there's traces [1] of blood and [1] it's just that I think I know what the problem is but I just want to erm [2] just to talk to somebody about it really / erm [3] just that you could erm [2] you could you could erm look it up or something and and maybe you could tell me whether the symptoms that I've got are you know we we could f[ind] find the problem if you could do that that's all I was [1] that I was thinking
MS27
/OK /((nods)) /hmhm /HMHM /hmm /((nods)) /hmhm /OK

MS27
Right I mean wha[t] wha[t] what do you actually think is actually the problem ?

RP4/27
Erm I think I think it's HIV

MS27
ok

RP4/27
Erm [2] so [4] I eh [3] I just erm [1] just thought that perhaps you could [1] I mean you you know where to look in books and things if you could look up my symptoms and see if whether they are what you would get with with with HIV / then then [2] then I know what it would be and it wouldn't have to go in my records and anything
MS27
/((nods))

MS27
Right I mean this is obviously quite difficult for you

RP4/27
yeah

MS27
Erm I mean why do you think HIV ?

RP4/27
Well erm [1] I I got this this [2] erm this letter from from someone I used to know and erm [2] they they're HIV / and so I thought that erm you know because erm [1] I thought I might be too because because they are /
MS27
/((nods)) /((nods))

[2]

MS27
I mean I'm sorry sir I'm not really sure what you mean you say a friend

RP4/27
Somebody I used somebody somebody I used to go out with somebody that erm that erm we were erm partners / that sort of thing
MS27
/((nods))

MS27
Well I'm sorry but I have to ask this question erm were you erm were you intimate ?

RP4/27
Yeah yeah

MS27
Erm ((nods)) so you had sexual contact ?

RP4/27
yeah

MS27
I mean do you do you mind talking about it or is it hard or ?

RP4/27
Erm I don't I don't know erm it was a bit of a shock / and erm you know / cause the letter came so I erm
MS27
/((nods)) /understandable yes

[2]

MS27
Sorry is this par[son] the person male or female ?

RP4/27
Erm [1] it's it's male

MS27
Ok ((nods))

[3]

MS27
Erm [1] so this this person / has contrapted HIV do you know how long he's had this for ?
RP4/27

/yeah

RP4/27
He he [2] he erm it was he had it bef[ore] eh erm he he he thinks he must have had it [2] before me

[2]

MS27
((nods)) ok [1] did you ever have erm did you ever use condoms when you had sex /
RP4/27
/no

MS27
never used condoms

RP4/27
no

[2]

MS27
I mean just speaking to you as a – I mean obviously I've got limited knowledge as a medical student but erm it it's highly recommended that you do use condoms / in when you have sex just cause of other sexual transmitted infections / that erm [1] so it'd be advisable if you do use one from now on anyway just [2] but erm I mean being just a medical student I I wouldn't be able to tell you by just talking to you whether you have HIV or not I couldn't say erm I could say say there is a risk of contracting it of getting HIV if you have sex with a person that's unprotected who has HIV already / but that's that's all I can really tell you / erm in terms of speaking to someone erm confidentially erm and have tests done there's erm GU clinics in erm the centre of town that you'll be able go to they would be totally confidential they won't need to know any details like where you live your name and erm you could be tested for HIV there / erm but I have to say if you do get tested in the hospital it will go down on your medical records / I mean that's erm that's something for you to consider for yourself
RP4/27
/yeah /right /yeah /yeah /right /right

RP4/27
But the tests that they're doing now for the for the for the bowel / thing will will it show up on that you think I mean would it would it be tested erm the the is the is the test part of that ?
MS27
/hmm

MS27
I mean I must admit erm I'm not totally sure what test you said erm can you remem[ber] elaborate at all what test ?

RP4/27
I had an erm barium enema / today and also they they erm did the camera thing / that that that
MS27
/ok /hmhm

[3]

MS27
I mean with being a medical student I couldn't I couldn't tell you one hundred percent / whether or not they could detect [1] you see I wouldn't feel comfortable telling you that because you my knowledge isn't sufficient
RP4/27
/right

RP4/27
Right [1] could you find out ?

MS27
I mean I c[ould] yes I could try and find out for you sir

RP4/27
That'd be that'd be that'd be that'd be good

MS27
Would that would that be of help for you ?

RP4/27
I think so yeah

MS27
Ok ((nods)) [1] yes

[3]

MS27 looks at facilitator. Facilitator checks if this is the end. MS27 nods slightly. The end.

MS28 sits left, RP9 sits right. Consultation starts as tape starts.

MS28
Hello Mr Steel

RP9/28
hiya

MS28
Erm ((shakes P's hand)) my name is [FN LN] I'm a third year medical student I hear you've asked to see a medical student?

RP9/28
Yeah yeah is that all right? it's be great I just wanted to to talk talk to / you know off the record ((laughs))
MS28
/yeah that's fine

MS28
Yeah that's fine

RP9/28
Is that all ok?

MS28
yeah

RP9/28
Erm just thought I'd quite like a confidential chat to someone

MS28
Oh erm confi[dential] yeah everything you say is confidential

RP9/28
Erm [2] erm I don't know where to start really erm [1] I'm in because I had erm because I've had some bowel problems / erm and I've had you know erm pff weeks of of diarrhoea and constipation and it bled and then I've had some tests / erm had a sigmiodoscopy? Or something / yeah had one of those erm which was not very pleasant / erm it was really messy erm but erm [2] I just think cause erm [3] what I really wanted to know ((sighs)) is erm whethyer it was possible that this might be related to [2] erm HIV
MS28
/((nods)) /((nods)) /yeah yeah /no I can imagine ((laughs))

[2]

MS28
Eh you're asking me if you th[ink] – if I think you might have HIV?

RP9/28
Well whether there is any connection between that kind of thing and and HIV related – something I might

MS28
Right well //

RP9/28

// I don't expect you to diagnose me / you know I haven't had the results of any test or anything but with eh it's just - I'm just lying here worrying about it thinking is this
MS28
/no

MS28
Yeah I understand but I am only a medical student I'm not able to give out any sort of medical advice at all / because I I don't know and also I'm just not allowed to because eh I'm only a student / have you spoken about this to a doctor?
RP9/28
/yeah /no yeah I appreciate that

RP9/28
No I don't eh erm that's the thing I eh I don't really [2] I just don't want stuff going on my records and stuff like that you know it's just cause I'm probably - it's only overreacting it's probably nothing to do with it you know erm eh erm [2] you know I'm not diagnosed HIV or anything like that do you know what I mean / erm I just erm was just sitting there thinking is this the kind of thing that might but e something to do with it and
MS28
/no you're just worried that - ok

MS28
Well I can understand why you're so – why you're worried about it because – eh but I'm really not the person to be talking to about this / because I eh I don't have any expert knowledge on the subject because I'm only a student
RP9/28
/yeah

RP9/28
Is there any way to get hold of any information for me do you think? / you must have like textbooks and stuff you could probably look something up or
MS28
/erm

MS28
I think it's really important – because you're worried about this that you do talk to a doctor

RP9/28
But I don't really want to talk to a doctor about it

MS28
Eh eh it is – if it is important to you – even if I could find out information I couldn't give you erm as a student I couldn't give you any information I think it's up to you to either find out for yourself or you go and ask a doctor I can't myself – cannot go and // find out for you

RP9/28
// it's difficult cause I'm just lying here worrying and I can't really find out for myself I can't do anything you know / while I'm in here I've got to wait I've got a barium enema or something this afternoon do you know what I mean I'm just sitting here fretting about it erm / [1] I don't want to talk to doctors
MS28
/yeah /yeah

MS28
Could you [1] you do – not not even not necessarily particularly about HIV just ask - do do you understand about what's been going on and why you're in have you asked about the doctors about that?

RP9/28

Yeah they say – he he said – all I all I've been told is that it's possible it's erm irritable bowel syndrome just just that / or it might be erm inflammatory bowel disease or one of the things is they're doing tests to rule that out and you know erm [1] but [3] I don't know a lot about aids this HIV and things like that all I know is that [1] that often people tend to die of other things cause it's like cause its to do with your immune system yeah? [1] is that right? eh that's that's my vague understanding of it and so I've just been lying here sort of panicking thinking [1] you know is this – is this something that's that I'm – that I've got because of that – I don't know what the symptoms are do you know what I mean? I don't know anything about it I just want some information really
MS28
/yeah

MS28
Yeah I understand because you're ill you're gonna be worried that things are going on in your mind you're not – nobody said why you're ill / and I think obviously the the doctors are doing what they can to find out what's wrong with you / and I really think you need to talk about your concerns to the doctor who's in charge of your – one of the doctors in charge of your condition / and then if if they're aware of that you're worried about this then maybe they can eh help you either get a test or sort of / calm – or maybe tell you there's nothing to be worried about or if there is something to worried about they know like what the situation is
RP9/28
/yeah /yeah /yeah /I don't want a tests I don't want

RP9/28
The thing is I just don't want it going down you know I want – I I don't want it going down on my notes you know I just want it that's why I wanted to talk to you I don't want people here just immediately start writing things down on my notes erm that I get – you know you hear all these stories of people who like can't get any insurance just because they've had a blood test you know ? and ((sighs))

MS28
I don't know what the situation is about erm [1] getting erm HIV tests sort of anonymously or put on your notes I don't know whether there is any facility for that / maybe not in the hospital but erm eh I think that's why I think I'm not qualified to be able to give you any advice on the subject I'm really sorry about that / and I wish I could help a bit more
RP9/28
/yeah /that's fine

RP9/28
Is there anything you could get hold of for me you think?

MS28
Erm may maybe erm if you talk to the nurse or something they may have leaflets in the hospital that you could read that would give you information on different conditions if that's what you wanted just a bit of basic information on signs and symptoms of – because there are leaflets around the hospital maybe you could talk / to one of the nurses cause you don't want to talk to the doctors
RP9/28
/I don't want to talk to -

RP9/28
I don't really want to talk to a nurse – actually I was - you know I was - that's why I was asking you cause I just thought you know I know you've got nothing to do with medics and all that

[2]

MS28
Yeah [1] I'm so[rry] I understand but //

RP9/28
// do you know – do you know what I mean?

MS28
I know what you mean but I'm really // sorry erm

RP9/28
// you don't know what people are writing down about you and I don't – I'm not being paranoid or anything but eh it's erm it is sensitive you know what I mean? ((sighs))

[3]

MS28
I really think it would be a good idea to talk about your worries to one of the doctors

RP9/28
yeah

MS28
I eh I think they you know would be really quite sympathetic to your worries and just have a chat with them about it

RP9/28
Yeah well I ((crosses arms))

MS28
I think it'd make you happier once you've talked to them about it [1] and got some proper advice

RP9/28
Hmm

[5]

MS28
I eh I'm sorry I can't be any more help than that

RP9/28
It's fine [6] (( )) you know what I mean ? I think it's probably nothing you know it's probably nothing to do with it but I eh eh you just lie down and you start thinking [2] stupid things

MS28
Well you're bound to be worried about – eh thinking of everything / when you're in hospital and you're not well so [1] maybe you have no sort of [2] reason for thinking this but maybe I I'd really think that's why you'd sort of stop yourself worrying maybe to talk to one of the nurses first and
RP9/28
/yeah

[3]

RP9/28
Yeah

[2]

MS28
Just to give yourself a bit of peace of mind

RP9/28
I just don't want to get labelled I don't want people start making a fuss about this do you know what I mean I'd just like to be able get hold of some information without any kind of hassle [1] I think

[4]

MS28
But you you wont be forced into having a test even if you want to just talk about it for the doctors then [1] the there shouldn't be no reason why they'd they'd force you to do anything

RP9/28
It's not it's not that - you just don't want to start getting labelled you know what I mean [4] people write anything now down like you know would you like to consent about this ((pulls face)) [2] I don't know [1] I don't know I just didn't feel com[fortable] I just felt [2] I just hope I'll be able to get some ((sighs))

[2]

MS28
Look at some of the leaflets that are around the hospital and just read up about things like through that way they can be / quite useful quite a lot of information in them
RP9/28
/yeah

RP9/28
Ok [1] and where would I find them? I don't know – I don't really know this

MS28
Oh there'll be there'll be so - just around the ward erm they have racks of them on the walls / sort of just various different conditions they're all dotted around
RP9/28
/right

RP9/28
Right ((nods)) [3] would they be that specific do you think? That - hould they be able to tell me about this or not?

MS28
Erm I don't know erm that eh I just know that there are leaflets around erm they have lots of different topics they come in so just – ask one of the nurses where they are and even if you don't want them to get them for you you can just go and – you can go and pick them up

RP9/28
ok

MS28
Ok?

RP9/28
Ok ((nods)) thanks

MS28
Ok [5] thanks very much

MS28 turns to facilitator. The end.

Consultation starts when tape starts. MS29 sits right, RP8 sits left.

MS29
◦Goodmorning I'm [FN]◦

RP8/29
Sorry ?

MS29
I'm [FN]

RP8/29
Hello

MS29
Erm you're here for varicose veins operation is that right ?

RP8/29
Yeah that's right yes it is hmm

MS29
Ok erm I'm terribly sorry but somebody's come in erm and he's got an emergency operation that requires – he's got a big vessel problem and erm he will actually die if we don't operate now it's a very long operation it'll take three hours so we've had to cancel this morning's list now erm I hope you understand because this man will die if he's not operated on the surgeon has decided to operate on him and unfortunately that means that your operation will be put off

RP8/29
Hmm [1] again

MS29
Did it happen before ?

RP8/29
yeah

MS29
Do you know why it happened last time ?

RP8/29
Why ? erm same reason [1] erm [2] yeah I've been on the waiting list now for eighteen months

MS29
Ok

[2]

MS29
Well //

RP8/29
// nothing I can do about it though is there really?

MS29
Well it's // very good of you to take this so well

RP8/29

//even though I work for the NHS you know I work as an auxiliary nurse so you know / don't you don't you think they should be some provision about looking after our own before / other people ? how how are we gonna going to treat other people if we you know if we don't look after ourselves ?
MS29
/ok /yeah

MS29
I quite agree with you what I can do is I will I will mention to the doctor you have been waiting eighteen months I mean I don't think that you'd normally wait eighteen months erm so maybe I could remind the doc you've been waiting a long time but there's unfortunately really is been a one-off case today and you seem to have found very bad luck and hap[pen] happen to have been in two days / where there has been a major problem / and it so it's not a general thing you've just had really bad luck
P8/29
/hmm /hmm

RP8/29
Right I don't think I would have been told if I were a doctor perhaps

[2]

MS29
I think that there is nothing you can do about somebody having [1] erm a huge blood vessel bleed and I think if if there was a consultant sitting on your chair waiting for a similar operation I'm sure he would have been told that very sorry there's nothing we can do cause there is no surgeon that can do the operation you see cause he's saving someone's life

RP8/29
Yeah ok it's just an inconvenience you know / erm I haven't eaten since last night I had to I've had to sort out child care and erm again I've had to take you know another day off work
MS29
/I understand

MS29
Yeah you get provision for childcare you [1] if you ask social services they will pay for you to have care

RP8/29
Hmm I doubt it

[3]

MS29
Eh eh yeah I understand it's a total inconvenience and I will just mention to somebody that you've been waiting a long time but there's not really anything I can do erm //

RP8/29
// Ok where do we go from here then ? when is the procedure ?

MS29
Erm we'll make an appointment for you again as soon as possible and that will be sent to you and (( )) convenient for you hopefully that will be quite soon

RP8/29
So you'll send me ?

MS29
Another appointment

RP8/29

Right and when will I receive that ?

MS29
As soon as possible I I don't know when that is

RP8/29
Does anyone know when that is ?

MS29
Yes it's only cause I'm a medical student that I can't tell you in days but it it should be should be at the beginning of - a week or two I should think but I'm afraid because I'm a medical student I don't know the ins and outs of the clerical practice I can just tell you it will happen as soon as possible

RP8/29
And in the next couple of weeks I should hear when my operation will be rescheduled for ?

MS29
I should think so yes

RP8/29
Ok

[3]

MS29
◦Ok◦

[3]

RP8/29
ok

MS29
Ok thank you very much ((shakes P's hand)) ((stands up and leaves))

RP8/29
Thank you

Facilitator tells MS29 to sit back down. The end.

MS30 and RP4 look at facilitator. MS30 turns to RP4 and starts. MS30 right, RP4 left.

MS30
Hello (( )) my name is [FN]

RP4/30
Hello hi

MS30
and I'm a third year medical student

RP4/30
Ok good erm right erm first of all I just wanted to say that look I'm not someone who complains a lot / I'm not someone who complains but I just wanted to to talk somebody erm not a doctor / just to check you know whether the way I've been treated / is the [2] erm I had I've just had my appendix out / erm I came in as emergency last night / [1] now it was the middle of the night and there was these (( )) put me on the ward / straight away and then the erm [2] the surgeon / that's come to erm examine me and he's been [2] well he he he he pulled the the screen / - the curtains round on the ward and then he he he was talking in this really loud voice [1] / and it's [1] really embarrassing anybody else can can – he was asking me quite personal questions really / and erm he had to erm [1] I don't know what the name for it is / but he had to do the he had to [2] internal thing to feel inside me / and erm
MS30
/((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods))

[3]

RP4/30
//well

MS30
//It's a – sorry it's rectal examination

RP4/30
Yeah yeah and it well it it hurt / and erm not only that I mean as I said he had a loud voice erm says he's going to do it and talking to people that ain't on the ward / you know eh eh eh not only did he wake people up / but they're all hearing this and it's really embarrassing / for me and I I got these scars on my back / and erm he was making he made a joke about the scars on my back and it's it's I just I just felt it's really / not the way I should be treated
MS30
/((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /((nods))

MS30
Erm did you speak to anyone else ?

RP4/30
I don't I don't wanna well I mean I spoke I spoke this bloke / came up to me and said the patient at the bed next door and he he said he woke up in the night and he heard all this noise this and it's it's erm [1] it's been a really bad time / I was eh eh it was my wife's birthday and we were having a party for her so I got this pain and I was trying to ignore / it [1] so I I drank perhaps a few glasses of wine just to try to make the pain go away and it was just [1] I just come in and then I was suddenly looked after / I think I mean I was treated very badly
MS30
/((nods)) /((nods)) /((nods)) /((nods))

MS30

I can understand that the fact that you speaking very loudly and having rectal examinations are very intimate thing / and for him to have like [1] - he said it loud enough for other people to hear as well ?
RP4/30
/yeah

RP4/30
Everybody to hear it and I think I might have might have I might when it you know when it happened / might have shouted out / cause it hurt and you know it's not it's not it's really embarrassing / when people can hear that
MS30
/((nods)) /((nods)) /right

MS30
Erm you mention he made fun of your scars ?

RP4/30
Well he made a he made a joke about them when he noticed

MS30
What did he say exactly ?

RP4/30
Well it looks like well it looks like I've been whipped or something else I've got this thing this stripe across my back / and I think that's what he said something about
MS30
/((nods))

MS30
Did you did you tell him how you got the scars ?

RP4/30
No no I didn't nono erm

[2]

MS30
Erm [2]

RP4/30
So I don't know what to do I don't know if I should - I I don't really want to complain I just wondered whether [2] // whether

MS30
// Well if you really have a concern then I can go down the complaints route with you like a main option // and

RP4/30
// you you couldn't just have a word with him and say it was that it was ?

MS30
Well cause I'm a medical student erm I just / erm my status is not that high you see well I'm sure he would tell me that you know when a patient has a complaint he should talk to me directly well I can have a word if you are really concerned but / I been //

RP4/30
//that's why I thought it // yeah

RP4/30

// well it's probably good to know it was I felt that it // was a bit inappropriate

MS30
// I understand

MS30
I mean if I was in that situation I would feel that especially if he would announce it in a you know loudly so everyone could hear that's not nice and making remarks of the scars that's unprofessional [1] was he a consultant ?

RP4/30
He was a surgeon

MS30
A surgeon

RP4/30
Yeah

MS30
have you ever seen him before ?

RP4/30
No but I I mean I can find out his name cause it's on the paper

MS30
I'm sure if you speak to somebody on the ward / like the sister in charge / she could give you like a form to fill out complaints form
RP4/30
/yeah /yeah yeah

RP4/30
Right [1] so you think I should you think I should complain ?

MS30
Yeah if you if you really feel like it affected you in a big way then definitely

RP4/30
right

MS30
Yeah I mean it could be his his normal way of treating patients or he could be like speaking in a loud voice naturally

RP4/30
Yeah [1] right

MS30
Eh erm if you are if you are concerned and affected you should fill in a complaints form

RP4/30
right

MS30
and maybe he his actions have been erm he's not he's not conscious of what he's doing / for him it could be normal thing but / if if somebody spoke to you and said you know you're speaking so loudly that the patient was like concerned and embarrassed / then it could resolve / and definitely stop // future cases

RP4/30
/right /yeah /yeah /yeah

RP4/30
// cause I don't wanna I mean I don't wanna in some big complaints thing cause I don't you know

MS30
Well I can understand that cause then they would have a stigma kind of thing stigmatised

RP4/30
Yeah I I just want him to know how I felt [1] right [2] ok

MS30
I could have a word with him though depends if I know him though and how he would receive like a medical student you know / telling him that you know
RP4/30
/yeah

RP4/30
So you think it would be better for me ?

MS30
Yeah if you go pe[rson] in person / cause then he would know the seriousness / cause if I go obviously then I could have like distorted / whatever you said / (( )) bias / if I talk then the actions that you would perform wouldn't be as strong as if you complain directly (( ))
RP4/30
/yeah /yeah /yeah of course /of course yeah / I think so as well

RP4/30
Ok that's what I'll do then

MS30
hopefully

RP4/30
Thank you very much

MS30
If you have any other concerns well I'll always be ready

RP4/30
Ok good thank you

MS30
Thanks a lot

[3]

Facilitator says 'thanks'. The end.

Consultation starts when tape starts. MS31 sits right, RP8 left.

MS31
Hi Mr Forsyth ? ((shakes P's hand))

RP8/31
That's right yeah

MS31
Hi good afternoon erm I believe you wanted to see me some- about something

RP8/31
Yeah I did erm [1] I was admitted last night / erm pain you know right side / here erm turned out to be erm appendicitis erm but it was erm I'll start from the beginning / erm yeah I got this pain here yesterday down here but it was quite bad and erm me and my wife were having a party that night / and erm I was eh I started drinking quite early to try and numb the pain / erm I thought I'd be able to get us through it in that way but as it turned out at the early hours of last night / erm my wife rang the hospital and erm I was picked up and I was brought in / anyway so I came in about half one two o'clock last night / and I was brought to the ward and erm I was seen by Dr Jones who / put the curtain round / and erm and he erm and he asked me lots of questions / in quite a loud erm voice erm he was asking questions about how much I had to drink / about my drinking habits and basically making me feel like I was an alcoholic / and erm eh eh eh I I was embarrassed by this / and I didn't feel good about this and other people on the ward were also disturbed by this / he wasn't keeping his voice down then he asked me a lot of questions of an intimate personal nature also in you know in a voice that everyone could hear / and then he announced that he was gonna do a rectal examination and he did and he stuck his finger up and it was you know / very painful and erm all of which was witnessed by the people who were / in the ward / and after that (( )) so I had the operation and I didn't really know what was going on but erm anyway the next day erm today a couple of people from the ward said they overheard everything you know they were disturbed by what happened / last night and they were asking me if I was all right and saying that I should make a a a complaint / and erm [2] well having had time to think about it a bit / and go through what what happened last night / but you know I've I've I think that [2] I don't know do you think I've got a - do you think I've got a case ?
MS31
/yeah /((nods)) /YEAH /((nods)) /((nods)) /yeah /right /((nods)) /((nods)) /yeah /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /yeah /((nods)) /right ok /yeah /yeah /((nods)) /yes

MS31
Right erm it's first of all do you believe that erm you were made incredibly uncomfortable by the doctors or the staff or do you believe they were insensitive ?

RP8/31
No I think he could've erm [1] spoken in a lower tone of voice really it was like it's - he was shouting

MS31
So you you think they were a bit insensitive to shout like that erm / erm about your private matters when you were discussing them / well erm if you do wish to make a complaint erm there is a formal complaints procedure I can give you the number and they'll put you through to the - someone who deals with all the complaints and erm then the complaint will come back to the consultant and the consultant will be queried about the complaint and I can put you through that system if you like ?
RP8/31
/hmm /hmm

RP8/31
Ok you've got a number that -

MS31
I do

RP8/31
So what happens ? I ring up this number and then / they tell me what to -
MS31
/erm

MS31
Most likely what will happen is they would actually take down all the details possibly erm one of the representatives would see you personally / and erm most likely they would erm find out exact circumstances of your complaint and erm talk to the consultant about it and they'll take it from there depending on how serious it is
RP8/31
/hmhm

RP8/31
Right ok [1] ok [2] I mean I just wouldn't – you know I don't want any other people to get / to go through this kind of thing as well I mean I don't really you know I'm not ((sighs)) [1] can you have a word with him maybe ?
MS31
/yeah

MS31
That's a fair response erm I could I could actually go up to him and I could approach him and talk to him erm what exactly would you like me to say to him ?

RP8/31
Just kind of what I told you

MS31
The same? ok

RP8/31
yeah

MS31
All right erm

RP8/31
that you know a curtain doesn't afford any privacy / you know in erm in a ward like that does it ?
MS31
/yes yeah

MS31
No no it doesn't not particularly

RP8/31
And you and why is he shouting / at two o'clock in the morning / when there's other patients / in there ?
MS31
/shouting /yeah /((nods))

MS31
Ok I can understand // that

RP8/31
// and why is he asking me questions that you know [1] that don't need - aren't relevant ?

MS31

Ok I'll I'll see into that I'll know to talk to him tomorrow and discuss what you think happened and explain to him how you feel about it and take it from there

RP8/31
Ok [1] thank you so if I come to see you tomorrow / then you can tell me what you've what ?
MS31
/yeah

MS31
What's happened what's how they (( ))

RP8/31
That's great ((shakes D's hand))

MS31
Ok?

RP8/31
thank you

MS31
Thank you very much Mr Forsyth

RP8/31
ok

Both look at facilitator. The end.

Tape starts as consultation starts. Both MS32 (left) and RP13 (right) are leaning forwards.

MS32
Erm hello good morning

RP13/32
hi

MS32
Erm Mr. Mitchell is it ?

RP13/32
yeah

MS32
Yes hi my name is [FN LN] I'm one of the third year medical students / erm I'm attached to the surgical team erm that that's in charge of your care / erm I'm due erm you're due for a varicose veins / operation this morning that's right is it ? now erm unfortunately it won't be able to go ahead
RP13/32
/right /right /yeah

ML130
Oh:::: jeez

MS32
I'm really sorry about this the reason for it is that erm the consultant has been called away to an urgent erm operation it's really quite serious if he eh he you know he is the only one who can do it he's been called away to do it and really sorry to erm mess you around

RP13/32
This is the second time this has happened now

MS32
Is it ? // I'm sorry (( ))

RP13/32
// This is the second time in eighteen months this has happened

[2]

MS32
Well I'm sorry about that it's erm it's unavoidable I'm afraid // I know it's a real pain

RP13/32
// What's happened ?

MS32
Well what happened was erm someone's brought in with erm he's very very poorly / and the surgeon's been called away cause they have to do an operation very quickly to be able to // save this person's
RP13/32
/uhuh

RP13/32
// well all of them ? there's nobody I mean

[2]

MS32
// erm

RP13/32
// I know it's varicose veins but it's only varicose veins is there nobody else who can do it or ?

MS32
Erm I'm not really sure what the situation is I think I think if if you're due to go eh eh under that surgeon unfortunately he's been called away and I don't think it it can be re redone today unfortunately / I appreciate that it's annoying and it's you know you've obviously been erm sort of building yourself up for this
RP13/32
/oh god

RP13/32
Yeah well well

MS32
yeah

ML130
((sighs)) [1] damn it

[1]

MS32
yeah I I'm really sorry about this it it's

RP13/32
Well yeah I know I know you can't do anything about it but it's like oh ok [3] since well obviously I haven't eaten and I've got the kids and the babysitter had to rearrange work twice now / and I wasn't looking forward to this anyway but you know
MS32
/Oh dear

MS32
No I can appreciate that it's you know it's not nice to have to sort of rearrange your life and you think you're gonna have an operation // and I think we should accept

RP13/32
// yeah well I mean [1] I'm starving hungry at the moment which is why I'm a bit crabby

MS32
hmm I can understand that ((nods))

RP13/32
I'm not gonna eat until I definitely know that right - is it not happening today or is it just not happening or what what's ?

MS32
as far as I've been told it's not happening today [2] erm I can go and try to find out exactly what that means / whether that means tomorrow or whether it means in a week two weeks I'm not sure to be quite honest
RP13/32
/hmhm

RP13/32

Ok well first things first can we find out whether it's gonna happen today cause we don't know how long this other thing is gonna go on for [2] cause then I know whether I can eat or not because I don't want to basically go to the canteen now have some food and then be told oh you can you know you're free oh no I'm not

MS32
Erm no erm I'd to be honest with you this this surgery that this surgeon has been called away to do it's gonna take at least three hours / so erm you know it's quite serious and // and it
RP13/32
/oh shit right

RP13/32
// there's no way I can be like put in in the afternoon or anything like that ?

MS32
I'm not sure about that possibility / so I'll have to go and ask erm I would doubt it / but I will have to go and ask // and and
RP13/32
/all right /ok

RP13/32
// if we ask I I mean I don't know if it would hold any sway whatsoever but it's worth mentioning just in case I I mean I actually work in this hospital I'm I am I'm an auxiliary nurse in the A and E and I mean I I don't know if that would bong me up any favour points or whatsever and this is the second time it's happened as well you know ?

MS32
That's annoying isn't it ?

RP13/32
Yeah

MS32
well erm yeah I don't know to be honest with you I'll have to speak to the surgeon erm / I'm not in a position to say / what's going to happen all I've been told really is that unfortunately it won't go ahead won't be going ahead this morning so I can go and speak erm to the surgeon and find out what's going on / but as far as // I am
RP13/32
/hmm /ok /yeah

RP13/32
// Why me ? I I mean why ?

MS32
I'm sure ((laughs)) it – I'm sure it wasn't anything // personal

RP13/32
// why not somebody else ? you know ?

MS32
Yeah sorry it's really inconvenient and it's a [pain?] unfortunately theses things happen people get sick and / have to have emergency operations [1] hmm yeah it's a bit of a [pain?] for everybody really / you know when they cancel these things
RP13/32
/hmm /yeah

RP13/32

I mean we can find out find find out whatever we can find out first of all if it's not today or whatever then I mean if it's not today I mean ballpark figure I'm not gonna made to wait another eighteen months am I ? please tell me I'm not gonna have to wait another eighteen months again

MS32
((laughs)) I can't really say anything about waiting lists but I can find out you know // what we can do about that

RP13/32
// yeah fine that's good so[rry] sorry if I was crabby but you know

MS32
That's ok that's understandable //

RP13/32
// yeah well thank you for helping me out I appreciate that ((shakes D's hand)) I'll be right here if you find anything just bring it back that's great

MS32
Ok

MS32 looks at facilitator. The end.

MS33 sits by doors on left side, RP16 on right side. Facilitator tells MS 33 to start when she's ready. MS33 and RP16 turn towards each other.

MS33
right hello are you Chris Mitchell ?

RP16/33
Yeah yeah hi //

MS33
// Erm I'm afraid I have to tell you the operation this morning erm has been cancelled cause we've had an emergency erm that had to take priority so we've cancelled all the operations this morning I'm sorry about that

RP16/33
It's been cancelled again ?

[2]

MS33
Erm well as I said an emergency came in and we really had to deal with that before the morning // (( )) operations

RP16/33
// I've been waiting for this operation for eighteen months and it's been cancelled tw[ice] once already so that's twice now

MS33
I know it must be very frustrating [1] // it's just

RP16/33
// oh yeah tell me about it

MS33
But I'm sure doctors will try and fit you in as soon as possible [1] but I'm sorry for having inconvenience of coming in and having to be told at the last moment

RP16/33
Yeah at least they gave me two days notice last time this is just I've been starving myself this morning I've had nothing to eat

MS33
Yeah it eh I know it's inconvenient and we <u>are</u> sorry

[2]

RP16/33
Well [1] I work here you know I thought you get better treatment if you work in a hospital

MS33
What d'you do ?

RP16/33
I'm an auxiliary [1] in outpatients

MS33
Oh right

RP16/33
Yeah I thought you get better treatment working in a hospital but [1] this is the second time this has been cancelled now

MS33
As I said I'm sorry and they do try not to cancel the same people erm maybe twice or more in a row but something's come up as an emergency

RP16/33
do they do they know I work here ? has that been said ?

MS33
I don't know

RP16/33
Cause you s[ay] you'd think that'd make a difference wouldn't you ?

MS33
Well maybe I'm not sure about the policies and that but I think probably not

[1]

RP16/33
Well I expect if the doctor needed an operation he'd get put in the front of the list pr[etty] pr[etty] pretty smart wouldn't he ?

MS33
Well as I said this is an emergency and that comes before anything and anyone really

[2]

RP16/33
Well what sort of emergency ?

MS33
Erm it's apparently erm someone's ruptured a major blood vessel

RP16/33
So I get [stuck off again] ((sighs))

[2]

MS33
But we will contact you as soon as possible with a new appointment

RP16/33
When will that be then ?

MS33
I'm afraid I can't say I don't know

[3]

RP16/33
I'm sick of waiting for this operation I ha[te] - I never had an operation before so I'm dead worried about it anyway and now I've got to worry all over again this is twice I've been through this all the anxiety and the sleepless nights worried about it and now I gotta go through it all again

MS33
Yeah it it is it is tough and erm I understand that you will be worried about it though - it's varicose veins you're coming in for isn't it ?

RP16/33
yeah

MS33
Erm it is a relatively straightforward operation so I wouldn't lose too much sleep over it

RP16/33
Well I've never had an operation before so [1] I just want to get rid of them they're – they're horrible ain't they they're disgusting (( )) [laughing at me all day?] I just can't I just want to get rid of them when on holiday in the summer I had trousers on the whole time because it looked so disgusting

MS33
Really ?

RP16/33
It's just a bit grim

MS33
Yeah I know they're they're not very nice to look at most varicose veins [1] / but they will reschedule your appointment
RP16/33
/and I - then

RP16/33
Cause I - you know cause I'm working upstanding all day and I it really hurts at night you know cause I been standing all day it it I they get really tired and achy [1] so it can't be good for me anyway

MS33
Erm eh have you had them for long ?

RP16/33
Well I've been on the list for eight[teen] well waiting for an appointment for eighteen months now and it is a while before I been to the doctor about it so yeah I've had them for quite a long time now they're getting you know my legs getting {tireder} and {tireder} at work and I just thought right I mean I have them done {meself} with you know [1] I can you know go swimming again I don't have to wear trousers all of the time in the summer

MS33
It it will be a relief for you when they're done

RP16/33
And the other thing is is I had to arrange time off work I had to arrange childcare twice now you know cause of this situation this this happened twice now and it's all well you know pointless

MS33
Yeah well I mean as I said it's something they try to avoid doing but there was this emergency so you understand we couldn't just let someone die erm

[1]

RP16/33
God no-one'd want to do that [2] it's // just you know

MS33
// but the I'm sure they'll issue you as soon as possible with a new appointment and hopefully it won't be in the in the too distant future

RP16/33
Well I hope not I mean it didn't take that long last time but you'd think maybe you can have a word with the receptionist or something to say that I do work here and to maybe push me up the list a bit

MS33
Erm [2] I I I'm not sure erm who exactly will be arranging it but I know that they do have a system where they flag people who've been cancelled and they try not to cancel them again if possible

RP16/33
Well I tell you if I get cancelled a third time [1] I'm gonna be very fed up ((sighs)) [3] now I know why the patients are always whingy about things because this place is rubbish I been cancelled twice and I work here it's ridiculous

MS33
Well as I said we are sorry but you probably understand that - working here yourself that [2] that you know things happen emergencies come in and they just have to be dealt with

RP16/33
Well they'll just have to deal with them so they'll just have to deal with me after dealing with them

MS33
We do try our best and - as I said I'm sure they'll try for you and as soon as possible

RP16/33
Well I hope so I hope so [1] anyway it's not your fault is it anyway ? you're just the person whose got to come and bring along the bad news [2] all right then well I'll see see when I get my next appointment then coming in put {meself} through all this again

MS33
Ok well as I said we're sorry about it and erm [1] I I hope we can fit you in soon get rid of those veins for you

RP16/33
I hope so I'm sick of them the lot of them they're horrible

MS33
((smiles)) Ok bye

MS33 sits back and looks down. Facilitator thanks MS33 and RP16. The end.

RP9 sits down on left chair. MS34 is not visible yet. Facilitator tells MS34 to start whenever ready.

MS34
Morning ((walks to P))

RP9/34
Good morning

MS34
Are you mister Chris Mitchell ? ((shakes P's hand))

RP9/34
That's right yeah

MS34
Ok my name is [FN LN] I'm a third year medical student here / may I have a sit down and have a quick chat with you ?
RP9/34
/right

RP9/34
Yeah yeah yeah of course

MS34
Ok ((sits down)) now I've just been speaking to my SHO / I understand you've come in for an operation this morning // is that right ?
RP9/34
/right

RP9/34
// that's right yeah yeah / varicose veins
MS34
/right ok

MS34
I've been left in a bit of a difficult situation here unfortunately your operation this morning is gonna have to be cancelled

[2]

MS34
// basically

RP9/34
// oh you're kidding me

MS34
I'm really sorry

RP9/34
Oh pff I can't believe this [3] again again

MS34
It's been cancelled before

RP9/34

Yeah yeah this is the second time this has been cancelled I've been waiting eighteen months for this now

MS34
Right ok // what

RP9/34
// eighteen months

MS34
What operation was it again you're having done ?

RP9/34
((sighs)) I'm having the varicose veins removed / from my legs
MS34
/ok

MS34
Is it causing you a lot of trouble ?

RP9/34
Yeah / yeah and I [1] I just can't believe this I mean I'm on my feet al.l day I'm absolutely aching with pain today ((sighs)) I mean they do know don't they that I actually work here at hospital ?
MS34
/hmm

MS34
To be honest I'm not quite sure as I have not seen your medical records I've got no idea // what's listed in there

RP9/34
// I just can't believe this ((sighs)) what's the excuse this time then ?

MS34
Basically I've not been told much information either but I can tell you as much as I know erm somebody has unfortunately come in with erm a more serious problem // erm

RP9/34
// ˚oh oh somebody more important than (( )) ˚

MS34
Unfortunately erm they've got erm / the major blood vessel going to the heart unfortunately is ruptured is ripped so / unless they stitch that up straight away that person is going to die and unfortunately because of where the blood vessel is / it's gonna to be a long operation so it's not just you that's been affected by this / the surgeons are gonna be busy all morning so / in actual fact everyone between nine and twelve / has had to have their operations cancelled
RP9/34
/I can't believe this /right /hmm /hmm /oh ((sighs)) /yeah yeah yeah

RP9/34
Great / what am I supposed to do now ? I mean I've - ((sighs))
MS34
/so

MS34
Have you have had to have the day off to come here ?

RP9/34

Yeah I've taken the day off I mean I w[ork] I work here that's why I work in outpatients / and I mean I (( )) twice now they've cancelled this operation / and it it takes pff it took a month last time before they actually managed to reschedule it
MS34
/right ok /right

MS34
What did you do last time after they cancelled your operation ?

RP9/34
I they they I didn't do anything they cancelled it a couple of days before and they said they'll reschedule it at least they managed to you know they managed a couple of days before I – I didn't actually got into hospital this is just getting ridiculous eighteen months I've been waiting for this now

MS34
Well all I can do I'm afraid // is to (( ))

RP9/34
// I mean it's just that - look I've you know you spend all day here at hospital / trying your best looking - you keep saying / you know I work in here I'm in agony at the end of the day with these things you would've think someone who actually works in hospital they'd actually try to and get treat you wouldn't you ?
MS34
/hmhm /hmm

MS34
I have to say as far as I am aware there is no priority over job position anything like that it mainly goes on the type of case but obviously from working in hospital and you said yourself you work in outpatients / so you must see // this sort of thing all the time
RP9/34
/yeah

RP9/34
//yeah I'm only an auxiliary nurse though am I ? that's the thing – if I was a doctor this wouldn't happen

MS34
Oh I wouldn't say that ((laughs))

RP9/34
//Yeah yeah

MS34
//I wouldn't say that

RP9/34
Well you know

MS34
But erm all I can do is pass on my concerns to the house officer and to the:: surgeon in charge is there anything else that you want me to do for you at all ?

RP9/34
I just want to find out when when I can have the operation done / really [it's not gonna be now]
MS34
/hmhm

MS34

All I can assume is that as soon as they've got this morning sorted they'll reorganise a date [case?] and fit them in as soon as possible

RP9/34
Erm should I tell someone I actually am a nurse here maybe they would they actually start pulling things forward a bit

MS34
If it's causing you symptoms and it's causing you a lot of problems / then it might be worth mentioning that to the doctor if it's causing you difficulties // and
RP9/34
/yeah I mean it's really quite painful at the end of the day

RP9/34
// pfff it's causing me difficulties and it's causing me quite you know lots of earnings as well I mean it's twice now I had to take a day out / and I had to actually arrange childcare / and all of this it's actually you know I'm out of pocket every time they do this to me
MS34
/yeah /hmhm

MS34
Ok that's to be honest that's about the only thing I could suggest I mean [1] obviously it's a difficult situation to be in but erm apart from either mentioning this to the doctors and taking it from there / there is not really a lot else I can recommend / because unfortunately / with the NHS all of this just happens because there's one big pool and everyone has to fit in it somewhere
RP9/34
/yeah /no /(( ))

RP9/34
Yeah and if you're not good enough you just keep on getting pushed off and put off and you'll just have to cope with the pain eighteen months at a time [1] it's just crazy absolutely crazy

[2]

MS34
Was there anything else I can do for you at all?

RP9/34
No no no you're fine it's not your fault it's not

MS34
Have you got a way of getting home and things like that ?

RP9/34
Yeah yeah yeah it's fine I can still drive it's no problem

MS34
ok

RP9/34
I can have some lunch I suppose now at least

MS34
Well yes ((laughs)) on the upside

RP9/34
Pff yeah

MS34
At least you're not gonna be starved for the next eight of hours

RP9/34
ok well great thanks there is nothing I can do now so

MS34
Well thank you for letting me talk to you and understanding my point of view at least if nothing else I'm sorry if it's erm

RP9/34
Oh it's just a pain in the ass [2] all right ok thank you

MS34
Well ok thank you for your time thanks ((shakes P's hand, gets up))

MS34 stands up and walks away again. The end.

Tape starts as consultation starts. MS35 sits left, RP9 right, by a table.

MS35
Hello

RP9/35
hi

MS35
Erm [3] my name is [FN LN] I'm a third year medical student

RP9/35
Oh fantastic how brilliant

MS35
You've asked to speak to me ?

RP9/35
Yeah is that all right ? I'm just erm I'm quite worried I sort of confidentially wanted to talk to someone it's about something that happened last night the erm I eh eh I mean eh cause I had appendicitis I had my appendix out when I first came in I was I was quite shocked really at the way the doctor was behaving and I just wanted to [1] really talk to someone really to see if that's normal

MS35
Ok erm obviously I'm a student / so erm I'd be happy to talk to you about it / if you wanted to take action on anything / I don't know whether I'd be able to help you but I -
RP9/35
/yeah /sure /I do[n't]

RP9/35
I don't know about that this is the thing is I'm not really a complainer erm ((laughs)) and it's quite difficult to know what I do want to do - the thing is everyone here on the ward was in – could hear everything was going on last night and they've been saying to me you should make a complaint you should talk to someone [go and check with someone?] erm I don't really I don't I don't complain I don't really want to erm I don't really know to be honest whether I had any grounds to complain so I just thought it'd be quite helpful talk to someone

MS35
Can you tell me what happened ?

RP9/35
Erm well [1] basically I came in last nightand I was in quite a lot of pain erm obviously [1] and erm he he he started asking questions allsorts of personal questions erm that everyone has has been able to report back to me this morning things about what what sexual transmittable diseases I've had and all sorts of questions like this erm que[stions] basically he was asking me if I was an alcoholic in a very loud voice [1] and then eh [1] announced to everybody on the ward that he was going to give me a rectal examination which he then did erm you know nothing kind of poked around everyone could hear every detail you know everyone else was trying to sleep erm and they've heard everything and they're all very embarrassed on my behalf erm they all
(( )) and [1] and then he's announced in a loud voice that he was going to give me you know app[endicitis] app[endicitis] appendicitis and {peridilitis}and and so on and just -

[2]

MS35
Do you feel this was inappropriate ?

RP9/35
Well I just feel [1] eh I don't know that's the thing eh it's really hard for me to know if it was inappropriate it was certainly [1] quite nightmaric experience I wouldn't like anyone else to have to go through it again erm it certainly shocked people off here on the ward and they're all you know up in arms about it here I think they should be having - they don't think they should be having to hear all those details about me they feel on my behalf that it was very embarrassing erm [1] I did feel a bit you know it does it does it seems is that really the best privacy you can give somebody ? [1] just a curtain

MS35
I mean [1] I'm a student and / erm I've just been with this hospital for two months / and erm // I -
RP9/35
/hmhm /hmhm

RP9/35
// And is this the kind of thing you would've seen ?

MS35
Well at the moment we're learning how to erm [1] how to sort of talk to patients what questions we need to ask them / when they come in / and how to examine them and there's there does tends to be a question for each symptom there's like a list of question that you need to ask / erm [1] and //
RP9/35
/right /hmm /right

RP9/35
// eh eh that's the thing erm I wasn't really aware why he was asking me all these questions they seemed to just be coming out of the blue you know what I mean ?

MS35
yes some some of them seem quite sort of unrelated you wonder you know why you have to ask them all about their lives / cause [1] they've come in feeling thirsty or something / erm [1] but I mean I imagine what this doctor was doing was probably going through a list of questions that he has in his head that he's been taught to ask / a person that has abdominal pain or whichever symptoms came in with but erm //
RP9/35
/right /yeah /right

RP9/35
// but he seemed to be implying that I was an alcoholic as well I mean i[t[i[t] ((sighs)) is i[s] cause I I had I I I had a few drinks which I don't normally – I am not a drinker at all but I'm I been at a party I been in quite a lot of pain and I'm trying to keep – cause I mean I I was hosting / and I was trying to keep going and I had a few drinks just to try and numb it really / and b[ut] //
MS35
/yeah /yeah

MS35
// (( )) obviously I mean erm no erm well [1] doctors are not supposed to make a patient feel worse than they came in feeling

RP9/35
Yeah I mean it was a / night[mare] it was a nightmare
MS35
/so

MS35
We are we are being taught to make the patient at ease and not make them feel embarrassed or ashamed or

RP9/35

I mean to be honest it was just the fact that he was doing this in such a loud voice as well and everyone else can hear / everything that's been said I've had detai[ls] intimate details about myself repeated back to me
MS35
/((nods))

MS35
Yeah the wards are not very private places / I do know
RP9/35
/no

RP9/35
no by complete strangers and I just I thought is this really erm the best you can manage is to put a curtain round ((sighs))

MS35
Yeah I do understand that // that it's very humiliating

RP9/35
// and to actually to conduct an examination as well I mean if I had to listen to me go through what was actually a very painful examination and again is that is that normal is that something ?

MS35
Erm [1] [PE exams?] can be erm can take place on the ward behind a curtain erm

RP9/35
This was a rectal eh [1] examination

MS35
yeah

RP9/35
yeah

[2]

MS35
Erm I'm not sure what you're suggesting would you like to speak to another doctor about it ?

[2]

RP9/35
Eh I don't want to start / [2] eh I know you know eh I appreciate everyone here is under a lot of stress and you always hear about how much hard work everyone you know - and I did have a life saving operation do you know what I mean I don't want to start down a process that I then can't stop
MS35
/hmm

MS35
yeah maybe in that case maybe the best thing to do would be to think how in the future how you can stop the same sort of thing happening again if you were faced with the same doctor or::

RP9/35
Well to be honest well I mean I don't I didn't feel like I had any control at all I mean I was in a lot of pain and I had as I said I had a couple of drinks to try to calm it was just like something out of a nightmare I was complete - I mean s a complete blur as well I know I'm sitting there thinking I shouldn't be complaining about this but the same time [1] it was [1] it's really difficult to pinpoint exactly

MS35
yeah cause as a patient I mean you do erm you have a right to say what you want done to you if you don't want an examination / performed on you or you don't want treatment you always have a right to say so / and erm //
RP9/35
/hmm /yeah

RP9/35
// it's difficult I mean I can understand as well that you know he's not gonna start getting forms out and and things when I I am I mean I was in absolute agony I was really / [1] you know ?
MS35
/Yeah

MS35
Yeah so you think that the doctor probably was acting how he thought best ?

RP9/35
I eh eh / I don't I don't feel that I have a problem with the level of care I've been given it's more the manner of of this doctor that seemed to be very unnecessary I mean I've seen the way they talks to the students here on the ward as well and he is quite ((laughs)) humiliating people who don't seem to have you know if you don't have the answer / he is quite humiliating so and it was more that it was more just the way he seemed to be [1] it was his manner I think that's all I can call it really erm and and I as I said the fact that I've got people coming back to me with details of of of of things I would rather they didn't know about I find that very difficult
MS35
/but /yeah

[2]

MS35
So is it that you's like to sort of - you prefer him not to continue [1] // any of this

RP9/35
// yeah I don't know if someone should have a quiet word with him as well I mean maybe he's not even aware what it's like for patients / but as -I don't know how you feel about actually talking to him
MS35
/hmm

MS35
Erm [4] I mean if you ask me to pass a message on / or something I could do erm I think if you sort of want to make make a complaint or I understand that you don't want to make a complaint but if you wanted to talk to people
RP9/35
/hmm

RP9/35
Well I don't know these - that's the things I don't know if this is some[thing] the kind of thing you should make a complaint about I mean / it's very easy for other people aren't making complaints to say you should talk to chief executive / and erm maybe the doctor and so on and so forth I don't know
MS35
/well /yeah

MS35
I understand that that probably seems a bit forward a bit serious

RP9/35
yeah

MS35
Yeah erm but [1] you seem to be upset by what happened last night / and you you [1] you shouldn't shouldn't've to feel like that and / [1] you know doctors should try t make you feel comfortable make you feel better not make you feel worse / but I can try to pass on a message I can try to find out who you can speak to
RP9/35
/yeah /hmm /yeah

[2]

RP9/35
I don't want to put you in a difficult position enough really erm what do you recommend ?

[2]

MS35
erm

RP9/35
Do you understand it's so difficult for me I mean I've come in I don't really know who to talk to anyway I mean I see people walk past the bed I don't know who any – most of them are erm

MS35
I think last night you only saw this doctor last night ?

RP9/35
That's right

MS35
Erm I think wait today / because you'll probably meet this doctor and other doctors again today / come to see you about your operation and things / you know last night [1] you just come in you were in a lot of pain / you had one or two drinks
RP9/35
/hmm /yes /hmhm /I I mean I can't (( )) /hmhm

RP9/35
I didn't feel like I want to confront him // about it you know

MS35
// yeah you're probably afraid you might feel different when you see him today

RP9/35
Hmm I've seen him about on the ward and he didn't seem particularly different I haven't actually spoken to him [2] I don't know how f comfortable I feel talking to him so that's it

[2]

MS35
I mean would you like me to tell him that we've had this conversation ? do you think that would help ?

RP9/35
I guess what I'd like is I'd like someone to actually say sorry cause I don't th[ink] I don't think this is really [2] I don't feel I should be having people coming and talking (( )) the next day about things I don't feel [1] that there's any need erm to be quite so loud / about everything and maybe a bit more but erm [1] so I guess I'd kind of like an apology so yeah I mean maybe that's the best thing just to talk to him and actually say you know there's one of the patients not very happy about you if you're gonna start coming to me and ask me what's it bout (( )) absolutely hopeless that's the end of the stack kind of thing ((laughs)) do you know what I mean ?

MS35
/hmhm

MS35
yeah

RP9/35
Erm [3] I eh I'll think about it

[2]

MS35
Yeah eh leave it today think about it see how you feel if you'd like me to I can mention to him (( )) teaching today just that you were maybe a bit embarrassed that some of the other patients might have heard on the ward what was going on / cause they were asking some questions you didn't quite understand erm [1] how relevant they were or / to your case [1] I could just say say a few things to him // [1] and see how he reacts
RP9/35
/yeah /hmm

RP9/35
// I mean if you think he is gonna be [1] receptive to that then yeah I would like to sort of - if he starts coming over and saying I hear you're causing trouble then ((laughs))

MS35
I I'll see how he reacts to that / I'll come and speak to you later on / either way and we'll take it from there
RP9/35
/hmm /ok

RP9/35
Thank you thank you for listening to me anyway / it's been really helpful
MS35
/sure

MS35
I'm sorry I couldn't be more help

RP9/35
Thank you

MS35
Thank you

Facilitator says 'thank you'. MS35 and RP9 face facilitator. The end.

Tape starts as consultation starts. MS36 sits left, RP14 right.

MS36
Hi Mrs Steel

RP14/36
Hi

MS36
How do you do my name is [FN] one of the third year medical students / nice to meet you ((shakes P's hand))
RP14/36
/ok

RP14/36
And you erm [1] I I want want to talk to you about something but I do – before we start I do want to know in eh I I want you to reassure me that you won't tell anybody [1] about what I've said [1] is that eh eh that's absolutely clear is it ?

MS36
Yeah that's absolutely fine

RP14/36
Ok [1] erm [2] I wanted to see you because erm because I've got – I'm worried that I might have something / a disease that erm that erm that I I I'm not being investigated for here you see what I mean / and I've actually j[ust] just got had a sort of eh I think they called it a eh eh {symbiotic swam swab swaposcopy}or something / I think that's for exploration of a of a bowel problem / erm which - they they did a a camera up / and and it was all horrible and erm and they gave me an enema / and that sort of thing yeah and at the moment I'm still awaiting for results of the tests I'm probably gonna have another one as well / erm but that's not really what I'm worried about / erm [3] eh what I wa[nted] - wanted to ask you is whether or not you could do a little finding out for me erm about about the thing I'm worried about
MS36
/HMHM /HMHM /HMHM /HMHM /((nods)) /((nods)) /((nods)) /ok

MS36
So what in specific are you worried about ?

RP14/36
Well I I had all these erm symptoms / which which they [1] you know obviously thought was to do with possibly bowel disease / but erm what I think / is that maybe it's not a symptom of that / but it might be a symptom of [2] of something that is terrible
MS36
/HMHM /right /hmm /right

MS36
W[ould] would you like to tell me what you might think that terrible thing is ? do you feel comfortable in letting me know // what it is ?

RP14/36
// yeah [1] I've not told anybody else this

MS36
ok take your time or

RP14/36
Erm [3] I think it might be aids

MS36
right

RP14/36
HIV

MS36
ok

RP14/36
yeah

MS36
Is that because of these symptoms you think you might have this erm condition ?

RP14/36
Well [1] I've eh I I don't know whether these symptoms are symptoms of aids / but I'd like you to find out whether they are
MS36
/OK

MS36
Right [1] erm can I ask you why you put them the two together or why you feel there might be some connection ?

RP14/36
Yeah and that's why it was it's so important for me that you don't tell anybody / erm but my husband is is erm is bisexual / erm and we've known that for a long time in our marriage erm ((sighs)) [1] but recently we s[plit] we agreed to go our separate ways and we split up but erm he's he's been very honest and he has recently contacted me to tell me that to tell me that he's tested positive / [1] and I have you know we were having sex / erm in the time that he I don't know when he became positive but it is possible
MS36
/hmhm /hmhm /hmhm /((nods))

MS36
Hmm [1] I think one one of the ways you could maybe keep let this settle sort of make it easier for you is is maybe to seek through the appropriate channels for the appropriate advice // [1] you know obviously

RP14/36
// yeah not you though ?

MS36
No I'm I'm not the best person to speak about this particular issue / I mean I'd be more than happy to listen to you obviously what you tell me is to be kept in strict confidentiality but to to get the appropriate {vice} advice from the appropriate individuals a proper specialist would be the best thing for you to do because there might be a lot of symptoms out there and in because of the history you suggested then you can't necessarily put the two together without proper investigation so you c[ould] eh until you have all the appropriate investigation and you speak to someone about your thoughts / (( )) // [solutions?]
RP14/36
/right /hmm

RP14/36
// but you you mean a doctor then don't you ?

MS36

A doctor in yeah with a proper - has a particular speciality //

RP14/36
// yeah that's the reason I talk to you because I know that you as a student won't have to put this down on my notes but I think if I see a doctor it would have to go down my notes

MS36
Not necessarily because if you just address your concerns they can discuss it with you on an informal basis there are other options that you don't actually makes you approach doctors but maybe speak to a counsellor first and just get you get - sorting your feelings out and describe what your concerns are and they can also (( ))

RP14/36
Yeah but / what sort of counsellor ?
MS36
/you can

MS36
In terms of you know your fear and apprehensions be able to deal with that first and that might encourage you to seek medical advice about it

RP14/36
So you'd think I should go for a counsellor or a for advice rather than just - cause what I'd like you to do is just to find out whether or not they are the symptoms

MS36
Well I can't do - I can't do that myself physically it'd be difficult for me to do without permission you really need someone who is a lot more experienced than me to deal with the problem they have much more

RP14/36
you can't just look it up in a book or // or on the internet ?

MS36
// No everyone everyone is so individual and just because you know some symptom might - symptoms are (( )) others so it's not a case of just saying just because you've got this symptom we can conclude you have that disease so it's best for you to have it investigated properly really if you're concerned

RP14/36
Right well eh like I said I don't want to it [1] I don't want it on my notes at all so I would really I think maybe what you said about a counsellor [1] eh is there a couns[ellor] anybody who //

MS36
// That that that's an option you know I could find out for you in terms of getting appropriate advice and that would actually ease your thoughts and your concerns and maybe if you have that process first / and then go on to seek medical advice from that point forward / and it might sort of settle you a little bit more (( )) and apprehensive about the whole process
RP14/36
/yeah /yeah

PS36
Right [2] ok well I don't know where I - who I bring or anything like that or how how does it ?

MS36
You could either seek it from you could either speak to the doctor wh[ich] wh[ich] which individuals are actually having the risk [relations from?] at the moment or //

RP14/36
// I don't want to talk to them yet

MS36
Ok or I could find out who to go to in the hospital who would channel you there are individuals that you could speak to or

RP14/36
I think I prefer not to speak to anybody at who is a full time professional here at the hospital here

MS36
Ok we can see if there are individuals outside the hospital itself there are specific (( )) erm that you can maybe speak to rather than here if you'd prefer to be told a separate issue to what you've been investigated for here

RP14/36
Yeah

MS36
We could do // that

PS36
// do you think I've got reasons to to worry ?

MS36
I think until you've had a proper investigation proper tests I think we should keep sort of optimistic about these things it's one of those things that you can't really say until you've had a number of proper investigations and a relevant history taken

RP14/36
hmm ((nods))

[2]

MS36
It's one of those things you can get a lot off the internet and it can be too much information too quickly

RP14/36
I know it just seems that I eh eh just seems quite high a possibility for me [1] because I've had sex with somebody who's got AIDS

MS36
Which is why maybe you know one of the approaches could be just see someone in advance about it first you could go through a counsellor

RP14/36
Ok and that counsellor would be confidential wouldn't she // she wouldn't

MS36
// Of course yeah

RP14/36
yeah [2] all right then well thank you thank you very much

MS36
You're welcome if you want to ask any more questions

RP14/36

No I I'll I'll do it like that

MS36
Ok you take care

RP14/36
Ok

Both MS36 and RP14 lean back and look at facilitator. The end.

MS37 sitting right, looking at facilitator. Short nod, faces RP15/37 and starts.

MS37
Hello Corinne Steel ?

RP15/37
Yes ((nods))

MS37
Hello ((shakes P's hand)) my name is [FN LN]

RP15/37
Hi

MS37
third year medical student I was told you wanted to speak to me today ?

RP15/37
Yeah erm thanks for coming I erm – everything we say is confidential isn't it ?

MS37
That's right yes

RP15/37
Ok erm I wanted to see you eh see you because erm I want some information / I wondered if you could get it for me / erm I want a list of symptoms of AIDS
MS37
/((nods)) /((nods))

MS37
And and why is that ?

RP15/37
Well erm I've been admitted because I have some bowel problems / and erm I've been admitted for some rather [1] horrible procedures / erm and erm and the doctors don't seem to be able to tell me what's wrong with me / and erm so I I just thought that possibly you know I I should look in into other things / if the doctors can't tell me I should look into into the things myself / and I just erm really wanted a list of symptoms of of AIDS and so I could if I've got the symptoms
MS37
/OK /((nods)) /HMM /((nods)) /((nods))

MS37
Do you have any concerns that you may have the disease ?

[2]

RP15/37
Erm [4] a slight concern yeah

MS37
Ok have you mentioned this to the doctors // that have been treating you ?

RP15/37
// no [1] no I I don't - I wanted to talk to a student / because I know that you are not required to write everything down / and erm [1] the reason I want I don't want it written down mentioned in my records / is I just got a mortgage on a house / and erm I don't want it to affect my mortgage [1] you know
MS37
/((nods)) /ok /hmhm /right

MS37
Right I see erm but if if you are concerned that you do have AIDS you m[ust] must realise it's important that you are tested

RP15/37
Well I I've had a lots of blood tests / and things while I've been in here so I'm sure if it if it's there it'll show up I'm sure but erm eh I'm probably being overcautious / but I just want to check these symptoms out because I do have this pain and erm and it is causing me a lot of problems / and erm if it is a symptom then I I will know then won't I so
MS37
/HMHM /((nods)) /((nods))

MS37
The the only problem is that if someone gave you a list of symptoms you understand that lots of other diseases may have those symptoms and it doesn't necessarily mean that you do actually have AIDS so it'd probably be better if you you spoke to your doctor and actually have a a proper test

RP15/37
Yeah but if I speak to my doctor it'd go on my records and then the the mortgage company and my payment erm protection plan and things like that would have to be changed because they would know wouldn't they ? that that you know I might have AID[S] or or that I have concerns I might have AIDS / which is why I wanted to speak to you I mean all I'm asking you for is for a list of symptoms / erm [2] so that I can check it myself I'm probably being overcautious / but I I want to know / for me
MS37
/right erm /right /((nods)) /HMM

MS37
But erm I don't feel like I'm able to do that for you I'm afraid because I don't want to cause you undue you know upset if you do realise that you do have some of those symptoms because it doesn't necessarily mean that you will actually have AIDS

RP15/37
I know but then at least then I'd know I possibly might have it at the moment I don't know do I ? all I know is I've got this illness / and nobody else seems to be able to tell me / and and you know I had a slight / [1] reason to believe that
MS37
/((nods)) /((nods)) /hmhm

MS37
Had the doctor mentioned any other possibilities what it could be

RP15/37
Well they talked about irritable bowel syndrome / I know that they've got me in here to check but it isn't [1] bowel cancer / they've not said that but I'm well aware that's what they're checking for / erm
MS37
/HMHM /HMM /OK

MS37
So perhaps it may be erm better to hang on and - cause you're having tests at the moment aren't you ?

RP15/37
hmm

MS37
maybe it would better to hang on and see what the outcomes of those tests are ?

RP15/37
Well the the thing is it's just playing in my mind at the moment

MS37
((nods)) I appreciate that yeah

RP15/37
Hmm [2] hmm so if if you can't help me then that's fine but I I would like it if you could

MS37
Ok would you like me to ask the doctor to come and speak to you / cause you obviously have concerns ?
RP15/37
/ no

RP15/37
no I I I don't want doctors to to to to to know about this because it then will have to go on my notes

MS37
OK erm [4] erm

RP15/37
So can you can – would you would you be willing to get me that list or ?

MS37
I'm afraid I can't no

RP15/37
right

MS37
Sorry

[2]

RP15/37
I'll have to wait till I'm out then

MS37
ok

[2]

RP15/37
Thank you

MS37
ok

Silence. Facilitator ends consultation. Both MS37 and RP15 look at facilitator.

MS38 sitting left, hands on knees, legs over each other looking at facilitator. Facilitator says ok, MS38 looks at RP1, sits up straight and starts.

MS38
Ok // hi Ms [Forsyth?]

RP1/38
//hi

MS38
My name is [FN] I'm a third year ((shakes P's hand)) medical student / it's nice to meet you
RP1/38
/hello

RP1/38
hiya

MS38
I hear you wanted to talk to a medical student about something

RP1/38
Yeah I just wanted a bit of advice really / erm [2] I've eh I'm trying to work out what what to do about something / that's happened that that I'm not very happy about / and I'm just I'm not kind of very su::re [1] whether to take it further / really and I just kind of wanted your your advice as to whether you thought that it was something that I should take further / erm [1] I mean I had I had my appendix out a few days ago erm but when I was brought in erm I was in absolute agony / and erm it was the middle of the night and I was just - because I was in such a bad way they just erm admitted me straight away / and erm then this doctor came to see me / I've p[?] this is I was on the ward by now and erm he started talking to me in this erm it was the middle of the night it was completely silent / and he started talking to me in such a loud voice / with the the curtains were drawn / but other than that everyone on the ward could hear what was going on / and he just bombarded me with all these questions that were really [1] you know some really personal things that I didn't want / to have to talk about and certainly didn't want to be talking about with everybody / listening / and [1] he also – eh I'd had a drink / because I was at a party you know I obviously didn't know I was gonna get appendicitis / and been taken into hospital and I was in agony so I was drinking more than I would normally / trying to you know numb the pain / and he started implying that I had some kind of a drink problem and again all of this is said so that everyone else could hear / erm and then he gave me a [1] re[ctal] rectal examination / and [1] and I have no idea why he did it but anyway he just announced at the top of his voice that that was what he was gonna do / and then did it and again you have the whole of the rest of the ward [1] listening you know it's j[ust] it's so humiliating erm and I was just t[alking] t[alking] talking today to somebody who'd been on the ward she was just saying you know it's completely out of order / sh[e] cause they were all embarrassed they all and obviously they were woken up by it and of course they just thought that eh eh - you know cause there's no privacy / and I I just don't know what you I mean what do you think about that ?
MS38
/right /((nods)) /((nods)) /((nods)) /HMM /((nod)) /((nod)) /right /((nods)) /HMM /((nod)) /((nods)) /((nods) /right /((nod)) /((nods)) /yeah /right /right /((nods)) /right /right /right

MS38
Right well I can see that you're quite upset about it I mean you did ask me you did say one thing about the rectal examination you didn't know what it was for / that's one thing that – I'm not a doctor and I can't give you any medical advice cause I'm just a student but I do know that rectal examinations must be performed if there's any kind of for for an an examination for any kind of bowel problem or abdomen problem and that happens to everyone so
RP1/38
/uhuh

RP1/38

Right but should it have happened like that and under those circumstances ?

MS38
Right erm that's something that I can see that you are upset about

RP1/38
yeah

MS38
Erm what was it especially that he asked you that you were so embarrassed about ? Was it just the fact that everyone could hear ?

RP1/38
Well it was a combination I mean it was – the fact that everyone could hear everything / so [1] him saying that he was gonna do that examination and then it was really painful / so I was [1] you know everybody knew what was happening to me and there was me making all kinds of noises and things / and and all this stuff about drinking // you know it was
MS38
/yeah /right /hmhm

MS38
// what what stuff did he actually say about that ?

RP1/38
Well he just he was just saying you know so how much have you dru[nk] because obviously I was obviously I wasn't drunk drunk / but you know I was a bit drunk and he made just made a really big thing of it and you know it felt really accusatory about eh you know how often do you drink how much do you drink what what why were you drinking too m[uch] and I really felt like the implication was that I / you know I got some kind of problem and also he'd you know he asked me stuff [1] that [1] about things like eh sexual transmitted diseases / and that kind of thing and these kind of things that again eh I'm in the middle of a ward of people / that I as it turns out I'm now spending day after day with [1] but even if I hadn't I just {feels} like that's really personal information / that I don't want to have discussed at the top of / [1] his voice with a you know in a totally unprivate / environment
MS38
/hmhm /right /yeah /yeah /hmhm /I understand /hmm

MS38
I can understand that have you taken it up with the doctor at all?

RP1/38
No I haven't

MS38
Is that what you're worrying about ?

RP1/38
that's what yeah that's what I don't know what to do / really
MS38
/Yeah

MS38
I mean the only thing I can say really is as a medical student is that everyone has pretty much the same questions asked to them I mean I'm practising taking histories now and we <u>do</u> have to ask people about their drug and alcohol history just as routine so I'm sure the doctor didn't mean to ass[ume] insinuate anything about that // and

RP1/38
// it did feel like that though

MS38
I'm sure I mean I'm sure that the doctor had only your health in his mind at the time and he was trying to do the best for you and do all the examinations possible and the issue about everyone else hearing as well I think that's that's a concern that that you seem to be you know upset about all the other patients on the ward obviously have had questions asked whether they were like shouted out in front / of people that's another thing erm
RP1/38
/yeah

RP1/38
But that's the thing cause then they hear you know [1] not everybody then has to know the answers / to those questions
MS38
/yeah

MS38
I'm not sure really what to say about that except erm there are rooms available I think that you can go to I'm not sure you know wh[at]what the routine is in the middle of the night whether whether doctors do ask questions you know in front of- I mean I know doctors ask questions in front of the other other patients but obviously not with the intent of them hearing or overhearing

RP1/38
Hmm he cause / he just didn't have any awareness well that was the problem he didn't have any – it obviously didn't even cross his mind to think about it he didn't seem to have any concern of my privacy at all / I mean how can you have privacy when it's just a curtain
MS38
/I'm sure it wasn't his intention /right

MS38
I think that's the thing in hospitals is that you know your privacy is a little undermined because you're having to share you know your sort of your space with the other patients [1] all I can suggest really is to either talk to the doctor or you know just af[ter] you know just discuss it with him I'm sure that if if he knew that he'd upset you in any way he really didn't mean to at all and I'm sure that you know he he'd welcome the you know the chat

RP1/38
Erm would it would it be some[thing] could <u>you</u> talk to him about it ?

MS38
Erm I could ask him to come talk to you about it I'm not really sure you know what what I could do as a student

RP1/38
Yeah I just wondered if - I just feel a bit [2] uncomfortable at the thought of actually having to / [1] confront him with it do you know what I mean eh and it's just I mean it was easy to talk to you about I think it'd be quite hard to [1] to talk to him face to face
MS38
/hmm

MS38
yeah [2] I don't know I mean like I said I'm sure he'll he'll welcome the erm you know the advice even that you might be able to give him for the future

RP1/38
Cause that's the thing I don't want anybody else to go through that cause I did eh I j[ust] I just think it's wro::ng I don't think people <u>should</u> have to go through that you know and that's that's why I'm

considering taking it further / cause I don't think it should happen again I think it's totally unnecessary and it was you know it was so humiliating
MS38
/right

MS38
Yeah I can understand that [1] all all I can say really is that you know it wasn't intentional I'm sure the doctor didn't mean to erm upset you and that erm there are avenues available for taking it further I'm not entirely sure what they are [2] I'd be more than happy to let the doctor talk to you privately ask ask him to talk to you privately about it

[4]

RP1/38
Yeah I don't know erm yeah I don't know it'd be easier to just [1] I don't know whether to take it to somebody higher up or whether - cause the thought of talking to him is quite hard

MS38
I mean if it's upsetting you then obviously you know you can't just sit there but if you feel upset then you have to do something about it all I can do really is to reassure you that it was unintentional [2] and that eh / that that you can talk to him about it or you can talk to someone else about it I'm sure there there's a erm process where whereby you can you know write in your your your thoughts and feelings about it and have a response from someone I can find out for you if you like
RP1/38
/but it shouldn't happen again

RP1/38
Could you ?

MS38
I'm sure I can talk to someone ((laughs))

RP1/38
Ok [3] yeah I just feel that I don't want somebody else to go through it I just think it's wrong / [2] like I should do something
MS38
/hmm

[5]

MS38
Would you feel like this discussion has helped in any way ?

RP1/38
Erm well it was good to yeah no I mean it was good to say it all - I'm not sure what to do next really / erm [3] I mean just if you could find out what the - you know the procedure is that / would be quite useful
MS38
/HMM /yeah

MS38
I'm sure there is a hospital complaints procedure but like I said it happens to every patient obviously not in I mean I'm not sure / ((laughs)) what the other patients feel about it
RP1/38
/well I don't think it does yeah

RP1/38

They the the - well the person I spoke to today obviously didn't think it wasn't right / you know and it shouldn't happen like that that's what I feel / erm [2] and I feel like I should speak out / say something about it
MS38
/right /hmhm /right

MS38
I think if you still worry about it then of course you should you should do what you can do to change it but [2] it was unintentional I'm sure the doctor didn't mean to do it I'm sure that if you did if you did complain that he would take that on board

Facilitator stops consultation – 10 minutes have passed.

MS39 sitting left, RP10/39 walks up to seat and sits down. MS39 has a smile on her face most of the time. KM is also assessor!

MS39
Erm eh /hi

RP10/39
/hi

MS39
((shakes P's hand)) I take it that you're Jo Harper ?

RP10/39
Yeah that's it yeah

MS39
It's nice to meet you [1] so erm can I ask you why have you come in here today ?

RP10/39
Oh god I I've got this ingrown toe nail which erm has been causing all sorts of problems and pain and all the rest of it / and so they want to erm remove it / [2] so I'm just here for the day but erm I'm actually really nervous I hate I hate this place / it really gives me the creeps / I just hate doctors hospitals everything I in fact I haven't really been near / a doctor since since [I was a child] it's an absolute phobia / sorry I don't mean / to - it's - you know it's you know I know it's what you've chosen to do / can't imagine why but / [1] you know
MS39
/((nods)) /right /((nods)) /oh right /((nod)) /oh /it's - /((nod)) /((laughs))

MS39
I think everybody is here for like your best interest so you know

RP10/39
Yeah I know but I just erm I just really I just find it well it's too much really

MS39
Well erm

RP10/39
nothing personal

MS39
No no no don't worry about it I mean I can understand how it would be quite frightening to come in – a lot of patients are afraid but I mean you have to remember at the end of the day we're here to make you better really we'll try to help you is it is it been hurting you a lot then (( )) ?

RP10/39
Yeah it's erm it's really quite painful I think I mean you know I've had you know {whev}whenever I get ill – I don't get ill very much because I'm quite fit really / whenever I'm ill I just don't I just don't go to the GP I just I just think oh god just sit it out at home and / [1] you know I I I just I just hate it you know I don't mind sort of popping into the chemist to get something but I just hate everything to do with doctors and it just makes me feel sick and
MS39
/yeah /gosh

MS39
Wha[t] wha[t] what is it that worries you about the the place is it just that ?

RP10/39

I don't know I just - well I just [2] I suppose I had erm you know when I was a child I spent quite a f[ew] quite a long - a lot of time in in hospital well not me but m[y] my mum / and erm so I'd associate it with / with that really and my mum died so erm you know they they all said you know like you say / ((sighs)) [2] er::m that they're here to make make you better - didn't make her better so
MS39
/oh /yeah /((nods))

MS39
I'm sorry to hear about that – erm unfortunately these are some things that are out of our hands really we can only do so much

RP10/39
Yeah oh yeah yeah I mean I know she - she had she had cancer so there was nothing could be done then [2] but it sort of brings back memories you know

MS39
Yeah I can I can imagine

RP10/39
And the smell you know the surgical horrible medical smell oooh horrible

MS39
Well I hope you that you're not in here for too long in that case

RP10/39
Yeah well I am hopefully not I mean that's the thing though isn't it you think you know cause hospitals are supposed to be there to make / you better / you're not ever really sure you hear about all these cases of people getting sick in hospitals as well / picking up all sorts off stomach bugs that are going round and erm what's it MRCK something or MR // SI or
MS39
/((nods)) /YEAH /YEAH /yeah yeah well

MS39
// Yeah it's it's MRSA but / anyway but there's so many people here / it's like like when you're at school really and they come home with a cold / I I mean we we do the hospital does try to like reduce it to its best effect but / you can't you can never (( )) guarantee really can you / but erm yeah we do we do try like eh the best that we can like to make the patients comfortable and make them you know feel that they're gonna get better / we do the best we can do for their treatment as it is
RP10/39
/yeah /hmm /hmm /hmm /no /hmm

RP10/39
I know I know I eh it's nothing personal / I hope you don't take it [1] there's there's something actually that's been worrying well I mean it might be just nothing not sort of you know I'm probably just being really stupid / I found this this lump /this erm I haven't done anything about it and and I just keep thinking well it's probably nothing really but erm [1] I suppose erm cause my mum mum had breast cancer and I suppose I'm a bit worried about that really and I don't really I don't know it's probably nothing you know // it's
MS39
/ no I know I don't take it personally /no no /oh ok

MS39
// Well if it's worrying you I think it's best to get it checked out really / I mean ok god forbid that it would be that the earlier you get it done the what you – cause the earlier it can be something else or I mean it might be nothing as you say just to put your mind at rest really it's it's a good idea to go and get it checked out I think
RP10/39

/ hmm

RP10/39
Do you think so ?

MS39
I think I mean eh eh just to put your mind at rest cause I'm sure you'll be worrying about it in days to come otherwise

RP10/39
Well I try not to think about it too much you know cause I don't want to really go down that road but erm [1] well [1] do you think it could be [1] cancer ?

MS39
well you never know do you ? it could be it could be something just like a small spot but - just to you know the worst case scenario I think it's worth just to get checked out really

RP10/39
I just keep thinking well I'm too young for that really cause my mum was in my mum was in what erm her early fifties I think

MS39
Yeah yeah well erm from from the medical and from a general point of view I think just to put your mind at rest and just to check it's not something sinister [1] it's worth it cause things can crop up at any time really

[2]

RP10/39
So you think I should see a doctor ?

MS39
Just get it looked at and erm I think it's a good idea [1] just to get it looked at and it'll stop you worrying about it / and checking it I bet you look at it everyday and check it and
RP10/39
/hmm

RP10/39
Well I I eh eh when it was about six months ago or something and / I mean obviously I know a little bit about breast cancer but I'm just [1] I think well you know it's been there all that time and it's not sort of grown and so so it's probably nothing you know it might just be that I it might just be or anything – nothing really
MS39
/HMHM

MS39
Well erm yeah it might be but erm you know I do think go and have it looked at yeah [1] yeah I think so just you know just to make sure that it's not

[1]

RP10/39
hmm

MS39
Yeah just you know help you to not to be worried about it

RP10/39

Do you think I need to see somebody here or ?

MS39
Well erm I I'm not sure who's available at the moment but you could I could help with going to see the GP and get him to have a look at it and then he'll if it is - god forbid it turned out to be he would just you know transfer you or refer you somewhere else

RP10/39
Just more hospitals isn't it ? and more doctors and ((sighs))

MS39
Hmm

[2]

RP10/39
This is why I'd rather not think about it

MS39
It is best that you do get it looked at though I think just to make sure really / cause I mean eh like nowadays the earlier you get things picked up earlier and the less you'll be in hospital or be in the doctor's / cause if they pick it up earlier if there is anything they can sort it out quickly
RP10/39
/hmm /right

RP10/39
Right cause I mean now (( )) it's about six months ago I so I I do you think I should have had have dealt with it sooner do you think ?

MS39
Well as I say I mean eh the quicker anything's picked up the better but I mean going now is better than going in let's say six months time again isn't it ? / and again it might be nothing but it's good to have it looked at definitely
RP10/39
/hmm

RP10/39
Do you think so ?

MS39
I mean if it was me I would probably go and have it looked at

RP10/39
hmm

MS39
Yeah I'm sure [1] the same thing in general for your own peace of mind as well

RP10/39
Ok

MS39
ok

[2]

RP10/39
ok ((nods)) ((sits up straight)) all right then

MS39
Are you sure ?

RP10/39
Yeah

MS39
Are you ok ?

RP10/39
Yeah I think so I just want to get today over with really

MS39
Yeah yeah [1] well erm if you want like go and get a cup of coffee or something before it and relax

RP10/39
((laughs)) I'll try

MS39
I know it's not the best place to be

RP10/39
No [2] ok thank you

MS39
Ok well it was nice to meet you ((shakes P's hand))

RP10/39
Yeah you too

MS39
bye

RP10/39
thanks a lot bye

RP10/39 walks off and says 'OK, let's get my assessor's hat on'

MS40 is sitting left, RP14/40 comes walking into the screen and sits down on chair on the right.

MS40
Hi Chris Mitchell ?

I

RP14/40
Yes // that's right yes

MS40
// Hi how are you ? my name's [FN] erm I'm a a third year medical student

RP14/40
All right ok

MS40
Erm I been asked to come and erm talk to you erm from your //

RP14/40
// I'm all ready for the op

MS40
Yeah / yeah / erm from your surgical SHO erm he's come in to tell me that / unfo[rtunately]
RP14/40
/yeah /yeah /SHO what's that ?

MS40
Oh erm o[ne] one of the doctors in charge of your care at the hospital

RP14/40
Oh oh right yeah

MS40
And erm he's actually asked me to tell you that erm unfortunately a patient's come in very sick the A & E and erm has had to have an emergency operation and unfortunately that means that your operation's been postponed for the time being

RP14/40
((shakes head)) º I don't believe it º this is the second time that's happened

MS40
Hmm [2] I'm very sorry

RP14/40
I've been on the - on the on the waiting list for this operation for eighteen months

MS40
Yeah yeah unfortunately because the situation - it was an emergency patient she came in

RP14/40
What sort of emergency ?

MS40
I can't really disclose the details of eh eh that patient's case / but erm but it was an emergency that involved erm your surgeon eh surgical team which is controlling your care erm to perform the operation immediately

RP14/40
/hmm

RP14/40
((sighs)) [2] do you know wh[at] wh[at] you know wh[at] what I've had to do to to be here today ? I mean I've taken time off work / I've I've erm I've had to pay for the childcare for kids / you know erm [2] I'm been worried sick about the operation really geared myself up for it you know ?
MS40
/hmm /yeah

MS40
Yeah I understand you know your concerns / and I I empathise / [1] with you
RP14/40
/yeah /hmm

RP14/40
Yeah but you don't know what it's like though do you ?

MS40
Well obviously I'm not I'm not in your situation

RP14/40
no

MS40
Erm but I [1] I do feel very sorry

RP14/40
Well eh I'm glad you're sorry yeah yeah and I know it's not your fault / but I mean this just isn't good enough is it ? / I mean you know I'm a nurse myself here / I mean shouldn't that make a difference I mean as I'm an employee of here of this hospital ? [2]
MS40
/YEAH /right

[2]

RP14/40
// should I

MS40
// the problem with this situation is that it wouldn't it wouldn't make any difference just because of the situation and circumstances involved which is that it's an emergency case and ev[erybody] all the patients on the list in the morning who'd been scheduled for appointments //

RP14/40
// what do you mean by emergency ?

[2]

MS40
((makes gesture to start talking))

RP14/40
I mean I'm a nurse you can explain it to me

MS40
Hmm I can't really give you the details of the patient's case because of the confidentiality eh issues

[1]

RP14/40
Yeah ok [2] it just seems really unfair I mean / you know I mean I I think well I what I'm going through is affecting my life it's it's an emergency and / I can't even stand for more than you know half a day on these legs any more at the moment cause of the throbbing that it's giving me / you know that's affecting my work and I might even have to give up work because of it / [1] I didn't wanna have the operation but they persuaded me that they - that I should and then once I you know that they persuaded me and I accepted it and this is the second time that it's been stopped
MS40
/yeah /yeah /yeah /hmm

MS40
Hmm [1] hmm [1] erm as soon as erm the operation this emergency operation has been carried out erm [1] I'll erm pass on the message to the your your your surgeon and doctor / to tell him to come down and erm explain when your when your operation / will now be taking place // I'll ask
RP14/40
/yeah /yeah

RP14/40
// right so they're gonna - can they tell me today then ?

MS40
I don't / know I don't know the specifics of it I'm only thir[d] - I'm a third year medical student I don't know exactly but erm I will pass on your concerns to him // erm
RP14/40
// when the next one is /yeah yeah

RP14/40
make sure you do I bet you know I bet if it's a big doctor in this situation like I'm a nurse / I bet they erm they'd they'd have done that operation [2] / I mean you know I bet they'd that they'd they'd - I'd have been given different treatment then
MS40
/hmm /((makes gesture to start talking))

MS40
I think [1] because of - because of [1] the patient involved had had the the erm emergency operation it was a life saving operation it wouldn't - I doubt it would've made any difference really this your status because apart from your medi[cal] the only thing the doctors would've taken into consideration is your medical status / do you understand what I mean ?
RP14/40
/hmm

RP14/40
Yeah yeah yeah yeah I understand

MS40
so the basis - the decision to delay your operation lay purely on [1] your medical case and if the doctors and surgeons felt that [1] you know a delay of the operation would have affected your medical health – I I'm aware that it's obviously // affecting your emotions

RP14/40
// well they're just gonna get worse and worse these - the / eh eh aren't they ? / I mean you know yeah it will affect my / – depen[ding] what do you mean my medical health?/ as opposed to what?
MS40
/yeah /yeah /yeah /yeah

MS40

Yeah ok I'm sorry obviously / it's going to affect you know socially emotionally and medically // together

RP14/40
// I know it's not your fault /I mean I can't go swimming I haven't been out to go swimming for three four years or any sport of any type / erm and it embarrasses me to death / erm and actually now it's causing me pain and meaning that I can't do my job properly [1] I mean as you know this place is also my employer's they should take that into ac[count] – and oh another thing is I've had to pay money to to to get someone to come look after the kids / I mean am I gonna be compensated for that ?
MS40
/hmm /yeah /yeah

MS40
I don't - I don't know of that erm the details of that I'm afraid / erm I could try and find out for you [1] / from from erm somebody else who works in the hospital perhaps who is in charge of those sort of aspects I don't personally know / but erm I'm happy to try and find out for you any information to do with comp[ensation] that kind of compensation //
RP14/40
/hmm /right /ok

RP14/40
// that's a small thing / yeah I'd like to - I'd like to know / ((counts on fingers)) whether I can get compensation I'd like to know when the next date is / you know and and and can it be as soon as possible ? / erm because I am just not not happy / it's not your fault I know it's not your fault / thank you for telling me ((looks away))
MS40
/yeah /yeah /right / right ok /hmm /right

MS40
yeah

RP14/40
Ok

[4]

((PW nods at facilitator, MS40 looks at facilitator, MS40 looks back at RP14/40))

MS40
ok

RP14/40
Ok thanks yeah [1] th[ank] thank you anyway

MS40
Ok you're welcome

MS40 seems confused with the ending, says she can continue or finish, whatever is needed. Facilitator states this is quite a natural ending. The end.

MS41 sits left, faces RP2/41 after facilitators sign.

MS41
Hi ((shakes P's hand)) my name is [FN LN] / a third year medical student how can I help you ?

RP2/41
Hi (( )) how are ya

RP2/41
((sighs)) it's it's erm oh I don't really know what to say to be honest erm ((sighs)) oh god erm I'm unhappy erm with something the doctor did and erm I sort of erm noticed you and the other students around and I just thought maybe I could talk to erm I was sort of - I liked the way you sort of talked to each other and I thought maybe I could just talk to one of you / erm about things / erm cause I don't really know what else to do ?
MS41
/ok /ok

MS41
Ok can you tell me what actually happened then ? what is the problem ?

RP2/41
Erm well erm I was admitted in with appendicitis / which had to be removed obviously erm and erm erm all the day before I mean we were really busy cause we had the family do / and I'd been doing most of the food and the decorations and things and I I knew I had pain / in my stomach but I thought well it's just indigestion innit ? so [2] eh erm hmm so I kept going on with that / erm and it got worse and it kind of moved down to the / lower side by the lower right side ((sighs)) [2] like stabbing really / and erm I knew I had to keep / I was in a bit of a rush cause I had so much to do so erm [1] I guess I had quite a bit to drink cause it seemed to sort / of help things erm / [2] and erm eh god it must've been be around three when I came here / erm [2] and that's when erm yeah and that's it really erm
MS41
/((nods)) /((nods)) /((nod)) /HMM /YEAH YEAH /((nod)) /((nods)) /((nods)) /((laughs)) /((nod)) ok

MS41
Ok can you te[ll] tell me erm what happened on[ce] once you got into hospital ? who did you see and what did they do ?

RP2/41
Well I I was so out – I can't remember erm I was so out of it but [1] erm basically erm [1] I got I got on and I was on this ward / and and this doctor started taking erm notes and ((sighs)) I might have erm I'm in a bit of a haze about this ((hands in front of face 4)) cause I was in so much pain but erm basically implied that I was an alcoholic [2] and it was really difficult cause I had and I had had a lot to drink / [2] and I was I I don't know I mean I might have been ((hands in front of face 6)) slurring my words but you know I am still I am not that kind of person and to be treated like that I was in so much pain I was just totally ((hands in front of face 3)) eh oh eh it makes me feel sick ((sighs)) [2] / and erm ((hands in front of face 5))
MS41
/((nod)) /yeah /erm ((laughs))

[2]

MS41
Well was there anyone else with you when you came in ? did you explain to him about the party or did you explain / what happened during the day ?
RP2/41
/erm

RP2/41

erm you s[ee] yeah I tried to explain but erm he was talking about – I mean I know he's got to find these things out but the worse thing was all the people in the ward heard and there was - I expect them to do my medical history but I don't want other / people knowing really erm [2] you know quite embarrassing things ((sighs))
MS41
/no of course

[2]

MS41
Well erm [2] obviously maybe he shouldn't have said things so loudly but there's [4] eh eh erm

RP2/41
Ok do you do you erm do you think erm [2] I mean I don't want compensation but do you think I should complain ?

MS41
Erm do you know which doctor it was do you know who it was ?

RP2/41
Well [2] the n[urse] the nurse one of the nurses said they could find out

MS41
Maybe you can try see if you can speak to him say what you thought and [1] if he apologises then I don't know maybe you want to leave it there or if you want you can possibly talk with – was it a junior ? member of staff or eh maybe talk to the consultant possibly

RP2/41
I don't think he was a junior / erm I think he was a bit old[er] I think he was erm yeah I thjink he was I would say [1] how old maybe thir[ty] over thirty I'd say
MS41
/hmm

MS41
Hmm well you can try and find out who he is and try and speak to him and see // what happens there

RP2/41
// Just just just erm just the other patients say they found it really difficult and it's really hard and [2] and also he gave me erm [2] he stuck his finger up ((gestures))

MS41
((laughs)) yeah

RP2/41
and that was just [2] - it hurt it really hurt so much and [1] but all the other people must have heard / and I just I just thought well maybe I I I just want him to know ((hands in front of face 2)) I found that I found that really awful really embarrassing
MS41
/((nod))

MS41
((nod)) well I I think probably the best thing you can do is to try and speak to him about it / or speak to maybe another doctor / maybe someone else / (( ))
RP2/41
/hmm hmm /hmm hmm /hmm

RP2/41
Ok erm

[4]

MS41
ºSee the outcome of that andº [2] but is everyone else being helpful the nursing staff and ?

RP2/41
Nooh I mean the nurses / the nurses are fine it's just I haven't I haven't seen him since / [1] and it's just I really ((sighs)) [2] I'm usually quite a placid person and I I just don't want this to pass / this time and that's - I want to find your advice really cause I - am I right in complaining ?
MS41
/YEAH /HMM /((nods))

MS41
Well obviously I I wa[sn't] wasn't there and I can't [1] but erm I think you're right to find out / sort of why [1] just ask him about it first / and let's see what you feel then
RP2/41
/ok /ok

RP2/41
Thank you [1] thanks

MS41
Ok glad I could help

MS41 sits back, looks at facilitator. Facilitator thanks both MS41 and RP2. The end.

MS42 sitting left, hands folded in lap, consultation starts as tape starts. No table, just two chairs.

MS42
Hello Mr Forsyth

RP9/42
Hi

MS42
my name is [FN] I'm a third year medical student

RP9/42
Oh brilliant right yes

MS42
I hear you've asked to see a medical student ?

RP9/42
Yeah is that all right ?

MS42
Yeah that's all //

RP9/42
// I'm just looking for a quiet word / erm just sort of you know confidential / it's about something happened last night / erm [2] I just - I've - I've just had - I've had my appendix out I came in last night with appendicitis / erm [1] and I was I was quite [1] shocked really by the way that the the doctor was behaving / hmm //
MS42
/right /yeah /right /((nods)) / right

MS42
// what what was it ?

RP9/42
Well eh he was he was asking all sorts of [1] erm you know quite intimate kind of questions you know in quite a loud voice he was asking me erm what eh ((laughs)) sexual diseases I have had / and all sorts of questions about drink – basically seemed to be implying I was an alcoholic / and I'm not I hardly ever drink and and erm he he announced very loudly he was he was going to do a [1] a rectal examination / which he then ((laughs)) did and eh I don't – this this within full hearing of everyone in the ward / erm / you know they were all talking about it this morning erm / repeating back to me details of what they have heard so I know they've
MS42
/((nods)) /right /((nods)) /((nods)) /right /oh right

MS42
yeah yeah I can imagine that must have been quite upsetting for you really

RP9/42
It was I mean you know it's erm ((sighs)) [2] it's just ((sighs)) [1] and p[eople] you know people eh I think other people they're very upset by it as well I mean they were quite embarrassed / erm [1] and saying I should complain and I should talk - you know complain to the chief executive and erm ((sighs)) I'm not I mean I'm not really much of a complainer so/ [1] I don't know what to do about it / erm
MS42
/((nods)) /((nods)) /yeah

MS42

What what was it that you were sort of thinking you wanted to do about it ?

RP9/42
Well I don't know [2] I don't know what what the right way of going about this would be erm I don't - I'm I'm not sure if I really want to make an official complaint or anything erm even though everyone else is saying I should / erm but erm [1] eh erm I – it's hard cause eh to be honest last last night I had I had had a few drinks and so cause I been in such pain and I been trying to numb it / and it's all a bit of a blur erm [2] so I mean eh I I remember it vividly a part of it / ((laughs)) but at the same time I think it's quite hard for me to know really I mean I just want to know is this kind of thing normal ? is it normal for a - for doctors to behave this way ? is this - you know just nothing but a curtain
MS42
/((nods)) /RIGHT YEAH /((nods)) ((smiles))

MS42
Well I mean to be honest I'm not I'm not really the best person to speak about it I mean I'm quite happy for you to talk to me about it / and you know sort of have a chat about how you felt about it and things / but I mean really if you wanted to speak to someone about it I'd suggest that you erm maybe spoke to another member of the team erm one of the nurses maybe a named nurse or one of the other doctors
RP9/42
/right /hmm

RP9/42
It's difficult to me / cause you don't know how much you've already started making complaints or you just had a talk
MS42
/yeah

MS42
To be to be honest speaking to me / I'll keep it entirely confidential //
RP9/42
/hmhm

RP9/42
//exactly / that's what I thought it'd be / it'd be it'd be helpful to talk to you first how do we make my mind up / erm cause I've also seen the way he he treats the students you know around the ward and he's quite I think very [1] well he's not ((laughs)) (( )) humiliating you any time you get // (( ))
MS42
/yeah /yeah /YEAH

MS42
// I I I've not actually experienced that myself / but erm
RP9/42
/no right right well

RP9/42
I've certainly found it quite you know [2] I've felt bad on behalf of the students / I've seen them been [1] erm °taken taken down and (( )) as well / erm [1] it's very difficult°
MS42
/right /hmm

MS42
I think I think what you sort of need to do / is have a think yourself and decide what you want to do you could decide you know perhaps could speak to the named nurse they might be able to arrange for you to speak to another doctor or another member of the team so you could take it that way and go that way erm but / I mean I'm not the best person to actually go and speak to one of the med[ical] medical team that actually has to // come from yourself
RP9/42

/hmm /I mean would you mind

RP9/42
// that would - you wouldn't be able to talk to them ?

MS42
No I'm afraid I wouldn't / cause it's not really my my position to / [1] so
RP9/42
/hmm /no

RP9/42
No that's fair enough [2] no I mean eh yeah I mean I don't want to put you into an awkward position [1] but it's just ((sighs)) I just would hate for anyone have to go through what I've went through last night erm

MS42
I mean if you do feel strongly about it then by all means do go and see a member of the medical team about it //

RP9/42
// it's diff[icult] I mean is it normal eh I mean is that a normal examination ? I don't even know - this is the thing you you're you're – it's such a powerless position I don't even know why he was asking me the questions he was asking

MS42
To - I mean to be honest with you / I have no idea why he was asking you the questions either because I wasn't I wasn't there at the time / and so it's not it's not really for me to say / whether he should [1] ask these questions or not / to be honest
RP9/42
/hmm /shouldn't he explain then ? /hmm /no

RP9/42
No it's hard I mean I know that's I do need to talk to him eh he he knows the kind of thing they c[ould] they should they should be doing but I cant see that anyone should be [1] should have such such intimate things just basically you know announced to a whole ward

MS42
Hmm I mean I can understand that you know you are obviously quite upset about it

RP9/42
Yes ((laughs)) I think I am and I am not the only one as well I mean I think a lot of other people have found it very upsetting erm you know they're all trying to sleep / they don't want to hear intimate they don't want to hear hear me having a [1] a quite painful rectal examination
MS42
/right

[2]

MS42
HMHM I mean I can I can understand sort of why you're feeling upset / erm but obviously I wasn't there in the situation / so you know I can't obviously comment on that because / I don't know what's been done or said so I mean the best thing to do would be / to speak to a nurse get her to arrange / to speak to another doctor / or you could if you wished go through the formal complaints procedure
RP9/42
/hmm /yeah /no ((nods)) /((nod)) /right

RP9/42

Yeah I mean I don't know if I really want to do that / erm [2] I just feel someone should talk to him about it or something I mean / it's just not
MS42
/hmm /((nods))

[7]

MS42
yeah

RP9/42
And I'd like an apology really as well because I just feel that it's bad enough when you're going through that much pain and [2] and pfff you know it's quite a humiliating procedure anyway without having to then hear it repeated back to you so

MS42
Yeah I can understand [1] so do you think you'll erm perhaps speak to another member of the team / about it ?
RP9/42
/ ok

RP9/42
Yeah erm so you think one of the nurses – I mean I just I mean it's difficult cause I just see so many people going back and forth that I don't really know who is who / I can be talking to a cleaner before I know / erm ((laughs))
MS42
/yes /hmm

MS42
Yeah I mean I mean [1] if you saw someone who you thought was a nurse / go past perhaps just ask them could I possibly speak to my named nurse because you will have a named nurse above your bed / and you could / speak to them / and then erm you know you could say to them ask them to go to one side with you / so you're not around all the other patients cause obviously / you probably don't want to speak about it in front if the other patients / so ask them to to come with you to a you know ask whether they can arrange to see you in a quiet quieter place / and then you can speak to them about it and ask whether there's another doctor you can talk about about it to / and they could perhaps arrange that for you
RP9/42
/yeah /right /oh right /right /hmm /((nod)) /no /yeah /right

RP9/42
That would be fantastic ok that's brilliant thank you

MS42
Ok thank you

RP9/42
Oh I'm glad I spoke to you thank you

MS42
ok

MS42 looks at facilitator, back at RP9 and at facilitator again. Facilitator says 'thanks you'. The end.

MS43 sits left, RP9 right. MS43 and RP9 look at facilitator, who says 'OK'. MS43 and RP9 look at each other, after a second MS43 starts.

MS43
Hello ((shakes P's hand))

RP9/43
hi

MS43
My name is [FN LN] I'm a third year medical student

RP9/43
All right [how are you?]

MS43
erm ((looks at sheet)) [2] you're a mister Mitchell ?

RP9/43
That's right

MS43
And erm you've come in for a varicose veins operation ?

RP9/43
yeah

MS43
Erm well I've got a bit of bad news basically I've just been told by my erm senior house officer that there's an emergency that's been that's come in and erm they have to go to theatre right away erm [1] I'm so sorry but / erm I'm just the bearer of a bit of bad news / basically this other patient will die unless they go to the theatre immediately
RP9/43
/right /yeah

RP9/43
[right then?]

MS43
erm an aneurism

RP9/43
right

MS43
yeah

[2]

RP9/43
great

MS43
They been cancelled the list // this morning

RP9/43

// Great so they cancelled the list fantastic / ohw I can't believe it ((leans forward)) [2] I just can't believe this happened again you know what I mean this is it's the second time this happened to me / ((sighs)) [2] I eh eh eighteen months I've been waiting for this [1] operation ohw eh I eh it's mad ((sighs)) and they do know ((leans back)) I work here I [1] I actually - I'm actually a member of staff here
MS43
/ok so /right

MS43
Right [1] I don't know erm whether it's actually erm / (( ))
RP9/43
/ it's quite frustrating

RP9/43
yeah I work in – erm an erm I'm an auxiliary nurse I work in outpatients erm it just drives me mad you know eh ((sighs)) working here all the time and this is twice now they cancelled my operation on me

MS43
Well [2] in this case there is an actual emergency going on I know it's very frustrating [1] but there's not a lot that can be done at this point / I'm sure your consultant will // call call on you
RP9/43
/how much eh –

RP9/43
//what what am I supposed to do now ?

MS43
Erm well for today there is no erm no surgery to be done // so

RP9/43
// yes I know but eh ((sighs)) this is twice now you'd think there'd be some way they might be able to squeeze me in somewhere now

[1]

MS43
Erm well the erm operation on this person might take three hours

[2]

RP9/43
((leans forwards, head in hands)) I try I mean you get eh I hate operations anyway and you get so psyched up [4] I mean I I've ((sighs)) I've got you know I've got I've arranged childcare now as well you know I haven't got the time - oh [2] this is pointless and I'm - out of my own pocket yeah ((mumbles)) this is stupid ah this is crazy you know I work here whole day every day on - you know erm and I got varicose veins and they are huge and they're absolutely killing by the end of the day - on your feet and after an hour they start throbbing and I just [1] you tr[ust] you spend day in day out in this hospital trying to give your best each day and you can't actually get the thing that's wrong with you sorted out

MS43
HMM

[9]

RP9/43
((mumbles)) ˚it's not your fault I know and˚ I'm s[orry] / I don't wanna take it out on you I just - it's just so frustrating [3] and what am I supposed to do now ?

MS43
/it's ok it's all right

[3]

MS43
Erm well obviously [since the surgery has been cancelled?] / got to reception maybe talk to the nurses see what they say
RP9/43
/yeah

RP9/43
So what have I gotta do - have I got to wait another month now ?

MS43
Er:m I don't know depends on the (( )) / so we'll have to just see
RP9/43
/((mumbles))

RP9/43
[but he's got a schedule?] yeah great [2] you know if I was a doctor they'd have sorted a stand-by operation by now cause I'm only a nurse you know you just they they're happy to keep on pushing you back all the time

MS43
Well I'm sure it has nothing to do with that

RP9/43
Yeah right ((laughs)) you're a third year you don't know yet ((laughs)) ah it just just makes you sick [3] great am I am I am I supposed to go home ?

MS43
Really sorry about this but [2] these things do happen I suppose

RP9/43
Yeah it's just that you kn[ow] I'm now looking forward to another month of this pain and I mean I end up taking time off work [2] ◦this is just stupid◦ [2] ((mumbles)) ((leans forward))

[7]

RP9/43
Oh well thanks though

MS43
Thank you [2] are you sure you're ok ?

RP9/43
Yeah I'm fine [it's just tough this morning?]

[3]

Facilitator asks 'are you finished'?

RP5 sits left, MS44 right. Both look at facilitator who walks past and says to start whenever MS44 is ready. MS44 faces RP5 immediately and starts.

MS44
Good afternoon Mister Forsyth erm my name is [FN] and I'm a third year medical student / erm I hear that you've asked to speak to a medical student ?
RP5/44
/ok

RP5/44
Yeah erm I've got some (( )) that I'm embarrassed about that I don't like talking about this - at the end of the day I wa[s] I was brought in with severe stomach pains you know and erm [2] I was seen by a doctor ass[essed] assessed by a doctor and erm ◦turned out to be appendicitis◦ the thing is erm when I was being checked out by this this this doctor / it real[ly] really is annoying this but the first thing that struck me was the fact that [1] I was put into a room that was curtained off rather than / a proper room / and there were patients you know in the ward quite a few erm so I felt uneasy with that / right from the start the thing is the doctor then asked me a lot of what I consider to be pretty personal questions / about {testiclular} testicular b[umps] lumps and also my sex life and this guy's talking in a loud voice do you know what I mean ? and I was sure that any of the people outside / w[ould] w[ould] could hear you know but erm he keeps continuing asking all of these questions like I say I find very very embarrassing erm and to top it all off [1] eh he then did a erm rectal examination [1] and this guy – everything he says is in a loud voice you know what I mean ? / and I I'm I'm just absolutely - I was positive everybody could hear and erm he did this examination which by the way was very painful I must say / and erm [1] well the whole situation just ju[st] just annoyed me I mean I felt like I had no privacy whatsoever and the thing is erm after I'd eh I I'd had the operation and I was in the ward erm other patients they actually came to me and and and told me that they'd heard everything / that'd gone on they'd heard everything absol[utely]
MS44
/YEAH /right /((nods)) /OK /right /right /yeah /right /so they'd had heard

MS44
How did that make you feel ?

RP5/44
Well I felt terrible I really did you know I I felt it was an infring[ment] an infringement on my privacy I mean it it it got other patients angry / you know and and and and and [1] the doctor didn't even think about it you know about my privacy / you know and I mean the reason I'm complaining is because I I'm not after compensation or anything like that / but I don't see why other people should have to go through that sort of thing // it
MS44
/hmm /HMM /no

MS44
// right you don't want other people / to be in / the same situation ?
RP5/44
/no /no

RP5/44
I mean there must be something the hospital can do

MS44
Right well I'm very sorry that you feel that erm there's been a problem / erm [1] erm the doctors are do try to be professional and erm they wouldn't they wouldn't try to purposely breach your confidentiality / I'm really sorry that you feel that that that's / been a problem so what did - did the other patient feel that they'd had a problem or was it they were just showing you sympathy or ?
RP5/44
/((nods)) /((nods)) /((nods))

RP5/44
Well I mean they they were eh eh at the time they were referring to my to my erm incident / but it had enanger[ed] anger[ed] angered several of them [1] / you know they found it - not only that it woke up one or two I / I mean it was that loud that it woke up one or two and they're embarrassed to have to listen to all that you know what I mean ? / and and and but from my point of view to know that other people have hea[rd] I mean all that's of that's supposed to be confidential / surely to know that other people (( )) at me
MS44
/right /((nods)) /right /hmhm /hmhm

MS44
yeah it should it should be kept confidential / the problem is I mean ideally all the patients would have a individual room but it's just not the erm resources to do it and erm // the
RP5/44
/hmhm

RP5/44
// the only I I I was I sorry I don't mind I don't mind eh erm being in a ward but when / you're examined // surely you can have more privacy
MS44
/just when

MS44
//right you'd like to be taken into a separate room

RP5/44
Yeah it's absolutely vital often

MS44
ok erm as for the doctor speaking loudly I mean erm they do have to make sure that they're speaking clearly / and that they can be understood but erm it's a it <u>is</u> it <u>is</u> a problem that for people you know to hear you the erm rectal examination is a common procedure I hope you don't feel that that was out of place for him to do that then // it is
RP5/44
/hmhm

RP5/44
// well it is it was everyone could hear what was going on I mean eh you know eh I was I do understand / that why he had to do that but erm you know I just I just I just don't understand why other people had to hear eh I just found him to be too erm loud and and and and he just didn't appear to be very caring to be honest do you know what I mean ? / and I just I just think he actually compromised that confi[dentiality] confidentiality erm issue because everybody heard all my business / you know
MS44
/hmhm /hmm /right

MS44
Erm if you do feel there's been an issue with confidentiality erm you you could make a complaint if you'd like / but erm I'm not the sort – I'm not the person to complain to really I mean I can listen to you and erm understand that there's been that you do feel there has been a problem / but if erm //
RP5/44
/hmm /hmm

RP5/44
// could you not have a word with the doctor ? and just sort of a word (( )) erm you know - I I I feel a bit reluctant to to to go higher with this (( )) cause I do find the senior doctors a bit intimidating really but I have sent he way they sometimes talk to the students which is one of the reason reasons I'm

talking – I feel I can talk to you I was just wondering if you could have a word with him you know just to say I have complained and the reasons why

MS44
If you'd like me to I can mention / to him / the things that you - that you feel there has been a problem / but I am not the ideal person for you to [2] t[o] t[o] to complain to really erm
RP5/44
/hmhm /hmhm /I think yeah

RP5/44
Who do you think that I should complain to ?

MS44
Erm //

RP5/44
// (( ))

MS44
I'm not ever so sure erm maybe erm there is an information desk maybe you could ask somebody if there's somebody that you [1] should make a complaint / to / maybe they can do more / but erm
RP5/44
/hmhm /hmhm /yeah

RP5/44
Yeah I mean like I say it's not sort of compensation I don't wanna blow this thing / out of all proportion but I do want my voice heard by somebody / you know cause if you can prevent other people from going through this //
MS44
/right /hmm

MS44
// Yeah I'm sure he didn't intend to breach your confidentiality erm / and I'm sorry that you feel there has been a problem
RP5/44
/hmhm

RP5/44
((nods))

MS44
Erm ((looks at camera)) so [1] erm do you think that you'd like to get I touch with someone ?

RP5/44
Well I think like I say I think I will I will go to the information desk / and see see what they say and erm what erm//
MS44
/RIGHT

MS44
// well obviously you will have to tell them the situation / I mean cause it's obviously not gonna be an ideal place / for you to do that at the (( )) / information desk but you could maybe ask them if there is if there is a complaint officer someone you can speak to in private
RP5/44
/hmm /((nods)) /sure /hmm /hmm

RP5/44
Yeah yeah I'll do that thank you very mcuh

MS44
Ok thank you

MS44 looks at facilitator, who thanks MS44 and RP5. The end.

MS45 leans back in chair (left), role player sits right. Both look at facilitator for a few seconds. Then, both nod, turn towards each other and start.

MS45
Hi there it's Chris Mitchell isn't it ? ((shakes P's hand))

RP12/45
Yes yes

MS45
hi [FN LN] third year medical student

RP12/45
Oh hi

MS45
Erm I hear you've come in for an operation today

RP12/45
Ah yes // yes yes

MS45
// Is that correct ?

RP12/45
Yes

MS45
Could you tell me what the procedure is erm today ?

RP12/45
Well it's for erm [1] varicose veins

MS45
Ok [1] ok erm we've I've just spoken to my senior my senior my member of staff who is the surgeon above me erm and he's informed me that there's been an emergency in the theatres today erm and unfortunately erm most of the other patients on the list had to be sort of rescheduled erm due to the sort of emergency surgery which needs to be performed now I really understand how important an any operation is to any patient erm but unfortunately it won't be able to be carried out today

RP12/45
M[y] my operation

MS45
yeah

RP12/45
Is cancelled
MS45
Yeah I'm afraid just - eh it will be rescheduled erm but today it's not going to be possible

[2]

MS45
Erm

[1]

RP12/45
J[ust] just out of nowhere y[ou] y[ou] I I was ready to go now / I I thou[ght] ((sighs)) [3] it's already been cancelled once before
MS45
/yeah

MS45
Ok [2] erm as I say erm it's I really do appreciate how important that operation is to you and <u>especially</u> since you've had one cancel- cancelled before

RP12/45
So what's - what do you say has happened ? is it an emergency // or something ?

MS45
// there's an emergency case that's come in this morning that requires a surgeon and a certain number of the team erm who would have been performing your operation to to carry out they need to carry out this emergency and it and it could be a a very serious incident erm I understand that as I said to you before I do understand that yours is also very serious to (( )) yourself but unfortunately the resources at this stage are required

[4]

RP12/45
Well I I work here you know I I I mean I I I work at this hospital / I've had it cancelled once before and now this - it isn't today I eh eh I find this very
MS45
/yeah

MS45
I know sir I can understand I can understand how distressful that might be [1] erm as I say I eh eh I'm a third year I <u>can</u> go and ask questions to my senior members when they <u>are</u> available and I'll either myself or I hope preferably the more senior staff will be able to come and speak to you again preferably personally

RP12/45
Is this happening to everybody is it everybody having their operation // cancelled ?

MS45
// Everyone this morning {every on}everyone on the list has unfortunately had to be cancelled I can under[stand] you know it's // it's not something like

RP12/45
// It makes no difference to me if I was a doctor would this have happened to me I I don't think so

MS45
It would be across the board it's not – it would it's absolutely everyone on the list no matter their colour sex origin anything doctor nurse anything erm I'm afraid that it's just the situation that we've been sort of been thrust upon us and then unfortunately we have to translate that back back to the patients on the list

[2]

RP12/45
I've been working up to this for so long I just ((sighs))

MS45

I realise how you know serious operations are – it's erm a big part of a lot of people's lives and you know it's a difficult situation and if you'd like to ask me you know any more questions about sort of where you'd like to go with this then I can pass them // on to

RP12/45
// well where can I go ? I mean

MS45
The operation will be done I think that should be stressed / and as far as I'm aware you know there's my seniors I am - as I said to you sorry I am a third year so I can't tell you it will be on this day or this time but they it it is a rescheduling it's cancelled for today //
RP12/45
/yeah

RP12/45
// it always takes ages when it's rescheduled though it always takes - it seems like forever this has taken like mon[ths] well eighteen or so months since I started you know / the process / [4] You won't be able to – you don't know when that // that I can do it again
MS45
/yeah /hmhm

MS45
// No unfortunately I don't I I'm not I can't offer treatment or specific advice I'm here to sort of tell you and to help try and assure you // and

RP12/45
// And you say it's been an emergency it's been cancelled

MS45
yeah

RP12/45
what sort of emergency ?

MS45
I'm afraid sir due to you know due to other people's records I can't sort of tell you what what's the actual situation

RP12/45
Yeah but is it an emergency // is it ?

MS45
// yeah this is a very serious incident that needs to be operated on now

RP12/45
What like life or death ?

MS45
Yes ((nods)) [3] as far as I'm aware I mean that's that's what I've been told by my senior and they've had to go to over to theatre like straight away

[2]

RP12/45
So what am I supposed to do now then ?

MS45

Erm well hopefully in the very very near future we will be able to come straight back to you give you a new day hopefully and and be able to sort of // put you (( ))

RP12/45
//(( )) to that I mean childcare the whole lot to cover everything you know

MS45
I can understand that

[6]

MS45
It's not something that we would try and do without you know without just cause I hope that you can try and appreciate that and I I know it's your day and it's been affected

RP12/45
It's my second day is the problem / isn't it you know this has already happened / to me
MS45
/yeah /hmhm

[4]

MS45
Is there anything you know obviously is there anything specific I can pass on to my seniors ?

RP12/45
Well when the hell is it gonna happen ?

MS45
Yeah

[4]

RP12/45
◦I can't believe it◦

MS45
I'm terribly sorry about that sir

[3]

RP12/45
And I work here as well it's like you know you'd think / you'd think at least you'd be able to give it a bit of consideration
MS45
/yeah

MS45
I can understand - unfortunately you know we can't give preference to anyone in terms of [1] that doesn't help you in this situation but we can't give preference to anyone as such and it <u>is</u> the whole list I mean I can understand how angry you'd be if it was just you but it is at present it <u>is</u> the whole list of everyone that's in theatre erm

[6]

MS45

I will pass - I'll certainly go back and pass on you know the situation and how a it's the second time / b you know you've got a lot of things you've obviously had to organise for today I mean other than childcare is there anything specific that you feel you can say to me that I need to mention ?
RP12/45
/hmm

[2]

MS45
//did you ?

RP12/45
//Well it's just everything - organise everything I'm not at work / as such / no I'm here / ironically enough / I was all set up and ready for this / and it wasn't as though I just you know I couldn't do this at the drop of a hat anyway I really planned it / in advance and whatever else / it's not exactly erm something I'm happy about anyway
MS45
/yeah /hmhm /hmhm /yeah /yeah /hmhm /hmhm

MS45
No

[5]

MS45
I I I will go away and I'll pass these on I'll try and make sure that we do sort of aim to make it as easy for you find a date that's comfortable for you make it as you know I I can't promise you anything cause I'm only a third year / as I said but I can pass on as much information that you can give me / and then we can look at making it sort of most convenient for you in a way you know
RP12/45
/right /hmhm

RP12/45
Well today was the convenient way

MS45
yeah

RP12/45
But it's not now

MS45
Unfortunately not

[3]

RP12/45
And it can't be on later today then either ?

MS45
Unfortunately not no

[5]

RP12/45
right

MS45

I mean I hope that I've offered you you know a reasonable explanation (( )) and I hope that I <u>can</u> help you by going back to my seniors

RP12/45
Hmm an explanation

MS45
yeah

RP12/45
right

[5]

RP12/45
◦ok◦

MS45
Is there anything else I could help you with ?

RP12/45
[No it's bad enough?]

[5]

MS45
Sorry very sorry sir it's not something we we look forward to doing and it's hopefully not something we'll have to continue doing

[3]

Facilitator ends consultation.

RP8 sits left, MS46 sits right, they look at each other. Facilitator says 'ok', consultation starts.

MS46
Hello Alex erm

RP8/46
//Hello there

MS46
//how are you ?

RP8/46
Erm I'm all right thank you

MS46
ok

RP8/46
but erm I eh I wanted to speak to someone about something what happened a couple of nights ago ok ? / I came in with appendicitis / I didn't realise that at the time / I was in great pain / erm cause I was I was preparing for my wife's party and erm / and we had a we had a erm a dinner party that night and erm / the pain started coming on in the afternoon and it got worse / and worse and worse obviously I started drinking more to dull the pain / and erm then erm early hours of the morning about one o'clock / I I couldn't take it any any longer so erm / my wife rang the ambulance and I was admitted into hospital / and erm I was put on a ward / and erm this doctor came to see me / and [2] and he was asking me [1] all kinds of em[barrassing] embarrassing questions / you know and it was it – eh eh he kept on asking me how much I had to drink / and you know was this my usual intake and it it made me feel made me feel very awkward about the situation / and I could hear other people on the ward being disturbed by it because it it eh was about two / half past two in the morning / at this time and then eh he also asked me a load of other embarrasing questions about eh eh of sexual nature / that I didn't really see the point of really and this was all in really loud voice and he then announced he was [1] gonna give me a rectal examination which he did which was very painful and erm and it was just it was a horrible experience / it was it eh the whole thing it was a night mare I didn't really know what was going on cause I was a little bit erm / you know out of it cause I - erm / and then it was only when I eh the following day when someone one the ward who said you know asked me if I was all right and asked / me about the experience and told me what he'd heard / that I eh you know that I realised how I dunno vocal the doctor was / and how much he disturbed everyone else and I I wanted I wanted to talk to someone about that / because I think that's you know
MS46
/((nod)) /((nods)) /all right /yeah /((nods)) /ok /((nods)) /hmhm /((nods)) /((nods)) /yeah /ok /hmhm /((nods)) /((nods)) /((nods)) /OK /((nods)) /((nods)) /((nods)) /((nods)) /yeah /sure /((nods)) /yeah /really /((nods))

MS46
So how are you feeling about that now then ?

RP8/46
I'm feeling [2] pissed off about that I feel like my privacy was you know compromised and I was put in an embarrassing situation where I didn't think there was any need for it

MS46
Yeah what what would you like to be seen done about that ?

RP8/46
Well erm [1] I was wondering whether you could maybe have a have a word with the doctor Doctor Hudson you know

MS46
All right ok

RP8/46
You know and and I don't know maybe an apology

MS46
Yeah I mean eh I I'm really sorry that you feel like that and you were made to feel erm embarrassed and things erm but I do know the doctor and if you want I mean there is we do have the hospital complaints procedure as well if you feel that strongly about it and you can go though that route if you want it's totally up to you I leave it open to you erm / whatever you feel is appropriate [1] or whether you think that eh eh if it would just be it would be best to have a word with the doctor I could do that as well that won't be a problem
RP8/46
/right

RP8/46
You could have a chat to him ?

MS46
I could

RP8/46
I mean do you think he was in the right ?

MS46
Erm the thing is what you gotta understand is that as doctors we have really busy well I'm a medical student but doc[tors] you know I've seen – the the hours are you know absolutely crazy you know you know they they can be on call any t[ime] and and sometimes people just have a bad day or th[ey] they're in a rush or they have a lot to do and I know that's no excuse but sometimes these things happen and I'm sorry that they do – it shouldn't be like that I mean there should be something done about it

RP8/46
Well what could be done about it ?

MS46
Well I I could speak to the doctor if that's what you'd like me to do / and then / we could take it from there
RP8/46
/right /yeah I would actually

RP8/46
yeah thank you I mean I don't want anyone else to be treated in this way I I I don't see / why that – why there is a provision for you know a little bit more privacy
MS46
/yeah I understand that I appreciate

MS46
Yeah I mean like as far as the question erm the questions go that's just to establish the history and you know to get to the root of the problem erm and so those things had to be done but // if if you're unhappy with the way

RP8/46
//yeah but why in such a such a a vocal way why why so loudly ?

MS46

Yeah sure I appreciate that yeah I I can have a talk to them erm and I apologise you know that you feel that way but do you have any other concerns and worries about anything ?

[1]

RP8/46
No I just don't I just don't want / anyone else to have to have to go through the same experience cause it wasn't nice it was a nightmare
MS46
/you feel upset about that

MS46
Yeah and have you spoken to any of the other patients to see if they've had similar experiences ?

RP8/46
On the // ward ?

MS46
//On the ward yes

RP8/46
Erm no they didn't mention it but they just they just came to me the next day a couple of them and and said that they felt for me and they asked if I was ok and that they thought it was completely out of order what the doctor did

MS46
Yeah ok I understand that right and is there anything else that you'd like to discuss or talk about or anything you're worried about

RP8/46
no

MS46
Ok I will I will speak to them and we'll take it from there

RP8/46
ok

MS46
ok

RP8/46
Thank you ((shakes D's hand))

MS46
No problem

The end.

Tape starts when MS47 starts talking. MS47 sits left, RP14 right.

MS47
Ok hi Mrs Wilson ?

RP14/47
yes yeah

MS47
hi I'm [FN] I'm a third year medical student / I understand you wanted to talk to us
RP14/47
/oh are you

RP14/47
Yes erm eh I hope you don't mind but I really sort of erm want to want to ask your advice really

MS47
ok

RP14/47
Erm I had recently I had erm an {appendoctomy} thing / you know operation of appendicitis
MS47
/hmm

MS47
Right you had your appendix removed

RP14/47
I did yeah

MS47
ok

RP14/47
erm and well I have to tell you the story a bit / about what happened / ok but erm you you know I was gonna be at sort of eh eh a dinner party / and erm erm I had this pain and it was getting worse and worse and / I mean I know I shouldn't you know but I just I thought you know it would numb the pain by just drinking a lot / so I was fairly ◦pissed◦ to be honest / and then you know well the pain got worse and worse so I rang A and E and got taken in quite quickly and I I got to see a a a doctor erm which is fine / that's all really really good / but then erm I don't know erm that much about this eh apart from being completely humiliated / but erm this this doctor saw me this big surgical [guide?] he was called surgical doctor / or something or anyway he was seeing me and in in this ward and there was just a curtain like like you know what it's like / he was he was sort of asking me things in a really loud voice and you know / what surgeons are like you know but he had a really posh loud voice yeah and he was asking me all these sort of stuff about you know about my sexual history / and whether or not [to have] an abortion and / that sort of thing you know and erm and about because I obviously I had a lot of drink / you know I think he was sort of pretty well implying I was possibly an alcoholic or something like / that ok so he was asking me all these things and <u>then</u> to add insult to injury he said he was gonna have to do a rectal examination / now I don't see the p[oint] I don't see you know how that links with with appendicitis but anyway / he had to do it and [1] all the details of that obviously the other patients didn't see but they heard / yeah / and it was quite painful so I was shouting at one point well anyway after that I went and had the operation and erm and that's all fine you know and and and I've got no complaints about that but af[ter] some of the other patients on the ward / came to me before erm eh eh I left and said that they eh eh felt that I was you know very badly treated by that surgeon / erm because they heard everything / and <u>they</u> were woken up which is a bad thing but then they were really embarrassed by all that and I was just humiliated when they came to me and they said that but what <u>they</u> said to me was I should make a complaint / now I don't know what you think you see I mean

I eh actually I don't want compensation or anything like that / because as far as I'm concerned I did have good medical treatment but that was just out of order / really just erm eh the way he the way he spoke to me the way he he treated me like a bit of bee[f] a bit of meat / erm so that everybody else heard
MS47
/all right /ok /HMHM /HMHM /right ok /((nods)) /hmhm /((nods)) /((nod)) /RIGHT /yeah /HMHM /((nods)) /RIGHT /yeah /OK /((nods)) /ok /HMHM /yeah /((nod)) /OK /HMHM /((nods)) /YEAH /hmm /yeah

MS47
Yeah I understand erm I think may[be] he was asking the questions he obviously felt they were relevant but / erm to be so loud you know cause he does have to keep con[fidentiality] confidentiality of what goes on between you and him erm and eh eh and so really what I would suggest I mean I don't know all the facts I wasn't there / you know and I'm only a student so there's nothing that I can do myself but what I would suggest is there is a complaints procedure you can do / erm I would suggest you talk to one of the nurses get them to explain how to do this / they'll be able to talk you through erm the process that you should do
RP14/47
/yeah /no /hmm /Oh right oh ok

RP14/47
So do you think I should make a complaint then ?

MS47
I w[as] I wasn't there I don't I don't know exactly what went on whether he thought they were relevant but like I said he should / strive to keep it confidential
RP14/47
/but you see the thing is -

RP14/47
Yeah / I mean I it's not that they weren't relevant / cause I'm sure he knows what he's doing / and I have the the operation and erm I'm fine / so I don't have complaints in that sort of way / I don't know how relevant it is to do a {rectical} examination / before before erm to find I don't know what he was trying to find out then / but erm you know I'm not I'm not got any question with the relevance – what I've got a question with is the fact that he was conscious of – he must've been conscious of the fact that you know a curtain / doesn't stop people hearing things
MS47
/yeah /((nods)) /yeah /hmhm /((nod)) /HMM /yeah /yeah

MS47
Ok I know it's I know it's difficult in that situation because you know there is only a curtain / erm but if you know the other patients did actually notice and did actually comment / then he obviously was being rather loud / but I can't pass judgment cause I wasn't there erm but what I would suggest is that you do talk to the nurse erm you know complaints can be completely confidential nobody will know that it's you and she'll just be able to talk through the process that you need to go through
RP14/47
/yeah /and they were woken up /yeah

RP14/47
Right and will // that complaint go to him ?

MS47
// erm but if you are worried then erm well like I said you'll have to talk to the nurse I'm not familiar with the process myself

RP14/47
Cause I'd be a bit worried because you know if I'd have to be back for aftercare and that sort of thing / then I might see him you know he'd know I'd made that complaint

MS47
/hmm /hmm

MS47
but eh it would be confidential there's you know if it did get back there's no way he'd know it was you

[2]

RP14/47
Oh so he must do that all the time then does he?

MS47
Well ((laughs))

RP14/47
do you know what I'm talking about?

MS47
No I don't / sorry no [1] but erm the nur[se] like I said the nurse will be able to help you give you more details and I can't cause I'm not familiar with the process myself / erm but if you <u>are</u> concerned then I suggest you did that
RP14/47
/Oh right /right

RP14/47
Well it's just I suppose it's just – it was humiliating really / and you know I've got no argument / with his medical decisions or whatever it was obviously the right thing to do but it <u>was</u> humiliating and it was humiliating that the the rest of the ward heard / and had to come back suggest and and that I do it erm eh eh I guess the point of it would be is to ensure that it wouldn't / happen again you know / erm for other people / I mean he should have taken me to a room don't you think ? I mean [1] why did they have to do all that on the ward ?
MS47
/yeah yeah I understand /HMHM /yeah /yeah /well that's the way /yeah that's the way

MS47
Erm it's it's difficult in a situation like that because in A and E and things you know it's so busy and there's not enough rooms and things / erm so a lot of // of it does come -
RP14/47
/right

RP14/47
// so it's (( )) the costs it's the money then is it?

MS47
Erm I I don't know I'm sorry / you'd have to you know discuss it with someone else and the nurse / erm
RP14/47
/oh /hmm

RP14/47
So you suggest that I go and see a nurse?

MS47
Yeah

[2]

RP14/47
And and and and make a complaint that's what you're suggesting //

MS47
// Yeah well if if it concerns you and you feel that way then I would suggest that that yes you do if that's you know if it concerns you that much / obviously completely confidential so
RP14/47
/oh ok all right

RP14/47
Yeah no I I mean I'm not the sort of complaining / person I mean yeah really it's the embarrassment more than anything
MS47
/yeah

MS47
But if you discuss it with the nurse she'll be able to give you know give you more facts and // tell you -

RP14/47
//what is she gonna tell me that you can't? you're a doctor aren't you?

MS47
No I'm a student I'm only a third year student so / I'm I'm still learning you know this is my first year in a hospital / erm so I'm not familiar with all the procedures and processes
RP14/47
/right /oh ok

RP14/47
So the nurse will tell me the processes / the procedures / but she wouldn't tell me whether it's appropriate to make a com[plaint] complaint
MS47
/yeah /yeah

MS47
Erm erm she'll be able to help you more than I can but again she wasn't there so it all comes down to how you feel about it / if if you're feeling this concerned then / then maybe you should but talk talk it over with the nurse / ok?
RP14/47
/right /yeah /ok

RP14/47
All right well

MS47
Sorry I can't be much help but

RP14/47
No no thanks / that's that's that's helped me think about it yeah'ok thanks
MS47
/ok

MS47
All right thanks

Facilitator also says 'Thanks'. The end.

Facilitator is talking. MS48 sits right, next to a table, and listens to facilitator. RP13 sits left and looks down. They sit further than an arms length away from each other. Then MS48 turns to RP13 and starts.

MS48
Good afternoon my name is [FN] I'm a third year medical student

RP13/48
Hi [FN]

MS48
Hi

RP13/48
I'm Les

MS48
Hi

RP13/48
Erm yeah good erm you're a med student erm I thought so erm I been here a couple of days I'm currently on my way out erm and er::m yes it's been a bit of an eye opener erm you you're at Brum University aren't you?

MS48
yes

RP13/48
Yeah me too I'm doing geography uuuuuh ((makes yawning gesture with hand)) erm [1] yeah past couple of days I've sort of been been watching what's going around here and I'm having a bit of a change of heart bit of a (( )) I've seen you guys at work I've seen the doctors and I'm <u>seriously</u> thinking about taking up medicine instead of eh looking at bloody rocks all the time / which is dull as dishwater I mean hereby you know you make people better you save lives you know eh it's it's serious real life isn't it you know which I don't know from the outside it looks great I really think I should get into that I've heard there's like - a graduate entry programme fantastic I'm a graduate I'm already at the uni I mean [1] it looks great what you are doing – is it? I don't know is kind of what I'm saying
MS48
/right

MS48
Right erm I'm enjoying what I'm doing / erm and I've always wanted to do it / so it's kind of like a dream come true in a way / erm obviously it's not all great / because it's a heck of a lot of work to do
RP13/48
/yeah /yeah /cool /yeah

RP13/48
I mean what is the work load like? I mean how how many hours do you have to kind of put in? what is an average day?

MS48
Erm it varies really you just do - I don't I don't really know how much we do it's just they tell you to do what needs to be done / do you see what I mean? / so you know when (( )) / (( )) / (( )) //
RP13/48
/yeah /yeah /yeah

RP13/48

// I mean do you get much time off I mean (( ))

MS48
Erm eh I mean you have to make time for yourself so

RP13/48
Well you can have - well yeah ((laughs)) I mean I think this is the thing this is why I'm thinking of changing cause it's like you know I'm always on the - always on the go and you know I like my beer I like my social - I like my rugby you know I mean – I've noticed - Is it is it true what they say about rugby playing doctors and is it true what they say about nurses and you know is it true about - I don't know you tell me ?

MS48
In what respect?

RP13/48
Well you know you like your (( )) don't you?

MS48
Well you know I mean drinking – I mean I see you've you came in with having // drunk quite

RP13/48
// yeah yeah but that was bad beer wasn't it ((laughs))

MS48
Yeah but I'll – I mean I'm sure the doctor has spoken to you about the dangers of drinking too much alcohol

RP13/48
Yes they did god bless 'em it's like I said like I said to you you know - you medics have you got a a reputation way up there I mean I'm just a humble volcanicity expert

MS48
Right well I can see where you're coming from because there certainly is a reputation / but erm at the same time it's / im[portent] it's important to know the risk and / and I'm sure eh you must take what the doctors spoke to / you about already seriously
RP13/48
/hmm /is it true? /yeah I mean sure yeah /oh

RP13/48
I took it – exactly you know

MS48
And there is plenty of erm information leaflets around

RP13/48
Sure sure no you've been good as gold honestly ((rambles 3)) it's not important it's fine and I <u>do</u> sort of think it was just a bad beer but you know hey-ho but but yeah so yeah I'm not gonna be stupid obviously but it's like you know what I was saying it it it it it's eh I was probably making up for the fact that the rest of my course is so [1] boring that I could go out on one night and just get absolutely lashed and besides that's not gonna happen if if I got a bit you know – if I'm -you see what I mean? if I'm in a better environment it's like the guys I'm staying with are just [1] absolute bo[ring] you know it's rocks or it's river formations or it's cloud {formatic} god it's dull and I'm just thinking like I eh eh I probably have to get out of there and and you know start afresh get myself a new course get myself – actually do they advertise like rooms in the houses like on a notice board or whatever here? cause I'm probably still thinking about moving out do you know anywhere spare or I don't know ?

MS48

Erm I wouldn't be able to tell // you

RP13/48
// no eh eh I was thinking a notice board or something like that or ?

MS48
If you ask in the university I'm sure / they'll be able to help you but personally // I'm not erm
RP13/48
/yeah

RP13/48
// is there like a - is there like a word of mouth system you know like who's got a place going or ?

MS48
I'm not aware of anything like that / you know but but
RP13/48
/oh

RP13/48
Bit dull [1] I mean do you know of anyone that that's got a place going or like one of your mates like on call or anything like that ?

MS48
I mean // like even

RP13/48
// what's the (( )) talk?

MS48
Even if there was I mean I am not in a capacity to tell you //

RP13/48
// oh fair enough yeah you know I gotta ask you know what I mean yeah yeah so what – it's worth me having a stab at it you reckon? It's a good life?

MS48
If you want to do medicine because you have a genuine interest in it erm you need to talk to the ((
)) // they'll talk you through what you think

RP13/48
// yeah as I say the past few days it's been a real eye opener

MS48
If if if you want to do you should do what you feel you want to do / right don't just // eh
RP13/48
/yeah

RP13/48
// I mean it's just the graduate thing sounds like the thing to do you know it's just I already got the degree that I'm I'm banging my head against - literally it's rocks I mean it's just I'm going nowhere with this so it's– this is what I was thinking I might actually do something of value // you know (( ))

MS48
// it is I mean it's totally up to you if I were you I would do some more research on it

RP13/48
Yeah?

MS48
Yes yes absolutely

RP13/48
Yeah where can I – where can I get info[rmation] - what I need at the moment is information obviously you know

MS48
Well if you ask the medical school

RP13/48
Yeah?

MS48
You can ask them to supply you with information // and

RP13/48
// I mean have you got any stuff I can read? I mean what -

MS48
I don't // I started (( ))

RP13/48
// what's your experience on it yeah I mean how did you do it? How did you get into it did you just

MS48
I went straight from school

RP13/48
Oh right [1] so was that good? I mean you don't regret like taking a year out seen the world [1] dancing on tables?

MS48
Not really no

RP13/48
No?

MS48
No:: [1] so erm [1] is there anything else you wanted to // talk to me about?

RP13/48
// no cause you know it was I'm pretty erm as ((rambles3)) I'm in the departures ((rambles2)) well thank you thank ((shakes D's hand firmly)) I appreciate that thanks for your help with that good luck maybe see you around

MS48
That's ok

MS48 looks uncomfortable, both MS48 and RP13 look at facilitator. The end.

MS49 sits left, RP9 right. Consultation starts when tape starts.

MS49
Hi Chris

RP9/49
Hi there

MS49
Erm ((looks away)) I'm a third year medical student my name is [FN]

RP9/49
Hello

MS49
Erm ((looks away)) the doctor has asked me – I'm really sorry but erm we've just had an emergency case come in so we have to erm – he said he's not gonna be able to perform your operation this morning

RP9/49
Oh you're kidding

MS49
Yeah ((looks away)) I'm sorry sir

RP9/49
So when is it gonna get done?

MS49
Erm I'm not sure wha[t] I mean - what would you like done immediately? I mean would you like us to get you some food or something or?

RP9/49
This - it's not happening today at all or wh[at] what ?

MS49
Erm you'd be put on the next list [1] so

RP9/49
Oh for crying out loud I don't believe this ((bends over with head in hands 1)) I eh I can't believe this is happening again this is the second time they've cancelled this

MS49
Really? It's happened before ?

RP9/49
Yeah [2] they <u>do</u> know I work here don't they? eh eh I mean I work here in hospital

MS49
Yeah I see [1] I guess you can see the other side of it then that

RP9/49
Well eh [1] I can see the other side of it yeah absolutely I can just just see that eh as I'm on the nursing staff and erm eh if I were a doctor I'd have had the operation then I'd expect oh I'm sick of this you'd have thought they'd actually try and - a bit harder for someone who actually works here to get an operation sorted out to get it done

MS49
Well erm erm / we scheduled you in I don't think there is any more they can do we scheduled you in / and we didn't know when we didn't know that this this case would come in it's an emergency
RP9/49
/what's the point /what

RP9/49
It took another month last time I got cancelled before I got scheduled in again and here we go again [1] what's it for this time then - why?

MS49
It's erm it's an emergency case

RP9/49
What kind of emergency what's that important?

MS49
Erm I eh eh that's their decision really so – their judgment they just said that it's an emergency op

RP9/49
Right as long as it's not an emergency [golf?] [1] great oh I hate this [1] what am I supposed to do now?

MS49
Did you have anything to eat?

RP9/49
No I mean of course not I // should be waiting for the operation

MS49
// (( )) since this morning

RP9/49
I don't know I'm not gonna hang around if it's not gonna happen I can't believe this

MS49
I can eh try and see see if the nurse will come and see you and sort out another appointment?

RP9/49
yeah

MS49
(( ))

RP9/49
That would be good / yeah get on with it at least / I mean eh eh I mean I don't know there ought to be some way for me to be seen a bit sooner I think you know I'm I'm on my feet al.l day I mean I'm supposed to be getting my varicose done / and [1] eh eh I'm in quite a lot of pain by the end of the day and I end up taking time off work for all of this you know? That can't be helping hospitals do you know what I mean? this is crazy I get so sick of it cause you slog your guts out all day and then they can't manage to [1] eighteen months I've been waiting [1] eighteen months
MS49
/hmhm /hmhm /yeah

MS49
Yeah maybe we can see if the nurse is able to put you up on erm [1] sort of the priority list seen as you've been pushed back twice / see if you'd be // able to reach some sort of
RP9/49

/yeah

RP9/49
// you'd think so wouldn't you?

MS49
Well you can always ask her see what she says

RP9/49
Yeah yeah I just can't believe it you get al.l psyched up as well you know what I mean I hate I hate operations

[5]

RP9/49
I mean I've I've taken the day off work got the childcare arranged [1] what am I supposed to do now?

[3]

MS49
Take the rest of the day off I guess ((smiles)) you know

RP9/49
I guess so [1] (( )) for it I'm paying for it ((laughs)) I just can't face it I can't face another month of this / ((sighs)) [4] yeah I didn't do anything about it for ages anyway I just though you know it's varicose veins / you know big deal and then once you do do something you think why on earth didn't I do something sooner cause this is gonna be you know I don't know another year away now [1] it's just ((bends over with head in hands 1)) just (( )) oh well ((sighs)) / it's not your fault to at (( )) you know what I mean / it's just (( )) really hacked off with it and it's difficult cause you you're coming in you know and you're kind of working all the time they expect you to be giving your all constantly
MS49
/((nods)) ((looks away)) /hmm /((smiles)) /that's all right though

MS49
Yeah what do you do?

RP9/49
I'm an auxiliary nurse

MS49
oh

RP9/49
Yeah outpatients so

MS49
Hectic job ((smiles))

RP9/49
Yeah exactly I'm on my feet al.l day do you know what I mean? [2] oh well

[4]

MS49
So erm shall I see if I can get the nurse // for you (( )) ?

RP9/49
// Is that all right? Yeah good thanks [2] cheers

MS49
ok

RP9/49
Thank you

Both MS49 and RP9 look at facilitator. The end.

MS50 sits left, by door, RP3 sits right. Facilitator says 'ok', consultation starts.

MS50
Hello good morning Mrs Mitchell

RP3/50
hello

MS50
Erm my name is [FN] I'm a third year medical student / erm I understand that you've had erm eh you you've been - you've come in today for a varicose veins surgery
RP3/50
/hmhm

RP3/50
yeah

MS50
Yeah erm I'm afraid that the surgery can't actually go ahead erm the surgeon's come in for a eh had erm come in for eh going in for an em[ergency] for surgery for for for erm you know into the theatre for an emergency and he can't actually make it I'm afraid

RP3/50
So it's just been cancelled?

MS50
I'm afraid it has eh erm you know it's an emergency and it has to be dealt with eh immediately the patient here is very likely to die otherwise unless / eh the operation eh takes place and it's a three hour operation
RP3/50
/((nods))

RP3/50
That's fair enough fair enough but [1] it is very annoying ((laughs)) / eh eh is - has everyone has everyone been cancelled then or?
MS50
/((nods))

MS50
I'm afraid everyone had been cancelled everyone this morning's been cancelled

RP3/50
And there's no way to put us on to the afternoon or?

MS50
I'm afraid not erm not as far as I know

RP3/50
((sighs)) [2] I just erm oh I know it's not your fault and it's not / I I can't I can't take it out on that person that's fair enough / and I'm just just I don't want to take their place in I'm sorry that they're ill / and but it's just - this has happened to me before / and I I psyche myself up for it and it cau[ght] it - change childcare and work issues / and bababababa all those things and then two months ago they told me two days in advance / that it wasn't going ahead and now I'll do it again I psyche myself up and I got children to organise and and I
MS50
/((nods)) /HMM /HMM /((nods)) /((nods)) /((nods)) /HMHM

MS50
Erm Mrs Mitchell we are extremely sorry I mean if we could do it we would really en[joy] really we would love to do it I mean / as you – you've already been cancelled once / and it's it's in you know it's in your best interest and we're always looking you know to erm for your for your own care / and erm looking after your own care - it really is an emergency and I can't really say anything else
RP3/50
/((nods)) /yeah /((nods))

RP3/50
Yeah and that //

MS50
// I'm really sorry and eh eh I'll talk to Mr Mitchell and erm you know eh tell him tell him that it's already been cancelled and see whether he book you in you know as soon as possible

RP3/50
Do you think they – do you think they will? Or do you think they are //

MS50
// no there really are – you know eh eh erm as you can imagine there's a eh – certainly not a large list of patients at the moment / and erm //
RP3/50
/hmhm

RP3/50
// it's just being pushed to the back you know will we just get pushed to the back again or do you think we'll ((gesture))

MS50
Erm I'm not sure to be honest I'm not I'm not sure about erm erm it it depends on other patients really / if their cases are more serious than yours erm then erm then obviously they will go go ahead you know I can't make any promises I'm afraid / I'll have to talk to Ms Mitchell about that / someone [who meant to show you?]
RP3/50
/hmm /no /yeah

RP3/50
And you don't think there is any way you know cause I work here I'm a nurse and erm eh eh you know there's any way / of moving me on because // ((laughs))

MS50
// no no I'm afraid /no, no not at all erm priorities are based purely on the fact erm of eh on clinical assessment and and the risk of the patient and things like that and not to do with whether you're erm/ you've erm you know they've not to do with contacts or anything like that
RP3/50
/yeah

RP3/50
So you don't think –you think when I was a doctor do you think they'd let me in a bit quicker?

MS50
No no

RP3/50
No?

MS50
Not as far I // know

RP3/50
// or a consultant Mr Smith I'm sure eh you know consultant in erm [1] I bet he would erm get in quicker don't you think?

MS50
I eh well erm I I hope not - I would have hoped not I mean really if I was on your side I wouldn't want that to happen //

RP3/50
// No I know - no no nor would I and [2] I'm just annoyed I just it's just I've [1] it's annoying with work and with the kids and having to do all of that again and I psyching myself up again to come / and I'm very frightened about it very nervous about the operation and I know it's just varicose veins but I don't want to always feel a low priority / and that's sort of how it's making me feel a little bit
MS50
/((nods))

MS50
Well I'm afraid erm I'm not sure about how how you are in terms of clinical {prioritry} but erm you know if it is - is it really pro[blematic] causing you problems?

RP3/50
Yeah it's really painful yeah and on my feet al.l day and and eh it's erm at the end of the day it's really painful and it throbs a lot it aches a lot / and of course eh now I've only got erm eh eh I have a three year old and it's very difficult with her her / eh eh you know and a five year old too so I find with all those things it is causing me problems in my life and if I didn't have to have it I wouldn't / do you know what I mean? if I could / get away with not / having it done I wouldn't
MS50
/((nods)) /((nods)) /((nods)) /no /obviously obviously

MS50
Obviously it is it is essential that no one is brought into theatre unless not unless they are having they having problems

RP3/50
Yeah but but it's just sort of erm [1] it's taken me a long time to get this position and then thinking about waiting ano::ther couple of months or another four months or ten / it's just a bit annoying really I mean erm I mean that's fair enough well that's the NHS you know what can I do? I can't
MS50
/hmm

MS50
Yeah I'm afraid well you can't really do anything when as I've said it is (( )) that has to be dealt with immediately and I think they said ((looks at paper on table)) yeah (( )) aneurism that's burst / so it's a three hour operation that has to be done / and what we'll do is we'll try our best to try and get you in as soon as possible / erm thank you very much // for your understanding
RP3/50
/yeah right /yeah /great

RP3/50
//well you - thank you too thank you

MS50
Thank you

Both look at facilitator. The end.

MS sits left, RP17 right. Consultation starts as tape starts.

MS51
Hello hi I'm erm ((shakes P's hand)) nice to meet you is it Ms Mitchell?

RP17/51
Mrs / Mitchell

MS51
Mrs Mitchell erm my name is [FN LN] erm I'm actually just a a third year medical student erm the doctor's actually asked me to come and speak to you today erm you're here for an operation / are you? And erm what is what did you came in for today? is it -
RP17/51
/ yeah

RP17/51
Varicose veins

MS51
Yeah erm I'm afraid today that there's eh we had an emergency erm come in to the hospital erm and erm I'm afraid we're not gonna be able to do the operation as planned this morning erm we will of course rearrange it and erm and sort all of that out erm is that gonna be ok for you?

RP17/51
Well not really this happened to me already once so - so it's not gonna happen at all today?

MS51
Erm at the moment that's that's how it looks / erm it's it's very unfortunate erm that these things happen as a - obviously as a hospital we take emergency cases and erm today this morning there's been an emergency brought in and and a particular doctor has been called down erm is there anything I can do for you right right now?
RP17/51
/((shakes head, looks away))

[4]

RP17/51
Well not unless you could perform the operation not really

MS51
I'm afraid I – if I could help it will // be likely to be

RP17/51
//when is it likely to be rescheduled for?

MS51
Erm I'm actually not sure at the moment erm the doctor just came to see me briefly this morning just to ask me to pass on this information / erm I will try and go to see him during the day to find out some more information and and we'll let you know as soon as possible when it will be res[cheduled] rescheduled for / but erm I can't give you any exact details now I'm very sorry about that erm you've been a bit – been a bit anxious about it?
RP17/51
/((nods)) /right

RP17/51
Well of course

MS51
yeah yeah I // understand

RP17/51
// and as I say this is the second time this has happened

MS51
Hmm I understand is there anyone to come with you today?

RP17/51
no

MS51
No is there anyone we could phone to come and and and pick you up or even just to sit with you for a while?

RP17/51
I'll be fine to go home on my own I don't think that – anyway my husband's at work / erm [2] oh it's just you know I've just [2] it's just really annoying
MS51
/hmhm

[2]

MS51
Erm yeah ((laughs)) there's erm lots of there's been unfortunately a few patients today who who who also had their had to have their procedures cancelled erm so really it's it's just unfortunate erm if there was anything that could be done right now then erm then that would be done

RP17/51
((sighs))

[4]

MS51
Is there anyone else here that you would like to see or speak to?

RP17/51
Well not unless they can tell me when it's going to be rescheduled for that's all I really need to know

MS51
Ok well let me erm go back to the nurses and and see if I can get some information about when when this is gonna be rescheduled for / I mean is that is that ok with you if I come back to you?
RP17/51
/right

RP17/51
Yeah fine it's just - obviously there's no point in me staying here now so erm

MS51
No I'll go and check right now erm and get back to you hopefully in the next ten fifteen minutes I'll definitely come back to you and let you know what I have found out and then we can make a decision from there

RP17/51
Cause I just got childcare issues / so I need to plan / ((sighs)) like I had erm ahead / hmm
MS51
/right /ok /yeah

MS51
That's the way things always are whenever you plan things / they never get to -
RP17/51
/hmm

RP17/51
And just - you know I just wanted eh eh eh ((sighs))

MS51
You want it all sorted

RP17/51
Yeah I do because it is really painful / by the end of the working day
MS51
/hmm

MS51
And how is erm your management of the pain at the moment? are you on any medication or anything?

RP17/51
Well it's just – regular painkillers / erm
MS51
/hmm

MS51
And how are they helping at all?

RP17/51
Well they do but you know eh I don't want to be taking them every day for months and months and months / erm and it - I mean yes it's the pain but it's also just you know I won't – I'm only wearing trousers at the moment it's just too [1] too unattractive really / I don't know it doesn't sound that it doesn't sound like that matters // particularly but eh
MS51
/yeah /((nods)) /yeah

MS51
// well these things - it's what's important to yourself

RP17/51
Yeah it's just not very nice / erm / [1] so
MS51
/hmhm /yeah

MS51
You're just anxious to get this this done with I am very sorry I can // understand

RP17/51
// Well it's not your fault erm it's just I mean you know erm obviously somebody's very ill I understand but [2] you just sort of psych yourself up for an operation and then / you have to do it all over again
MS51
/yeah

MS51
Yeah I'm sorry eh for the the anxiety that it does cause you now I really am sorry for and hopefully it will be rescheduled as early as possible and we'll get this all sorted for you

RP17/51

ok

MS51
Ok?

RP17/51
right

MS51
Erm shall I go and see what I can find out for you now?

RP17/51
Yeah thanks

MS51
ok

RP17/51
thank you

MS51
That's ok

Both look at facilitator. The end.

Tape starts as consultation starts. MS52 right, RP4 left.

MS52
Hello ((shakes P's hand)) my name is [FN] I'm a third year medical student erm I've been told you wanted to speak to a medical student?

RP4/52
I did actually erm I just wanted to speak to somebody that wasn't a doctor / really and eh erm [1] well I'm not someone that complains / erm I'm not but I just wanted to erm talk to somebody about the way I've been treated / because erm I just wanted to erm erm see what you thought really
MS52
/((nods)) /((nods)) /((nods))

MS52
ok

RP4/52
Erm [2] I've just had my appendix out / you see I was brought in last night / erm erm an emergency / cause erm eh eh erm I tried to ignore it really cause it was - cause it was my wife's birthday / erm so I came in last night and it was an emergency so they could see it was an em[ergency] serious and they put me on the wards / straight away and then erm the erm the bloke who was gonna gonna do the operation came out out to see me / to check and he pulled the curtains round / and erm [2] erm he was talking in this really loud voice / and the questions he was asking me was really quite erm quite embarrassing really / they're quite personal questions / and he was talking in this loud voice and then he he had to do erm he said he had to do an erm you know erm to feel inside?
MS52
/OK /((nods))/((nods)) /((nods)) /HMHM /((nods)) /((nods)) /HMHM /RIGHT /HMHM

MS52
Is that (( )) they said? A (( )) ?

RP4/52
What?

MS52
Erm they put their finger round your backside / and erm they feel around / yeah
RP4/52
/yeah /yeah

RP4/52
Hmm it's really painful / and he said this in a really loud voice and so you know everybody everybody on the ward could hear / I mean it's the night and this is erm - I was talking to the bloke next to me / in the bed next to me and he said he'd been woken up / in the night by this and erm you know it hurt so I cried out and erm you know it's just it's just really [1] / embarrassing and it must be eh – it was and you know I've got this scar on my back / and and and he he he says oh that's an interesting scar erm and it's like - I don't want everybody to know / I don't want everybody to know this and so I'm just wondering whether
MS52
/HMHM /yeah of course yeah /yeah /it must be very embarrassing yeah /hmhm /yeah

MS52
Well I understand if I was in that situation and that happened to me I would be really embarrassed especially if everybody else heard / erm I think if you wanted to you could make an official complaint / erm and //
RP4/52
/yeah /right

RP4/52

// I - I didn't want eh eh I really didn't wanted to - you know because I'm not the sort of person that that / complains and I just wanted I just wanted to hear some
MS52
/I understand yeah

MS52
Yeah well if if this is happening to other patients as well then it might be best if you made a complaint so at least then somebody else could talk to the doctor / for you / so they can maybe sort that out // erm
RP4/52
/right /yeah

RP4/52
// well I was wondering if somebody could you know have a little chat with him and / let him / know?
MS52
/yeah /yeah

MS52
Erm well if you wanted I could go and - go and talk to the doctor for you and / maybe just explain / just for
RP4/52
/yeah

RP4/52
Yeah would you - would you do - would you do that?

MS52
I would do that for you if you wanted erm if you wanted to make an official complaint I – I don't know how you'd make it but I can find that out for you // erm and come back to you and / maybe then
RP4/52
/right

RP4/52
// no I don't I don't think I want an official complaint if if you could have a word with him that would be / that would be that would be great
MS52
/that's fine yeah

MS52
yeah I'll see if I can do that for you and then erm once I've spoken to the doctor I can come back and like / tell you what's going on / and if I'd been able to do something for you / that's the best I can do // is that ok?
RP4/52
/yeah /ok /right

RP4/52
// Oh that's that's brilliant that's ok yeah

MS52
Is there anything else I can help you with?

RP4/52
No no no no that that was it really it was just - I wanted to – just wanted you to know it's erm eh eh and you know what - isn't there somewhere private I could've been taken?

MS52
Erm I don't know – did you come – you said you came in like an emergency ?

RP4/52
Yeah / I was an emergency yeah
MS52
/Yeah

MS52
erm they might've been short on beds I don't know / I don't think they have got private cubicles
RP4/52
/no it seemed – it seemed

RP4/52
Yeah exactly it was strange that they needed to put me on the ward and then - cause I had to go and have my operation straight away

MS52
Yeah yeah [1] well I'll go and speak to the the doctor for you ok ?

RP4/52
ok

MS52
ok

RP4/52
Thank you

MS52
That's fine
MS52 and RP4 look at facilitator. Facilitator says 'ok' too. The end.

RP15 sits left, MS53 right. Tape starts as consultation starts.

RP15/53
hi

MS53
Hi ((shakes P's hand)) my name is [FN] I'm a third year medical student

RP15/53
Oh right ok

MS53
Have you come in today for clinic to be seen have you?

RP15/53
Well erm I've come in for erm an operation on my varicose veins

MS53
Right

RP15/53
yeah

MS53
Erm we've had a bit of a erm problem / erm has been occuring cause we've had a patient who's come in / and the doctor's actually had to go away and deal with them cause it was an emergency / so I'm afraid that the clinic is not on for today / erm I'm sorry we couldn't give you any notice any sooner cause obviously it's just come up
RP15/53
/right /right /right /right

RP15/53
Right so I can't have my [1] I can't have my operation today?

MS53
Erm it'll have to be postponed for a little while just until we've got everything running back to normal again

RP15/53
Right well what's happened exactly? why - you say to me - you say a patient's come in?

MS53
Erm yeah the doctor has gone elsewhere cause something else has cropped up I'm not actually allowed to say what because each individual has confidentiality / but erm I'm afraid the doctor has been / sent to
RP15/53
/right

RP15/53
/I I do work here I I work here as an auxiliary nurse / erm so erm [2] eh I mean this has happened to me before / and last time I had two days notice / I believe that that this was gonna be cancelled but today I got myself all worked up / I've left my kids at my sister's house in Stratford for a couple of days I've taken time off work they've got me a replacement / I mean you know / - I mean is there nobody else who can do this operation?
MS53
/right /yeah /ok /yeah /yeah /hmhm

MS53
I don't think there is at the moment because / because erm this doctor's been taken away and all the others have got a set list as it is already so [1] and yeah I eh I can understand where you're coming from / cause obviously you've had to arrange other things if there was any other way that we could have warned you - I'm sorry about that
RP15/53
/you don't think /hmm

RP15/53
I just feel like - I mean I've worked here for seven years I've worked in this hospital for seven years / and I've given my time my effort / and the minute I want something doing for me and these are actually really painful / and I'm on my feet a lot of hours every day / and and I - if I was a doctor sitting here waiting for this to be done I don't think I'd have been put off I think they'd have got me in there and they'd have done them
MS53
/hmhm /yeah /yeah /yeah

MS53
Yeah I mean I don't think that's the situation cause I just think it was entirely – there was no way that it could've been predicted

RP15/53
I eh I'm sure it couldn't been predicted and I know there are emergencies / but what I'm saying is if I was a patient - if I was a doctor erm and a patient here then I would have been seen
MS53
/yeah

MS53
I think everyone is treated equally

RP15/53
Erm with all due respect I've worked here quite a long time right and I can tell you that isn't true

MS53
I'm terribly sorry about that if there is anything we could have done to prevent it I would

RP15/53
So what am I supposed to do now?

MS53
erm I'll go - I can go out and check for you cause obviously I've just - I'm only a student so I'll have to check what will be done and then I'll come straight back in and inform you what'll happen if that's ok

RP15/53
And will you be able to find out when I'll be having this operation again then?

MS53
I'll go out and ask for you I'm sure somebody out there will be able to tell me [1] I'm sorry about this

RP15/53
Well I know it's not your fault but it's actually really upsetting / and distressing
MS53
/yeah

MS53
Eh yeah I can understand that – if I go out and ask somebody for you and I'll come back in and see if I can tell you what's happening

RP15/53
ok

MS53
Ok sorry about that

RP15/53
thanks

MS53
Ok

MS53 looks at facilitator. The end.

Consultation starts as tape starts, or possibly already started. MS54 sits left, RP9 right.

MS54
Pardon?

RP9/54
[Corrie]

MS54
[Corrie] ok I'm [FN] I'm a third year medical student

RP9/54
Oh right yeah

MS54
Nice to meet you

RP9/54
Oh brilliant yeah thanks thanks for wanting to talk to me

MS54
I believe you wanted to speak to a medical student?

RP9/54
Yeah yeah

MS54
May I ask you erm what in particular you wanted to talk about?

RP9/54
Well I just wanted to have a kind of a quiet word really erm sort of talk you know / sort of confidential about something
MS54
/ok

MS54
Can I ask what what it is // that you want to talk about?

RP9/54
// Yeah I just erm basically I eh [1] I mean I'm - it's probably nothing I'm just probably being stupid but erm I'm in for erm – I've been having problems with my bowels / erm eh diarrhoea and con[stipation] constipation and stuff and a bit of blood and stuff / erm and I've had some tests and stuff today I've had an erm what do you call it a {syg sygmoioscopy}yeah revolting and erm and stuff/ erm the reason I wanted to talk to someone confidentially is erm that eh eh I erm is this - I just wanted to know really and I didn't want to talk to a doctor about it / and and others really whether it's possible if it's related to HIV
MS54
/hmm /right /symodioscopy /hmm

MS54
Right I see and you you haven't spoken to the doctors about this?

RP9/54
no

MS54
Erm why is that exactly?

RP9/54
I don't really want to start talking eh I mean eh the thing is I'm probably overreacting it's probably nothing you know do you know what I mean? eh erm but you just these thoughts go round your head and I didn't really wanna start getting you know into doctors and notes and people putting - labelling me as this and that // you know

MS54
// so you're just a bit worried about your confidentiality?

RP9/54
Yeah yeah I just don't want it to going down my notes so I just wanted to have a chat and find out some information

MS54
Ok well I mean I mean I'm a medical student / I'm not really supposed to talk to you about things like this but I mean erm // you should really talk to the doctor
RP9/54
/yeah

RP9/54
// I know you can't like I know you can't like do anything like a doctor like tests / or anything like that or and I know you don't have results of what I had today I just - it's just more kind of on that theoretical level is this the kind of condition that might be [1] related to you know
MS54
/hmhm

MS54
I'm not really supposed to give you clinical advice but you should really speak to a doctor about your concerns but if you don't want to then you could go to a GU clinic and they will talk to you in a confidential - I mean the doctor tea- the doctor speaks to you in a confidential [custody] anyway but that would be // that would go on your records

RP9/54
// I don't wanna go to this clinic I don't wanna make a big deal about it I just wondered if there is someone who can basically look up for me and find out because I'm lying here and I can't get information

MS54
Yeah well I can't - I'm I'm not really allowed to do that but I think the best thing for you to do then would be to speak to a doctor in a GU clinic cause they would - that won't go on your notes // and they would get

RP9/54
// I can't go there fore a while I mean I'm here I've got barium enema this afternoon I've got [3] I just wanted somebody to find out as soon as possible I don't want I don't want notes - it to go on my notes you know

MS54
Right erm ok well I mean I think you should really speak to the doctor about it cause what is it? Why why in particular do you have these concerns?

RP9/54
Well [2] it's not like I've been you know diagnosed with it or anything like that you know it's not eh I mean I am probably just totally overreacting it's just

MS54
What what what what makes you think you are at risk? Why are you worried about it?

RP9/54
Well erm I have got erm I was with someone who who erm just recently told me that they are erm HIV positive / and erm they've only just found out they prob[ably] you know they may well not have been at the time that I was going out with them you know this might have been before / but it's just possible that
MS54
/right /right

MS54
I see so there is a risk you've contracted it?

RP9/54
Yeah it's just you know it's like a risk you know I don't know

MS54
yeah

RP9/54
And erm

MS54
I think I think you're probably best seeking proper advice from a doctor

RP9/54
I don't want to talk to the doctor about it do you know what I mean? you hear all this stuff about - you know I mean I've got a mortgage and things I don't want stuff going down on my notes that you know you hear people who've you know - can't get insurance / because they've had a blood test // and

MS54
// you don't you don't but if you go to a GU clinic and get a test it won't go on your notes and it won't affect your insurance or anything like that so so so you could you could go to a GU clinic and and // you know

RP9/54
// I just want to talk with someone completely anonymous

MS54
Completely anonymous and you wouldn't it wouldn't affect your insurance

RP9/54
Not even on the sly?

MS54
No [1] no I think that's probably the best thing for you to do

[3]

RP9/54
I don't know I just wanted some some idea <u>now</u> really I mean / I can always look into doing that sort of thing later but
MS54
/yeah I mean obviously

MS54
The the only people who could who could (( )) the test and give you proper advice are the doctors

RP9/54

I don’t really want a test

MS54
No [1] ok

RP9/54
I just want to I mean you know - this is the thing it’s probably worrying about nothing it’s probably not related to it it just made me really anxious about it

MS54
Right so you’re you’re just looking for reassurance or?

RP9/54
Yeah I just wanna know what the odds are is this something that’s related to it or not I don’t know anything about it

MS54
Right I mean I don’t I mean obviously I can’t tell you what the odds are / but I don’t think even even the doctor can tell you precisely what the odds are because obviously they don’t know who this person is or what the exact circumstances are / or even whether that person’s infected so // the only way you can find out
RP9/54
/no /no

RP9/54
// I just wanna know is this kind of - is bowel problems something that is related to to HIV? That’s really what I wanna know erm you know / it’s basic info if you could find out I’m not saying you know you need to examine me and find out something I just want to know you must have textbooks and stuff you can look in
MS54
/yeah

MS54
I do but I mean eh I mean I’m not allowed to give that sorts of advice to a patient you need to speak to a doctor and erm [2] so [1] I mean obviously it’s your choice I don’t want to force you to see a doctor or to [seek medical advice but I do advice you to do it]

[2]

RP9/54
I’ll think about it

MS54
Ok [3] I mean there’s not much else you can you can really do

[2]

RP9/54
I just want to know whether or not I’m worrying about nothing

MS54
Right well I mean you you you could well be worrying about nothing but then again if you if you think you have a risk of having exposed to HIV you should probably have a test

RP9/54
Yeah but if I have a test then it’s positive and then someone goes to my mortgage and they go - you know

MS54
Well like I said if you went if you went somewhere with the anonymous testing it wouldn't go on your clinical - medical records so (( )) your mortgage

RP9/54
not even if it's positive?

MS54
No cause I I mean it would be entirely confidential it wouldn't be on your records it - your GP wouldn't be involved unless [you report it you know]

[3]

RP9/54
I'll sit and think about it

MS54
Yeah ok [1] is there anything else I can I can - you want to talk to me about or anything else I could help you with?

RP9/54
No if you can't help you can't help I just though it was possible you know

MS54
Ok [1] erm well I'm sorry I couldn't help you any more that this

RP9/54
That's fine thanks for your time anyway

MS54
No problem I hope I hope that you know you decide to sort you know - I would advice you strongly to // seek advice

RP9/54
// Yeah I'll just keep going mad while I'm here ((laughs))

MS54
sure

RP9/54
thanks a lot cheers

MS54
Good luck

RP9/54
Bye bye

MS54
Ok bye

MS54 gets up and walks away. Facilitator asks MS54 to sit down again. The end.

MS55 sits left, RP17 right. MS55 looks at facilitator, who says to start whenever MS55 is ready. MS55 looks at RP17 and starts.

MS55
Hello there Mrs Mitchell erm I understand you've come in for some surgery / today / I'm afraid there's some erm bad news that I've got to tell you there's nothing wrong with you at all I'm afraid we've had erm an emergency situation had an emergency patient come in and if they don't have their surgery right now then they're going to be in great danger so I'm afraid that everyone else has had to be put back a bit so that we can do this patient immediately very sorry about that
RP17/55
/yeah /yeah

RP17/55
Wh[at] what do you mean put back?

MS55
It means that you won't be seen today at your normal time everything has been put back for after this big operation so providing all goes well hopefully you'll be seen later on if not then we'll have to arrange another time with your surgery

RP17/55
So my operation is later on today?

MS55
It could be later on today or another time tomorrow or whenever we can fit you in but I'm afraid we've had this big emergency come in ///

RP17/55
// but when will I know when it is?

MS55
You'll know as soon as we know more I mean we don't know how long this big operation will go on for and then we've got to rearrange all the patients / who should've been this morning for another time
RP17/55
/((sighs))

RP17/55
This is the second time this has happened to me

MS55
Is it I'm very sorry to hear that but there really is nothing that we can do you know this patient ahs come in and they're extremely ill and we have to put them first I'm afraid

RP17/55
Well eh erm [2] yes well I bet if it happened to you or another doctor then you know you wouldn't have to wait yet more time

MS55
((laughs)) I'm afraid it's not like that if there's an emergency patient that comes in then they have first priority if their life is in danger then I'm afraid we have to operate on them first

RP17/55
Well eh [2] I've had to pay for extra childcare today I've had to organise everything – and this is the - as I say this is the second time this has happened

[1]

MS55
Erm eh I can understand this must be very frustrating for you especially if you've had to take extra care for your children //

RP17/55
// and expensive

MS55
And very expensive I'm sorry about that but these things happen I'm afraid we have no control over them ourselves it's just an emergency that's come in very very sorry

[2]

RP17/55
((sighs)) well when am I gonna have the operation then?

MS55
Erm the consultant once he's finished the operation we'll see who we've got left which patients we've got left // and then

RP17/55
// oh that's great ((laughs)) who we've got left

MS55
Erm we'll erm who should've been seen this morning I mean I'm not in charge of any of that sort of stuff of sort of organising when operations are so I'm afraid I can't tell you I'm only a medical student but erm ((coughs)) it - you will be informed as to when your operation is moved to

RP17/55
Well will I get a choice of when it's going to be because you know I've I've had to take time off I've had to organise childcare you know I may only be a [poor little auxiliary] but I still have to organise these things so you know just being told when I might [I have to come in and be] suit suit everybody else is not necessary convenient

MS55
I understand that I'm afraid I have no control over when you're going for your individual operation I'm not sure if you can talk to the surgeon when he comes round or a senior member of staff as to whether they can discuss what would be a good time for you but as far as I know appointments are just given out and if you can't make them an alternative will be made

RP17/55
So I've just gotta sit here and wait for this surgeon to come round then?

MS55
I'm afraid you'll have to eh wait until your appointment becomes available more information will be available later I'm sorry all I've been told is that an emergency case has come in

RP17/55
Well how long am I going to have to wait for cause I haven't had any breakfast this morning I'm really hungry am I gonna have to miss lunch as well in case I might get operated on?

MS55
I'm sorry I really don't know this operation will be very long well it will take all morning and all the members of staff are in there now operating on this person I'm afraid I don't know any more information to tell you I know it must be very frustrating for you

[4]

RP17/55
So I've got to go back to work and you know put up with [1] the pain and the inconvenience for yet more days weeks months

MS55
I'm afraid that's going to be the case I'm afraid this emergency has come in and we can't do anything other than treat someone who needs immediate treatment and I'm afraid eh I understand that this must be an awful problem for you for your everyday life but as it's not causing you the same problem as it's causing // this emergency patient

RP17/55
// you have no idea what it's causing me [2] you have no idea ((laughs)) so please don't pretend that you do

MS55
Ok fair enough I don't know cause I've not had it but I can understand that it would be difficult for you especially with work and with children

[6]

MS55
Is there anything else that you'd like to ask?

RP17/55
Well no cause you can't tell me anything so

MS55
I'm afraid I can't I'm a very junior member of the team here [2] and I know just – I don't know as much as the senior members of staff too as to when you will be operated

[6]

RP17/55
◦That's that then◦

MS55
Is there anything that I can get for you?

RP17/55
Well I said I'm starving but I – eh you know I can't have anything to eat //

MS55
// Well I'll try to find out I'll go and find someone and see if you can have something to eat I <u>can</u> do that for you I <u>can</u> ask

RP17/55
Well if I can I presume I won't be operated on today so I could just go home couldn't I?

MS55
I'll have to ask for you - I don't want to say that you can or can't cause I'm not in a position to I'm afraid

[3]

RP17/55
◦Good old NHS◦

[7]

RP17/55
Right ((shrugs shoulders))

MS55 giggles and turns to facilitator. The end.
MS56 sits left, RP15 right. Consultation starts as tape starts.

MS56
Hi ((shakes P's hand))

RP15/56
hi

MS56
My name is [FN] I'm a third year medical student

RP15/56
right

MS56
Erm I've just got some news with regards to the operation / erm how are you feeling today?
RP15/56
/oh right yeah

RP15/56
Erm eh nervous about it but I'm all right you know

MS56
I've got some eh bad news to erm tell you / and erm there is an operation that's going on erm the surgeon was gonna do that operation for you but unfortunately he's had an emergency to get to / and as a result all the operations that was supposed happen this morning have been cancelled
RP15/56
/right /right

RP15/56
You're joking

MS56
Yeah I'm really sorry to eh break this to you

[3]

RP15/56
Can – can I not – can you not do it after he's done the operation that he's doing at the moment ?

MS56
Unfortunately the operation is going to take a few hours and everything's been cancelled and postponed

RP15/56
Eh eh this is the second time this has happened to me

MS56
I'm really sorry but there really isn't anything that we can do

RP15/56

I work here you know I I work here in this hospital I'm an auxiliary nurse here and eh [2] oh ((puts head in hands3)) I'm just really – I'm annoyed to be honest I know it's not your fault but I'm annoyed that - I work here I've worked here for the past fifteen years now and basically erm you know there's no there's no payback is there? I bet if I was a doctor my operation wouldn't have been cancelled would it?

MS56
Erm I hope you can understand the operation was a life threatening operation and if the operation wasn't done immediately the patient would have died

RP15/56
No I'm sure it was / but but I feel like if I was a doctor my operation wouldn't have been cancelled now / rather than an auxiliary nurse I bet if I was a doctor here a consultant here my my operation wouldn't have been cancelled would it? //
MS56
/you know but /I'm sure -

MS56
// I'm sure you know that's not true because //

RP15/56
// well no I don't know actually

MS56
Because the NHS works on equal rights tries to work on equal rights

RP15/56
Yeah yeah well I'd put bets on it

MS56
I'm really sorry but there's really nothing that we can do at the moment

RP15/56
So when will I have my operation?

MS56
I'm not sure but I can find out for you and maybe get a consultant to talk to you to see when your operation will be

[2]

RP15/56
You see I'm actually in a lot of pain I eh you know I <u>am</u> in a lot of pain / eh eh eh and I'm standing on my feet al.l day on my feet for hours and it it it - by the end of the day it's agony and this happened eighteen months ago I was supposed to have this operation / what's gonna happen am I gonna have to wait another eighteen months?
MS56
/((nods)) /((nods))

MS56
I'm really not the person to talk to erm I'm not in a position to tell you when erm your when the operation might be I'll try and find out try and get someone to talk to you

RP15/56
Right [1] I just [2] and there is no chance that anyone can do it for me today?

MS56
Unfortunately we – there's nothing can be done

RP15/56
Even though I work here

MS56
Even though you work here

[3]

RP15/56
I've left the kids at my sisters house they've gone to stay with her for a couple of days and then I have to go and tell them that that they gotta come home and go back to school and [1] I've taken time off work / so now my cover you know the woman who's covering for me – I I don't know what's gonna happen with with my sick pay and stuff / I don't know what will happen now
MS56
/((nods)) /((nods))

MS56
I appreciate how you're feeling but erm I really don't – I'm not in a position to give you any more information

RP15/56
So they sent you to do the dirty work

MS56
No because erm the operation is an emergency and they had to go immediately to it

RP15/56
Seems like everyone's operation apart from mine is an emergency

[1]

MS56
You're not the only one to have been cancelled this morning ((nods)) [1] but I hope you don't feel devalued or anything

RP15/56
That's exactly how I feel [2] so what am I supposed to do now then?

MS56
Erm I think erm I'll try and get back to you – I'll tell the SHO I've told you and I'll try to get someone to talk to you later on in the day

RP15/56
So what have I got to hang around now for the day?

MS56
Erm I can get back to you on that erm I'm not sure

RP15/56
Ok ok all right

MS56
I'm really sorry

RP15/56
I know it's not your fault thanks

[4]

MS56
◦thanks◦

MS56 turns to facilitator. The end.

Facilitator is talking to MS57, who sits right. RP13 sits left, further than an arms length away. After facilitator has explained how it will work, MS57 turns to RP13 and starts.

MS57
Hi / I'm [FN] I'm a third year medical student / I've just been sent out by my SHO erm there's been a slight problem this morning which basically a patient has come as a bit of an emergency had to be rushed straight to theatre unfortunately the clinic's been cancelled this morning I'm really sorry about this but // there is -
RP13/57
/hi /hi

RP13/57
// the clinic – sorry what?

MS57
The erm ((looks on notes)) the morn[ing] sorry ((laughs)) the morning list has been cancelled erm so your operation won't be going ahead // today I'm afraid

RP13/57
//oh:::: oh no::::

[2]

MS57
I'm really sorry but there's not a lot that can // be done about it

RP13/57
// no eh this is the second time this has happened

MS57
Yeah

[4]

RP13/57
Why?

MS57
erm an emergency procedure has to be done this morning there is noting that can be really be done these things happen it's // (( ))

RP13/57
// Well these things happen as well I mean I'm sup[posed?] you know

MS57
And I understand it's rea::lly annoying a bit of a pain for you

RP13/57
Well it's more than a bit of a pain it's in fact erm you know first of all I haven't eaten all morning I've got an ((sighs)) jesus I mean I got the kids with a babysitter / it's the second time this has happened
MS57
/hmhm

MS57
Yeah I understand it must be very frustrating [1] it's just very difficult to predict these things and these things just happen / there's nothing can be done
RP13/57

/ Well I mean

RP13/57
but why me though? this is the second – this is the second time / you know
MS57
/It's -

MS57
nothing personal at all // it's just

RP13/57
// Well I hope not

MS57
((laughs)) it's coincidental really that these things come in when you're just you're booked in

RP13/57
I mean does it hold any s[way] I mean I work here I work here I work in the outpatients dep[artment] it's just - I mean I eh - does that hold not – hold some sort of sway?

MS57
Erm in situations like this it's an emergency [1] nobody // it doesn't matter

RP13/57
// I mean how much of emergency? I mean what

MS57
It's a quite serious emergency it's got to be dealt with really quite promptly which is why they've just thrown all the rest of the list aside and are doing this this morning

RP13/57
Eh eh by the erm what do you mean by the list sorry?

MS57
The operation list I'm sorry yeah // there's a list

RP13/57
// oh so it's it's not just me ?

MS57
No no no everybody else ((laughs)) [2] it's just unfortunate they will be - get in contact with you to arrange another time to come in

RP13/57
All right well eh yeah I mean [4] I mean when you say come in is it that like wee[ks] is that like off for the morning is it off forever or or what?

MS57
It's erm your procedure your eh - what is it you're having done?

RP13/57
I'm having varicose veins

MS57
Varicose veins erm that won't be done today I can't tell you //

RP13/57

// It it definitely won't be done today / there's no chan[ce] I mean basically cause I'm you know [1] ((sighs) I kind of psyched myself now / ok apart from the kids or whatever I'm just - I'm sort of in the zone and I don't want to sort of hop off and get some breakfast and then be told oh ((snaps fingers)) Mr Mitchell you're in and then go ((gestures)) you know
MS57
/no /yes

MS57
Yeah no I can totally understand that feeling but it's very unfortunate this has happened erm I mean they will contact you as soon as the next available place is free

RP13/57
I mean do we know how how erm long I - is it is it - do we know when that will be? / is it are we talking – I mean I've been waiting for eighteen months for this / and it's been cancelled before at two days notice / and now it's cancelled at like two hours notice
MS57
/not at all I'm afraid /yeah /yeah

MS57
I'm afraid I have no idea when the next place will be free

RP13/57
Do you know where we can find out or – you know ?

MS57
Erm / well the SHO who told me to come and speak to all the people erm he's disappeared unfortunately / erm I could ask a nurse see if she might have any idea
RP13/57
/damn it /great

RP13/57
I mean could we? just any / information at this point /you know
MS57
/yeah /yeah

MS57
I can ask a nurse no problem

RP13/57
If you would

MS57
I'm really sorry //

RP13/57
// like eh I mean erm ((gestures)) yeah I know it's – you – erm ((laughs)) / (( )) but you know hrrrr
MS57
/((laughs))

MS57
It is very frustrating / I can understand
RP13/57
/yeah

RP13/57
yeah well if you find a nurse / great I'll go anyway so I'll find out if I can eat / well thank you thanks for your help I appreciate that
MS57

/yeah that's no problem at all /yeah

MS57
That's no problem

MS57 looks at facilitator. Facilitator thanks MS57 and RP13. The end.

MS58 sits left by door, RP3 right. Both face Facilitator. Facilitator says 'ok', MS58 turns to RP3 and starts.

MS58
Hello is it Chris Mitchell?

RP3/58
yeah

MS58
Hello my name is [FN LN] / I'm one of the third year medical students / here at the hospital I'm afraid I got some bad news for you regarding your – eh not regards to your problem but erm with regards to having the erm operation today
RP3/58
/((nods)) /((nods))

RP3/58
It can't have been cancelled

MS58
Erm I'm terribly sorry but it has erm what happened was a medical emergency erm this morning and so erm so the doctors including your own has been asked eh - have - had to go into theatre [1] and obviously we didn't know this was going to happen and there was no way of pre-warning you about this / and had we have known ourselves if – erm we hadn't had put it off as it were erm unfortunately it was just one of these things that happens and I'm terribly terribly sorry for the inconvenience it's caused you
RP3/58
/right

RP3/58
Oh it's a pain – is there - is there anyone that eh you know is there everybody that's is cancelled - the whole surgery or was it?

MS58
Yes yes the whole surgery

RP3/58
It's not just me?

MS58
Not just you no it's everybody I'm afraid

RP3/58
Cause it oh::: ((head in hands3)) there's this is the second time this has happened to me and I I mean last time at least they gave me a couple of days notice / but it's a real pain I mean I've had to organise so much with my kids / I got to to put kids in childcare my husband works away so my – you know I had to work out about getting Jessica into nursery and - you know it's all rather complicated / erm and

I you know I had to take the day off work I mean it's just – you know I work here and they you know weren't happy about me having any more time off / because I had to take time off it before and [2] oh:: I mean why why is it been cancelled?
MS58
/hmm /((nods)) /yes yes /hmhm

MS58
Right well what happened was erm a patient came in with an eh medical emergency and had to be operated on immediately / and it couldn't be delayed / or else they'd //
RP3/58
/right /oh I see

RP3/58
// it was bit of a dodgy one was it?

MS58
Yeah basically it was you know something that couldn't be put off / unfortunately and erm I'm I'm sure you can understand these things / have to take priority / erm //
RP3/58
/right /yeah /yeah

RP3/58
// I do understand that and that's fair enough I think it eh you know it eh it's a shame that that's happened but erm but but me / it's erm you know I just wish there were more doctors there that could do both you know / one could do that and have one and - erm I mean I know what it's like I mean I work in A and E / so so I understand the situation but it's just like erm you know I'm being the patient now / you know I've had this problem for a long time and I know it's only varicose veins but to me it's
MS58
/yeah /yeah /yeah /yes yeah

MS58
But like you say if that causes you inconvenience // every time you have to

RP3/58
// Yeah:: it causes me a lot of pain and you know and then I I'm really frightened about the operation I mean the idea of having an operation worries me so much / and I've had to really psych myself up to do it and
MS58
/yes I see

MS58
So you has to do it again / and now to have to do it again it's gonna be really hard
RP3/58
/I know

RP3/58
I mean have you any idea on when it'll be rescheduled scheduled you know ?

MS58
I'm afraid I don't erm the SHO who asked me to inform everybody had to run off so quickly to to theatre that he wasn't really able to give me any more information than I've already given you erm however I will erm I'm sure he will be in contact with everybody erm as soon as they know / when everything will be rescheduled but I can't really give you a timescale / now I wouldn't like / to say oh there and then you know not be the case
RP3/58
/((nods)) /that's ok /I know

RP3/58

Hmm do you think they'll put us on the back of all this lot today or will they put us on the back of the list?

MS58
I got really no idea I'm so sorry I can't be more help erm I got no idea how they really work the system / as it were but erm I'm sure they'll be in contact with you you know in due course to (( )) again I'm sure and let you know what the plans are
RP3/58
/no

RP3/58
Well I hope they do because it is it is annoying and I I I you know I mean you know I work here as an NHS employee / ((laughs)) you know you wonder if that- do you think they'll be able to realise that and move me up a bit?
MS58
/yeah

MS58
I've got no idea to be honest I think the lists are kind of the lists as it were and it's kind of like yeah it's kind of like set in stone who was there and who
RP3/58
/[is that no help]

RP3/58
Yeah I bet if I was a doctor they'd do that or

MS58
I couldn't answer // - I don't know to be honest

RP3/58
// Or Mr Smith that - the consultant he'll probably erm

MS58
I'm not there yet so ((laughs)) I wouldn't know

RP3/58
No but I'm sure yeah well

MS58
I'm sure they'll try and be as fair as they can

RP3/58
Well I hope so I mean eh I [2] I'm just a bit annoyed / cause (( )) now I have to rearrange my life again you know / cause I've had - taken four days off of work and they will have had to get a nurse from probably from an agency so they probably wouldn't be able to – so that's more
time off / that I've had to / do and taken all my holidays and I can't afford that / I've got kids to take away / well eh eh
MS58
/yes I can completely understand that /((nods)) /hmm /hmm /yeah /yeah

MS58
I'm really sorry I've had to break that to you but like I said it was unavoidable but we'll let you know as soon as possible when it's gonna be rescheduled for

RP3/58
oh thank you thank you for talking to me yeah that's erm you know

MS58

Yeah sorry I couldn't get you more information but like I said that was all that was given to me / from the SHO
RP3/58
/ok

RP3/58
Well I hope that operation goes well anyway ((laughs))

MS58
Yeah ((laughs)) ok

RP3/58
Ok

MS58
I'm sorry

RP3/58
Thank you

MS58
ok

MS58 and RP3 look at facilitator who also says 'OK'. The end.

RP9 sits left, MS59 is off-screen. Facilitator says to start when ready. MS59 walks into screen, walks towards seat and starts.

MS59
Hi there ((shakes P's hand))

RP9/59
hi

MS59
Erm I'm [FN LN] I'm a third year medical student / I was told that erm you eh you wanted ((sits down)) to see me [1] // about something
RP9/59
/oh right

RP9/59
//yeah I just wanted to I needed to have a kind of confidential chat with someone / is that all right?
MS59
/ oh ok all right

MS59
Yeah that's fine

RP9/59
Right I just wanted to talk about some stuff / erm that's been kind of on my mind / I've been having sort of various - I've been having bowel problems and stuff / I've had a bowel {spigdomioscopy} or something it's something like they push up ((gestures)) / this morning erm and erm and they they erm well basically I was just kind of wanting to get some information really find out really eh eh I mean it's probably totally overreacting and stuff / but I am sort of worried whether it was kind of erm possibly that it is that it is a kind of sign of HIV or something like that / erm [2] it's not something I know about (( )) so I was just wanting to sort of get some info really
MS59
/ok /HMM /right /ok yeah /HMHM /right ok

MS59
Well erm I'm not entirely sure myself / as to erm you know whatever problems you had whether they were you know an indication of HIV or not / or whether they were related to it / - I haven't I haven't I haven't really got much // of an idea
RP9/59
/yeah /((shrugs)) /yeah

RP9/59
// Can I tell you - I can tell you more about it if you like?

MS59
ok

RP9/59
Erm I basically got ((sighs)) I'm having bowel bowel problems I've been having kind of you know pangs in the stomach / a few weeks erm erm there's - a lot of the time it's kind of sometimes diarrhoea sometimes constipation / but it seems to be either one or the other / and I had some some blood as well at one point / erm so I've been to the erm what do you call it a bowel specialist / erm and he said I had to come for some tests / and it was possibly it was irritable bowel syndrome / it was an inflammatory something / bowel so anyway he said basically I would you know I'd come for these tests and rule stuff out but it's that's pretty much it that's the symptoms erm they've they've given me

various tests here / erm a stool test and all that kind of stuff / erm I just I just don't know erm whether bowels is possibly an indication of of HIV or?
MS59
/hmhm /((nods)) /ok /ok /hmhm /hmm /((nods)) /hmm /ok

MS59
Erm well it would be - it would be better erm if you spoke to erm someone who had more knowledge really // I mean

RP9/59
// it well I mean I don't expect to just give me an answer right off / I just want / you to get me some information / so I can find out
MS59
/yeah / I mean I understand /yeah yeah I know what you mean

MS59
yeah I mean I can I can do that for you I can get you some information / as to whether the erm you know whether the bowel problems are related to HIV or not / erm I mean I'm sure there must be some sort of a literature (( )) // I can give you
RP9/59
/yeah /brilliant yeah that that's great

RP9/59
//yeah that would be / that's that would be great / I mean that's better than all those textbooks / you can look at
MS59
/so /I mean /yeah

MS59
Yeah erm I don't think there is anything really to worry about I mean // eh

RP9/59
// yeah yeah well that's what I'm hoping I'm hoping that it's just you know me overreacting kind of thing

MS59
I mean like as erm as you said before the erm the erm the specialist he said that it could be some sort of inflammation like a bowel disease or erm some something like that erm / but I mean erm it probably it probably could be that or erm or who knows really until we actually know for certain as to what it really is / but I mean I don't think you should be overreacting you know erm // (( ))
RP9/59
/yeah he obviously don't know that yet /yeah

RP9/59
// it's just like you know as you lie there and it's just like really preying on your mind / it's just stupid erm
MS59
/Yeah I mean -

MS59
I don't think you should really should really worry about it I mean unless unless they erm unless the specialists say erm you know there may be something else on the cards really / then erm then perhaps you know perhaps then you might you know you might worry about it then / but I mean un[less] un[less] you know unless they haven't indicated otherwise then I probably // think they should
RP9/59
/right / yeah

RP9/59

// well I'm - I don't really wanna talk to the doctor about it cause I just - I don't really - I don't want anything like that going on my notes you know

MS59
Oh no well [1] it just depends really if you if you say to your consultant or whoever it is speaking to you erm I don't really want this on my notes or anything erm I'm not quite sure really but I mean maybe they would consider that I'm not sure

RP9/59
Well I always th[ought] I mean I've always thought that you know you tell a doctor something and immediately it goes on your notes so that's why I wanted to talk to you / cause I don't really know how it works
MS59
/yeah

MS59
Yeah I'm not sure really // I mean just just see the consultant

RP9/59
// yeah that's I erm that's the thing that why I didn't want to talk to him / because I dunno how it works because // (( ))
MS59
/oh ok

MS59
//so that's that's the only reason why you wanted to // (( ))

RP9/59
// Yeah I wanted to talk ((laughs)) to someone / who you know / who could get me some information find out for me / do you know what I mean to kind of you know / get (( )) for / something
MS59
/oh ok /that's ok /yeah /yeah / I can get you eh -

MS59
Yeah yeah that's no problem //

RP9/59
// That would be really good thank you thank you / that's you know a huge relief cause then I can sort of find out about it / cause
MS59
/Not at all /hmm

MS59
It must be something that's been troubling you for quite some time

RP9/59
Oh yeah yeah yeah / you don't really know who to talk to erm you hear all these kind of things about stuff you know like it's / - I mean I you know about not being able to get mortgages and stuff cause they've had a - you know just cause they've had a blood test or whatever / ((sighs))
MS59
/hmm/hmm /hmm

[3]

MS59
I mean [1] so I don't think it's something you'd really need to worry about it really not at all erm but I mean [1] as far as the best way to look at it really is to erm just hope for the best really / if - if it if it did

turn out to be something like that then erm I'm sure I'm sure we'll be able to to manage it in the long term
RP9/59
/yeah

RP9/59
Well do you think - do you think that will come up? Do you think it's something that will become obvious - I don't know erm //

MS59
// Well I erm I I'm not entirely sure / at the moment I can't really tell you on the top of my head but erm [1] yeah if I if I you know do a research or perhaps if I had some sort of leaflets for you / just like you know / not just / (( )) problem (( )) //
RP9/59
/erm I don't know really erm that's fine /that would be really good /yes /yeah

RP9/59
//just like discreetly you know I don't want it flashed about // (( ))

MS59
//oh no problem that's not a problem that's not a problem that's ok [2] but I mean you know I don't think you have anything to worry about you shouldn't worry

[2]

RP9/59
thanks

MS59
Thanks

Facilitator says 'ok', checks with MS59 if the consultation is over. The end.

MS60 sits left, RP12 sits right. Facilitator says 'ok'. MS60 looks from Facilitator to RP12 and back, RP12 extends his hand, MS60 starts.

RP12/60
((shakes D's hand)) // hello

MS60
// Erm good afternoon Mr Steel my name is [FN LN] erm I'm a third year medical student erm and sh[?] like to see why you'd come in and like to talk to me today

RP12/60
Erm yeah erm [1] well I I've been in hospital a couple of days have had some tests and stuff done / eh eh erm [2] well [4] to be - don't know where to start really I eh eh //
MS60
/ok

MS60
// take your time no problems

RP12/60
Yeah thanks

MS60
ok

[2]

RP12/60
Been having erm camera [1] they've been doing an examination up erm up my erm though my bowels yeah / so I've been having erm some blood's been coming out / and erm [2] well I eh I was a bit eh they say it's a routine test / stuff just to examine the situation and whatever else - I'm a bit concerned what what what it might be <u>really</u> is / erm and haven't really said about what it could be I just wondered [1] whether it could be something serious / erm just a bit worried about erm what what what it what it might be you see
MS60
/ok /right /hmhm /right ok /((nods))

MS60
Ok erm what's the doctor said to you bef[ore] erm why he performed the camera procedure? Did he say to you why?

RP12/60
Erm well he said erm t[o] t[o] t[o] to have a look inside and things you know / cause I just said I have been passing bits of blood / and I I eh well when they were doing though you know you know you're not supposed to (( )) kind of stuff / but it I still had an erm you know something still came out / you know and there was - there was a little blood as well aqnd stuff like that I was just worried about if there was something in your blood you know whether that would harm people or whatever
MS60
/ok /hmhm /yeah /ok

MS60
Well well I'm sure erm the reason why they've done tests erm is just to erm make sure you see – / because obviously they - if they're not too sure about what's going on / they'd just like to investigate it further / erm see exactly what's going on so they can / give you a eh eh a definite / answer and you know / to help you further see what erm treatment / if any / is available for you
RP12/60
/hmm /yeah yeah /yeah yeah /yeah /yeah /yeah yeah /yeah yeah /yeah

RP12/60
Well yeah cause I did I did I didn't know I mean obviously there are several reasons why you probably can be passing blood or whatever else / but I was worried I was worried about [3] you know like some diseases ((sighs)) I don't know how to put this really [1] if if erm [1] well well well one of my biggest worry with blood is things like erm it's like aids isn't it? / things like that yeah yeah what people catch of it that sort of thing isn't it? yeah yeah and erm and erm [1] what I was worried about – wondering about whether erm cause - them having to do these tests is a sign of something else like
MS60
/hmm /ok

MS60
Ok why why did you bring up aids particularly then?

RP12/60
Eh eh well I I was just thinking pff [2] I was a little bit worried that I may have got HIV or::: / you know stuff like that
MS60
/ok is -

MS60
Is that is that something that you suspect in yourself? Is there is there a reason // why you suspect that?

RP12/60
// well I don't really know I I just – it's just to do with these tests and things and obviously blood and passing out blood and all that sort of thing you know / and erm I couldn't erm well I haven't been erm sleeping around or anything like that at all basi[cally] but one – someone that I that I used to know apparently they they've they're now HIV positive apparently / I eh and I I I eh I just been playing on my mind all that and this happened and I've had to have all these tests / and this sort of thing and stuff like that you know
MS60
/ok /right ok /ok

MS60
Well erm if you don't mind me asking did you have any erm like sexual contact with this erm this person?

RP12/60
Well it was a while ago / but you know eh eh before they developed the erm - it just played on my mind I thought oh god that's – something's happened to me I don't even know about
MS60
/ok

MS60
Have you ever had a test yourself sir?

RP12/60
Erm eh eh well not as such basically but erm [3] what I what I was worried about basically well I passed some blood / whether that – if if if I did have it and eh eh no one knew about it / it might be quite a eh eh a hazard you know
MS60
/hmm /yeah

MS60
Well that's quite true – did you inform erm the eh the doctor about this?

RP12/60

Well I wasn't so much thinking about it so much at the time / and as I say at the time I'm just erm – you know I've just been thinking about it more and more being in hospital and everything else / erm whether it might be something like that and I wouldn't know about it would I?
MS60
/ok /hmm

MS60
Well you wouldn't I mean if if if you would so {inquire} to find out about it you could you could in fact erm ask the doctor to to run a few tests / I'm sure if you're perhaps quite worried about it / so they take quite a few precautions in these procedures I believe like / erm erm gloved up / and everything protected protect[ive] protective gear // and all that
RP12/60
/right right right /yeah /yeah yeah /yeah yeah yeah

RP12/60
//well I couldn't see from where I was / but I just didn't know yeah yeah yeah
MS60
/oh yeah I'm sure yeah

MS60
If if you if you are worried about this / then I might I'd like to suggest you talk to the doctor about it or even erm a member of staff like the nursing staff erm
RP12/60
/yeah

RP12/60
Well I'm just a bit ner[vous] cause I I don't really know just I just just a bit - thinking maybe // something or other -

MS60
// Well just for safety of yourself and / safety for others you know eh eh erm I might / erm just be / on erm on the safe side cause you know you never know about these things / and
RP12/60
/yeah yeah yeah yeah yeah /right right right /yeah yeah /no no no

RP12/60
I've gotta have erm a barium {meal} today as well / it's sort of another test thing isn't it? Yeah yeah
MS60
/ok

MS60
Yeah it's another test well if if you are – obviously you <u>are</u> conscious about this and / you have come to see me about it / erm so I mean all I'd like to say is just perhaps just get – just talk to a doctor about this cause obviously you got another investigative procedure erm / later on today / and I think it'll perhaps be better if erm if you talk to a doctor / about it and just suggest it and just just explain to him
RP12/60
/hmm /hmm /yeah /yeah /right

RP12/60
Well it it might be nothing then mightn't it? / it might just be me worrying about things I don't really know / you know I mean is there any way I can find out I mean this this bowel problem and eh eh eh you get that with aids or HIV or ?
MS60
/that's yeah that's very true /yeah

MS60
Erm I'm not too sure myself / but ob obviously it's [2] it's very - I think it's very varied – you can / - I think you get a range of symptoms / erm you know you can't – the only positive thing that you could

actually – erm a positive result would be a blood test that you have to do to / erm to find out if you actually got aids or HIV / erm erm obviously I think for the safety of yourself and for others it'll be eh better if you inform / inform the staff that are actually doing the procedure / or even you know the doctor / have a little little word with him and /
RP12/60
/hmhm /right right /yeah yeah yeah /right right right /yeah yeah /hmm hmm /yeah yeah /yeah yeah /right right right

RP12/60
Do you not think I'm being silly about this?

MS60
No of course not no – erm all - you're just being overcautious / really I mean you have a slight suspicion I think it's it's always at the back of your mind / (( )) and you're not too sure about it / and you know I think it's better to perhaps / disclose this information / you know just to the doctor / in secret erm first obviously it's not gonna be known to the whole world / nothing like that at all / it's all gonna be kept confidential and everything like that / erm but you know if you have a {lil} little word to your doctor before you actually / have the procedure / and things like that and just think oh I have a slight suspicion that perhaps / you know
RP12/60
/yeah yeah yeah /yeah yeah yeah yeah yeah yeah /yeah yeah yeah /hmhm /hmhm /right right /hmm no no no /right right /uhuh uhuh /hmhm hmhm /right /yeah yeah

RP12/60
Do you think I should tell him before this test then or or ?//

MS60
// I think yeah I think I think / erm I'd rather you do / because obviously erm then they're being perhaps extra careful / erm I mean I'm sure / they take precautions anyway but just in case / just to be on the safe side and it is it is of course it is one of your worries as well / it's troubling you erm so / I think it's probably best to if you do have / if you do have a little word to him / and of course if you'd like me to be present / there and just for support or anything / you know I I'd be / more than happy to so
RP12/60
/yeah yeah /yeah yeah yeah /yeah /yeah yeah /hmm hmm hmm /yeah /yeah /yeah yeah /yeah yeah /ok right /right right

RP12/60
Right ok

MS60
What what do you think about that? What are your feelings about that?

RP12/60
Erm well yeah that eh that would be helpful if you could I mean / I mean I I Iwasn't sure who to talk about it because a little bit – it might be nothing mightn't it? You know / I might just be you know worried about nothing but you know erm I just just didn't wanna be you know [1] people might be finding out afterwards you know what I mean / it would perhaps perhaps you can find out before sort of thing / really yeah yeah
MS60
/hmm /yeah of course yeah definitely /hmm /yeah yeah

MS60
I mean do - you know just to be on the safe side / you know you've got your own worries and you know / and also - it's obviously been troubling you cause you've come to /– you you wanted to come to talk to me about it / you know that's perfectly fine / you know and and it's still troubling you I can see that obviously / so {lil} eh a little chat to the doctor won't won't go amiss / would it? Helps a little bit I think / also he can advice you more than I can / about about / what you can do next about it / like that - how do you feel about that? Would you feel ok about talking to someone else about it?

RP12/60
/yeah /hmm hmm /hmm /yeah yeah /right right /yeah yeah /hmhm hmhm /right right right /yeah yeah yeah /right right right

RP12/60
Well I I think so / cause I I I didn't talk to anybody at all about it before now / you see so you know I was just worried about you know I wouldn't know how to start what to say / and eh eh eh yeah it's it's better now / having got it out as it were
MS60
/yeah? /hmm /hmm /yeah ok

MS60
Obviously yeah - don't feel pressurised to go – / obviously it's your decision at the end of the day / erm and if you feel slight[ly] perhaps uncomfortable about it / or anything like that don't feel like I'm pressuring you into / into talking to anyone else about it but you know that's just my advice I / I'd recommend you perhaps get in touch with someone else / and obviously I can be there if if / if you want help – have you / got erm eh family member that can come and support you perhaps?
RP12/60
/yeah yeah /hmmhmm /yeah yeah /yeah /hmm hmm /right right /ok ok /right right

RP12/60
Well I didn't want to tell them either / for all those reasons really / you know / yeah that's
MS60
/ok /ok /that's fine

MS60
Yeah well I mean just I advice just to talk to the doctor / and he'll know more / I'm sure more what to do rather than you and me
RP12/60
/yeah yeah yeah / right right right

RP12/60
Will you not be able to help me as well with that yeah?

MS60
Well erm I can I can support you / if you think that's what you want you know I'll come I'll come along / and you know I'll be there if you want me to be there I'll be present when you talk to the doctor / if you'd like that
RP12/60
/yeah yeah yeah /right right right /ok

RP12/60
Well that – that might be helpful / yeah yeah yeah thank you very much
MS60
/Yeah?

MS60
No problem

RP12/60
Right right

MS60
Ok?

RP12/60
Right ok then [1] all right then

MS60
Ok // thank you

RP12/60
// Thanks very much ((shakes D's hand))

MS60
No problem thank you

MS60 and RP12 look at facilitator. The end.

MS61 sits left, RP17 sits right. MS61 looks at facilitator, seems to get a signal, turns to RP17 and starts.

MS61
Good afternoon madam erm my name is [FN LN] / I'm a third year medical student / I'm erm here on behalf of the the doctor who's going to perform your operation / this erm afternoon / unfortunately – and I'm very sorry to have to tell you at such a late moment - an emergency's cropped up and he's had to be called away to deal with something else and I'm very sorry to say that he won't be able to perform an operation this afternoon
RP17/61
/((nods)) /hmm /right /uhuh

RP17/61
So:: he's not gonna do it today?

MS61
I'm afraid so no

RP17/61
((sighs)) ((folds arms over eachother))

[5]

RP17/61
That that's the second time it's been cancelled

MS61
Right

[6]

RP17/61
I mean I – I can't believe it's been cancelled again I've just been waiting here haven't eaten anything ((sighs))

[2]

MS61
I I I eh I'm I'm very sorry it must be very frustrating I'm very sorry about – as I said I I I think he's just been called away on an emergency I don't think it was anything that was erm - we would have given you more notice if had we had the opportunity I'm very sorry

RP17/61
I mean it's just eh eh //

MS61
// eh I understand yeah ((nods))

RP17/61
Well I I mean – do you? do you have children? It's been a logistical nightmare / to organise childcare and to pay for extra childcare for today and and / organise my my rotas at work and ((sighs)) [4] oh ((laughs)) / [3] and I I mean it also took me a very long time to get up the guts to have this operation / and you know now this has happened for the second time it k[ind of] - you know it kind of begins to feel like / [3] well when will it - when will it happen than?
MS61
/hmm /((nods))/yeah /((nods)) /HMM

MS61
I I'm afraid I don't have any more details of that at this moment I can certainly ask one of the nurses for you

[2]

RP17/61
I mean I bet this wouldn't have happened if I were a doctor

[1]

MS61
I I eh I mean it eh would have – it's all the patients that he was going to deal with today unfortunately hecan't (( )) it was an emergency there's no preference given I'm really sorry to hear this is your second time I I I erm I think that's a really unlucky coincidence I eh it it's – yeah I'm very sorry to hear that

RP17/61
So what you're saying is that I I go home now and I just have to wait for

[4]

RP17/61
I mean – I even work in the hospital I – you know I just oh ((sighs))

MS61
((nods))

[6]

RP17/61
I mean you just get yourself all psyched up for something like this / you know as I say I haven't eaten all day / [2] and then pfff [4] and I just want it sorted / as well
MS61
/hmm /((nods)) /HMM

[4]

MS61
Yeah I I eh yeah I'm erm you know obviously very sorry to break this news to you and

RP17/61
Well it's not your fault obviously but it's erm – oh::: it's just really frustrating it's just really frustrating / [3] so what happens now? To me?
MS61
/((nods))

MS61
I erm I must confess I'm not familiar with this hospital's exact erm procedures so erm just check with the nurse before you go but as far as I'm aware they'll write you a letter confirming an appointment in the future // but I'll just check

RP17/61
// what what - what if it's not convenient?

MS61
Then you can let them know and they'll try and arrange a convenient appointment – I'll have a chat with the nurse in a minute and ask - clarify the exact position cause I'm not sure really erm

RP17/61
I – I mean I wanted it done before Christmas really do you think it's gonna happen before Christmas?

[1]

MS61
I I I'm - I really can't say I'm afraid I don't I don't really know exactly what what the timetables are – sorry I'll I'll have to have a chat with someone to confirm the time I can't tell you right now – I'll I'll do that before you leave today

RP17/61
Right ok ((sighs)) [1] oh:: here we go again right / ok thanks
MS61
/hmm

MS61
Sorry about that ((smiles))

RP17 and MS61 turn to facilitator. The end.

MS62 sits right, RP8 sits left. MS62 looks at facilitator, then turns to RP8 and starts.

MS62
Hi my name is [FN] I'm a third year medical student↑ you - I hear you've asked to speak to a student

RP8/62
Yeah that's right yeah erm [1] well I'll just eh – I'll just [1] I'm gonna give you the the story erm I've been having lots of pains in my bowels / for erm for erm eh about a month and a half now / and erm I thought it'd just go away / it hasn't gone away and then erm I noticed erm some blood / when I passed – so I eh I then saw my GP he referred me to erm gastro/ – yeah / and then erm I came in here for further tests / that's why I'm here now and erm I had an eh eh enema / and erm you know all that unpleasant stuff / erm [1] and they're still they're still doing doing tests / at the moment and I've got to have another erm tests tomorrow a barium – I don't know what it is
MS62
/((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /right /((nods)) /((nods)) /HMHM /((nods)) /((nods))

MS62
A barium test yeah

RP8/62
yeah erm so so all that's going on and it it you know it's still the same / but erm [1] the real concern what I wanted to speak to you / erm [1] and why I wanted to have a chat with you is because erm I'm worried that it might be something more serious / erm because [1] because of [2] last year eh eh eh a girlfriend of mine / is now ex / erm has found out that she's HIV positive / and erm
MS62
/((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /HMHM

MS62
And you're worried that it might be HIV?

RP8/62
Yeah I'm wondering whether or not the symptoms that you know are [linked?] to HIV

MS62

Do you mind if I ask did you ever have unprotected sex with her?

RP8/62
yeah

MS62
Right erm and do you know when she was diagnosed with HIV?

RP8/62
Erm no she's not sure / eh - well she's not sure / whether she was erm - she was diagnosed after / we were together
MS62
/((nods)) /((nods)) /((nods))

MS62
Hmm and so basically you're worried that you caught it off her

RP8/62
yeah

MS62
do you mind if I ask why you've chosen to speak to a medical student rather than the doctors

RP8/62
Well [1] I thought that if I - you know it could be more confidential / it wouldn't have to go into the / you know my notes and that
MS62
/((nods)) /HMM

MS62
The problem is you see I'm I'm only a medical student and I'm really not qualified to give out any kind of information on that kind of thing but erm / but if you're really worried that it might be HIV I strongly strongly urge you to have the test because if you're HIV positive then I mean there's treatment and things and people will be able to help you and sort out things and / it's really really useful to kind of your own condition if if people know that you have this condition and //
RP8/62
/I wonder if - /yeah I just want to

RP8/62
// Yeah but I don't know if I'm ready yet to to to take that test I wondered if you maybe could do some research for me and find out that - you know eh whether it would be - you know how likely it <u>is</u> that it //

MS62
// Oh I'm really sorry I'm not qualified to give out any kind of medical knowledge or – I'm just I'm just a student

RP8/62
You - couldn't you look it up? couldn't you find it? could you ask someone?

MS62
Even if I did that then it would still be me giving you erm erm certified knowledge you'd have to talk to a to a proper qualified doctor

RP8/62
Couldn't you talk – that's what I'm saying I don't want to talk to a doctor cause then it's down on my records and you know then it's it's there forever isn't it? When I try to get a mortgage if [1] you know that's eh eh I want to eh eh I can't - can you / just ask someone who - you know who might know or could you just be

MS62
/I'm really

MS62
I'm really sorry I really would strongly urge you to talk to talk to somebody like – maybe if erm there was a doctor that you liked maybe you could talk to them because eventually it's gonna become a big problem you're gonna have to have it on your notes so it's [1] it's it doesn't mean it that you have to - you really have to talk to somebody qualified about it it's a serious serious problem so

[2]

RP8/62
You're talking about it as if this is quite inevitable it's quite likely that I am HIV //

MS62
// eventually it's gonna become a problem if you are HIV positive so [1] you will really – it's you know it's gonna go down – if you are HIV positive it's gonna – it'll have a really big effect on your life so [2] and the best thing you can do I mean it'll help the treatment if your current you know problems with the tummy / I mean treating it might help sort it out if that's what's causing it but again I don't know
RP8/62
/hmm

RP8/62
So your advice would be to have an HIV test so that //

MS62
// Yeah talk to someone about having one yeah

[3]

RP8/62
Ok ((nods))

MS62
Is that ok?

RP8/62
hmm

MS62
And you feel comfortable doing that?

RP8/62
I don't feel comfortable doing that but ((shrugs))

MS62
You will do it?

RP8/62
I haven't got a choice really have I?

MS62
((shakes head)) (( ))

RP8/62
ok

MS62

Thank you / bye

RP8/62
/thank you bye bye

Facilitator says ‘thank you’. The end.

Tape starts as consultation starts. MS63 sits right, RP4 left.

MS63
Erm hello Mr erm Forsyth? ((shakes P's hand)) / erm my name is [FN LN] I'm a third year medical student erm you've asked to speak to a medical student can I help you?
RP4/63
/yeah

RP4/63
Yeah erm [1] right erm I just wanted to say I'm not somebody that / complains a lot / I'm not not the complaining type / but I just wanted to talk to about - to somebody about it that wasn't a you know a doctor / that wasn't a / - erm I was so badly treated
MS63
/((nods)) /OK /((nods)) /((nods)) /OK

MS63
erm could could //

RP4/63
// what what I should do

MS63
Erm could you tell me a bit about how you've been treated?

RP4/63
Well yeah erm [1] I had my appendix out last night / I was brought in as an emergency / and erm it was it was quite late when I when I was brought in / it was night already cause it was it was my wife's birthday and we were having this party / and I'd been ignoring the the - I'd been ignoring the pain / by drinking you know a bit to stop the pain but eventually it got so bad they brought me in erm by ambulance / and I was put on the ward straight away cause they could see it was serious and then ((puts head in hands3)) erm erm one of - the erm surgeon eh bloke came up and and and he eh he pulled the curtains round the bed / and he started eh asking me questions erm / but it in this really loud voice he was talking really loudly in the middle of this the ward / there were people all around and he's asking you know really you know quite embarrassing questions / really that are //
MS63
/OK /HMHM /((nods)) /oh dear /yeah /((nods)) /((nods)) /OK /((nods)) /((nods))

MS63
// what erm – sorry to interrupt you – what sort of questions did he ask you?

RP4/63
Oh just erm you know just about my lifestyle and and and you know what what I'd been doing and just you know just personal questions really / and then [1] and then he said he's got to do an examination erm [2] and it's it's you know what it's [1] he said he got to you know feel inside / me and it's really embarrassing and it hurt / and I you know I made you know I made noises cause cause it eh it hurt / and there's people all around and and to[day] this morning the bloke who's in the bed next to me said that you know eh he said he was you know - he was really bad cause he could hear everything / and I just I just think I should've be taken somewhere private for that really not to do it with just a curtain round / it seems you know I think - it's done in this loud voice and I've got – I've got a scar on my back / right? and erm he you know he was you know oh that's an interesting scar you know completely – just how the hell is that //
MS63
/right /HMHM /ok /((nods)) /right /((nods)) /you've got a scar RIGHT

MS63
// do do you feel it wasn't relevant or?

RP4/63
Well I think it was inappropriate really / and I I mean I was - I don't want everyone knowing things like // that
MS63
/right

MS63
// well I'm sorry to hear that you have – don't feel that comfortable about the situation / and how it's developed / erm
RP4/63
/yeah /yeah

RP4/63
Well I just want somebody – I just wanted to know

MS63
Would would you like to speak to him?

RP4/63
Erm [1] well [2] I was wondering whether you could you could do that

MS63
Erm I I could I could sp[eak] [1] I mean yeah I could I could probably go and speak to erm – can can you tell me his name? can you remember his name?

RP4/63
I can't but they said it must be on my notes or something

MS63
Probably it probably would be on your notes erm the other people who might be able to help you are the patient advice and liaison service who who //

RP4/63
// cause I don't - I don't want it to be official though / you see I - you know I don't the eh eh eh the bloke on the bed next to me said that I should write in and complain about it but I don't want it – I don't want anybody to get into trouble I just think he should know that what what he was doing was / - I don't think he was being malicious
MS63
/right ok ok /erm

MS63
Right was there anything else in his behaviour that upset you or?

RP4/63
No it was just that it was just the lack of pr[ivacy]

MS63
the lack of lack of privacy / yeah if you felt // that put you in a difficult situation
RP4/63
/yeah

RP4/63
// why can't I be taken to a room on my own? You know ?

MS63
Erm yeah yeah I understand that you - you know you feel uncomfortable about this erm I could possibly speak to the relevant doctor probably the best people would be the patient advice liaison service who – without taking things up at a formal level erm they may well be able to advice you more

appropriately because being a third year medical student erm [1] well I'm not erm – it's [2] I'm I'm aware of the gen[eral] general policy about complaints and things like this but it's not within my remit I could I could speak to the doctor for certain and make them aware of your concerns but erm possibly the patient advice and liaison service would be better

RP4/63
Right ok so you think I should do that then?

MS63
Well I I I mean erm the the decision is with you erm I could go and speak to the doctor on your behalf or erm another possibility would be erm I could have a quiet word with the ward sister and see if she could erm speak to you about this matter

RP4/63
Oh it's tough - I don't want everyone to know cause this is //

MS63
// Erm yeah I eh I I appreciate that

RP4/63
Yeah I just don't want everyone you know joining in / when I I'm complaining and you know and I've gotta be here / and so erm I don't know whatever you think is best for me
MS63
/((nods)) /yeah

MS63
That's [1] I mean it's not it's not it's not really my decision it's you know you – if - it's a decision for you to kind of make as to whether you want to take this further or I could I could speak to the doctor or //

RP4/63
// erm that's what I think is best – that might be

MS63
You'd prefer it that I did / erm would it be ok if I spoke to the patient advice and liaison service and just make things aware to them?
RP4/63
/YEAH YEAH

RP4/63
ok yeah

MS63
Would that would / that be – that's acceptable for you?
RP4/63
/that's fine

RP4/63
Yeah yeah

MS63
Would it be all right if I did that in the first instance and then spoke to the doctor?

RP4/63
All right yeah yeah

MS63
That's ok erm is there anything else that's bothering you?

RP4/63
No I mean you know – no no

MS63
Ok so I'll speak to the patient advice and liaison service and erm see what they say and take take it from there and I'll I'll come back and tell you what what's happening / is that ok?
RP4/63
/right

RP4/63
That's fine thank you / thank you
MS63
/ ok

MS63
Thank you very much ((shakes P's hand))

MS63 and RP4 look at facilitator. The end.

Consultation starts as tape starts. MS64 sits left, RP2 right.

MS64
Hello Mr Forsyth I am [FN LN] / I'm a third year medical student / and erm I've heard you wanted to speak to a medical student
RP2/64
/hiya hello /yeah

RP2/64
Erm yeah erm ((sighs)) oh erm yeah I've seen you - you guys around and I kind of like the way you talk to each other and stuff erm I just thought you'd – one of you would be a good person to have a chat with cause I'm ((sighs)) it's really hard actually I'm really unhappy about something that happened

MS64
right // right ok

RP2/64
// erm you might know that I'm I came in to have my appendix taken out but ((sighs)) the night I came the doctor who saw – the night I came in a doctor saw me and I I really am unhappy about the way he spoke to me

MS64
Right ok can you tell me about what / what's actually happened?
RP2/64
/I don't know what to do about it

RP2/64
Well erm I was - there was a family party and I'd been rushing around all day and erm you know I had pains in my stomach and my appendix / but I just thought well you know it's being busy and (( )) and hope everything will / go all right and erm and I guess you know I think I just got - because I was so busy you know getting food and getting decorations getting people drinks I just thought you know and it kept getting worse I think because I was rushing about / and so I I had a lot to drink cause a drink actually made it feel better / erm and then you know as everyone was leaving we were clearing up the pain got started moving down / to my – to this side ((points)) / and getting really stabby and that's when I s[aid] – I gotta go I I've got to come in / and erm this doctor was just – thought I was an alcoholic / and I know I'd had a lot to drink but that <u>really</u> upsets me / erm
MS64
/((nods)) /yes ((smiles)) yeah /right /right /((nods)) /right /((nods)) /right /right ok

MS64
And did did you say anything to the doctor at the time?

RP2/64
Well eh I mean I was I eh eh I mean I was in so much eh eh I guess I was drunk I was in pain / there wasn't really a lot I could do erm ((sighs)) the worst thing was that all this was happening in front of the entire ward / and and every[body] and it's not really until other people around me said to me you should complain cause they all heard it / and he spoke in a really really loud voice
MS64
/yeah /right /((nods))

MS64
Right it made you feel quite self / self-conscious or well the next day //
RP2/64
/I well erm

RP2/64
// well yeah no the next day and now that I found / – and also erm there's god this is so [1] there's stuff in my medical history that's really quite embarrassing / and he went through all of that

MS64
/hmhm /right

MS64
yeah what erm /

RP2/64
/And now they all know

MS64
Right the whole – so you've – so you had - basically the doctor said things in in front of the ward and they've heard what he said / and you've been eh eh upset about this
RP2/64
/yeah

RP2/64
yeah

MS64
Right have you seen the doctor since this has happened? Have you managed to -

RP2/64
Well I've seen – erm not him but I've seen others / but I I I I mean I don't wanna – I'm not the kind of person who demands compensation for everything / I'm just not and I think I I didn't - I thought I'd talk to a medical student cause they'll be able to give me advice without going through all the (( )) of you know rules and forms and this and that and complaints procedures I just want to know what I can do
MS64
/right /no no

MS64
Right well I think if you – if you do want to make a complaint I think the the best thing that you <u>can</u> do is is to try and erm maybe speak to the doctor yourself / erm but the hospital does have erm you know eh ways of complaining / you know routes you can go through erm to actually /
RP2/64
/((nods)) /yeah

RP2/64
/And the worse thing really was the fact that he he stuck a finger up ((gestures))

[2]

MS64
Right he did an examination yeah

RP2/64
And it was so painful and everybody heard and oh ((sighs))

MS64
right

RP2/64
And it still hurt like the next day and oh ((sighs))

MS64
Yes yeah

RP2/64

I just don't know what oh ((sighs))

MS64
I mean I haven't done one of those examinations before now / I don't know whether th[ey] they might be ex[pected] expected to hurt the next day I'm not s[ure] quite sure / what eh you know about that / but erm all I can really advice you to do because erm I I really I suggest maybe you speak to / one of the the more senior members of staff maybe even the consultant himself / and just say you were a bit up[set] – you know consultants <u>are</u> human – ((smiles)) sometimes they might not might not act like they are but they will be willing to listen erm / to you
RP2/64
/ok /ok /ok I understand /ok /((sighs))

RP2/64
Could you erm would you be able to have a word – would that - ?

MS64
I can say to – I can – I - perhaps I could go up to the consultant and say that erm you'd like to speak to him / erm about erm I eh I won't you know go into the details but maybe I'd just say that you know Mr Forsyth has got erm eh you know requested to speak to you would that be all right / erm cause I think that's eh I think that's probably the best / route for you to go through / if you don't feel like speaking to the consultant / himself maybe one of the nurses might be erm a better contact to go through / otherwise / I eh I think the hospital has got its forms that you can fill in / you know just to say erm / – I'm sure you can even do it anonymously / if you weren't eh– if you were really not wanting to him to know it was
RP2/64
/ok /ok /((sighs)) /((clicks tongue)) /hmm /((nods)) /ok /hmhm /((nods)) /((nods))

RP2/64
I want him to know how unhappy I am

MS64
Yeah cause obviously // you don't want your private details go - definitely

RP2/64
// and I don't mind yeah yeah it's that that's the worst thing / – all right you know ok it's painful but what I didn't want – what shouldn't have hap[pened] – I don't think should've happened was that you know there were curtains – you know it's just curtains between me and the next bed / and I didn't - I can't even remember is the curtains were open or shut when he stuck his finger up / you know so ((sighs)) / I just think something should be done about that / cause no one should have to put up with that
MS64
/hmm /((nods)) /right right /yeah /right

MS64
No no that's quite right I think nor[mally] normally they would they'd- obviously it would be right for them to shut the curtains / and I hope he did in that - in this - in this case / ((laughs)) obviously if they were open / that would be a bad thing / but I'm sure/ it's probably best for you to / – so do you do you want me to perhaps either to inform one of the nurses or the consultant that you'd like to speak to // them would that be would that be all right?
RP2/64
/((nods)) /yeah /((nods)) /yeah /ok /hmm

RP2/64
// yeah that would be good actually yeah / I'll I'll build myself up to it
MS64
/ok

MS64
I'm sorry about what's // what's happened and -

RP2/64
// well thank you no thanks for taking the time to talk to me

MS64
Well that's all right that's fine

RP2/64
ok

MS64
Ok thank you very much

RP2/64
/thanks

MS64
/ok
MS64 and RP2 face facilitator. The end.

Facilitator tells MS65 to start whenever ready. MS65(left) turns to RP11(right, by table) and starts.

MS65
Hi good morning Mrs Mitchell / my name is [FN] I'm a third year medical student / erm I'm not sure whether you're aware I've been asked to come down this morning and tell you your surgery's being cancelled erm
RP11/65
/hello /yes

RP11/65
What?

MS65
There's been some kind of – there's an emergency patient being rushed in this morning needs emergency surgery unfortunately all the doctor are required to attend theatre

RP11/65
I don't / believe this – / I don't believe it
MS65
/sorry /what what do you -

MS65
Were you waiting for some – was it varicose veins [2] surgery?

[1]

RP11/65
Just say that again cause I can't believe you're telling me this

MS65
Yeah I'm very sorry the doctor who was going to see you this morning has had to rush off to s[ee] to theatre there's been an emergency patient submitted it is a life saving surgery this morning //

RP11/65
// oh for goodness sake eh I [1] I can't believe you're telling me this – you know this has happened to me before?

MS65
Has it?

[2]

RP11/65
// oh oh I just

MS65
// that's unfortunate

[2]

RP11/65
// oh dear

MS65
// it's very very difficult - have travelled far this morning?

RP11/65

Well it's not just the travel I mean it's it's everything / I mean you know I [1] I haven't eaten for hours / I've I've rearranged everything with work / and – I can't believe this is happening a second time I mean you know this is just ridiculous actually / I – you know once is bad enough but
MS65
/yeah /right /((nods)) /I understand it must be very -

MS65
It must be very annoying for you / unfortunately like I said there's not - not a lot we can do this morning – doctor's asked me to go and assist as soon as I can – I've got to tell you - you're not the only patient I'm afraid there's you know more patients this morning that had to be told / the surgery's cancelled yeah
RP11/65
/oh:: /the whole lot?

[22

RP11/65
Oh dear

MS65
It's one of those things unfortunately

RP11/65
Oh:: ((laughs)) [2] I mean I know – it's not your fault but [1] I just can't believe it really / I mean you know it – it's so bad isn't it? / I mean I know the NHS is in a bad way but this is ridiculous this is twice this is happened and I've been on a list for eighteen months I mean I work in the hospital for goodness sake
MS65
/hmm /yeah

MS65
Do you?

RP11/65
Well eh you know – you'd think you'd think it would count for something wouldn't you? really

MS65
What do you do in the hospital?

RP11/65
I'm a nursing auxiliary in outpatients but [1] oh:: I don't know [2] I just can't believe that you're telling me it's not gonna happen again

[1]

MS65
I mean hopefully we'll be able to get you in as soon as possible but how long // have you waited last time?

RP11/65
// how soon? How soon?

MS65
It's difficult for me to say unfortunately as I said I've just - I'm just a student but they may well take into account the fact- I'm not quite sure how it works but they might take into account the fact that you've been on the waiting list for so long [1] you can only hope

[1]

RP11/65
Yeah I suppose so [2] what – you don't know how long I have to wait then?

MS65
I don't know I'm afraid no

[3]

RP11/65
I mean do they know I work in the hospital? I mean perhaps that would help?

MS65
I don't know whether they – I eh I don't know if they know that – I'm not sure that it would really change anything you know everybody's treated as equal / patients
RP11/65
/((laughs))

RP11/65
Yeah perhaps some more equal than others you know [1] I have a funny feeling if this was a doctor they wouldn't have done this actually don't you think?

MS65
Well eh it's not my place to comment – I really don't know

RP11/65
hmm

MS65
I understand // it's very annoying for you

RP11/65
// I bet though – I bet you any money they would not have done this if there'd been a doctor

MS65
Well I don't know if they know who does what I'm not sure

RP11/65
They - I eh I'm sure they know I work in the hospital I'm just oh:: // you know

MS65
// It's nothing personal believe me it's nothing personal // it's one of those things that that's

RP11/65
// no no I know it's not your fault I know it isn't

MS65
It was an emergency case it was no option / (( )) situation
RP11/65
/I know I know

RP11/65
I just you know when you think what we have to do to get organised / for something like this it's just ridiculous / oh:: [1] I can't keep doing this you know
MS65
/((nods)) /HMM

[1]

MS65
Are you ok to get home today? Have you arranged some [1] // a lift or anything?

RP11/65
// well they think I'm here and I'm having it done

MS65
yeah

RP11/65
I'll have to – [2] I'll have to sort something out - maybe I can have a cup of tea or something as well I'm – I'm famished

MS65
Oh yeah you can – you can eat now obviously you could -

RP11/65
I didn't – oh:: I don't know [3] I just can't believe it really

MS65
I'm very sorry I apologise on on their behalf but like I say there's nothing we can do

RP11/65
So what happens now?

MS65
I guess they'll just be in touch with you as soon as they can fit you in for another appointment

[2]

RP11/65
And who's to say this – I mean this could happen again couldn't it?

MS65
Well unfortunately yes it could [2] it's one of those things [1] / we have to – we have to treat emergency cases as soon as they come through the door and if it just so happens [1] // it's just unfortunate
RP11/65
/oh::

RP11/65
// it's amazing everyone's involved in that then

MS65
Well obviously there must be a shortage today of doctors I mean they don't cancel (( ))

RP11/65
Oh dear I don't know what to do really – well not much I <u>can</u> do is there?

MS65
Why don't you just go - go and get yourself a cup of tea and have something to eat [1] and try not to worry about it too much I'm sure they'll get you in as soon as they can do

[2]

RP11/65

But - yeah but you know it's not just me that's affected by this it's / my whole family yeah and well obviously my job / I've had to take time off I look after my grandchildren three mornings a week
MS65
/no it's the other patients as well and – your family /how how - yeah?

MS65
Right and how has it affected that then?

RP11/65
Well you know I ((laughs)) my daughter's trying to sort things out and I – oh:: I don't know – I – to be honest it's horrendous I I just can't believe this can happen again oh dear [1] there's nothing you can do?

MS65
Nothing I can do I'm afraid no

[6]

RP11/65
◦Oh I don't know really◦ I don't know what to do I don't know what to say ((laughs)) it's just awful

[1]

MS65
I mean perhaps you can have a word with the GP at home – see if they can sort anything out try to get you in as soon as possible

RP11/65
I mean what happens – do [1] I mean I don't know actually cause I'm not used to all this surgical stuff – but what happens do you sort of like go on the top of – will I go to the top of the list now or / could I be in next week or – you know even a week or ?
MS65
/to be honest I don't really know

MS65
I don't know how it works I'm sure they will do their very best to get you in as soon as possible / erm I I'm not quite sure how it works I'm only a student I don't know
RP11/65
/ that doesn't really mean anything does it?

RP11/65
No – a bit of a grim job you've been given isn't it?

MS65
((laughs))

RP11/65
((sighs))

[2]

RP11/65
I mean I feel sorry for you really – having to tell me – but I ((shakes head))

MS65
I understand it's very -

RP11/65
I don't think they realise quite what an impact this has on people's lives [2] I mean you know I mean they probably don't think it's important because it's varicose veins

MS65
I'm sure that's not the reason – the reason is that this surgery was life saving [1] it wasn't a choice between you know / what's more important
RP11/65
/yeah

RP11/65
You – you don't think people are treated differently then do you depending on / what they – ((laughs)) I still don't think doctors wouldn't treated like this
MS65
/no no

MS65
I really don't think they're treated any differently it just happens that this case was an emergency

[2]

RP11/65
So if Mr Brown the consultant that I know had this problem he would've still be told // it was cancelled?

MS65
// I'm sure he would yeah

RP11/65
((laughs))

MS65
I'm sure he would

[2]

RP11/65
I'm not sure [2] oh:: I don't know [4] I don't know what to do really

MS65
You should go home and put your feet up have a cup of tea have something to eat [2] try not to worry

RP11/65
I think I'm more angry than worried I'm – I am angry I'm angry with the fact that they muck people about like this I know about the emergencies involved and you know if it was me I'd want them to sort it out but there must - it's just <u>bad</u> really isn't it you know ?

MS65
It is bad

RP11/65
I mean in any other – in the business world or in any other p[art] part of anything like you know not I health services this wouldn't be allowed happen

MS65
no

RP11/65
People would kick up a fuss [4] don't you think it's a bit bad really?

MS65
Well like you say there must be a shortage of doctors on today which - yeah it is bad but unfortunately it's the way things are at the moment

[2]

RP11/65
Do you think they'd make allowances for – you know like you you you cause you're always going to get emergencies suddenly aren't you? you'd think they'd you know sort it out really so they can still do it [1] wouldn't you?

[5]

RP11/65
Don't you think?

MS65
Yeah it eh - it is difficult for me to say but yeah I mean maybe one of the doctors on call is unwell today or busy tied up with something else maybe there's more than one emergency I don't know

[6]

RP11/65
((sighs)) right [1] I don't know why I bother

[2]

MS65
What do you mean?

RP11/65
Well I just think this can happen again and I don't know if I can go through this again – it's bad enough the second time bad enough the first time and now it's happened again and just – and my legs really hurt oh::

[1]

MS65
I think the best thing for you to do is to have a word with your GP at home

RP11/65
Well what can he do?

MS65
Well he may be able to I I – like I said I don't know how it works but he may be able to get in touch with a consultant in the hospital

[2]

RP11/65
What and move me up a bit on - you know like sort of sooner?

MS65
I don't know but if you're experiencing pain or discomfort and it's bothering you and [1] interfering with your life [1] then possibly I don't know I don't want to put your hopes up because I – like I said I don't know how it – how it's done but it it's worth a try speaking to your GP

[4]

RP11/65
And you can't find out now today what's gonna? / whether I'd actually - I can't – you know you'd think they can just go and book it in for like the next available slot or something [3] wouldn't you?
MS65
/No not at the moment no ((shakes head))

MS65
I don't know

[4]

RP11/65
Oh well thank you for telling me anyway

MS65
Ok [3] try not to worry

RP11/65
pffff hmm [2] easier said than done isn't it really?

MS65
(( )) I understand

RP11/65
Ok

MS65
Ok

Facilitator also says 'OK', MS65 looks at facilitator. The end.

Tape starts as consultation starts.

MS66
Hello Chris ((shakes P's hand)) is it Chris?

SP17/66
yes

MS66
Hello I'm [FN] I'm a third year medical student

SP17/66
uhuh

MS66
I'm afraid I've had to come here because erm the doctors who were supposed to operate on you this morning are being called away to a serious erm emergency operation and are unable to perform the operation today I'm afraid

[1]

SP17/66
So it's not gonna happen today at all?

MS66
No the erm morning list has been cancelled [1] until further notice

SP17/66
((sighs)) this is the second time this has happened then

MS66
When was the last operation?

SP17/66
Oh god well it was supposed / to happen two months ago // but I mean I've been waiting longer than that

MS66
// supposed to –sorry /two months ago

[4]

MS66
So erm how are you feeling then?

SP17/66
Well fed up
MS66
Yeah [2] do you have any questions at all?

SP17/66
When will my operation be?

MS66
Erm I cannot erm and[wer] answer that question cause I don't know erm when it will be resch[eduled] rescheduled for erm I know they will try to see you erm get in contact with you today to let you know when your erm next appointment will be

SP17/66
((sighs)) ((hands through hair4))

[5]

SP17/66
I mean why you know why does this happen? Why do some people get rushed to the top of the list?

MS66
Erm as I said it's erm it's a life saving operation they have had to go in and perform – it's an emergency erm it's a three hour operation that they have to perform so unfortunately some people have to - have to have a higher priority so so

SP17/66
I bet that I were a doctor my appoint[ment] my operation wouldn't have been cancelled

MS66
I don't think that's the erm case the NHS is there for everyone to use I don't think there is preferential treatment

[2]

SP17/66
You know I kind of organi[sed] you know – paid for extra childcare and everything organised time off work and ((sighs)) second time this has happened now

MS66
Right I'm really I'm really sorry and there's [2] there's nothing I can really do erm would you like to s[peak] would you like to wait and speak to the consultant when he's finished? / but it will be a long time I'm afraid
SP17/66
/Why?

SP17/66
I don't see – it's a bit pointless really what what what is he or she gonna say to me?

MS66
He might be able to give you a better time span as to when he'd ne[xt] be next able to see you and he might be able to answer your questions more fully than I can

[2]

SP17/66
Well [1] I don't know really I mean I've I didn't have anything to eat this morning so I'm a bit hungry / and that would mean having to miss lunch as well if I hang around and wait / [3] it's just [2] it's just really ((sighs)) [3] you know sort of been putting up with this for eighteen months or so now and / it's just you know I've got to go back to work tomorrow and I'm still gonna be in pain / but you know god knows how long I've got to wait again it's just frustrating
MS66
/yeah /ok /YEAH /yeah

MS66
Are you in severe pain at all?

[2]

SP17/66
Well by the end of the day I'm in a quite lot of pain yeah / I just want it sorting out

MS66
/yeah

MS66
Yeah I'm sure they'll get back to you as soon as possible to to let you know what's happening erm

SP17/66
hmm

MS66
I'm really sorry again

SP17/66
Well it's not your fault it's just annoying / it's just inconvenient it's just you know logistical nightmare reorganising everything yet again / hmm [2] and you kind of psych yourself up to you know come in / for an operation and [1] and you sort of pfff have to do it all again whenever [2] so oh
MS66
/yeah /yeah /yeah

[3]

MS66
Have you got any other questions at all?

SP17/66
((shakes head))

MS66
No?

SP17/66
No I mean you can't tell me when it's gonna be rescheduled for / that's the only thing I'm really interested in knowing to be honest
MS66
/yeah

MS66
ok

SP17/66
hmm

MS66
Do you want me to find someone else who might want to talk to you? erm all the doctors are involved in the surgery but if you want to speak to a nurse or a receptionist

SP17/66
Will they be able to tell me when it's gonna be rescheduled for

MS66
They might have a better clue as to when this type of clinic will be next on / erm that's // all I can do
SP17/66
/right

SP17/66
//ok well that might be useful / because I have to start you know planning ahead
MS66
/ yeah

MS66
Ok do you want me to go and try and find them now?

SP17/66
ok

MS66
Ok nice to meet you ((shakes P's hand)) thanks *The end*

Facilitator says to start when MS67 wants to. MS67 sits right, turns to RP6 (right, sits bended forward) and starts.

MS67
Erm hello (( ))

RP6/67
hi

MS67
My name is [FN] and I'm a third year medical student

RP6/67
Hello [FN]

MS67
hello how may I help?

RP6/67
Erm [3] I just had a few things on my mind a little bit recently erm they're doing some investigations and they don't really know what's the matter with me [2] erm I'm here for some tests [3] they think I have this irritable bowel thing erm [2] for me I'm a bit up against it with that but erm I've got something else on my mind as well and I was a bit reluctant to talk to the doctors about it

MS67
Right [3] and you're quite welcome to talk to me about it if you want to the thing is – because I'm a – because medical student / only a third year I'm not a qualified doctor / and [1] anything that you say to me [2] if you don't want me to I won't tell anyone else / but <u>but</u> nothing can be done about it so / if it's just me and you want to get something off of your chest and you want to tell someone then it's fine to tell me / but at the same time I can't do anything about that / once you told it to me and also if it's anything [3] such as there eh a couple of things which I'm not exactly sure on that I'd have to pass on which is information about sort of (( )) sexual transmitted diseases and things like that but if other – if other people are at risk anything like that then I'd have – I might need – I might have to pass that on [5] that's just telling you exactly what I know - does that //
RP6/67
/hmm /oh ok /HMM /hmhm /hmm /no that's that's -

RP6/67
// I was I was I was just hoping to speak to someone to –I I just wanna ((takes glasses off)) just kind of chat some things through cause I'm not sleeping very well cause I had a weird phone call from somebody but ((rubs eyes8)) I I wanted to talk to a medical student cause you guys don't write things on my notes if if there's all these special categories of things that you have to pass back to doctors then it makes it a bit difficult to know [1] ((puts glasses on table)) who to talk to or not / I want to talk to you about somebody else not me / so can I do that in confidence?
MS67
/yeah /right

[2]

MS67
Yes I think so

[1]

RP6/67
Erm [2] I had this call from my erm [2] ex boyfriend who I'm still sort of friends with erm and he thinks he might be quite poorly and he was quite upset and frightened about it all and [5] and it just seems

sort of [2] I don't really know what to say or what to do / and I don't know whether he's infected me / that's why I'm scared
MS67
/((nods)) /no

MS67
Yeah I can understand that with you being here erm I can understand that I can sympathise with the fact that - has he come in and visit you?

[1]

RP6/67
He hasn't been in no

MS67
He hasn't been in [2] and yeah if you're not sleeping very well because it's on your mind / erm if you don't want to speak to any other medi[cal] in the medical - qualified medical staff about it then it's completely up to you [1] but things that are stressing you out with – the fact that you're worried about the tests that people are doing on your tummy and also and if there are other things on your mind – I'm not saying tell them but maybe [2] if they know that there are other things on your mind
RP6/67
/yeah

RP6/67
Erm well I'm just so worried - I don't really know what they're looking for with me I don't think it all seems a bit confused and

MS67
Who have you spoken to about erm the test that you're having at the moment?

RP6/67
My GP told me that I got to be in for some tests / and I had one conversation with one of the erm one of the doctors but it all went a bit ((hand over head)) big words it all went a bit ((repeats gesture)) woosh woosh
MS67
/((coughs)) excuse me

MS67
Yeah was that on the ward round? / Was that – were they all (( )) facts?
RP6/67
/yeah

RP6/67
yeah

MS67
yeah

RP6/67
But erm [4] I don't know - I don't know what they're writing down I mean what if I have one of those sexual transmitted things that you just mentioned // what would that do to my life?

MS67
// no that was – that was completely – that was only if you were gonna talk about things like that

RP6/67
No but they are prodding around down there and sort of looked in my backside and stuff / I was wondering if maybe that's what they're looking for

MS67
/ok

MS67
I don't know I haven't seen the notes and that's nothing to do with me - the first thing for you to do I'd say it to talk to a doctor and they got time - to speak to a doctor and say ((coughs)) excuse me and say when when it was explained to me what you were looking for and what's going on – so just explain that you didn't quite understand what they were talking about and that it's the first time that other than your GP that somebody had spoken to you about it and so erm if you explain that and ask them to just explain to you again slowly and stop them erm if you get confused or anything that you don't understand – someone will go through it with you or speak to one of the – one of the nurses // on the ward

RP6/67
// ((rubs eyes10)) but it goes on my notes doesn't it? you can't speak to them in confidence because everything that you – even if you just want an informal chat or information it all goes into the blasted notes and then [2] I know that notes aren't very private not as private as they're supposed to be // (( ))

MS67
// (( )) they're only people that will be looking after you and want to look after your wellbeing will be looking at the notes

RP6/67
What about mortgage people insurance people? They get hold of the notes don't they these days?

MS67
They – everything that is taken from a patient should be kept in confidence <u>any</u> information from the patient should be kept in confidence

RP6/67
I heard about it and I – I heard about it in the newspapers and stuff that – even you know people who have had HIV tests because erm because they're <u>responsible</u> and maybe they've had only one or two partners but really <u>responsible</u> and then they had HIV tests and then then then be treated like some sort of a afterwards because the mortgage people have seen their / their notes
MS67
/I wouldn't

MS67
I wouldn't start worrying about that I really wouldn't if I were you I'd speak to – just speak to one of the doctors because then - if you speak to a doctor and // say – explain that

RP6/67
// is it true though – do they do that?

MS67
I don't know I don't know I can't say that they don't cause I don't personally know but as far as I understand as far as any ma- good medical practice occurs everything should be kept in confidence

RP6/67
Would would I be able to find out which:: which illnesses and stuff [1] stop me from getting (( )) and things

MS67
Yeah of course but you need to speak to one of the doctors I couldn't do that

RP6/67
But you got you got access to medical books and stuff don't you?

MS67
Only as much access as any layman has

RP6/67
And medical school stuff and

MS67
Any library or any internet you can get any information on but that's not for me to do I'm very sorry but if you're worried you should speak to one of the nurses or one of the doctors

RP6/67
I don't trust them ((laughs)) [1] I'll think about it

MS67
I'm very sorry if I can do more I would but as a student [1] I'm very sorry

[2]

RP6/67
(( )) once you've said something once you've you've once you've said what's on your mind or or or you're doctor's got their hand on on on certain things then it's not (( )) it's not private and you have to know before you tell them whether it's gonna be private or not and you said it's the same with you so I can't really tell you what [1] my boyfriend said [1] until I know whether it's one of these things that goes on my notes or not ((sighs)) it's quite difficult these days isn't it?

MS67
Yes I do I do understand – I don't – eh [2] one thing that I wouldn't want to happen is for you to tell me something and for me to have to go and then tell someone if you don't want me to but at the same time if you want something off your chest then [1] I don't know how the the logistics [then stand] - that that's the thing it's difficult to know

RP6/67
But my - I just I suppose my my fear is is that my ex had just called me up he's not well he's not a great patient he's highly prone to exaggeration but he <u>did</u> sound genuinely very upset and very frightened / as well and I'm wondering if it's not completely accidental that I'm in here having all these investigations you know I got I've got (( ))
MS67
/((nods))

MS67
Has he been to the doctor's?

[2]

RP6/67
((nods))

MS67
((nods))

[2]

RP6/67
Hmm but [3] I don't know I don't know who to - I know anyone to trust to talk to

MS67

Do you think the information you know about your ex erm if it's got something to do with your health? / then you / are very important
RP6/67
/((nods)) /yeah my health

RP6/67
I know

MS67
So [2] maybe why you – why – it's important and you think it may be related to the tests you're going – you're having at the moment

RP6/67
hmm

MS67
Would you not want to speak to a doctor about that?

RP6/67
No cause they're gonna put it in my notes

[3]

MS67
◦Can't just have a word ◦ I I'm not saying / (( )) I I don't know that's the thing I don't know but at the same time you're health is very important
RP6/67
/(( )) ((laughs))

RP6/67
But if you can find out what's sort of thing - what things go on my notes then I'll know whether or not to talk to a doctor

MS67
I'll do that

RP6/67
(( )) would you say the internet or the medical library?

MS67
You – anyone can get any information they really want to get a hold of – I don't know where to get (( )) from

RP6/67
// At least it's a start I don't have a computer or anything ((rambles)) I'm supposed to (( )) library?

MS67
// I'm really sorry

MS67
I I expect so - but I really I really must say if you're having to stay in hospital then the best person to speak to about – about anything to do with your own health but also- (( )) someone all the doctors I'm not saying the main consultants if they're you know busy or whatever but all the registrars or SHO's they are all really really easily approachable // and

RP6/67
// ((rambles)) but I've also just just started to look for my first house and I'm just I'm – going through this ((gestures)) and all this bollocks and I got to have this sorted and [I'm also looking for my first

home] so I can't say anything that's gonna jeopardise - that's gonna jeopardise that so I need to get my facts really straight first - I'll see what you say I'll see when I get out erm // (( ))

MS67
// can you speak to any of your family members? About what's going on? / is there anyone in your family that you – or close friends that you'd speak to?

RP6/67
((shakes head))

RP6/67
My brother I could speak to my brother

MS67
Perhaps you can speak to your brother about it - it's always good to speak to different people

RP6/67
Cause I'm stuck in here perhaps he can go to the library

MS67
Well just to just to get things off your chest just to talk about things [1] especially someone that you know really well / it's always a good thing to do ((smiles)) ok?
RP6/67
/ok

RP6/67
Ok / I'll try [1] I'll call him today
MS67
/ok

MS67
Yeah ok thank you

RP6/67
Thanks for your time (( ))

MS67
No not at all don't be silly ((laughs))

RP6/67
ok

MS67
Thank you

The end.

Tape starts as consultation starts. MS68 sits right – barely visible due to light – RP7 sits left.

MS68
Good morning Corinne Steel is it?

RP7/68
yes

MS68
yeah my name is [FN LN] ((shakes P's hand)) / I'm a third year medical student / I believe you requested to speak to a medical student
RP7/68
/hi /ok yeah

RP7/68
Erm yeah erm [1] let's tell you why why I'm in hospital really erm I was having some trouble and I went to my GP cause I was getting erm a lot of constipation a lot of diarrhoea and things / and I left it for a while but then I stopped to see erm that I had some blood / there too so I went to see my GP erm I'm back to see – I've been in the hospital causer they can do some tests and stuff / erm and they've taken some blood and and erm use the camera and stuff to have a look round erm [3] I suppose I've been (( )) a bit about erm what's been going on with me cause they have haven't said what it is yet erm is this is this is this confidential?
MS68
/((nods)) /((nods))/((nods))

MS68
What we're doing now?

RP7/68
yes

MS68
Yes it's con[fidential] confidential so how can I help you today?

[3]

RP7/68
Erm I've just been worried about what this might be / and I have some worries about what it could possibly be at for some quite valid reasons really that I'm worried about erm erm people because [1] it goes on my notes and things erm
RP7/68
/hmm

[1]

MS68
Are you worried about telling the doctors?

RP7/68
yeah

MS68
Have you told them anything?

RP7/68
no

MS68
Erm

RP7/68
See I might be overreacting I might be worrying about nothing so I don't want them - I don't wanna say things and them then think erm I have something that I haven't and then I erm I don't know indications of having it is worse then - you know

[2]

MS68
Erm so you're worried about telling doctors and staff problems?

RP7/68
About what I think is wrong with me yes

MS68
Hmhm have you actually spoken to any of the staff at all?

RP7/68
No no

MS68
Erm //

RP7/68
// I can't cause it'll go on my records

MS68
No you know that all doctors and nurses are (( )) by the erm ((coughs)) – sorry - british medical council / and under their guidelines there's erm everything has to be confidential / so whatever goes on your notes is only viewed by medical staff
RP7/68
/yeah I understand /yeah

RP7/68
That's the point I don't – what I what I want to tell you I don't I don't want it to go on my notes it's just an inquiry I just want to find out some information for me about the thing that I'm worried about

MS68
Which is?

[3]

RP7/68
I'm worried that erm the symptoms I got at the moment might be indicative of erm HIV

MS68
((nod)) [2] have you been reading up on the subject? You said you've read up a little bit but

RP7/68
yeah

MS68
So you've looked around and you're worried about the symptoms // you're having

RP7/68

// I haven't read up on the subject I just – what happened is erm a former partner of mine has told me they are HIV positive / then I get ill and I don't know of this is is a symptom of that / I don't know / I don't know enough about it / I don't want tests and stuff and you all put on my notes so I need to find out more about it
MS68
/((nods)) /((nods)) /hmm

MS68
Well there is a – there is a – I don't know if you heard of it - the GUM clinic? / They run a completely confidential anonymous service which you can go to them and they'll run you for any anything anything you want such as HIV / and it won't go on your medical notes and you're the only person who'll find out / it's completely anonymous - it will never go on your notes - you'll know no one else will / so then you can decide what to do with the information
RP7/68
/((shakes head)) /right /right /right

RP7/68
So it's completely separate from this hospital or anything?

MS68
It's nothing to do with this hospital whatsoever it's nothing to do with any of the hospitals it's just called a GUM clinic / you go along you have the test they tell you – they don't tell anyone else / and it's all for you
RP7/68
/hmm /right

RP7/68
Right how do I find out where these clinics are?

MS68
Erm [1] I'll go and get an information brochure for you / and then give it back to you if you (( ))
RP7/68
/yeah

RP7/68
Do you think that the symptoms that I've talked to you about today could be indicative of it?

MS68
Erm at the moment I haven't really studied HIV much so I'm not sure what the symptoms are for that / and so I couldn't actually tell you what they are / erm eh but if you're worried it's best to go and check it out and obviously the GUM clinic keeps it confidential
RP7/68
/((nods)) /right

RP7/68
Right and there'll be no comeback with job applications insurance anything like that?

MS68
Nothing like that no

[2]

RP7/68
Well because – I mean I might not be – I mightn't be (( )) I might not – if I'm not - what I'm worried about is – you know when they did that procedure

MS68

Which one

RP7/68
Erm they erm put a camera

MS68
A colonoscopy

[1]

RP7/68
It begun with an s is it a s

MS68
A sygmioscopy

RP7/68
Erm I found it difficult to erm sort of erm keep myself together control myself it was a bit – it was messy [2] would I have put those people at risk if I am [2] sort of the staff

MS68
Erm I don't believe so – I'm not I'm not entirely sure about this erm obviously all the staff here know there is some risk they can contract anything of anyone cause no one is entirely sure what's wrong with them / but the chances of you passing on to one of the staff is very negligible
RP7/68
/right

[3]

RP7/68
That's what got me thinking I need to find out if I got

MS68
Hmhm but if you find out would you tell the staff?

[4]

RP7/68
I don't feel that's right

MS68
Hmhm

[2]

RP7/68
But I don't know I don't know I I've I don't know ((sighs)) [3] I don't know how I'd feel if you come back (( )) ((shrugs)) I haven't even thought about what I'd done before I even thought about that

MS68
((nods)) Obviously that's an outside chance that - but I imagine that if you are worried it might be wise to give it some thought

RP7/68
((nods)) ok

MS68

Have you spoken to your partner at all? Your ex partner?

RP7/68
no

MS68
So you - You're not entirely sure how he contracted it?

RP7/68
no

[5]

MS68
((looks around – looks at facilitator))

RP7/68
Ok erm so this goes no further this has just been a conversation between you and me only

MS68
Exactly yes

RP7/68
Ok and you'll get me the information on the GUM clinics

MS68
I'll find a leaflet for you yes

RP7/68
ok

MS68
I'll find out where and when when it is / and then you can pop up if you want to
RP7/68
/right

RP7/68
((nods)) ok yeah thank you

MS68
thanks

RP7 sits back and looks at facilitator. MS68 does the same. The end.

MS69 looks at facilitator, then faces RP8 and starts. RP8 sits left, MS69 right.

MS69
Hi Mr Mitchell erm my name is [FN] I'm a third year medical student

RP8/69
right

MS69
Erm what it is is erm the doctors have told me to inform you that your operation has been cancelled for today / it's an emergency erm it's a life or death situation so the doctor's had to go away I'm afraid
RP8/69
/((leans back))

RP8/69
Cancelled?

MS69
Yeah (( )) today

[2]

RP8/69
When?

MS69
I'm not sure to be ho[nest] that's the eh erm the doctor will have to inform you the date

RP8/69
Right / Well this is erm this is erm this is the second time this has happened you know / I've been on the waiting list now for eighteen months / you know I eh I work in {outpatents} / at outpatients/ I'm an auxiliary nurse there you know I would have thought they'd look after their staff a little better
MS69
/I'm really sorry about this /sure /((nods)) /yeah /yeah

MS69
Yeah I'm really sorry about this it is out of the doctors hands I'm afraid there is - was actually an emergency I can understand you're upset and I mean obviously you've come back a few times for this – this is your second time did you say?

RP8/69
Second time yeah

MS69
Second time - erm

RP8/69
Yeah if I was a doctor it would be a bit different wouldn't it?

MS69
Eh eh erm everyone's on the waiting list the same you know erm it doesn't matter //

RP8/69
// so you're telling me that if I was a doctor then I'd have to you know I'd have to wait another few months

MS69
Anyone who's on the NHS waiting list you know

[2]

RP8/69
So what was this what was this emergency that came in?

MS69
Erm someone's erm main artery has been ruptured and we've had to [1] we've had to go away we've had to erm do emergency surgery on these people

RP8/69
Hmm right

MS69
So

RP8/69
Ok so what happens now?

MS69
What happens now is erm obviously it's cancelled for today and I'm really I am really sorry about that erm you should get another letter from the post I presume / erm informing you of the next date of the operation
RP8/69
/((nod))

RP8/69
And when will I need to get that letter?

MS69
Erm I'm not sure to be honest / erm the doctor's just told me that I had to erm he's had to cancel the surgery for today
RP8/69
/((nod))

RP8/69
So I'm gonna leave here today not knowing when we're gonna get a letter telling me when the operation is or

MS69
erm

RP8/69
you can't - Can you give me any reassurance at all? Who do I need to speak to? Who do I need – you know – to find out where it's gonna be rescheduled?

MS69
Erm the best thing I could erm – do you have a letter it's got a number on it hasn't it? / Oh I can always – I wouldn't be able to find a doctor themselves / but - obviously they're in surgery I can't / go in talk with them / but erm
RP8/69
/hmm /((nod)) /((nods)) /right

RP8/69
When could you talk to them?

MS69
I could try to talk to someone this afternoon and I could express your concerns / if – if that's - I could tell them how you feel if that'll make you feel better if you want me to talk // to the doctor
RP8/69
/((nods))

RP8/69
// yeah I mean it's a real inconvenience again / it's affected you know get childcare / again today - I've taken time off work / you know and it's all for nothing / and I've still got these damned varicose veins / and
MS69
/right /yeah /YEAH /((nods)) /((nods))

MS69
I complet[ely] I do completely understand obviously not what you're going through but I understand that you're annoyed (( )) I know it's taken – [1]

RP8/69
It's taken?

MS69
I know it's an erm inconvenience for you / and erm
RP8/69
/((nods))

RP8/69
Hmm it's not your fault

MS69
I do understand though ((smiles))

RP8/69
Ok [1] so you'll have a word with the doctor?

MS69
I'll I'll I'll see the doctors this afternoon - well this afternoon or tomorrow whenever / whenever I can yeah
RP8/69
/and so

RP8/69
Eh eh if I pop in tomorrow can – will I have - will you have some better idea of what's going on?

MS69
The best thing to do is to wait eh I can tell them but still the best thing to do is to wait for the letter to arrive or you can call their receptionist if you'd like

RP8/69
Yeah but I'm only working over the way I can come down tomorrow

MS69
But I eh I'm not based in this actual particular department all the time cause I'm a general / - cause I'm a medical student I'm based all over the place
RP8/69
/right

RP8/69
Yes ((nods)) [1] ok so expect a letter in the next [1] ?

MS69
erm

[1]

RP8/69
Couple of weeks or something?

MS69
Yeah hopefully yeah

RP8/69
ok

MS69
I can't put a guarantee / on when it will be
RP8/69
/right

RP8/69
(( ))

MS69
(( ))

RP8/69
Thank you ((shakes D's hand))

MS69
Ok thank you

Both look at facilitator, who thanks them. The end.

MS70 sits right, RP9 left. Tape starts as consultation starts.

MS70
Hello

RP9/70
Hi there

MS70
((shakes P's hand)) Mr Mitchell?

RP9/70
Hi yeah

MS70
Erm I'm [FN LN] I'm a third year medical student

RP9/70
Oh right

MS70
Erm I've been asked just to tell you that erm your operation this morning has been cancelled I'm sorry to say that there's been erm / a bit of a change in the schedule
RP9/70
/oh you're joking

RP9/70
You're winding me up right?

MS70
Erm sorry no erm

RP9/70
For crying out loud not again

MS70
Has this happened before?

RP9/70
Yes yeah yeah it has yeah yeah I've been on the bloody list for eighteen months now

MS70
Erm yeah erm I'm sorry // about

RP9/70
// this is the second time they've cancelled this

MS70
Erm I can understand how this can be inconvenient for you

RP9/70
((laughs)) yeah right

MS70
Erm //

RP9/70

// so you – do they - I mean do they know I'm one of the staff here do they understand that?

MS70
Erm yeah I'm sure they are aware of this erm what's actually happened / is that a quite serious case has come in and they need to operate quite quickly / erm
RP9/70
/oh((sighs)) /Yeah yeah

RP9/70
I mean you (( )) your guts out for this bloody hospital

MS70
I can understand that how you might may be feeling but you know sort of they wouldn't they wouldn't have made a step of this sort if it wasn't really urgent

RP9/70
Yeah yeah

MS70
I'm sure – you said you're a health care professional yourself – I'm sure you can understand that they may do something like this //

RP9/70
//yeah I understand I understand yeah they wouldn't do it if it was a doctor – if this was a doctor waiting for an operation they'd certainly get it / it's cause I'm just an auxiliary but
MS70
/oh I'm sure that's not the case

MS70
I'm sure that's not the case I mean eh eh it would be of some severity the operation that they needed to cancel a morning's operations for

RP9/70
Well why is it cancelled then?

MS70
presumably they erm obviously // the severity erm

RP9/70
// what's so important that it's more important than this cause I have been on this blooming list - it's the second time they've cancelled this

MS70
Erm I'm afraid I can't really divulge any more information other than to say that it's quite a serious case and I'm sure you can understand that if they didn't cancel the morning //

RP9/70
// I don't know I don't work here I work in outpatients I have no idea what they are doing – it's ridiculous

MS70
I I can understand how this is inconvenient for you // but

RP9/70
// I actually don't know if you probably do understand I've had to take the day off work I've had to arrange childcare / this is the second time / this has happened you know in a matter of months
MS70
/((nods)) /hmm

MS70
I see

RP9/70
It's just eh – I've got agony with these bloody legs / working here you know if I want – if I'm on my feet more than an hour / these are absolutely killing me
MS70
/((nods)) /yeah

MS70
I see erm I'm not really sure how to //

RP9/70
// am I supposed to struggle on and carry on whilst they're busy cancelling operations again and again am I suppose to just keep working?

MS70
As I said erm it's not a decision they would have taken lightly and I'm sure they'll sort of make efforts to reschedule sometime in the near future

RP9/70
When?

MS70
I eh eh I don't have these details at the moment I'm sure you'll be contacted soon by the doctors

RP9/70
Yeah yeah yeah yeah [1] this costs - this costs me money every time I do this you know I need to take time off of work and I need to get the childcare

MS70
I understand eh I understand why you're angry // it's erm

RP9/70
// Yeah I am angry I hate blooming operations it's taken – you know you get yourself all psyched up for the thing and then they cancel it <u>again</u> / it's like it doesn't matter to them / it's like it's not important
MS70
/((nods)) /no

MS70
No that <u>so</u> isn't the case I mean they do understand how much - erm sort of what stresses are involved // and

RP9/70
// you just get (( )) don't you - cause you just think yeah if this if this if this was – if I was a a surgeon or something like that waiting for an operation they would see it through (( ))

MS70
I I'm sure that's not the case I don't think there is any sort of discrimination like that erm hopefully you can understand that this would be quite a serious case if they don't operate immediately / there may be potential fatal [results about this?] and as sort of a health professional yourself you'll understand how these sorts of cases work
RP9/70
/hmm

RP9/70

((sighs)) what am I supposed to do now then? I mean I eh - I took a day off work I've paid out a wad of cash to have the kids put in childcare the rest of the day / ((sighs))
MS70
/((nods))

MS70
Erm I can arrange for you to see perhaps someone who may be able to give you some more information – obviously I don't have information about when or how you may reschedule erm but I can put you in touch with someone who who can

RP9/70
Yeah but

[2]

MS70
But I'm sure you <u>will</u> be contacted quite soon in the near future // to get it sorted out

RP9/70
// yeah it's not your fault I just get a bit [hacked up?] with it do you know what I mean?

MS70
No I understand I understand and I will try to and sort of sort this out and or at least put you in contact with a doctor or someone senior // in charge

RP9/70
// I mean you would think there would be some kind of priority for people who actually work in the hospital to make sure they actually get seen

MS70
I I understand what you mean but you use the word priority / in this case if if there is a <u>serious</u> operation that needs to be done // it is
RP9/70
/yeah

RP9/70
// yeah I mean I'm not talking about that I mean I understand that – it's just the fact you get shoved back again you know I don't know how long it's gonna take them and it's all time I could have been at work you know it's being wasted

MS70
Erm I'm so sorry about this

[2]

RP9/70
Oh it's fine it's not your fault

[2]

MS70
And how would – how would you like to proceed from here?

RP9/70
Well there's nothing to do about it is there? I just have to wait and find out when they give me a rescheduling

[1]

MS70
I mean as I said if you want to sort of make steps towards that today I can find out who's in charge of matters like these / help to put you in touch with // the appropriate person
RP9/70
/yeah

RP9/70
// if is there any way you could actually get it done a bit quicker?

MS70
Erm well //

RP9/70
// That would be fantastic

MS70
Well personally I don't have any say in how the rankings work or // how
RP9/70
// no but you know eh but if you know who could do that

MS70
I can I can put you in touch certainly with someone who knows more about the operations / and how the timing and scheduling // works or something like that
RP9/70
/yeah

RP9/70
// cause cause it's driving me nuts now I mean months months I had of this and I'm on my feet al.l day doing you know / – all of - most of what I do is on my feet / and everyt[ime] every half hour these things are killing me / [1] everyone thinks this is like some sort of cosmetic thing - it's not
MS70
/((nods)) /((nods)) /yeah

MS70
Of course not no no

RP9/70
yeah

MS70
No one thinks that – certainly we don't and we understand that - I'm sure it's painful and if there is an operation that you're meant to be have then obviously it's something // quite serious and

RP9/70
// there must be something they can do though this is twice this has happened and you know they they must see they need to get this done a bit quicker for people actually on the staff

MS70
Yeah I certainly I will erm speak to a senior doctor or someone in charge or perhaps put them in touch with you as well / try and get this matter sorted out / obviously you understand that I personally can't do anything to help you right now // (( ))
RP9/70
/yeah /yeah great cheers

RP9/70
// yeah of course you can't you know you're just a third year

MS70
I certainly will put you in touch with someone that erm you can speak to

RP9/70
ok

MS70
all I can do is apologise for the inconvenience

RP9/70
yeah it's all right it's all right thanks a lot

MS70
ok

RP9/70
cheers

Both look at facilitator, who thanks RP9 and MS70. The end.

MS71 sits left, RP10 sits right. Conversation starts when tape starts. Both shift on seats as if they only just sat down.

RP10/71
Hello

MS71
Mrs Mitchell?

RP10/71
Hello hiya

MS71
Hi I'm [FN LN] I'm a third year medical student

RP10/71
[FN]?

MS71
Yeah [FN LN] erm I've been I - I understand that you've come in to have a varicose vein operations done

RP10/71
Yeah

MS71
I'm really sorry to have to tell you this but the SHO has asked me to tell you that erm an emergency patient has come in and needs an operation and so there's been a delay in all the operations

RP10/71
Oh you're joking

MS71
Yeah I'm really sorry about that

RP10/71
So when are they gonna come round to me?

MS71
Erm I'm not entirely sure but the operation's erm it's an emergency so has to be performed straight away and he hasn't given me much details but it's gonna take approximately three hours so they are gonna erm – it's gonna have a knock on effect on erm when your operation's gonna be I'm not sure it'll be today

RP10/71
You don't no if it's gonna be // today?

MS71
// no but I can find out for you / [1] but I know (( )) I'm really sorry it's just one of the – one of those unavoidable things
RP10/71
/((head in hands4))

RP10/71
I don't believe this I mean this eh – this is the second time this has happened to me / I mean to be / – to be fair I wasn't actually – it was two days before / the operation that I got cancelled last time but I waited eighteen months for / this operation

MS71
/((nods)) /OK /((nods)) /((nods))

MS71
Right no I understand and it's just – it's just an emergency that has come in that ahs to be dealt with but I I can your predicament that you've had to come in twice and it's been cancelled

RP10/71
So are they gonna fit me in this afternoon then or?

MS71
I'm not entirely sure but I can try and find out for you – try and you know go and ask someone and find out what will happen about – when it will be rearranged / I can manage to offer you apologies and just say that I'm sorry for this to occur
RP10/71
/((folds legs and arms))

RP10/71
Oh lord I mean I wouldn't (( )) I work for this hospital / you know I – I've been waiting eighteen months I - I've given half me life to this hospital and they keep cancelling me /you know this is the second time I I've been cancelled on this I've had to arrange childcare for my kids / I'm already cancelled one holiday / and the[re] you know there is no account taken for how you know how this affects us you know as patients / and you know I mean don't you think I should get preferential treatment? I'm a nurse in auxiliary at this hospital don't you think they should treat me a little bit better than that?
MS71
/right /((nods)) /((nods)) /((nods)) /((nods))

MS71
(( )) but I think they just have to treat everyone as equal all the patients and it is an emergency – I do understand that you have – that it's been cancelled twice

RP10/71
What sort of emergency?

MS71
I couldn't I couldn't tell you that cause of patient confidentiality - but it is an emergency that has to be dealt with now it's not just you know it isn't erm a critical emergency they have to deal with it now I'm really sorry about it but

RP10/71
I can't believe this I haven't had breakfast either / I'm starving ((smiles))
MS71
/I'm sorry ((smiles))

MS71
I'm sorry

RP10/71
So does that mean I'm gonna have to like wait and not eat till lunchtime?

MS71
Erm well I can try and find out whether they are – erm whether they can fit you in later (( )) you can find out whether you can eat or not / which is quite [2] which I will try to find out
RP10/71
/hmm

RP10/71

Yeah and if– if they can't fit me in today will I have to stay overnight or will I have to come again tomorrow?

MS71
I'm not entirely – erm I'm not sure about that he just told me to pass on to all the patients // that

RP10/71
// they're not gonna put me back on the waiting list are they?

MS71
I couldn't possibly con[firm] I can try and find all these things out / for you by asking someone
RP10/71
/right

RP10/71
It's not right is it to put you in that position? you know you've what wha[t] – you're a second student?

MS71
I'm a third year ((nods)) medical student

RP10/71
Well I don't think it's on is it? To to let you have to tell patients this

MS71
Erm he he he was just in a rush the SHO

[1]

RP10/71
//Hmm so he's got to go off to the operation has he?

MS71
//an emergency

MS71
He's rushed off yes

RP10/71
Hmmm / ((tuts)) ((sighs)) [3] I don't believe this I tell you this if I was a doctor this wouldn't have happened I would have had my operation by now / [1] I mean you wouldn't expect it would you to wait eighteen months to be seen? For varicose veins I I got – it's like blue slugs all over me legs / it's absolutely awful
MS71
/((nods)) /I /Erm

MS71
I'm sure they'll see you as soon as they can they don't treat people preferentially I'm sure

RP10/71
They don't treat doctors preferentially?

MS71
I don't know - no not that I'm aware

RP10/71
So you're saying that when you're a doctor you wouldn't expect to be treated preferentially being a doctor?

MS71
No no I'd expect to wait // and (( )) ((laughs))

RP10/71
// are you sure? Eighteen months

MS71
Erm // you you just have to wait for things like these don't you

RP10/71
// it is shocking isn't it? You know I mean you give half your life to the hospital system and this is how they treat you

MS71
I suppose it's just an emergency they did have you scheduled // in hospital

RP10/71
// I know it is an emergency I know more than anybody that you know emergencies have to come first / but at the end of the day it's been eighteen months / I should've been seen before then surely?
MS71
/yes /((nods))

MS71
I couldn't possibly (( )) cause I don't know any of the clinical [2] / things to do with the varicose veins / or anything I'm sorry
RP10/71
/hmm /I know you don't I know

RP10/71
Oh::: dear ok so you'll go away and find out / for me?

MS71
I'll try and find out some things [1] ((nods)) whether you need to come and whether they'll see you what time and I'll get back to you

RP10/71
I would appreciate it if you would because I have to I'll have to ring childcare / cause I'm you know I got kids in in childcare so I need to make arrangements for them to be picked up / and what what have you / so if you could find out exactly when they're gonna / be seeing me that would be helpful
MS71
/((nods)) /((nods)) /right /((nods))

MS71
I'll try and find out go and ask someone and get back to you

RP10/71
Ok / all right ((sits forward)) thank you very much [FN]
MS71
/ok

MS71
((shakes P's hand)) thank you thanks a lot

RP10/71
Thanks

Both RP10 and MS71 turn to facilitator. The end.

Tape starts as consultation starts. MS72 sits left, next to door, facing RP13. RP13 sits facing slightly away from MS72. The chairs are very close together.

MS72
hello

RP13/72
Hi there ((shakes P's hand))

MS72
hi you must be Mr Forsyth

RP13/72
That's me

MS72
Right my name is [FN LN]

RP13/72
hi

MS72
I'm a third year medical student erm I hear that you've asked to erm to see a medical student

RP13/72
Yeah erm well is you can let me put you in the picture I've been here a few days I'm recovering from an appendectomy I was brought in/ the erm other night / erm but eh the story behind that was that I was brought in fairly early in the morning / erm it was an emergency operation / but when I was brought in actually when I was in A and E / erm one of the surgical doctors (( )) with me / or whatever erm I mean obviously he did a thorough job he did a good job cause I was able to find out what was wrong / but this is gonna sound like an awful moan but erm his manner is what I might describe as a bit brusque and a little bit / boorish erm I mean put it this way what he was asking me eh in a medical history or whatever - he was – well not only he was saying he was bellowing - whether I had any STDs or erm any erm testicular problems or eh fairly personal stuff / as it were now I don't mind talking to you about that / I don't mind talking to him about that / what I <u>do</u> mind is that in three in the morning bellowing that all around / the A and E department erm I thought that was a little bit much / now I wouldn't have minded so much cause obviously the operation went well and he he did what he had to do / but erm just the other day actually it was this morning erm one of my erm my fellow sort of guys on the ward came over to me and said oh you you're the alcoholic you had the erm the rectal examination [1] I'll explain erm one of the reasons that one one of the things he was talking to me about in such a loud voice was alcohol intake kind of thing - cause I I had this was I don't know just after a party / we had a party / yes I'd I had been drinking probably / too much I don't know / just to numb the pain of this - it's obviously come across that he sort of made out that I had a history of alcohol dependency or whatever which I don't / and also it was overheard that has happened I had to get a rectal examination and again I don't mind talking to you about that I don't mind him talking to me about that but what I <u>do</u> object to //
MS72
/right /ok /right ok /right /right /right /hmm /right /hmm /ok /ok /oh right right /I see /right /hmm /ok /right /right /right right

MS72
//Was for other patients to find out //

RP13/72
// (( )) now also <u>they</u> were objecting to that as well / now I say it'll be me fine drop it it happens – the guy did a good job on me but when other people are feeling uncomfortable I'd actually ((laughs)) alcoholic who's had a / rectal probe it's obviously it's it eh eh //

MS72
/ok /hmm hmm

MS72
// it's embarrassing for you

RP13/72
Exactly / exactly and erm eh I mean nothing can be done in my situation cause it's happened but I do think that something should be done in case somebody else / happens to them and erm and obviously the erm eh eh other members of the ward were left a bit uncomfortable cause I was and I don't and I didn't know what the procedure was but I thought something should be said
MS72
/ok /yeah ok

MS72
Right and so you - you've chosen to //

RP13/72
// I basically – I've chosen to you cause I thought you know ((laughs)) student doctors - you're always getting moaned at / by senior doctors so you can / kind of sort of maybe sympathise
MS72
/right ok /right

MS72
No absolutely absolutely no I was on the – doing erm eh - had my hands relative[ly] quite free so no that's fine first of all I mean all I can say I mean obviously I wasn't there at the time / during that erm you know eh eh eh I probably trust what you're saying and erm you know surely if I was in a similar sort of situation in a similar sort of position then erm you know I wouldn't want my personal [1] things about me - you know my personal health things said everywhere you know I could have a friend who's overheard in A and E just by chance you know / and I I I I I you know I I fully fully understand erm where you're coming from it's not something I'd want to go through myself but as you said it is it is water under the bridge erm / you seem quite you know sort of erm mature and sensible about it you know but I I eh eh you know I would hold my hands up you know it could be a colleague of mine tomorrow you know / once I'm qualified and so forth erm and it's not it's not it's certainly not how erm I would want to be treated or how I would like to treat my patients / come come eh you know one of the things we are taught as a medical student is to observe patient confidentiality // and (( )) / and so forth
RP13/72
/sure /yeah I kind of thought that /((hand gesture)) /hmhm /hmm /right

RP13/72
// see this is why I think there there was the breach / as it were erm and this is why other people / come into it – so it's you know it has become an issue or (( ))
MS72
/yeah yeah right /that's right

MS72
But but at the same time you know we have to we have to look at both sides of the fence and sometimes I mean we we we all as medical professionals we try to work according to certain you know sort of ethics and and erm you know eh eh eh you know and and eh there's a great amount of training these days and how to erm you know bedside manners / and and how to deal and to talk to patients / more comfortably but you know but sometimes you know you probably heard it on the news so many times you know sort of shifts and hours that these doctors work / and stuff and coming in as a medical student you know I've seen it first hand people are sort of pushed off their you know / – rushed off their feet and you know as a surgical person more than likely you know when they're on call and so on and so forth - you don't – you just don't know I mean they could have had something like a few hours sleep / you know I've seen it you know few hours of sleep and and sometimes you know just for for a small moment sometimes there's a lapse of concentration / (( )) and and it could've happened and that's

the only excuse I would make / – I wouldn't say that it it's right for it to have happened but the fact that it has happened the only excuse I would make that you know maybe / he had other things on his mind and slightly rushed a but I mean it's good to see you're quite you know you're being sensible about it it's something that we can highlight / and I could sort of tactfully sort of bring it to the relevant surgeons / attention and in a nice in a nice sort of way / without without sort of putting you on the spot or without making him feel a bit sort of awkward / we can we can sort of - so long as the message gets across and then maybe he'll be a little bit mindful tomorrow you know / and erm and all I can say I can just only sincerely apologise / for the erm embarrassment or // inconvenience caused
RP13/72
/hmm /I'm sure I understand I mean I I I know /this is true /hmhm /fair enough I understand /sure yeah we're all human obviously they're under a great amount of pressure /no but it's - /sure I I I understand I understand /hmm /right this is the way I was gonna - /of course /yeah yeah /right /yes yes yes /I was gonna say

RP13/72
// wha[t] what what I need to know – I mean wh[at] wh[at] wh[at] wh[at] what how can we go about this? Will you have a word with him directly or do I need to see somebody else higher authority I'm not quite su[r]e- the guy I was talking to who overheard ((gesture)) – excuse me – erm he was talking about some writing a a a letter to the the high commission or whatever you know I I – all I want is a word in this guy's ear and say hang on pal / just you know maybe you under pressure as you say /but it's – just keep it - I mean it's A and E it's exposed /erm I mean what's the best course of action for me?
MS72
/hmhm hmhm /hmhm /hmm hmm sure

MS72
Yeah I mean writing letters to the chief executive I mean that's way high up / that's that's when you're really dissatisfied / and you've had absolutely – I mean I think the first thing that we should do is just give the guy a chance / erm to to to you know to explain his side and and / and you know put his side of the story now I'm being a third year medical student I'm being slightly somewhat compromised anyway / really I can't you know I can't really go around telling my senior sort of teachers if you like off erm I think the best course of action would be if you ask to erm just have a quick word you know / arrange to see the the doctor in question / just say you know it's nothing serious just a quick chat / and then when you're seeing him just you know just relay your put your your whatever grievances / you have across and I'm sure // you will find
RP13/72
/obviously /sure /hmm yeah erm /yeah /sure I understand /hmhm /right /hmhm /ok

RP13/72
// who who who would be directly above him? in case it came to – let's say he turns around – and I'm not saying it will but he does a I think I'm entirely in my rights and I don't think I was shouting and screaming just in case who would be sort of – obviously with the chief exec he's way up here ((points up)) but he's here ((points)) who ((points in between two points)) // is is

MS72
// he he he is a registrar yeah?

RP13/72
yeah

MS72
He's a registrar so basically I mean the person who immediately overlooks him is his consultant / so you need - you know and you should know who you know the consultant I mean you would have been admitted under a given consultant / so it's erm him it's part of his team / and it's usually is the way it works is the consultant sort of keep the registrars and SHO in // sort of (( ))
RP13/72
/right /yeah /ok yeah

RP13/72
// Yeah and is it possible to therefore - just to arrange a meeting – just have a quick word in somebody's ear can we do that?

MS72
I mean I I - the first thing that I would do is have a have a word in his ear / I mean like we said you know there could have been circumstances // on that night and and
RP13/72
/sure I I mean -

RP13/72
// of course no obviously obviously how do I get in contact then – just ask for him to get paged or?

MS72
You could do

RP13/72
yeah

MS72
You could erm just just ask you know through the secretaries / contact – go through the secretaries and just ask you know if I could – and quite often you know patients ring in through the secretaries / ask to speak to consultants and and erm [1] you know pass on messages / and so on and so forth and I'm sure you know they're often called on their mobiles / a lot of the time so maybe you could have a quick word over the phone and erm //
RP13/72
/right /hmhm /right right /right right

RP13/72
// Well that that'll be my first port of call then hopefully (( ))

MS72
Yeah I'm sure it'll just be fine // you'll be absultely fine

RP13/72
// Well thank you for your help ((shakes D's hand))

MS72
Well no problem at all

RP13/72
(( ))

MS72
No problem ok

Both turn to facilitator. RP13 walks out of screen, MS72 stands up, facilitator asks MS72 to sit back down. The end.

MS73 sits right, RP7 left. Consultation starts when tape starts. MS73 is hardly visible due to lighting, hair colour and colour of shirt. Transcriptions of body language might be inaccurate or missing.

MS73
Hello I'm [FN] I'm one of the medical students / I was told that you wanted to speak to one of the students
RP7/73
/hiya

RP7/73
Well yeah yeah erm I was just admitted here last night erm [2] I just want to talk to somebody other than the doctors you know what I mean cause they're just erm difficult to talk to

MS73
How do you finding them difficult to talk to?

RP7/73
I eh I just I – you worry about what you say and kind of how they always think about you sort of – I eh cause I erm I got too drunk last night and I ended up [2] kind of backing out in things and ending up in here so it's all a bit embarrassing I just thought well at least kind a medical student would probably see a lot less harshly than (( )) probably

MS73
Have you not thought about talking to one of the younger doctors? Cause they wouldn't be much older than – [1]

RP7/73
No I I I just I know a lot of med students on campus cause I'm doing a course on - at Birmingham Uni as well so I was just more comfortable talking to one of the students to be honest I just erm [2] I dunno I think it's got a bit be it's got a bit be too far it's got a bit out of hand like last night so [1] I just gotta do some things to sort it out

MS73
Has it ever got out of hand before?

[1]

RP7/73
Not to this extent I've never been admitted to hospital before

MS73
Right

[3]

RP7/73
I think a lot of it erm [2] a lot of it's to do with people who I live with I think- I don't know about you but you don't want to look like (( )) taking part and being the life and soul of a party you know and then kind of just - and then it's been getting out of hand so

MS73
the people you live with quite are social then?

RP7/73
Hmm I mean I'm not saying that I'm not – I'm I am that is probably the problem

MS73
right have you lived with them for long?

RP7/73
Only this - you know this year so about seven or eight weeks now / but erm they're not doing course that are full time so
MS73
/((nods))

MS73
Right what course is it that you do?

RP7/73
I do chemistry / but I'm not that enthusiastic about it / I was thinking of doing – do you know about the GEC?
MS73
/((nods))

MS73
yeah

RP7/73
entry scheme yeah I was thinking bout doing that next year

MS73
((nods)) [1] So you're in your final year

RP7/73
hmm

MS73
((nods))

RP7/73
Is it a hard course - medicine?

MS73
I'm not sure about the the graduate entry I don't know enough about it to erm to be able to tell you I'm afraid

RP7/73
Do you put a lot of time in to the course - do you have to put a lot of?

MS73
Like I say I'm not really sure about the GEC //

RP7/73
// the GEC no – but what about yours then?

MS73
It's a fair amount but I I eh erm cause where this - that one is a new course / and everything else like that you probably need to speak to one of the professors or something like that to be able to tell you more about it in detail cause I'm not sure about the requirements of that / so you said that you need - you need - that you needed to do something about it – what kind of things did you have in mind?
RP7/73
/hmm /right

[3]

RP7/73

I think since I've got in here I'm having a think about – especially last night how embarrassing this has all been today [1] I don't really want it to happen again I think one of the best things is try to move out / from living with them [2] but are sort of Selly Oak eh in Selly Oak area [1] are you on campus or do you live off campus?
MS73
/right

MS73
I'm off campus but erm do you feel that erm you could speak to the people that you live with?

RP7/73
No // no I don't want to

MS73
// about this at all?

RP7/73
No I don't want them thinking that you know I'm a killjoy or anything I'd just rather just say that I'm I'm moving out

MS73
Do you not think // that

RP7/73
// do you share a house then with others?

MS73
Do you not erm – I do but erm we're discussing you at the moment erm do you feel that erm not moving out will cause more problems then just saying that you didn't really want to socialise as much as you have been?

RP7/73
I think erm it's become expected of me now kind of [2] cause [I'm in a hall?] where they expect me to socialise a lot so

MS73
How did you meet these people in the first place?

RP7/73
Oh it's a friend of a friend who knew these guys / and I wish erm I'd take more time to - thinking about where I'm living / (( )) I'm ok with but people you live with / - I mean it's just such a lottery to get a house full of people you get on with isn't it?
MS73
/((nods)) /do -would you /((nods))

MS73
You said they are like friends of a friend – do you consider them to be your friends or?

RP7/73
Not really it's just going out with them really I don't know them [2] to really talk to

MS73
Apart from that do you get on with them in other ways? Like erm your living arrangements generally

RP7/73
Yeah it's just a busy house there's people coming and going all the time at my house and I I eh I end up going on the bandwagon really and [3] eh eh not doing the work I'm supposed to be doing I suppose

MS73
Do you feel that if you continue to live in the house you'll just carry on as you are?

RP7/73
Yeah that's why I wanna move out [1] do you know the best way to get out or how to get accommodation around here?

MS73
It depends what you're looking for – would you be looking for going back into halls / or are you looking for another house?
RP7/73
/no

RP7/73
Yeah another house

MS73
Then erm one thing you could do is – would be to go to housing services and they'll have a list of houses that are // available

RP7/73
// right I mean – do you know – anybody a (( )) kind of looking for somebody to move in at the moment? That you know that you know they are ok and they're -

MS73
I think probably the best thing to you - for you to do is to either speak to housing services or to go one of the advising centres in within the guild // and if

RP7/73
// yeah I I think it's just difficult isn't it because they don't [1] I really know students like // and and

MS73
// but a lot of these places are run by students for the students like [hardcore?] if you wanted to discuss more your living arrangements (( )) spoke to erm Niteline which is run completely by students so they're not going not be much older than you or anything else like that so they might be the people to speak to

RP7/73
Right [3] I just feel such an idiot that I got myself in such a state and allowed it to happen

MS73
Yeah but it's a good thing that you appreciate [1] that it wasn't a good thing to happen but I don't think the doctors and nurses are here to judge you in any way I think they're just here to help you and if you talk to them I'm sure they won't be judgmental

[2]

RP7/73
I just felt more comfortable – I just said oh can I talk to a student cause I thought well I suppose there's loads of people with eh eh I mean sort of medical (( )) get drunk too I suppose aren't there?

MS73
Have you considered speaking to any of the nursing staff?

[1]

RP7/73

No I just wanted to talk to someone who kind of in the same boat really living as a student

MS73
A lot of the nurses would have – would be basically the same age erm if you got one who's recently qualified (( )) and they'll be able to advice you more from a medical point of view which I'm not able to do very well

RP7/73
I don't think I need anyone to come and advice me / - I just need some help and practical stuff
MS73
/no

MS73
Have you thought about visiting your GP at all?

[2]

RP7/73
Erm no not really I wouldn't know what to say

MS73
Well erm the GP would probably see the letter saying that you have been admitted so

RP7/73
do you see the GP on campus? that's the one I'm registered with – are you registered in on campus? Do you know them?

MS73
it's erm [1] eh have you have you visited the GP on campus?

RP7/73
No I've sort of been pretty lucky I mean I have not much wrong with me / have you seen them are they ok?
MS73
/have you

MS73
I believe that they're fine but the thing is they eh – if they work on the university campus they're going to be erm they're gonna be used to dealing with students and the problems that students come across and so they're not gonna be acting in a way that (( )) or anything else like that so I think maybe if you went to go and see them they'd be able to maybe refer you to some of the people who'd be able to help you

[3]

RP7/73
I mean what would you do if you were me?

[1]

MS73
I think that I would probably want to go and see my GP [1] to tell the truth I'm not just saying that – that's what I think I'd do because I don't think I'd want to have to try and deal with this on my own

[2]

RP7/73

Hmm [3] the accommodation is a biggie - I just [3] ((sighs)) and I've got eh - they're chucking me out later so I got to get back to campus are you going that way? Cause I'm skint I haven't even got money for any taxi fare I just spent it all last /// night

MS73
// Your friend brought you in last night didn't [he?]?

RP7/73
Yeah but he just brought me in cause I collapsed outside the club I was just gone so I'm skint [1] so erm I just wondered if you or any of the others kind of on your placement here // could give us a lift back to campus

MS73
// I I I can't speak for the others but I wouldn't be able to do that

RP7/73
Why?

MS73
Erm because we're supposed to keep erm eh a sort of like erm professional distance from the patients in the hospital I know that's a bit difficult to appreciate and everything else like that but // erm

RP7/73
// well I I just – you know I just thought oh it's two students talking I don't mind if you don't see me as a patient I would rather that you didn't to be honest cause

MS73
Yeah I know it's a bit difficult to understand but of course you're free to ask any of the others and they may take a different view but I think that it would be better (( ))

Facilitator knocks on table – nearing the 10 minute mark.

if we kept this as professional as possible

RP7/73
Ok [3] all right thanks anyway for the chat

MS73
Ok erm I don't know if I've been any help at all but

RP7/73
No it's fine / thanks yeah
MS73
/ok

MS73
Thank you

RP7 turns to facilitator, MS73 look at facilitator too. The end.

MS74 sits left, RP9 right. Tape starts as consultation starts.

MS74
Hiya my name is [FN] I'm a third year medical student

RP9/74
Oh brilliant yeah hello

MS74
Erm I understand Mr Forsyth that you've asked to {sees} / a medical student

RP9/74
/Yeah I just wanted a word / I have erm confidentially if that's all right / that's quite important erm it's about something that happened last night / erm I've just - I've just come in and had my appendix out / erm last night erm and eh I'm fine I'm fine but erm / I was very erm [2] shocked / by the way the doctor was behaving / erm I just want a word with someone about it / eh erm
MS74
/((nods)) /yeah that's fine yeah /((nods)) /hmm /((nods)) /((nods)) /all right ok /((nods))

MS74
Wh[ich] which doctor? The surgeon or consultant?

RP9/74
It was the consultant that came to see me / erm it was erm [1] when I first came in he erm ((sighs)) I mean ((sighs)) erm it was all a bit of a blur at the time / erm but he just I mean he was he was he was asking me / erm erm fairly outrageous questions / erm eh very loudly / very kind of you know / erm everyone could hear / erm and I've had – erm asking me [1] all sorts of things / and erm doing examinations and and you know and / people on the – people on the ward have repeated back to me details / of what they've had to listen to / last night and [1] I was just you know / I was - and it was very embarrassing // of a personal nature
MS74
/ok /HMHM /((nods)) /((nods)) /((nods)) /((nods)) /((nods)) /all right ok /((nods)) /((nods)) /really ok /OK /((nods))

MS74
// Yeah I can understand it might be erm how how do you want to take this? Do you wanna complain or?

RP9/74
I don't know that's the thing I just wanted to talk to someone and just find – is this – is this normal erm?

MS74
Erm it it shouldn't really happen no

RP9/74
No

MS74
I can / it is a problem and erm
RP9/74
/I mean it's j[ust]

RP9/74
I mean it was - it was kind of ((sighs)) [1] I mean he pulled the curtain round / there was a curtain pulled round but that's not really doing much / you know erm
MS74

/((nods)) /yeah

MS74
I can see that yeah

RP9/74
and he's asking me bout [3] sexual / erm diseases / I've had and and / basically simply implying I was an alcoholic you know / erm
MS74
/((nods)) /really? /((nods)) /oh right

MS74
that's not really good is it? At all

RP9/74
no erm and erm eh he eh he did a – I don't even whether eh why he was asking half the questions / he was asking and then he started erm doing some kind of erm rectal examination / you know and - which was very painful / erm and again everyone is hea[ring] hearing everything listening in they're repeating back to me in detail / what went on you know they're all disturbed they're all trying to sleep / erm so then I wanted to talk to you cause I I've kind of seen [1] / him with students / and I've seen the way he treats you / erm and eh you know he can be quite eh eh prone to humiliate people / who who if they don't know answers to things and erm I thought maybe you'd understand
MS74
/((nods)) /((nods)) /HMHM /HMHM /yeah yeah /((nods)) /OK /((nods)) /HMM

MS74
yeah

RP9/74
Do you know what I mean?

MS74
Yeah yeah consultants can be like that

RP9/74
Yeah and I just – I just – eh I just wondered what what you think I should do about it really I'm not – I'm not a kind of complaining kind of person / but various people on the on the ward you know since – who've who've been you know and heard / all this and telling me I should complain / I should talk to chief executive I should you know
MS74
/((nods)) /((nods)) /((nods))

MS74
If you if you feel really – if you do feel that his behaviour has not been suitable / then it would be best to tell someone erm maybe one of the other doctors attached to his team or one of the nurses / and they might be able to tell you if you <u>do</u> wanna take it or like erm as a proper complaint / go through the whole system I'm sure people will be willing to help you out on that / I can't – I don't really know the kind of thing which occurs in that thing it'd be best to talk to one of the doctors
RP9/74
/hmm /yeah /hmm /yeah

RP9/74
Right I mean that's the thing really you see I'm not sure how suitable [1] his behaviour was or wasn't because eh it's a bit of a blur I was [1] ((sighs)) I'd / erm I had had a few drinks / because I'd been erm I'd been eh you know it was my my wife's fortieth birthday / and and erm there was quite a lot of – I mean I was trying to keep keep going you know / erm I was in a lot of pain I didn't realise obviously / it was anything I thought it was just nerves about the party and and I just was ((gestures drinking)) – so I'd had a few drinks and erm it's really hard for me to say definitely / this he - this was wrong and that

was wrong / but eh eh but when you're getting people on the ward and they're sort of telling you you know how awful they thought it was / I just – it was just a nightmare for me erm
MS74
/((nods)) /((nods)) /HMHM /((nods)) /((nods)) /((nods)) /yeah /HMHM

MS74
Don't think the consultant would have done it deliberately but if it's obviously is up to you if you feel that it was inappropriate / then that's – is your // call
RP9/74
/right

RP9/74
// I mean I don't know which questions <u>are</u> appropriate I mean he seemed to be asking all sorts of personal questions / and [2] you know suggesting – virtually suggesting I was alcoholic / the way he was talking / and I eh you know I don't drink I hardly ever drink that's the thing
MS74
/((nods)) /((nods)) /((nods))

MS74
Yeah I can understand cause I would – I wouldn't like to be treated in that sort of way / I'd feel I'd be degraded or anything
RP9/74
/no

RP9/74
and is that normal? to just pull a curtain round like that and that's it?

MS74
Erm it does happen yes - it shouldn't really // but

RP9/74
// even when you're doing quite intimate examinations and?

MS74
It does go on I'm afraid yeah - it it shouldn't I know / I can see it shouldn't go on but it does
RP9/74
/no

RP9/74
(( )) at all – this this is the thing really is that is that I I'm not – I don't want to kick up a huge huge fuss / erm but I <u>do</u> feel very unhappy about it / I don't feel like [2] I would want to feel this happens regularly / and other people are subjected to this
MS74
/((nods)) /HMHM /((nods))

MS74
Yeah I'm sure eh I'm sure it doesn't I don't think he would do it deliberately / but [1] if you feel that that's the way it's happened then feel free to complain I mean if if he's been like that with other patients then someone needs to know that it -
RP9/74
/no

RP9/74
Well he's I mean // yeah

MS74
// and he does need to be disciplined if if his behaviour is inappropriate

RP9/74
Yeah well there didn't seem to be any need to be / - certainly you know eh having people everyone hearing / every intimate detail of my life erm
MS74
/((nods)) /yeah of course yeah

[3]

RP9/74
So erm what do you suggest I do?

MS74
I think it would be best if you talk to one of the house officers maybe that you've seen before and ask them really cause I I honestly //

RP9/74
// I mean I can't I know I eh I erm unless you want to talk to him yourself

MS74
Yeah I could talk to one of the hou[se] – I could talk to one of the doctors for you if you'd feel more comfortable with that

RP9/74
Right / yeah no ((rambles)) that'd be ni[ce] might be good yeah just – / I mean I'm happy to talk to one if they want to but I don't just – I don't want to be seen to be making a fuss about it do you see what I mean?
MS74
/((nods)) /would

MS74
No well you're here to be treated and [1] every person should be treated with respect / and you're not – if that's not happening then //
RP9/74
/hmm

RP9/74
// that's what everyone else / on the ward has been saying
MS74
/yeah

MS74
If that's not happening then something should be done about it

RP9/74
It's difficult cause I know you're under a lot of pressure anyway / I don't really want to make / things more difficult
MS74
/((nods)) /((nods))

MS74
No it's - it's fine seriously it wouldn't be a problem if - cause behaviour like that shouldn't be tolerated in any situation doctor or no doctor

RP9/74
No [2] erm

MS74
Do you have any other questions?

RP9/74
So would you talk to them for me?

MS74
Yeah I can do that if you want and I'd – well I'd have I'd I'd tell them to see you as well / but yeah I'd certainly talk to one of the doctors that maybe you've seen before
RP9/74
/yeah

RP9/74
Yeah I just don't wanted to feel like I – ((laughs)) also you know you feel like a bit of a fool as well because if this is normal and there's perfectly good reasons for behaving like - you know you just feel ((sighs))

[2]

MS74
((nods)) I I don't think it is normal practice / but it depends on the person obviously / (( )) cause going on that way and if other people obviously have been saying that as well then it is it is a little bit on the border
RP9/74
/no /yeah

RP9/74
Yeah they were all trying to sleep you know

MS74
Yeah of course yeah

[2]

RP9/74
ok thank you / thank you very much
MS74
/Ok?

MS74
I hope I've been helpful

RP9/74
That's brilliant thank you

MS74
Yeah? ok

Both MS74 and RP9 look at facilitator. The end.

Tape starts as consultation starts. MS75 sits right, RP7 left.

MS75
Hello Natalie ((shakes P's hand))

RP7/75
Hi

MS75
My name is erm [FN LN] / I'm a third year medical student here / what can I do for you?
RP7/75
/hiya /yeah

RP7/75
Erm I was just asked to talk to the doctors around here and stuff cause I I eh I just feel a bit stupid about what happened last night / I don't know if you – if you
MS75
/right

MS75
No what what has happened?

RP7/75
Erm I just went out with friends and stuff / and and had too much to drink and erm it went a bit – it went went too far to be honest
MS75
/hmm

MS75
What happened?

RP7/75
I blacked out / totally ended up in and ambulance coming here and stuff / and I don't know I don't know if it's part of the hangover just felt really kind of fed up today and they just want – some doctors are now trying to get me to talk to them but I was a bit (( )) about it / so I was just like I'd rather talk to another student
MS75
/((nods)) /hmm /right

MS75
ok why don't you want to speak to a doctor?

RP7/75
I just felt stupid and / I don't know I just [2] feel more comfortable talking to another student to be honest
MS75
/hmm

MS75
Ok so so what do you wanna tell me?

RP7/75
Erm [2] I don't know I just eh – what happened last night was [2] bad even for me / erm and I I've been looking at it and I've been drinking too much to be honest erm [1] I don't know about you but it's like - I'm sharing a house with other people who kind of like to have a good time like to go out have a party and stuff and I just didn't want to appear a killjoy and I seem to have messed up my course cause I'm like [1] drinking and having a laugh and then not getting to lectures and stuff and I'm just – I suppose I

was worried that – for a start that they'll find out that I've been in hospital in university have a go because I've messed up already and now this is a big incident again and / it's just a bit
MS75
/hmm /right

MS75
Do you feel you need some some help in sort of getting things back together?

RP7/75
((nods))

MS75
Yeah? [1] and do you not think the doctors can help – help that?

[3]

RP7/75
Eh I don't know – I just eh [1] I I was just thinking when I was eh on the ward about asking about– I think some of the problem is sharing a house with the people that I'm sharing with / and erm I was thinking maybe I got out of there / that might be a start to kind of getting things into control / erm I don't know do you do you live near - on campus or near campus and stuff? Do you live in Selly Oak area? // you go to Birmingham uni as well?
MS75
/right /((nods)) /right

MS75
// well I I am a Birmingham student / so I I do live in Birmingham and / so
RP7/75
/yeah /right

RP7/75
do you – are you in a shared house and stuff? Do you know any medical students and stuff are looking for a house mate?

MS75
Erm I'm afraid I – I mean I can't really say we're not really here to talk about me

RP7/75
right

MS75
Erm but obviously I'm I'm here // to

RP7/75
// I didn't mean to – I was just like oh you're a student I'm a student /do you know what I mean I I'm like / just talking
MS75
/yeah /yeah

MS75
I I I can help you sort of maybe erm (( )) some ideas about people you can talk to that can get some information / erm in terms of the the medical side you do need to speak to the doctors about things and if you have problems about - with the alcohol and you want a bit of help in in some plans to try and sort yourself out there / then they can help there but in terms of you're your other problems with your with your home life // the
RP7/75
/right /hmm

RP7/75
// yeah accommodation is / gonna be a big – a big one so
MS75
/yeah

MS75
There are lots of people at the university that can help you with that / erm there's lots of services and you know the doctors here could // also point
RP7/75
/right

RP7/75
// is there anywhere I I particularly particularly that – I was just thinking if I got a room sort of med students and these like erm / that are on a full time course I think the people I'm with they're not they're not doing a full time course / so they're only kind of a couple of hours every day and it's easier for them – I'm doing chemistry / I finish next year and it's it's my final year and I need to put in a bit more time / and effort I suppose so I thought if I get in a house at least with some of the med students and that at least I'll be working [1] // [oh well?]
MS75
/hmm /right /yeah /hmm

MS75
// Well you know it's that's something you you could explore you could - you need to you need to go through the right sort of way of doing it and and here in the hospital is probably not the best place to to start looking for how you're gonna change your social life / erm
RP7/75
/erm

RP7/75
Cause I I was thinking as well sort of erm cause I'm doing chemistry you know they got that gec scheme I was thinking of doing medicine / erm (( )) / is it a difficult course? You finding it hard?
MS75
/right /hmm

MS75
Yeah it is it's it's a lot of stress / and I've

RP7/75
Right do you put in a lot of hours?

MS75
You do and //

RP7/75
// have you found the study hard or?

MS75
Erm eh it is it is hard but you know it's erm it's a lot of effort // but

RP7/75
// would you recommend it?

MS75
It's really up to the individual // if something -

RP7/75
// yeah but from a personal point of view for a person // doing it would you recommend it?

MS75
// I I I would personally recommend it yeah I think it's it's very worthwhile / and if that's something you're interested in then you you should explore it but erm [2] (( )) various ways a university can look at that
RP7/75
/yeah

RP7/75
Hmm

[2]

MS75
Is there anything I can – I can help you help you with today?

[2]

RP7/75
Well to be honest I suppose it's a bit of a cheek but like erm I got brought her in an ambulance / and erm I am skint so I don't know of you or like med students working here are going back to campus if you could give us a lift that'd – they're letting me out a bit later and I
MS75
/hmm

MS75
Well yeah I I'm I'm not sure what sort of– what the arrangements are but probably not not very appropriate for us to give patients lifts it's - you know you need to speak // to a doctor about about transport things

RP7/75
// well I don't – I don't really need to s[ee] – want to see you as a patient sort of thing / we're just like having a natter you know what I mean I'm just like I just wanted to talk to another student really
MS75
/yeah yeah I understand I understand I understand

MS75
Yeah I think I think maybe you you need to talk to some students outside the context of hospital cause it is eh it's the wrong environment to sort your life out in / erm and the best place to do is to go to some of the student services
RP7/75
/yeah

[1]

RP7/75
Which ones do you think?

MS75
Well there's lots in in the guild erm in terms your housing there's housing services and you can talk to them about problems there's student support services erm Niteline would be able to chat to you

RP7/75
What – about the drinking?

MS75
Yeah they'd be able to help with your drink drinks erm and also your problems at home and give you some some better advice and [1] // and information

RP7/75
// I think I eh eh - I don't I don't think the drinking needs looking at now it has gotten a bit // over the top

MS75
// Do you think you need to talk to a professional about it?

RP7/75
((nods))

MS75
Would you like to speak to a doctor today?

[4]

RP7/75
Do you think it'd be a good idea?

MS75
Well at the end of the day it's your decision / but if you're having problems sorting out on your own there's no point dealing with it on your own if there's someone out there who can help you with it
RP7/75
/((nods))

RP7/75
Is it a doctor thing – I mean I don't know if it's kind of like ((laughs))

MS75
Well it doesn't necessarily have to be a doctor you know you can [1] it's – because you're in in hospital now it's going to be the doctor's going to be dealing with you but there are lots of other ways in which the doctors can help you – they might not necessarily help you today / but they can refer you to to to counsellors / or to erm eh to groups that will be able to help you – which may be a little bit less int[imidating] less erm less intimidating for you and you can sort of do it in your own time
RP7/75
/I suppose - /yeah

RP7/75
I suppose I feel really stupid over what happened

MS75
Hmm [2] but if you've made the decision that you wanted to do something about itnow's probably the time to [1] to go ahead and and start making some progress

RP7/75
Ok ((nods))

MS75
Yeah?

RP7/75
yeah

MS75
What what I'll do is I'll I'll have a word with the doctor and just say that erm you want to do something about some of your problems and he'll come and have a chat to you and come and see what the best plan is cause he's in a much better position than I am to to help you with this

RP7/75
ok

MS75
Is that ok?

RP7/75
Yeah it sound very good / cheers
MS75
/ok

MS75
anything else we can help you with?

RP7/75
No that's all right // thanks ever so much cheers thanks

MS75
//Ok thanks then

Both MS75 and RP7 turn to facilitator. The end.

MS76 sits left, RP14 sits right. Tape starts as consultation starts.

MS76
Hello it's Chris Mitchell isn't it?

RP14/76
Yeah that's right yeah

MS76
Hi my name is [FN] and I'm a third year me[dical] medical student / and I'm afraid I've got some erm not very happy news to tell you I'm afraid your operation won't be able to take place today
RP14/76
/right yeah

RP14/76
You what?

MS76
I know that you eh – this is obviously upsetting for you but I'm afraid there has been an emergency erm a patient came in with erm a very serious [operation?] they'd die unless they're operated on // so

RP14/76
// this has happened before

MS76
Has it?

RP14/76
Yeah I I mean I've been on the erm on the waiting list for for for eighteen months and [1] and the last time I came in it was cancelled with two days notice and now you say you're telling me it's it's happened again

MS76
I'm ever so sorry I mean all I - all I can do is apologise and erm let you know how [1] how erm serious the operation is that has to be done //

RP14/76
// Well what is it? You can tell me I'm a nurse I I'm an auxiliary nurse in ((points))

MS76
Well I I probably can't discuss the patient I don't know being a student about these things but I do know it it is a life threatening situation / and erm it's gonna take a considerable amount of time to //
RP14/76
/yeah

RP14/76
//But I'm a nurse I I know what life threatening means I mean / wha[t] what actually is it?
MS76
/yeah

MS76
Yeah I don't actually know the the actual erm surgery that goes on but I know that it is something that's life threatening to be sorted/ I'm ever so sorry and especially since you've been in such a position before I mean erm // there's just nothing I can – sorry ((leans back))
RP14/76
/((leans head on hand))

RP14/76
// yeah eh you see I mean look I I mean yeah you know you know how it is you know / as a woman you know I got kids / erm one of them is under five so not at school so I've got to get childcare in / erm I've had to take time of work which was not easy you know that / this sort of in a hospital you know erm all those things / now I'm worried about it I'm worried I've been worried sick / about this operation I haven't been able to sleep / for the last [1] you know week or so / just worrying about it you know I haven't eaten this morning
MS76
/((nods)) /hmm /((shakes head)) /yeah yeah /hmm /of course /((nods)) /right

MS76
I I just can't apologise enough erm I mean I would // (( )) for us to

RP14/76
// I know it's not your fault I know it's not your fault but it's bloody irritating isn't it?

MS76
I know [1] but it's // it's just

RP14/76
// but you know I I like I was saying I am an employee of this place / does that – don't they owe me anything?
MS76
/HMHM

MS76
I'm afraid it doesn't work like that I'm ever so sorry there's nothing I can really say to make you feel better about the situation apart from ((pulls face)) these // things happen

RP14/76
// well don't you think it should it should work like that? I mean you know what about if I was a doctor – I bet I bet if I was a doctor I'd be in there now

MS76
Oh I hope that doesn't happen I don't think I'm not aware of such a situation

RP14/76
Hmm

MS76
Erm what can I say I mean if you're having trouble sleeping and worrying about this maybe there's someone you can talk to about that I mean as for the payments you've had to go through for the childcare and everything and erm / I mean I am - all I can say I'm really sorry about that I mean I don't know I mean you - perhaps there's someone you can talk to about that I mean I'm just a student ((pulls face)) // (( )) about I'm sorry ((laughs))
RP14/76
/well yeah I mean would I get compensation for that?

RP14/76
// well eh eh I'm sure erm I know erm it's difficult for you in this position but I mean well like who can I talk to and when am I gonna have the operation again that's the other thing is this a – is this gonna be third time lucky or what?

MS76
I really don't know how long it will be until a new operation I'm sure they will do it as soon as possible // erm

RP14/76

// well can I have that in writing?

MS76
Eh I eh if you could if you want - erm well I think the best thing to do is to erm well I don't actually know like how what procedure happens but if you talk to your doctor who's – if you finally catch up with him // or her

RP14/76
// what what the GP or? Or or you you mean here? the the hospital?

MS76
I think so yes just ring up the the secretary talk to her and see what erm / they can offer you but eh sorry I can't help you being a student
RP14/76
/so you can't give me -

RP14/76
You – I know I know it's not your fault love you know I really do know it's not your fault / you know but even so I mean you must see // about the
MS76
/thank you

MS76
// I appreciate the situation you're in

RP14/76
Yeah I mean you've not I mean you've not even given me any guarantee whether I'm gonna have it again soon are you? / and and I eh I'm sure you don't know what it's like to live with varicose veins / but they bloody kill me you know I mean for a start they look awful / you know I [1] I mean for instance I haven't been able to go swimming now / for years because of it – but that's that's by the bye / but it's actually affecting my life and I I'm not sure how much longer I can go on working in this job cause because I can't stand everyday and just / and you know ok so it's not ((gestures)) life threatening but it's threatening my life
MS76
/((shakes head)) /no /hmm /((nods)) /right ok /HMM

MS76
Of course yeah

[2]

RP14/76
//I know I know it's not your fault but ((sighs)) [1] and so you can't give me any commitment as to when it

MS76
//I'm ever so sorry

MS76
I'm afraid I can't

RP14/76
right

MS76
I'm sure the hospital will be able you know to give you a better answer than then me / I've just been left to tell you sorry about that / obviously there's a lot of other people in the same situation I'm gonna have to speak to as well / and erm //

RP14/76
/right /ok /hmm

RP14/76
// that doesn't make it any better

MS76
No no and

RP14/76
I mean some people might be better able to / you know – and the thing is it's just caused such incredible inconvenience / and and I've had to pay for the childcare / eh eh really really as my employer here you know / they should actually give me compensation for that
MS76
/((nods)) /Of course it has /((nods)) /hmm

MS76
Well I really don't know about that situation but it eh it seems reasonable I mean erm / (( )) but erm whether or not that happens I don't suppose they can because [2] I mean eh eh I don't know I can't say either way but this sort of thing is – you know this happens it's hospital and life threatening things will just [1] have to be erm
RP14/76
/Right

RP14/76
But what should they – how do – where do they // draw the line of life threatening? you know

MS76
// I wouldn't know eh I don't know this I'm sorry to promise you anything I can't promise you anything

RP14/76
Right ok

MS76
I can just give you my apologies and

[4]

RP14/76
All right

MS76
And hope that you'll be all right

RP14/76
Ok I'll go home then shall I?

[3]

MS76
I think so

RP14/76
Do you think – I mean there's nothing else?

MS76
Oh well you probably have to just talk to the secretary or something and whoever is in charge in at the moment will tell you but – I'm sure there'll be someone else coming to see you it's just it all happened

in a rush and they sort of sent me over but I'm sure there'll be someone who's gonna come talk to you let you know the situation and what happens next and hopefully give you a better reason than I've managed to give you

RP14/76
Yeah ok

MS76
Ok?

RP14/76
So so somebody is gonna come and – the doctor's gonna come talk to // is it

MS76
//erm some some someone will come and talk to you I don't know exactly who it'll be / but someone who knows a bit more than I do
RP14/76
/all right

RP14/76
yeah

MS76
All right?

RP14/76
So do I just stay here then?

MS76
I'd stay put for a minute and I'll go round and I'll see other people and you know as soon as I get told what's happening I'll I'll come and let you know

RP14/76
Ok mind you I eh I'll go to the canteen I'm starving

MS76
((shrugs shoulders)) ok

RP14/76
((nods))

MS76
All right then

RP14/76
Ok [1] ta

Facilitator says 'thanks very much' and ends the consultation. The end.

MS77 sits left, RP15 sits right. Consultation starts as tape starts.

MS77
Hello there Miss (( ))

RP15/77
((nods))

MS77
hi I'm a third year medical student my name is [FN LN] / erm how come you've asked to see me today?
RP15/77
/right

RP15/77
Erm well erm eh I just wanted to chat to someone actually / I wanted a bit of advice / [1]erm the the reason I'm in is cause erm eh I've had my appendix out erm I was quite poorly appendicitis and things and erm I've been in for three dats now and erm I was talking to a lady the girl in the next bed / and erm she mentioned that when I came in erm I eh I I was qui[te] quite distressed and stuff and in a lot of pain eh eh her and a couple of the other women on the ward erm were were talking about the night that I came in and erm they were saying that they they think that I I was treated quite unfairly by by the doctor that that saw me / badly sort of
MS77
/hmm /yeah /hmm /right

MS77
Do they think that or do you think that?

RP15/77
Erm they they they said that they were very aware of what was happening in here / that the doctor was quite loud and and I I was quite l[oud] loud I suppose I was in a lot of pain / but erm they they they said that they they felt the way that the the doctor was talking to me and stuff was quite unfair [1] I mean I have quite a vague memory of it now / because of - I had painkillers afterwards that and kind of erm / but I do remember thinking at the time that the doctor was being quite rude to me
MS77
/right /hmm /hmm /hmm

MS77
Hmm did it upset you quite a lot or is it just since they told you about it or?

RP15/77
Well at the time it upset me and then it kind of went out of my head / but then when they started to mention it and suddenly I became aware that that that everyone on the ward seems to know everything that was going on and / everything that was said that night I feel quite embarrassed really
MS77
/hmm /hmm

MS77
Hmm there is no need to be everyone is in hospital for the same thing / you know erm so what would you like to do about it?
RP15/77
/hmm

RP15/77
Well I mean that's why I wanted to talk talk to somebody really / get some advice cause I don't want to get anyone into trouble / but I I have to say that erm I mean Elaine said maybe I should should write a

letter of complaint to the chief executive and I I don't know whether to do that or [1] I just felt he was quite eh [2] erm quite [1] erm rude to me really
MS77
/hmm /no

MS77
If it's upset you you should do something about it

RP15/77
hmm

MS77
hmm

RP15/77
hmm

MS77
Erm I can find out some information if you want to do next / erm [1] but yeah it must be an oqful experience for you obviously if you're not feeling very well as well to have someone treating you like that
RP15/77
/right right

RP15/77
I I I was in a lot of pain and I just – I mean / [4] he did a erm a erm a rectal examination / and I I felt I I don't even know if that's necessary you know I mean I
MS77
/hmm /hmm

MS77
Hmm I'm not sure I'm sorry

RP15/77
hmm

MS77
Hmm [2] erm did he ask you before he did that?

RP15/77
My my mem[ory] my recollection is quite hazy he may well have done I I / I don't know really I I was in a lot of pain / everyone knew that that was what was happening you know he said it quite loud and stuff and
MS77
/hmm /hmm

[2]

MS77
Hmm were your friends and family with you?

RP15/77
My my partner was with me yeah

MS77
Yeah

RP15/77

//we

MS77
//would he

RP15/77
Sorry

MS77
No that's ok carry on

RP15/77
You know it'd been his birthday that day you see and and I don't I'd erm I'd had / a lot of pain that day / and I drank quite a bit to kind of hide the pain we were having a big family do and I I felt really – I didn't want to spoil it and then – so when I came in I was I was drunk there's no doubt about it I don't drink very often / so it doesn't take much / to get me drunk and erm [1] when I came in eh the the the doctor Mr Jenkins was saying that you know erm he I remember he was asking me loads of questions and he kind of insinuated that I was an alcoholic and [1] you know everyone heard that
MS77
/((nods)) /hmm /((nods)) /hmhm

MS77
Hmm erm were you not on your own then in a private room or were you?

RP15/77
No I was in this room / that's what I mean eh Elaine heard it all / and some of the other women heard it all / that - all all I had around the bed were the curtains / and that's part of my issue is why didn't they put me in a room by myself / when I had these examinations done
MS77
/oh right yeah /((nods)) /hmhm /oh right /hmm

MS77
I think that's just what they do to everyone the[y] – I mean it's not -they can't put everyone in a private room can they?

RP15/77
No but I don't want this to happen to someone else / I think it's so – how can you be discreet you know?
MS77
/no

MS77
Hmm yeah [1] well if that's how you feel you should do something about it but erm [3] what do you hope – I mean if you do write a letter of complaint what do you think is gonna happen with that?

RP15/77
I don't know I don't want it to happen to somebody else / and I'm not – I'm not [2] I'm not after compensation / or anything like that I'm not like that I don't want that I don't want to lose anyone their job either but I just don't feel that should happen to other patients / and I I'm really upset that it's happened to me and I'm upset that everyone seems to know all my my past –he was asking me about my sexual history and if I'd had an abortion and stuff and I just he -everyone knows about my history now
MS77
/hmm /hmm /hmm

MS77
Hmm it's probably he might have asked you these questions because the pain you were having / I mean he was probably asking those questions routinely just to try and find out what was wrong with

you / I mean if he didn't ask you those things and he'd miss something then it could've been quite serious / so
RP15/77
/hmm /right /so

RP15/77
I just think if if you're gonna ask those questions then why why didn't he do it discreetly you know

MS77
yeah

[1]

RP15/77
I mean eh [2] I don't want to get him into trouble / but I want someone to have a word with him about it and would would you have a word with him about it?
MS77
/hmhm

MS77
Erm I don't know if I can myself cause I'm only a third year med student so / I couldn't really go to a doctor and tell them off but erm I can go and get information for you about what to do next / erm and I can give that to you and maybe erm ask someone else to come and speak to you / erm but as I'm only a med student there's erm there's not much I can do for you at the moment but provide information for you so
RP15/77
/right /right /right

[3]

RP15/77
Ok well I mean [2] if you can't (( ))

MS77
No [2] sorry about that

RP15/77
That's ok that's ok you know I eh I understand I do understand [1] I just don't want him losing his job but I don't think this should happen to people

MS77
((nods)) hmm [1] yeah

[3]

RP15/77
I'll read - you know I I I'll have a think about it

MS77
Ok

RP15/77
((nods))

MS77
ok

RP15/77

Thank you

MS77
That’s all right

MS77 smiles at RP15, RP15 and MS77 both smile and nod. RP15 then turns to facilitator, as does MS77. The end.

MS78 sits left, RP9 right, consultation starts as tape starts.

MS78
Hi erm I'm [FN] I'm a third year medical student

RP15/78
Hi hi

MS78
I understand you're supposed be here for varicose veins surgery?

RP15/78
Yeah that's right / I've got an operation today
MS78
/ oh:: ↑ ok

MS78
Unfortunately I've got some ((leans forward)) very bad news for you / eh SHO's had to go away to an emergency situation / so he won't be available to see you today
RP15/78
/right /right

RP15/78
What – so that means I can't have my operation?

MS78
No you won't be able to have your operation today we'll probably have to erm rearrange it for a day in the future / I'm really sorry about that but it was a situation we couldn't really do anything else / [2] I'm sorry how long have you been waiting for?
RP15/78
/((sighs)) /((shakes head))

RP15/78
Well ((head in hands2)) eighteen months ago the same thing happened to me I I – two days before my operation was due I was told that they were going to cancel it erm / I got myself worked up about this and eh eh you know I I've taken time off work – I work here I work as an auxiliary nurse here / and so I I've booked time off work I I've sent the kids to my sister I've sent my kids away for a couple of days and now you're saying I can't have it – what situation's come up that means I can't have it?
MS78
/oh::↑ /oh:: ↑

MS78
Oh basically there's been a patient who's come in with a life threatening [2] I mean he's in a life threatening situation / and he needs an emergency procedure done right now [1] erm I can understand your frustration I really can but there was basically nothing else that can be – could be done
RP15/78
/((head in hands3)) and is there no one -

RP15/78
And is there no one else that can do this operation – is he the only person in the hospital that can remove my varicose veins?

[1]

MS78
Well [1] there is probably other people but the - obviously there are other situations to deal with as well - other operations to do

RP15/78
Do you know what I think? I think if I was a - if I was a doctor / this wouldn't have happened to me today I work for this hospital I put hours in here and I work above and beyond the call of duty / and yet if I was a doctor waiting for an operation in this hospital who worked here you wouldn't be cancelling it on me now
MS78
/hmm /hmm

MS78
Erm eh I I wouldn't – erm I can't really [1] answer that because I don't think that would happen because erm he was basically due to have - do your operation but the only reason he ran off was this situation that arose the emergency patient and if he didn't see that patient basically the patient could die that is the only reason why – whether you're a doctor or not even if you were a doctor I think the same thing would happen basically

RP15/78
Hmm yeah I wonder

MS78
No I I would think so but //

RP15/78
// I mean this is painful for me

MS78
Yes I erm yeah I completely understand // your worries

RP15/78
// but do you? do you really understand?

MS78
No I - well I can be[gin] imagine [1] / obviously I won't be eh - I haven't got varicose veins / and I won't be able to understand the pain you've got / but I would be frustrated in the same situation // and
RP15/78
/yeah /yeah /hmm hmm

RP15/78
// Well yeah I mean it's just you know I booked time off work / they've booked replacement am I gonna get paid now because I've booked this time off / and and actually there's nothing wrong with me I should be in you know what eh eh / it's just – I get myself worked up about this I don't [1] / didn't want an operation but / erm you know I know I need it and I'm just oh [1] so what – when when will I get my operation?
MS78
/yeah /hmm /hmm /hmm /hmm

MS78
Well erm I can't say cause I'm only a student so I'd expect that they'll try to arrange it as soon as possible I'm not // sure what the

RP15/78
// another eighteen months (( )) //

MS78
// I'm not sure what the waiting list is or the time that you have to wait for but I do apologise but [1] // there's nothing that can be done

RP15/78

// I know it's not your fault I know it's not your fault it's just [2] frustrating / so what am I supposed to do now?
MS78
/yeah

MS78
Well basically you'll go back home I suspect and they'll get back in – into contact with you is that what happened before?

RP15/78
No before it was two days before they cancelled it

MS78
Yeah / I know it's two days – on the day it's / - I can imagine your anger but yeah they'll probably just get back to you // and make
RP15/78
/so should - /hmm hmm

RP15/78
// so should I wait for them or do I go now or what?

MS78
I would suspect that you'll have to wait around get al.l the paperwork sorted speak to one of the nurses or whoever arranges these procedures / and they'll probably get back to you / I'm not sure
RP15/78
/ok /ok

RP15/78
Ok ((nods)) ok thank you

MS78
You're welcome

RP15/78
thanks

Both MS78 and RP15 turn to facilitator. The end.

MS79 sits left by door, RP7 sits right. Tape starts as consultation starts.

MS79
Hi ((shakes P's hand))

RP7/79
Hi

MS79
I'm [FN] third year medical student nice to meet you

RP7/79
hiya

MS79
Ok erm what seems to be the problem?

RP7/79
Erm I just didn't want to talk to anyone at hospital I'd rather talk to someone from sort of university rather than erm one of the doctors cause erm [1] I don't know I'm just dead embarrassed about what happened really

MS79
Ok

[2]

RP7/79
Erm [4] I don't know I feel that things got quite a bit out of hand

[3]

MS79
Ok what – I mean why is it you feel that way?

[2]

RP7/79
I've drank and that before / I mean I I do go out a lot and drink and stuff but I've never got to the point where I've gone unconscious / and I've never got to the point where I been admitted to hospital / and erm [1] I don't know I just get the feeling well nobody's really very impressed with what happened and / erm I'm just embarrassed (( )) to be honest / just really uncomfortable / [2] and I just feel like [1] I dunno it's been a bit of a wake-up call really I just think I probably got a bit of a problem
MS79
/((nods)) /((nods)) /((nods)) /((nods)) /hmm /yeah

MS79
Ok erm I mean how how do you feel about your your the amount the amount that you drink anyway? I mean you're a student so

RP7/79
((laughs)) students drinks loads

MS79
Well not all students do but yeah there is always a //

RP7/79

// yeah I do to be honest – I do go out a lot it's mainly like the crowd that I'm in / it's like I don't know they erm [1] they like to drink a lot and I like to [2] well I feel like I have to do as much as if not more // that's just but that's just me but I don't think that's helping
MS79
/HMHM /hmm

MS79
What was – what was it that was different this time for – that made you / (( )) that much

RP7/79
//it was somebody's birthday she was drinking loads and they were like I bet you can't - bet you can't drink this - bet you (( )) and I just I know it's stupid I just kept doing it / and I felt ill and I just still carried on and till the point that I I don't even remember getting here – I just collapsed
MS79
/((nods))

MS79
Ok [4] ok and and and this is obviously worrying you

RP7/79
Yeah I just know that I'm drinking too much / but I'm not sure what to do about it
MS79
/hmm

MS79
Erm what do you feel that like you'd want to do about it?

[2]

RP7/79
Stop it I suppose get out of it / stop feeling the need to do it but [1]
MS79
/hmm

MS79
Is there anything that might be making you feel like you want to drink at all?

[3]

RP7/79
I don't know I'm just not happy with anything innit - I'm not [3] my course isn't going so good and so I'm worried now that I I've been warned cause I'd - I'd had drinks and stuff and gone out before / and stuff I'd been getting to lectures late and stuff and I'm just worried they'll find out about here / find out that I've been admitted and chuck me off the course or something
MS79
/((nods)) /hmm

MS79
Well you you know that like what happens to you in hospital is confidential you know they (( )) between the doctors and you know we we have you know / it's our the duty to obviously respect your confidentiality
RP7/79
/right

RP7/79
So yeah the people who - that will know I'd been in hospital (( )) don't know what for I could make that up?

MS79
Erm you could make it up but /obviously it's not not the best thing to do eh lying is never a good thing obviously erm but yeah eh it's in your notes so the doctors know and obviously I know now / erm but apart from that it's our duty to – not to tell anybody about that / unless we think it's gonna risk somebody else's life / which obviously this wouldn't / erm you you also know that there are people that can can help if you think you do have a problem the the university – is it Birmingham / university yeah they do have a spr- eh erm eh eh like something that's called the Arc it's like basically it just deals with student's problems any problems you've got with anything really your course housing money // friendship or
RP7/79
/yeah no I - /hmhm /right /((nods)) /yeah /yeah

RP7/79
// well housing is gonna be another one to be honest cause like I'm – the people I'm living with I think don't help I mean in that that's their kind of thing to do is to go out and get smashed really / so I don't think that's helping so I really need to kind of move out / I don't suppose you know anybody looking for a house mate or anything?
MS79
/hmm /YEAH

MS79
Erm I don't I'm sorry but erm // yeah

RP7/79
// do you live on campus or do you live off campus?

MS79
Erm I don't live on campus no // erm

RP7/79
// right do you live in Selly Oak way?

MS79
Erm yeah I live near the university

RP7/79
right is it a nice area?

MS79
Erm ((nods)) yeah it's good

RP7/79
Do you recommend it?

MS79
Yeah yeah // erm

RP7/79
// so do you know anybody who's kind of // looking

MS79
// I don't I'm sorry

RP7/79
No that's all right

MS79

Erm yeah it's - if you go to eh the Arc'll know about things like that as well / erm like the accommodation and and – the accommodation office in the university / had erm like vacancies for for like housing and things like that / there's there is a lot of Uni places that can help you the Arc can help obviously erm with the drinking side of things as well / if you have a problem I'm sure they can advice you you know obviously move you on to other people as well and obv[iously] o[bviously] your GP is always there are you registered with a GP?
RP7/79
/right /((nods)) /right /ok

RP7/79
Yeah on campus

MS79
Yeah

RP7/79
Do you – do you go to him?

MS79
Erm I I go to the one - one of the ones around the university

RP7/79
Oh right not on the campus I just wondered whether you thought he was any good or not ((laughs))

MS79
Erm I don't know eh [2] it's not really my position to say erm

RP7/79
Ok fair enough [1] I was – what I was thinking of doing as well is kind of – when I finish my degree / eh you know in chemistry / like next year so I was wondering whether I'd be able to do kind of erm medicine but / cause of you know the GEC entry scheme? is it like a graduate entry scheme you know / so I could do that - is it any good the course itself?
MS79
/((nods)) /hmhm /hmm /yeah

MS79
((shakes head)) sorry (( )) I have no idea about that

RP7/79
Right what about medicine generally is it s good course do you like it?

MS79
Yeah I think it's (( )) a good course

RP7/79
No – is it really hard?

MS79
Erm [1] eh it depends on the person I think

RP7/79
Right do you end up to have to do loads of hours and stuff?

MS79
Erm it's variable

RP7/79
Yeah of course it is

MS79
Erm //

RP7/79
// do you ever get any time to get a social life or are you just like [1] // working all the time?

MS79
// erm [2] you've got to sort of do it yourself you know put it on your level take it in (( )) erm it – now you've you've come into hospital and things / erm eh it's not just I I mean once you've come out obviously there's a lot of (( )) that's gonna help you / but even while you while you're in hospital if you ask like your consultant or whatever I mean if you don't feel like you can discuss it with them / I think
RP7/79
/yeah // ((nods))

RP7/79
// yeah I just feel they're a bit – that's why I wanted to talk to somebody else / someone who goes to university I just don't think they can remember what it's like / they're just they're not even on this planet you know what I mean
MS79
/yeah /no

MS79
I mean even within the hospital there are like leaflets and things around / that erm that can that you can pick up and things
RP7/79
/((nods))

RP7/79
They said they'd let me out sort of later this afternoon but I'm skint I got no sort of fare for [1] for (( )) fare or anything/ do you know anyone who's going back to campus here cause I know there's a load of students who work here?
MS79
/hmhm

MS79
Erm I don't know probably best to – if you if you ask at the the desk – like the ward desk / they might be able to try and arrange something for you
RP7/79
/yeah

RP7/79
Right– you're not going back then?

MS79
erm

RP7/79
Towards the end of the day?

MS79
Erm I I will be but erm I'm afraid the car's full so

RP7/79
Oh right ok - if I s[aid] – what I've said to you like will stop in here won't it? I mean it won't get out on campus or anything

MS79
Of course not / I mean it's confidential between you and me obviously if if erm if there was something I need to tell the doctors I might have to tell them but I don't / think so
RP7/79
/well you know me going out and - /right

RP7/79
But you're you're not gonna be down in the pub and sort of // mention oh I know -

MS79
// of course not it's - like I said everything that you tell me is confidential and it's between me and the doctors and / and the hospital staff and the only reason we need - the only reason we note things down is if they are important for your care / you know if we see that something's gonna affect your care – it's nothing to do with // (( ))
RP7/79
/right /right

RP7/79
// Cause I'd be a bit paranoid walking around campus if I bang into you and think oh god she's gonna tell them that I've

MS79
Well obviously like – when when we see any patients you know strictly confidential we can't eh anything that's said to us is between us and the doctors and the nurses and / and medical staff
RP7/79
/ok

RP7/79
Cheers for that well thanks for the chat

MS79
ok

RP7/79
Cheers yeah thanks

MS79
Ok nice to meet you

RP7 turns around to facilitator, MS79 follows. The end.

MS80 sits left, by the door. RP3 sits right, with legs pulled up on the chair. Consultation starts when tape starts.

MS80
Hello is it Lesley?

RP3/80
Yeah hello

MS80
((shakes P's hand)) Lesley Wilson? Hi I'm [FN] I'm a third year medical student [1] how are you?

RP3/80
Erm eh [1] I feel absolutely awful

MS80
Yeah?

RP3/80
Oh god [1] I'm I am absolutely [2] I mean everything aches everything aches I eh eh my head is pounding my body is pounding I feel [1] completely drained / and just shaking and thirsty [2] I feel I feel awful I mean ah [2] I feel yeah I feel quite – I've never felt like this before this is just awful
MS80
/yeah

MS80
I know would you like to explain to me exactly what happened yesterday?

RP3/80
Yeah yeah I went to a party / and erm [2] and we all got a little bit erm rowdy / and you know you know we're all doing drinking games / and and they all know me as a – you know I could drink anyone under the table / and erm it it was all a bit of a bet between me and a bloke to see who could drink more / so they just erm you know we'd already drunk quite a lot already / and we we filled up a a pint pot of erm eh I don't know what do you put in it / it was eh Bacardi bac eh eh I mean I don't know and he had one and I had one and it was and it was – he didn't fini[sh] he didn't get halfway through and I wanted to proof that I could do it / so I drunk the whole thing and then erm I don't remember anything after that / so it's a bit- I feel a bit embarrassed about it / a bit erm [3] you know it's always like I'm a party girl life and soul of a party I don't know and I end up in the hospital
MS80
/yeah /(( )) yeah /((nods)) /ok /right /hmm /right /no /yeah

MS80
Oh dear

RP3/80
A bit silly really but erm

MS80
Have you done anything like this before?

RP3/80
Erm I - well what what do you mean?

MS80
Have you – do you drink on a regular basis?

RP3/80

Oh:: (( )) / I mean we all do don't we / that's what students do I do anyway I'll be honest I mean I'm a you know I'm a mature student anyway / so I I've lived a bit before I came / here and erm
MS80
/yeah /hmm /yeah /ok

MS80
have you ended hospital before because of your drinking?

RP3/80
no

MS80
No?

RP3/80
No [2] no I haven't I I haven't I don't think I've ever drunk that much before / really madness really I – well the thing is you know I'm a seasoned drinker / that's not something you should boast about but / to keep me going you know / I've drunk since I was fourteen a lot you know / erm so erm [2] I don't know erm I know it's something it's a thing I do that keeps me going / erm [2] but I I actually I actually I asked to speak to you [FN] because [2] I haven't wanted ((sighs)) these bloody nurses and doctors / they're asking me questions and erm I've got a bit of a problem with them and [1] and I and I I've seen you about / and I've sort of – you know I've sort of I think I might have spoken to you or to your - one of your friends / in a bar or whatever because obviously we go to the same university / and I just sort of you know I was I don't know what time it was when I came in and then I woke up this morning I don't know five o'clock or whatever and erm [2] started thinking about my life you know what I mean? / thinking about where I am and my friends and it just made me think about maybe I should think about changing my so[cial] my social circle and my – where I'm living and [2] and then I saw all you medical student and I though hey I mean like you know eh [2] do you you know where you live now I mean cause I'm looking for somewhere– cause these girls that I live with eh and a couple of lads / erm they're quite a bad influence on me ((laughs)) and they expect something of me / they <u>expect</u> me to go out and drink they <u>expect</u> me to go and [1] be a fun person / they're not on my course they're not – erm but they expect me – and I was thinking you're a medical student and you seem a bit more sensible ((laughs)) / maybe not I know you all drink as well but I don't know I mean is there anywhere in your house where you're living– do you live in a shared house or have you got your own?
MS80
/right /yes /((laughs)) /hmm /ok /yeah /hmm /yes /yep /yes /((nods)) /hmm /yes /hmm /((laughs))

MS80
Yes no I live in a shared house

RP3/80
Really? With medical students?

MS80
yes

RP3/80
Erm do you know are there any spaces going? (( )) Has anyone left?

MS80
Erm no I'm afraid there's not // but you

RP3/80
// do you think anyone will soon?

MS80
No I don't think so I'm sure there's places you can get though if you're not feeling comfortable with where you're living // at the moment

RP3/80
// I know but I want to go with somebody that I sort of know or someone that I know of or - you know

MS80
Is there no one you can think of - that you know of?

RP3/80
Not really / I haven't made many friends - I've only been here three years but I've // been
MS80
/hmm

MS80
// What do you do?

RP3/80
Erm I'm I do do women's studies

MS80
ok

RP3/80
You know I'm not enjoying it / I'm in my last year now / I mean erm – I mean like [2] I eh you know where do you eh where do you I mean eh maybe some people – where do you drink? When you go? Where - do you go anywhere? Where do you?
MS80
/hmm /((nods))

MS80
Erm no I don't

RP3/80
Are you not a drinker?

MS80
no

RP3/80
Really? / You are a student and you're a medical student / that's – you don't do that?
MS80
/yeah /yes

MS80
No if you think about yourself – I mean / if you want to get out do your - I don't think I'm // [2] relevant here
RP3/80
/I mean you feel

RP3/80
// you don't think so – I think you'd be perfect cause you seem sensible and you don't drink / you know I mean eh eh how would you feel if we could sort of arrange to erm meet up you know outside of here
MS80
/((laughs))

MS80
I don't really think that's appropriate

RP3/80

Why is that?

MS80
I'm here as a medical student and you're talking to me about your problems in a confidential situation and for a start you may feel erm slightly awkward seeing me anywhere else / and the same applied to me / we're in a professional setting here and we can't take it further / to a social // [2] context
RP3/80
/I don't feel - /yeah but the thing is if I - /but if you know

RP3/80
// you'd think so but maybe I could have asked you these questions in a bar or in a café and you wouldn't think anything of it

MS80
No exactly I would be as a normal person - a normal lay person but the moment I'm talking to you as a medical student / in a more professional capacity / yeah I am a student too / but / I'm here talking to you as a medical student
RP3/80
/but you know that's a student /do you think /yeah /and you're the same as me

RP3/80
I mean even say I bumped into you next week you know things could change couldn't they you know that doesn't you know you wouldn't have to remember that we've had this conversation

MS80
Er::m if I saw you bump – if you bump – if we bumped into each other after hours eh pff eh met for the first time but we have we have built up this relationship here now and that is what I consider to be a professional relationship that can't really be taken any further [1] // socially anyway

RP3/80
// well I didn't say anything about my medical history - don't know anything about (( )) and I just need a bit of help you know I need / someone to talk to a friend and you know you seem an awfully nice girl and like I could do with a friend / and I can't what what what's wrong with that?
MS80
/yeah I see well I appreciate that /yeah

MS80
There's nothing wrong with that at all

[2]

RP3/80
So [4] can we not meet next week?

MS80
Erm I don't think so I really don't think that would be appropriate [2] sorry [1] but I'm sure there's places you can go to meet different people if you're not happy at the moment with who you're meeting at the moment and who you're living with – try some different things try some different clubs see – social type clubs like clubs / do you do any sport?

RP3/80
Not really no

MS80
No? do you do anything out of work hours apart from //

RP3/80
// Drinking ((laughs))

MS80
Drinking yes ((laughs))

RP3/80
Eh no well yeah I go to see my mum / and erm [2] eh I go to you know lectures that people – you know I'm interested obviously wouldn't do a studies that I'm not interested in sort of / eh history human history / I've been (( )) lectures there's lots (( )) I don't do really much else [2] // erm I
MS80
/hmm /((nods)) /hmm

MS80
// I'm sure you can meet some different people there though if you're looking for people you're loving with – who are you living with at the moment?

RP3/80
I'm with drama students / at the moment yeah
MS80
/yeah [well done?]

MS80
Have you got any friends on your course?

RP3/80
Well a handful it's difficult cause I'm not - I'm a mature student and / they're – I mean and I actually notice a lot - there are more mature students and they're also in their late thirties a lot of them are married have kids / and are doing it for [2] dunno [1] I mean I'm kind of considering changing and thinking you know - about you know - thinking about medicine you know and – what do you think? Do you think - would it be a way to go?
MS80
/hmm /yes

MS80
If you wanted to do it yeah

RP3/80
Yeah have you enjoyed it?

MS80
Erm yes I have but I mean I'm different to you // I mean you could

RP3/80
// where do you want to go? What do you think you'll do?

MS80
I don't know what I want to do at all

RP3/80
You don't know?

MS80
No

RP3/80
I think you'd make a nice GP

MS80
((laughs)) thank you

RP3/80
are so friendly

MS80
thanks

RP3/80
I mean that's the thing I think really needs to change you know and erm [3] I think it's important that things change / so maybe I should consider [1] cause there's this thing isn't there that if you've done a degree then you can erm take a postgraduate / entry place

MS80
/hmm / Yes yes there is that

RP3/80
so I'd consider doing that / and maybe as a medical student you might want to talk to me then
MS80
/yeah (( ))

MS80
((laughs))

RP3/80
You know I mean I could erm eh I have considered that and erm [2]

MS80
Yeah well if [1] you wanted to do it yeah I'm sure you can find out about it / through your [1] // lecturers etcetera
RP3/80
/yeah

RP3/80
// would you be able to find out? Would you be able to give me any information or something?

MS80
Erm [1] I'm not sure

RP3/80
Any leaflets knocking about – I wouldn't know where to go

MS80
Erm I can have a look for you if you like see if there's any leaflets but I'm not sure if there are though [1] you're probably better off going to your erm – are you at uni?

RP3/80
Yeah

MS80
Yeah? Probably better off finding out information from uni

RP3/80
Yeah I think there's a careers // something

MS80
// yeah they've got a careers - will be able to help you

RP3/80

Yeah

[2]

MS80
Yeah? Are you feeling a bit happier about things now?

RP3/80
Not really ((laughs))

MS80
No? ((laughs))

[2]

RP3/80
No but (( )) could do with a drink ((laughs)) [3] no [2] I need to sort that out

[2]

MS80
Hmm

[4]

RP3/80
Yeah [1] now I've gotta get out there and (( )) the idea of being me [2] don't know how long they're gonna keep me

MS80
What's it like being in here?

RP3/80
Well I don't know it's just erm out of normality and [1] just sit and think about things / and you know you don't have to be anybody but yourself you know you don't have to pretend to be anything
MS80
/hmm

MS80
You don't have to pretend to be anyone / in front of your friends
RP3/80
/well

RP3/80
I don't I haven't got any friends then

[2]

MS80
Or in front of your house mates – just be you

RP3/80
yeah it's not as simple as that but erm [4] I mean there's the girl brought me in yesterday she was – she was a friend I'd say / if it wasn't for her then I you know I'd be dead - would be a possibility erm
MS80
/hmm

MS80

Well she sounds like somebody you can talk to

RP3/80
Yeah maybe

MS80
Do you think she's be able to help?

RP3/80
She came in this morning and she gave me a right old [racket?] ((laughs))

MS80
Did she? ((laughs))

RP3/80
She was very cross / you know it means she cares
MS80
/hmm

MS80
Yes

[4]

RP3/80
Well you know thank you for talking to me

MS80
That's ok

RP3/80
And erm [2] I wouldn't say hello to you again if I see you in the street ((turns to facilitator)) ((laughs))

MS80
((laughs))

RP3/80
Thank you very much

MS80
No problem

RP3 already turned to facilitator. MS80 looks at facilitator. The end.

RP9 sits in chair (left), MS81 not in screen yet. As tape starts, MS81 walks into screen. The first 30 seconds are difficult to hear as a plane flies over the building.

MS81
((walks towards chair of RP9)) Hello Mr Harper ((shakes P's hand))

RP9/81
Hiya you all right?

MS81
((walks to own chair)) how are you today ((sits down))?

RP9/81
Fine thanks

MS81
Right ok erm how are you doing?

RP9/81
Ok yeah not too bad

MS81
How is your toe?

RP9/81
((laughs)) it's all right it's still there at the moment yes

MS81
Has it been causing any problems at all?

RP9/81
Well it's not (( )) it's pretty painful erm but erm you know it'll be all right

MS81
Is the pain (( )) is it all the time?

RP9/81
Yeah pretty much all the time yeah yeah (( )) sort of infections and eh all this kind of thing

MS81
Is it stopping you from doing anything?

RP9/81
Eh eh erm I I wouldn't try and go have a game of football or anything like that / but erm ((laughs)) I can still walk at least – it's the pain really [1] well it's all right you know – erm I just wanted to - I don't know if you – if you mind talking about something else / I I've got a erm [2] er::m a eh I just recently noticed erm [3] do you know anything about lumps?
MS81
/no right /ok

MS81
lumps

RP9/81
Lumps / I sort of found a lump in my erm somewhere you you wouldn't want to find a lump ((laughs4)) do you know what I mean? erm eh yeah I found a erm a lump in my scrotum and I was just wondering [1] so you know anything about it - that kind of thing?

MS81
/What sort of

MS81
No I'm only a third year medical student I don't really know much about / what kind of information to tell you about that
RP9/81
/yeah

RP9/81
I mean is this something I should worry about?

MS81
Erm have you spoken to the doctor at all about this?

RP9/81
No ((laughs)) no to be honest I'm I'm I mean no offence intended but I I abs[olutely] I hate doctors I absolutely hate doctors I hate hospitals I hate being here erm erm no I haven't really said anything about it

MS81
Do you not think it's a good idea to talk – to speak to a doctor about it?

RP9/81
Pffff

MS81
Just to put your mind at rest

RP9/81
Yeah probably erm [4] I've been worried for the last six months so erm [2]

MS81
But you're erm you're obviously concerned about it cause you're speaking to me about it / I mean – what I was gonna say is I'm not really the best person to be speaking to cause I don't really know much about it I think it's probably best you speaking to a doctor
RP9/81
/Yeah

RP9/81
Yeah erm [5] yeah you're probably right I probably should [2] I just ((sighs)) you know tell me it's nothing then it's gonna go away ((laughs))

MS81
No I can't really - I can't say

RP9/81
No erm [1] I mean it's I mean ((gestures)) I mean it's probably cancer isn't it basically?

MS81
I can't say - I wouldn't know myself I can't (( )) and I don't have any information to say whether it is or whether it isn't

RP9/81
Well you must've picked up a bit by now

MS81
Not enough really not enough to know what it could be the best person to ask would be your doctor

[2]

RP9/81
Hmm I just don't really want to[7]

MS81
Do you not think that'd be – what do you think about speaking to a doctor later?

[4]

RP9/81
Erm [3] well I mean depends what they say isn't it really that's the thing if they're gonna tell me it's gonna be fine then I don't really have a problem talking them about it but [4]

MS81
I think in the the long run it's probably best you know if you go to them now rather than leaving it a long time

RP9/81
((shrugs)) [3] I know [1] yeah erm I know what you're saying I know it's true absolutely it's true yeah yeah I've [1] obviously trying [2] I don't know erm is it gonna make a lot of difference in the end?

[4]

MS81
I think I think you probably would be reassured by speaking to a doctor cause they're gonna know a lot more about it erm so erm they'll be able to put you at ease

RP9/81
The thing is if it is cancer I mean there's not a lot they can do about it really

MS81
Well [2] I mean I don't know the partic[ular] you know the treatments and things but I'm sure you know it's always best to get these things checked out early

[4]

RP9/81
I've already had it for six months ((laughs))

MS81
I mean it's probably best going now then to leave it a further six months again isn't it?

[2]

RP9/81
Yeah you could be right

[5]

MS81
Do you think that'd probably be a good idea?

RP9/81
Yeah I know it's a good idea I just don't really wanna hear [3] ((sighs)) yeah no I mean you're right erm I don't know what I'd do about it

[8]

MS81
Do you think you'd be able to speak to your doctor later?

RP9/81
I guess I'm gonna have to really

[2]

MS81
I think that's probably the best [5] (( )) you know probably give you the correct information and everything else probably (( )) but I know you're just worrying about it when you don't know either way

RP9/81
No [2] no I was just worried that that's - you know that's it ((sighs)) [5] you know never mind this place is - ((sighs)) ((looks up))

[2]

MS81
Well I don't think - I don't think you should look on the bad side of it

[6]

RP9/81
Oh ok [2] it's good to talk to someone about it at least

MS81
Yeah [3] is that everything? Is eh is there anything else you want to talk to me about?

RP9/81
No I mean I don't know if you could - if it's possible to arrange a - talk to a doctor or someone – I don't really know who I should talk to

MS81
It <u>is</u> probably best you speaking to a doctor make an appointment with your GP or something

RP9/81
Are you sure there's nobody here I can talk to about it?

MS81
Pardon?

RP9/81
Is there someone here I should be talking to about this?

MS81
Probably going to your GP is probably best so

[3]

RP9/81
Ok thanks

MS81
ok

RP9/81
Thank you very much

MS81
ok

MS81 leans back in chair, both MS81 and RP9 look at facilitator. The end.

MS82 sits left and looks at camera. RP17/82sits right. Facilitator says MS82 can start, MS82 looks at RP17/82and starts.

MS82
Hiya Miss Steel?

RP17/82
yeah

MS82
Erm I'm [FN] I'm a medical – third year medical student / and I've been told you've asked to speak to a medical student / so
RP17/82
/yeah /yeah

RP17/82
I did yeah I erm I wondered if you could get me some information really

MS82
hmhm what what's that on - what sort of information?

RP17/82
Hmm right ok well erm [2] I I'm prob[ably] [1] it's just erm to find out a little bit about erm [2] eh I'm probably overreacting / – I'm sure I'm overreacting / erm erm but erm I just wanted to sort of find out whether erm cause I - I'm in erm I'm having lots of erm investigations about my bowel / and erm I had lots of tests already and I had erm [2] I had a test where erm eh eh eh I don't know what it's called – they put a camera up and (( )) / (( )) / erm and erm [2] well as I say I I'm probably just really I don't know really you know I'm just overreacting but I just wondered if you erm had eh any idea or whether you could maybe find out about erm [2] cause obviously when I when I had that camera thing erm there's lots of blood and everything / and I was a bit [1] worried erm and erm [2] I just wondered if if if there was – and and because I've been having these pains / and they don't know what it is yet and everything erm whether you think it might be - or you could find out whether there might be any erm connection erm with HIV at all
MS82
/hmhm /((laughs)) /hmhm /hmhm /yeah /hmhm /((nods))

MS82
Hmm have you talked to anyone else about this at all?

RP17/82
((shakes head)) no

MS82
No – not you're your doctor or anything - and has anyone talked to you about what they're looking for with the investigations at all? Has anyone mentioned HIV to you?

RP17/82
No

MS82
No [1] is there any reason that you think that it might be - ?

RP17/82
Pfff well I I mean I;m you know – I'm sure as I said I'm sure that I'm I'm not – you know I'm sure that it's fine and I'm sure that I'm just being really / you know over over over overcautious but erm I erm - well you know what it's like / you know that – obviously everyone sometimes erm has has erm put themselves in a (( )) situation / or whatever erm so I erm I I just you know obviously [2] I eh eh I just

thought maybe you know because I don't really want to [2] I don't really want – I I just hoped you'd get me some information really
MS82
/((nods)) /hmhm /((nods))

MS82
hmhm well obviously I'm only a a third year so I don't know [2] everything about everything / and I wouldn't really like to say - I don't think I know enough about HIV myself to say really whether it would be a symptom of HIV / or not erm I can certainly find out if I can get you / some leaflets erm or some information but really I think the best thing for you to do would be to talk to a qualified doctor / or maybe a nurse
RP17/82
/yeah /ok /((nods)) /((pulls face))

RP17/82
I I don't – you know as soon as you put something like that on your records then you know you you you kind of get you know you can't you can't get a life insurance and all of that I don't – you know if if it if it turns out to be a false alarm then I don't want it to have been on my records // (( ))

MS82
// I know but if you if you just have a little chat with the doctor with your GP say or maybe with a nurse it wouldn't – that wouldn't be on your records that would just be a little confidential chat with them like you're here with me it's the same thing they- if it's confidential they wouldn't write anything down if you just wanted to talk about it there wouldn't there wouldn't be anything written down necessarily there won't be anything on your records

[3]

RP17/82
I mean I was just – I just [3] when I had that camera thing / there was - I said there was loads of blood / I was just a bit you know I don't know if – I I'm just a bit concerned about you know all the doctors
MS82
/hmhm /yeah

MS82
Yeah yeah I understand it must be quite upsetting for you obviously it's not a very nice procedure erm I mean I can certainly ask someone to get some information for you / but that would still really be involving someone else obviously because
RP17/82
/right

RP17/82
Right well I don't I don't really I don't really want / anyone else to be / to know really / I don't I don't want anyone else to know
MS82
/hmhm /hmhm /hmhm

MS82
Ok [1] I mean yeah I can try to get hold of some leaflets for you I would – I mean obviously the thing is I'm not really a doctor so obviously it would be much better for you to talk to someone who knows a bit more about it [1] if you're not willing to do that – not not maybe your GP not?

RP17/82
((shakes head2)) I don't really want to I don't I don't I – yeah I hear what you say about it being confidential / but I – I just hoped that you could sort of check a few things out / that's all
MS82
/hmm /hmhm

[2]

MS82
Hmm is that – I mean is there any reason you're worried about talking to somebody else apart from the – it being on your records – is it just that you're not comfortable?

[2]

RP17/82
I just don't think it's necessary at this point

MS82
hmhm [2] hmm [1] I mean I could certainly speak to – like I say I can speak to the nurses see if I can get some leaflets for you / I mean I don't – I don't really know much about what information I could get I'd have to find out / but I'm afraid I couldn't actually tell you much myself
RP17/82
/((nods)) /ok

RP17/82
Right ok I don't know very much [2] ok well maybe ((sighs)) maybe that's a start then

MS82
Hmm [1] it might put your mind at rest

RP17/82
uhuh

MS82
But I mean I – obviously [2] if it if it doesn't I'd certainly suggest you talk to someone about it because obviously if you're worrying about it / that's not gonna help you feel any better
RP17/82
/yeah

RP17/82
Hmm [2] hmm well I I I just prefer to only tell one person / at the moment
MS82
/hmm

MS82
Ok

[5]

Facilitator ends consultation.

RP4 sits left, MS83 right. Consultation starts as tape starts. Both MS83 and RP4 lean forward.

MS83
((shakes P's hand)) hello Mr Mitchell my name is [FN LN] how can I help you?
RP4/83
/hello

RP4/83
Erm I've come for an operation

[1]

MS83
right

[2]

RP4/83
My varicose veins operation?

MS83
Right [2] I'm very very sorry but it has been cancelled

RP4/83
What?

MS83
I I do apologise but we do get emergency cases from time to time which do take precedence in some cases erm you can have our deepest apologies erm what I can do is I can put you in touch with the patient advice and liaison service and hopefully we'll be able to come to some sort of // resolution

RP4/83
// it's just been cancelled? [1] this is the second time- this is the second time it's been cancelled I've had to take a day off work

MS83
I deeply apologise for that and I do understand it is frustrating erm what I can do is I'll speak to the doctors involved and see when we can next arrange it for and hopefully // it's gong to be as soon as possible

RP4/83
// what so I'm gonna to take another day off is that it? / I eh I'm using up all my holiday I'm - it's cost me money to come here today I I mean the the childcare / I work here - I work here
MS83
/erm /right erm very sorry about that

MS83
We try to maintain as high a level as possible for all our patients and I know these inconveniences can be frustrating but we do try our level best to maintain an efficient working place and to get al.l of these operations done

RP4/83
I know all about efficient working place I mean eh I'm a nurse an auxiliary in outpatients I understand that / [1] you you'd think they'd look after me a bit better wouldn't you?
MS83
/yes

MS83

Well erm //

RP4/83
// you you'd think you'd think because I work here that I can get you know that I would get erm eh I mean looked after a bit better not shoved to the back of the queue constantly

MS83
oh Mr Mitchell we haven't shoved you to the back of the queue we we will try and get your operation done as soon as possible // do you know

RP4/83
// but if I was a doctor you'd arrange it then wouldn't you?

MS83
We do try and maintain a high standard for everybody not for people who work for us but for everybody erm what I'll do is - if you want to issue a formal complaint you can write to the chair // and

RP4/83
// I just want my - I just want my veins done that's what I want I don't wanna cause complaints I don't wanna you know I don't wanna be in trouble I just want my veins done eighteen months I've been waiting for this

MS83
I'm very sorry for any inconvenience it's caused you and for the hassle erm we will try and get it sorted as soon as possible I know that isn't much reassurance to you at the moment because obviously it's very frustrating you've had to have your children taken care of / and taken time off work / and I do apologise for that but there's sometimes there are situations which we can't control
RP4/83
/yeah /yeah

[2]

RP4/83
Erm so what do I do now? Do I just go home or what?

MS83
Erm yes when the doctor's seen you I think you'll be asked to come back again / at at some stage when we can arrange it when it's convenient to you and we can hopefully do the operation the second time around
RP4/83
/right

RP4/83
right

[2]

MS83
I'm very sorry

RP4/83
So I just have to wait here for somebody to come and see me then? is that it?

MS83
Erm yes I do think so

RP4/83
right

MS83
I know it’s frustrating and annoying but sometimes these situations do arise

RP4/83
Right [1] it’s not your fault

MS83
If you do want to erm complain you can write to our chairman obviously your views are important to us we want to know how you feel because that’s the only way we can improve our service and make our qualities better for you so this sort of thing won’t happen again or we can try to minimise it in the future

RP4/83
Yeah [2] ok

MS83
I’m very sorry once again

RP4/83
That’s all right [1] ok

MS83
Thank you ((shakes P’s hand))

MS83 looks at facilitator. The end.

MS84 sits left, RP14 is standing and sits down as soon as consultation starts. Consultation starts a second after the tape starts.

MS84
Hiya ((shakes P's hand))

RP14/84
hiya

MS84
My name is [FN] I'm a third year medical student

RP14/84
All right eh I'm Alex

MS84
right

RP14/84
Erm I've really just made this appointment to see you cause I just wanted to ask your advice really / erm it's about erm well I'm thinking of making a complaint / to ask somebody – the doctor / basically who works here / erm and I just really want to test out with you / whether or not you think I should do it / you know I I was – shall I tell you the situation?
MS84
/ok /RIGHT /ok /hmhm /right /ok

MS84
Yes that would be a good idea

RP14/84
I just had a erm appendectomy {doc}{doctomy}? I had my appendix out

MS84
Appendectomy yeah

RP14/84
Yeah ok erm and erm that that eh that's sat[isfactory] that's been satisfactory / the appendectomy but erm what happened was it it's all been – it was quite a traumatic way to have happened / erm I had I started getting pains in in my (( )) lower abdom[en] abdomen/ erm eh just when I was eh eh getting my erm partner my husband a birthday party / basically you know I had fantastic food and stuff and these pains were getting worse and worse throughout the night so to be honest I wanted to get myself through so I drank far more than I should have done/ yeah so erm to be honest I was a bit pissed / erm but then about two or three in the morning I discussed it with my partner and I just thought I have got to go into the A and E / so an ambulance was called - went in and then you know I was in a ward / erm in a – behind very flimsy curtains / and this bloke this doctor came in – it was a surgeon or something / he was the surgeon who did the operation in the end but the basically he he wanted to know all sorts of really very very personal things / erm like whether I'd had an abortion / you know whether or not I had had sexually transmitted diseases / and obviously by that time I had – I was actually quite the worse for wear for drink as well / so I mean he was sort of making implications about why I'd been drinking so much and asking questions about that / like I was an alcoholic or something / and then finally he did a a rectal a rectal erm examination / and I mean god knows what that has to do with my appendix you know
MS84
/RIGHT /ok /hmhm /hmhm /right /ok /HMHM /right /uhuh /((nods)) /((nods)) /hmhm /((nods)) /hmhm /right /ok /YEAH

MS84

Erm I think the thing with that is obviously there's certain things they have to exclude and that's partly why they do examinations which when coming in with symptoms that you described they have to do / so I think that's probably why that was done just to ensure that they have got the right correct diagnosis and things like that / I'm pretty sure it's routine procedure
RP14/84
/right /yeah

RP14/84
ok well that's good that – you see you already you told me that he didn't tell me that / he just said he was gonna do it / but eh eh all the thing about it was he did the whole thing – I don't know if you know him Mr Peters do you know Mr Peters?
S84
/right /uhuh

MS84
I think I know of him

RP14/84
Oh do you? yeah well anyway he erm you'll know then that he's got this great big loud booming voice / you know big posh voice asking me these things [1] just behind a curtain / erm in the middle of the night / you know all the all the other patients are trying to sleep / anyway it went ahead I had the operation and that operation's obviously ok / it's happened and that's fine <u>but</u> afterwards / the other patients on the ward a few of them came to me / and they said that they really recommended that I make a complaint because they all heard every single thing that he said to me / and you know erm they also heard – knew that I was having a / rectal examination and all that sort of stuff and it's not in my nature actually / to make complaints so I'm not a whinger / but the very fact that they had heard it all and things / meant that it wasn't just about me feeling embarrassed it actually was true / and eh I felt humiliated
MS84
/hmhm /hmhm /yeah /hmm /ok good /uhuh /((nods)) /right /yeah /HMHM /ok /uhuh /right

MS84
That that's quite understandable

RP14/84
Yeah [1] so what I want to know really is whether or not you think I should [1] I'm not after compensation / I don't partic[ularly] you know I don't wanna get any money out the NHS / and blabla / I know they're in a difficult situation however / I wouldn't mind an apology really
MS84
/hmm /((nods)) /hmm /yeah

MS84
I think – I can't really give you any advice as such on making complaints whether you should or not but I think erm if you did want to pursue it I'd probably go to the ward sister of your ward – if you know who she is?

RP14/84
oh right ward sister is it?

MS84
Yeah she's generally sort of runs (( )) and is probably the best person to go to if that's the avenue you wanted to take erm / just depends really
RP14/84
/right

RP14/84
Do you think I've got grounds for a complaint?

MS84
It's not really for me to say to be honest erm things can be quite difficult obviously I can – I understand where you're coming from and you sort of feel that perhaps your confidentiality might have been breached a bit with him being loud and stuff

RP14/84
A bit? I mean the whole ward {heald} - heard it

MS84
It's very difficult I think for consultants to sort of have consultations in single rooms and things like that there aren't that many available so I'm guessing that's probably why that happened / but
RP14/84
/Oh right

RP14/84
but he should have been conscious of the fact that everybody could hear in shouldn't he?

MS84
Perhaps he might have been //

RP14/84
// I mean I don't want the whole ward to know that I've had an abortion

MS84
That's quite understandable

RP14/84
yeah

MS84
I suggest that perhaps as I say the best thing might be to erm approach to the ward sister and then she could perhaps take things a bit further if that's what you want to do or discuss it with you in a bit more detail

RP14/84
right

MS84
That's probably the best way to go forward

RP14/84
Right but wouldn't she go and tell the erm – I don't want her - I don't want her telling him about it you know

MS84
I don't think that will happen I think everything is confidential so whatever you say to her I think would remain between you two unless you decided to take things a bit further

RP14/84
Right [1] ok

MS84
hmhm

RP14/84
So that's your recommendation then?

MS84

((nods)) yeah

RP14/84
because to be honest it would – it's not for myself really I mean although I would like an apology from him / but it it's also about well other people shouldn't really be treated like that / I know the difficulties you get you know all the rest of it in E eh A and E but when you come in you're not - as a patient you're not thinking of that / you're just wanna be given some respect and shouting when all you've got is a curtain it's just not good enough really is it? / [2] well don't you agree with me?
MS84
/yeah /right /hmhm ok /ok

MS84
As I say I can't really sort of give my viewpoint / particularly you know I'm just suggesting if you want to take it further erm go and see the ward sister she'll probably be able to help you
RP14/84
/((nods))

RP14/84
Ok thanks very much

MS84
((nods))

Both MS84 and RP14 look at facilitator. The end.

RP9 sits in left chair, MS85 stands and walks into screen as tape starts.

MS85
((walks to RP9's chair)) Hello ((shakes P's hand))

RP9/85
hi

MS85
My name is [FN] a third year medical student

RP9/85
Oh brilliant ((points to empty chair)) yeah yeah

MS85
((sits down)) (( )) yeah erm asked to speak to you?

RP9/85
Yeah yeah do you mind? I just wanted really – can I just ?

MS85
No no that's fine that's no problem

RP9/85
Is that all right?

MS85
Yeah sure

RP9/85
Oh that's excellent I just wanted to have a kind of quiet erm like sort of chat really / kind of confidential do you know what I mean / off record ((laughs)) erm it's just erm it's just absolutely nothing at all but erm I just was erm I'm in for a – cause I had some bowel problems / yeah and erm I've just kind of been lying there sort of fretting about it and totally I'm totally overreacting I expect but I'm just trying to thing is this possibly anything to do with erm [2] I just want some information really I don't know if it is - is there any chance this kind of could be related to erm to HIV?
MS85
/((nods)) /((nods)) /OK /

MS85
Right ok erm what what makes you feel like this is a problem – aids?

RP9/85
I don't know I mean it's just you just lie in in bed and you sort of get al.l worked up and fretting about stuff thinking could it be this could it be that I mean I've I'm you know I was just – I don't think I've got it do you know what I mean but you just start –

[2]

MS85
Erm is it //

RP9/85
// I mean do you think do you think that's really not (( ))

MS85
Erm the stomach problems // and it

RP9/85
// yeah it's bowel problems and I can tell you more about it if you like now

MS85
Yeah if you – if you don't mind

RP9/85
Erm I just kind of – I've got erm I've been having problems for the last sort of erm almost a month kind of with - I feel like I'm either constipated or I've got diarrhoea and stuff / and I talked to the doctor about it and he sort of said he did all kinds of examinations / to rule stuff out you know / they weren't really clear erm that he said it might just be irritable bowel syndrome / or something like that he said it might be like something a bowel disease / and erm and I've I've kind of you know I've had ((sighs)) every procedures / tubes and things stuck places they shouldn't go that kind of thing
MS85
/right /((nods)) /yeah /hmm /HMM /((nods))

MS85
Erm but erm what makes you think that it could be aids as opposed to irritable bowel?

RP9/85
Well I don't know I eh that's all I'm just waiting for some information really and I thought you could erm tell me this without having to bother the doctors with it really it something that that's possibly related to it?

MS85
Erm truth is I I'm a third year medical student erm I don't really know much about aids and erm (( )) problems in general I'm only just starting out / erm if there is something specific which you which you're worried about as in this erm what I suggest you could do – I mean everything we're saying confidential / erm if you don't feel comfortable speaking to your consultant about it you can always speak to erm to your GP / erm if there's something to worry about //
RP9/85
/all right /yeah /yeah

RP9/85
// that's the thing I don't really wanna talk to the doctors about erm about this cause you feel like you just kind of get labelled do you know what I mean?

MS85
Erm do you think your doctors actually will change to you if you ask these things?

RP9/85
I don't know I mean you hear all sorts of things don't you? / you sort of hear that people like you know you can't like get a mortgage and stuff like that cause they've got you know just been for a blood test you know that kind of thing
MS85
/hmm I -

MS85
Right erm I'm erm obviously I'm not an expert erm [2] what erm // did did you -

RP9/85
//Well nor me nor me I mean I was I was just - I don't expect you to know I just wondered if you can find out for me

MS85
erm well I think I could have a look around speak to some people erm are you - did you speak to any of the nurses on the ward at all are you – (( )) ?

RP9/85
No I didn't really speak to anybody

MS85
right ok right I could have a chat cause I I don't know and it would be quite interesting for me to find out anyway but if you're specifically worried about it erm I would consult erm your GP cause they know the best and if you're worried about aids erm I understand it's a real difficult decision erm you know we all understand that //

RP9/85
//Yeah I just want to rule it out really // do you know what I mean?

MS85
// yeah erm unless you actually erm tell the doctor and he'll keep this in confidence you know from erm any other externals none of your family need to know no other external people will need to know apart from the doctor and [1] as long as erm should - you should be able to trust your doctor hopefully or find a doctor that you trust and erm talk - ask him these questions erm [1] erm because erm // otherwise you won't know

RP9/85
// thing is it's probably nothing though this thing is probably nothing erm

MS85
let's hope [2] but erm I suggest // (( ))

RP9/85
// you just imagine all sorts of things don't you?

MS85
But there options though erm there are GU clinics and things like that available / erm [1] and they're they are anonymous and I think there is one in this hospital anyway / erm but I'll I I would have to speak to the the sister about that cause I'm really not that sure / but erm hopefully erm if - this is obviously something praying on your mind
RP9/85
/right /right /right

RP9/85
Yes yes that's it you just you just get absolutely // (( ))

MS85
// it's it's the worry mainly / but erm with respect to things like confidentiality and things erm it won't be talked about you know we won't be discussing you in the train or anything // it's just
RP9/85
/yeah

RP9/85
// no I know I know you just you're just never really sure who gets hold of your medical records don't you?

MS85
And it's probably in erm in your best interest just for your own peace of mind just to find out

[2]

RP9/85
I just don't want anything going on my notes though really do you know what I mean? (( ))

[2]

MS85
Erm yeah

RP9/85
Cause you just get – I don't know [1] I just worry that someone you know someone somewhere will get hold of it (( ))

MS85
well erm as far as eh we know confidentiality is utmost and erm [1] you know we'll try our very very very very best obviously to try and keep it confidential – and I'm sure it will be erm // eh

RP9/85
// I mean you will I mean you don't do anything - have to do anything with writing notes anyway do you so

MS85
Sorry?

RP9/85
You don't have anything to do with writing notes and stuff?

MS85
no / erm [1] only if the case does require – if if the patient's in - if they come to A and E for (( )) or something
RP9/85
/no no that's what I –it's ok

RP9/85
Yeah you're not going to write this down you can keep it quiet?

MS85
Erm no I don't – I won't put it on the - cause we don't really have much say at all ((laughs)) / so if I were you erm [1] I'd speak to the either the ward sister or your GP or even your consultant or any of the doctors associated with you / they'll probably be able to help you and really help your anxiety cause it a really stressful time
RP9/85
/no that's good /yeah

RP9/85
Yeah yeah I'm probably just being stupid as well

MS85
No but it's always good to get things erm checked out erm you know it might be nothing but erm it's always good to check [1] erm I wouldn't worry about the confidentiality issue cause erm we've got the whole - we've got the whole law thing anyway and all that to bring confidentiality / and [1] I eh I think that would be the best
RP9/85
/yeah

RP9/85
Well I just thought if you - if there was any way you could find out that basically you know just that basic thing is it related to this? if this is not related to this I can just stop worrying at least while I'm here and just stop / getting stressed by it
MS85
/erm

MS85
As far as my knowledge goes erm eh eh I couldn't say it's I – I'd hate to lead you on to something // that (( )) also

RP9/85
// no no but you must have masses of like textbooks and stuff you can (( )) kind of thing

MS85
It's always an option but erm my knowledge is not gonna be as good as any doctor or anyone who's involved in the whole thing

RP9/85
Yeah

[2]

MS85
Because erm well we we've only just started out on the wards we've had two years of med school / so erm we're only just experiencing these things now
RP9/85
/yeah yeah

RP9/85
But you can look it up or something kind of

MS85
I could look it up / but erm as to how much use it would be erm how much erm [1] help it would be to you I would eh eh I will I have - one thing I wouldn't want to do I can I can totally see that this is really – it's just a stressful time for you but I don't wanna increase your stress by saying the wrong things and erm the doctor is really it would be the best (( )) on that kind of thing
RP9/85
/yeah

[3]

RP9/85
Well I'll think about it – I'll think about it

MS85
whatever is – whatever is comfortable with you to go at your pace

RP9/85
Yeah

[2]

MS85
We don't have to rush it's just [2] do it at your pace if you want to

RP9/85
Yeah [2] ok

MS85
I hope erm that is – is there anything else?

RP9/85
No it's fine I mean that was the only thing I want to know really if if you can't tell me then I'll I'll ((rubs eyes))

MS85
Erm eh I I’m sorry about that but

[4]

MS85 looks at facilitator. Facilitator ends the consultation.

MS86 sits right, RP9 left. Tape starts as consultation starts.

MS86
Hello is this Mr Forsyth?

RP9/86
That's right

MS86
Nice to meet you ((shakes P's hand))

RP9/86
hi

MS86
Erm I'm [FN] I'm a third year medical student / what can I do for you today?
RP9/86
/right

RP9/86
Oh oh yes thank you I just wanted to have a erm sort of a quiet word with somebody is that's all right?

MS86
That's great ((nods))

RP9/86
Erm [1] it's about something that happened the other night when I when I first came in / erm I eh eh I had appendicitis / erm and erm ((gestures)) yeah I had to have it out here / erm but [2] ((sighs)) I was just a bit erm shocked really / with the way the doctor was behaving / erm it's just eh I erm [3] I mean I'd I don't really know (( )) obviously at the time / cause I was I was in quite a lot of pain but erm since since [2] since then a lot of people on the ward have been sort of saying I ought to complain about it / I just wanted to talk to someone about that really
MS86
/OK /RIGHT /HMHM /HMHM /ok /((nods)) /((nods))

MS86
Ok so you're upset because of the behaviour of the doctor or?

RP9/86
Well yeah I mean he's– he was asking some very [2] I mean eh intimate erm questions / you know very loud voice erm eh erm what sexual diseases I've had and erm / and you know things like this / and erm he was asking me questions– basically seems to be implying that I was an alcoholic / erm [1] which I'm not you know I mean I don't drink / erm and then erm he announced to the whole ward again that I was erm I was going to need a rectal examination / which he then did / erm you know all of this with just a curtain round / erm and I'm since then I've had people report to me back details of all of this to me that they've overheard / erm [1] I don't – I mean they're saying I should complain to the chief executive you know eh eh I should name the doctor things like that I mean I'm not really much of a complainer / erm so I've got – I'm just – I don't really know what I'm gonna do about it really / I just want to know if this was kind of normal
MS86
/yes /((nods)) /hmm /hmhm /hmm /hmm /((nods)) /((nods)) /HMHM /HMMM /ok

MS86
Ok well erm well of course doctors try to keep the privacy as well as we can but on a ward it's quite a large place with lot of patients / erm it is understandable that you're upset / because privacy is – should be kept / but it is difficult and you know and erm //
RP9/86

/hmm /right /that's right

RP9/86
// I mean I I just remember him just talking in this inc – you know very loud voice / erm the whole thing's it's difficult for me cause erm you know cause obviously I was in pain at the time / erm it's all a bit of a blur / erm but it just kind of felt like a nightmare / and this guy you know keep eh sort of announcing and stuff and then the examination on top of it all and you know and the the the other people on the ward are trying to sleep / and then you know they're repeating back you know things / that I really would rather that they didn't know
MS86
/RIGHT /definitely /HMHM /ok /yes hmhm /((nods))

MS86
Ok what would you like to do about this?

[3]

RP9/86
I don't know I mean I'd hoped you might be able to help me to decide that really erm I mean I don't even know why he was asking me half you know these questions // eh

MS86
// hmhm I think he was just going through a differential diagnosis just to see if there's risk factors that might be included but obviously you didn't have them erm //

RP9/86
// is that normal? // I mean I eh I had no idea why he – what he was asking

MS86
// I'm not sure about your erm your specific case but / erm he was probably just erm thinking aloud but if you like to I could erm speak to my // superiors about his
RP9/86
/right

RP9/86
// is it possible to do a rectal examination like that on the ward? Is that –

[2]

MS86
Erm I'm not sure on what's each doctors pre[ferential] erm preferential erm things are / but erm if you // erm
RP9/86
/hmm

RP9/86
// it's just incredibly humiliating / do you know what I mean?
MS86
/yes hmhm

MS86
I understand that would you like me to erm discuss this with my superiors? And erm

RP9/86
I don't know erm you know am I entitled to? I mean I had you know I have had a life saving operation / do you know what I mean eh ((laughs)) I eh eh in many ways I'm very grateful / erm and I don't know no I don't want to - what I'm worried about is at the moment that some[one] you know this will just go

out of my hands and I'll find they're going do some procedure that I've got no – you know I don't I don't want to cause trouble for somebody if this is perfectly reasonable you know
MS86
/yes (( )) /((nods))

MS86
No it it won't cause trouble I'll just reflect this to my superiors and ask them if that's what they would do and erm

RP9/86
See if what? See if // if they feel (( )) yeah

MS86
// see if they think it's normal yeah and if it's not normal / then they can come back to you or they can tell me if you like and I can reflect back to you what they've / been saying
RP9/86
/yeah /yeah

RP9/86
I was just – as I said I mean it was it's the way he was asking me these questions those questions do you know what I mean – I mean it was it was so abrupt / and I I I've seen him on the ward you know talking to students / and he seems quite you know happy to humiliate you in front of the whole ward if you don't know something / and I just felt that this was just – I'd hate anyone to have to go through / this again really
MS86
/HMHM /((nods)) /hmmm /((nods))

MS86
Hmhm so you're thinking for the benefit for somebody else / and other patients? ((nods))
RP9/86
/absolutely

RP9/86
Yeah

MS86
Hmm ok

RP9/86
I mean it's just erm it's bad enough coming in when you're in a lot of pain without without being sort of humiliated like that as well

MS86
Yes ((nods)) ok well I think what I'd like to do is erm I'll go and discuss it with my eh my superiors / and then see if it's normal practice to happen like that / and they can erm tell me and I can come back to you we can talk about this again / and if it's inappropriate then they can seek the necessary procedures
RP9/86
/yeah /right /yeah

RP9/86
(( )) / thank you yeah I mean yeah that is it – for myself / you know I'd be quite happy with you know an apology and erm I'd hate to feel that this is gonna happen to people all the time
MS86
/is that all right? /definitely

MS86

Hmm well even though it wasn't really my case / or (( )) you have my original apologies and erm / I regret that this has happened
RP9/86
/yeah /((pulls face)) wasn't your fault

RP9/86
Yeah [1] thank you

MS86
Is there anything else I can do for you?

RP9/86
Erm I don't think so no / I mean that would be productive if you just let me know what what the response is really / I mean this is - I mean do you have enough information there?
MS86
/((nods)) /yes

MS86
Yes I think you've told me enough / it was really the erm rectal examination ((nods))
RP9/86
/((nods))

RP9/86
It was yeah it was a rectal examination / erm which again he yeah he just told ev[eryone] he just announced it very loudly that was what he was gonna do and then it when - it was very painful as well so everyone's heard me going through this as well / er, he told everyone what I had / erm he told you know I've had to answer questions about all sorts of things and he's ((looks at MS86))
MS86
/the examination hmhm /yes ok /HMMM

MS86
They were very private issues ((nods))

RP9/86
They were very private / issues which I've then had people repeating / and talking about back to me
MS86
/HMMM /right ok

MS86
Erm I'll I think I have enough information from your part to go and talk to my superiors thank you

RP9/86
Thank you very much

3 seconds silence. Facilitator ends consultation. The end.

MS87 sits left, RP6 (with scarf on) right, by a table. Both RP6 and MS87 look at facilitator who gives the sign to start. MS87 and RP6 look at each other and MS87 starts.

MS87
Good morning Mrs Mitchell ((leans forward))

RP6/87
hello

MS87
Erm my name is [FN LN] / I'm a third year medical student working with the doctor who was gonna perform your operation unfortunately I got some // bad news this morning for you
RP6/87
/hello

RP6/87
// was going to?

MS87
Yeah the thing is there's been an emergency operation that's come up erm which the doctor's had to attend to immediately // so

RP6/87
// so ((waves hand)) it'd be a different doctor ((crosses legs)) it happens all the time doesn't it? / Who's going to be doing it instead?
MS87
/I'm very sorry

MS87
I couldn't tell you at this stage I'm afraid erm all I know is that it – your operation won't be performed today as was originally planned

RP6/87
Not at all?

MS87
I don't think so I'm I'm afraid I I'm not clear on all the information at the moment I'm - I know it must be very frustrating for you erm I've literally just been told myself that this there has been an emergency which the doctor's had to attend to and as you are your operation isn't isn't an emergency it will have to be postponed I'm very sorry about that [4] has this happened before?

RP6/87
((nods)) hmm hmm

MS87
Yeah

[2]

RP6/87
It's the same thing I mean what - the problem that I've got might not be an emergency to to them but I've been living with this for years now / and and I was told when it was - my operation was cancelled before erm that it was because of some emergency and and that I'll be prioritised sort of this time around erm what what was implied / and erm I I can't believe I'm sitting here at this sort of notice being told that I got all psyched up again for nothing
MS87
/yeah /I do understand that -

MS87
Erm all I can do is apologise on on behalf of the whole medical team erm I I realise it must be very frustrating for you erm thing is there is really nothing that can be done and this operation has to be performed erm as of now erm whereas as your operation it is is obviously very important it's not of an emergency nature and so you know they can be postponed and // it's just very unfortunate

RP6/87
// Well what's the what's the what's the emergency That's come in? if you don't mind me asking I mean you - I I'm a nurse so you can - I work here so you can tell me

MS87
It erm it erm it's actually quite irrelevant really it's doesn't really it doesn't matter - I can just tell you that it is an emergency

RP6/87
It's relevant to me otherwise I wouldn't have asked

MS87
Yeah there there's no need for me to know and I'm afraid that sort of that // information is confidential

RP6/87
// I – I'm a qualified nurse working in this hospital / I'm not asking for the gentleman's name or the lady's name I just want to know it's just for my own piece of mind I I just want to know what is it - is it is it / have you had an [RTA?] come in has there been a
MS87
/I I understand that but the – yeah / erm if you if you

MS87
If you just take it from me it's an emergency procedure that needs to be done straight away I can't tell you the nature of the operation cause that information is // confidential

RP6/87
// right in other words it's not an emergency procedure

MS87
It eh eh it is an emergency // procedure

RP6/87
// Mr [Garner?] has gone to play golf again and hasn't he? ((takes scarf off)) and he hasn't gotten proper blinking cover I've seen it happen that many times I want to speak to him

MS87
Erm if you if you can can just believe me that it <u>is</u> an emergency operation it's just – I'm sure you can understand as a nurse that these things are confidential // erm

RP6/87
// what I understand as a nurse well I've been whether I've been well I <u>have</u> been in this situation I have said to people you'll be spending – you your wait is gonna be four hours in stead of two cause an [RTA?] has just come in I'm actually not anybody – I'm not I'm not giving anybody's names and the fact that I I'm the the fact that you can't tell me me what it is / suggests to me it is one of those situations where we're on staffing shortages again / I can't be coping with this again I've heard it all before // frankly
MS87
/it's exactly /I'm I'm afraid you've

MS87

// ok I'm afraid you do feel like that but you just got to to trust me that that's not the case erm your operation wouldn't have been postponed unless it was genuine genuine reason in this case it is erm there isn't any need for you to know the nature of the operation apart from // that it is an emergency

RP6/87
// don't talk to me like I'm a child I'm a I'm a member of staff that's been here for quite a while and I can understand what you're saying but don't sit there saying to me there's there's no need for me to know if I didn't feel it wasn't important to me I wouldn't have asked you / but I completely appreciate I completely appreciate that erm you've decided for whatever but erm I get a sense that for whatever reason you're not gonna share this information with me
MS87
/ok I'm sorry if I – I don't mean to be patronising

MS87
It it's really not up to me to share it I mean if if you've got something you would - wish to take up with a higher member of staff - I mean that's the thing I'm not I'm not a qualified doctor myself I'm a medical student I've just been asked to // pass the this information on

RP6/87
// ok I'll I'll go and grab a (( )) on my way out I'm sure they do erm // thing about it

MS87
// may maybe I erm I could I could pass the message on to one of my seniors and then they could have a chat to you if you // if you consent

RP6/87
// if you could that would be helpful

MS87
ok

RP6/87
Erm I mean I'm sorry if if I come across as a bit tense here but it's the second time this has happened / it is – it might not sound like much to you it might not sound like very serious to you but the amount of the amount of time I've spent [1] I won't go out anymore because of this / I've given up all sports that I used to do because of this and it eh it's been months since the last time it's cancelled and I got really psyched up for this one
MS87
/((nods)) /yeah

MS87
Well you gotta understand that it's not a case of we're doing your operation in any way it's not you know it's not it's not an issue with yourself personally any operation that would've been in this slot would've been cancelled it's just the fact that you know this emergency scenario has come up

RP6/87
So is it just the - is it just the - just the - is it just my slot that's that's been changed or is the whole list gone?

MS87
Erm [1] I'm not su[re] - it's it's it's a it's quite a lengthy operation the op[eration] erm the emergency operation so it's quite likely that the whole afternoon's list is is gonna be cancelled

RP6/87
Right you don't think it's worth me waiting to see if erm they can fit me in a bit later on then?

MS87

I wouldn't say so I I mean I can find that information out for you just so there's – you know there's you're not hanging around for nothing or if you're not staying on we have to bring you straight back erm at this stage I can't say for definite but I will find that information out for you but to be honest I don't think it's gonna be worth you waiting around

RP6/87
If you could just check it is not just for my piece of mind this is – this is gonna affect people at home as well / cause I've I've made a lot of arrangements/ – I've made arrangements with the cover for work while I recuperate / and you know what it's like on the wards / I'm in A and E for god's sake and that's //
MS87
/of course yeah /((nods)) /YEAH /((nods))

MS87
// yeah I understand it eh you know it is frustrating on everyone's account not just yourself erm

RP6/87
Yeah it's been frustrating for the third – I mean all the arrangements I've made and everyone I'm asking I'll be calling on these favours <u>again</u> / when the operation is rescheduled
MS87
/yeah

MS87
All I can do is apologise on on everyone's behalf I'm // really sorry

RP6/87
// I've got childcare I I've got childcare in place for this / I've gotten myself in a right old state for the last few days getting psyched up for it / I hadn't eaten all day I just feel like - to be honest I feel like shit ((laughs))
MS87
/hmm /((nods))

MS87
Yeah ((nods)) I eh eh I mean I'm erm I do understand erm how how you must be feeling but unfortunately there's nothing I can do and we're just trying to make sure that next time that you wanna come in try and make a convenient arrangement for for yourself and for for the medical team / just hope it doesn't happen again
RP6/87
/well I mean I'm -

RP6/87
I hope it doesn't and I I do sometimes get this ((sighs)) [2] I do get this sense sometimes that the whole erm the whole system gets reversed I mean I'm sure if I were one of the – if I were one of the consultants in stead of one of the nurses in my position then they put them in the first time around and this would've been done

MS87
Erm [1] yeah that that's that's your opinion and I'd like to think that wouldn't happen erm in practice and that no one is given preferential treatment and it's just a case of the nature of the operation which decides who comes first erm in a way erm and whoever was in your slot as it were this time would've had to be postponed erm

RP6/87
Yeah they do (( )) but that's not watertight is it as I've seen so

MS87
Yeah it must be – it must be very difficult for you // being in this situation

RP6/87
// I'm just gutted– I'm just abso[lutely] absolutely gutted / I mean when you'd think you know the amount of time I spend on my feet tramping up and down those corridors this is the the this is - not this - is not just cosmetic although like I say I have given up all the sports and everything / but it's not just cosmetic / I mean this is this is stopping me from doing my job here / and the the auxiliary team is stretched to the (( )) /and and and I'm slow I'm slowing down I'd have thought the NHS would have taken account of you know looking after the people working on the team so that we can be more efficient / in providing in providing // care
MS87
/HMM /HMM /no /hmm /hmm /hmm

MS87
// would you feel better if I - if I asked one of my seniors to come and come and chat to you about your concerns as - as well as the information I that I've passed on

RP6/87
I'm sure to be honest I'm sure that the eh eh eh if I was looking after your firm or whetever I I'd be probably saying the same thing as you but I // pfff

MS87
// I'm afraid so yeah erm I mean I'll pass on your concerns that you know for you it's an em[ergency] it's a question that's obviously very important and it's affecting your life in a big way

RP6/87
Yeah and it's affecting the way things run down here as well that's why I'd have thought they'd be a bit more on the ball about it
MS87
/I will for[ward] ((nods))

MS87
Wel will erm you know do our very best to get your operation booked erm rebooked for as soon as possible but I mean but you can understand working in the NHS that things don't always go to plan and // it aren't always really that simple

RP6/87
// rarely unfortunately – I'd just got it in my head that cause I'd been on the receiving end of the the problems once that this time round it'd be ok

MS87
Yeah unfortunately I eh I don't think we couldn't have foreseen this happening and it's yeah it's very unfortunate this has happened to you before I mean I I just hope that it doesn't happen again

RP6/87
((sighs)) ok sorry I snapped I know erm I know it's not your fault // I'm just gutted – you know

MS87
// that's ok I understand your frustration ok thanks very much

RP6/87
Thanks for taking the time to come and talk to me

MS87
That's no problem // do you have any more questions?

RP6/87
// (( )) erm no that's it really I think [that this – just got to take a chill haven't I?]?

MS87

Thank you

RP6/87
Thanks for your time

MS87
Ok no problem

MS87 looks at facilitator. The end.

MS88 sits right, RP13 left, on low chairs.

MS88
Hi there I'm [FN] I'm a third year medical student / I was told you wanted to talk to a medical student?
RP13/88
/hiya

RP13/88
Yeah yeah thanks for coming down

MS88
((shakes P's hand))

RP13/88
Eh erm [1] yeah [1] I really need someone to speak to – how do I put this - a little bit off the record is that ok if we do that kind of?

MS88
Right I'll – tell – yeah just if you'd like to tell me what you want to talk about first of all but erm

RP13/88
Erm well it's a kind of – it's about me / basically erm I'm trying to sort of keep this as kind of – well ok ((claps hands)) the story so far / [1] I'm in here cause I got really bad bowel problems / pretty bad erm a recently had a erm sigmoidoscopy / which was not much fun ((looks at D)) / to put it mildly erm more than a bit messy I'm erm about to have even more fun I'm waiting for a barium enema / erm so yeah so things aren't much fun but erm at the meantime erm I have [1] found out that [1] why I have what what eh I believe I have [3] is not just in itself something I'm gonna get rid of / but erm could possibly be erm the symptoms of [1] the HIV virus / [2] so erm [2] that's erm ((laughs)) that's a a big issue right there eh what I – what I'm try[ing] – I I need some information I need some in[formation] – I mean I'm not sure whether this is just what it is I'm not sure whether it is / the symptoms of something greater / I've got doctors running around with the results of the sigmoidoscopy I've got doctors running around preparing [1] the enema for me as well which is party why / why I wanted to eh (( )) / I need some information I'm a bit in the dark / ((tuts))
MS88
/yeah /((nods)) /RIGHT /hmhm /((cocks head)) /((nods)) /((nods)) /((nod)) /((nods)) /hmm /((nods)) /sure /hmm

[4]

MS88
What makes you think you have [1] HIV is there anything ?

RP13/88
Erm [2] just recently erm I received a phone call from erm an ex partner / of mine and she was erm phoning me and so yeah [1] she been to see her GP / she had been [1] diagnosed essentially / erm her GP in hospital said that she needed to phone - get in contact somehow with people that she has been in contact with / eh – she's already at risk and you know I won the lottery / ((laughs)) right in the middle of that [2] it was me / ((nods))
MS88
/HMM /((nods)) /hmm /((nods)) /hmm /((nods))

[2]

MS88
Have you talked to any of the doctors about how you feel yet?

RP13/88

Erm [1] no erm party because [2] as I say they're running around / checking results getting results ◦what have you◦ erm and also because [2] and this may sound a tad [1] feckless but [1] I see a doctor [2] and expose my concerns / which might be unfounded I don't know which is why I need information [1] erm he writes up some notes a record I don't - I don't know what what actually happens - I'm not an expert / erm I get a record that information in the future gets passed to different hands which happens with information these days this is the age of information - you know I I apply for a mortgage in the future some life insurance in the future ((clips fingers)) [2] I'm sorry Mr Steel but [3] we're looking at your records and you know the HIV virus well that's a stigma so it's
MS88
/HMM /((nods)) /hmm

[1]

MS88
I can understand you're worried about these things but the first rule I mean you should understand that all the lots of these things are now very – all these - your records are confidential / I eh you know I'd be lying if I knew a hundred percent what I know about the – what's passed on to the insurance companies about now / I understand there's lots of / - going on / about that at the moment
RP13/88
/hmhm /hmhm /((nods)) /((nods))

RP13/88
Which is why I seem (( ))

MS88
I understand you must be very – it must be hard a period for you at the moment there as well

RP13/88
Hmhm hmhm hmhm ((nods))

[2]

MS88
Would you like – is there anything you'd like me to do or talk to anyone or?

RP13/88
Erm [5] ((soughs)) what I'd like is a – I mean [3] at the moment I don't know what what what I got what I'm suffering with at the moment is just bad bowels / in which case what can you do you know / I'm sure there's something can be done (( )) at the moment or whether it is you know part of something greater erm ((sighs)) [3] / it's wanting to know but not wanting to tell / do you know what I mean?
MS88
/((nods)) /((nods)) /((nods)) /yeah

[4]

MS88
Obviously as a medical student I am willing to talk but there's only a certain amount of things that I can do / that's up to the doctors and I can talk to the doctors come and ask them to have a word with you actually come and sit down and talk to you properly / but otherwise I'm there's just an extent to what I can do here / I'm more than willing to talk to doctors if you would want me to
RP13/88
/you know I mean /hmm /sure sure sure sure

[2]

RP13/88
yeah

MS88
Would you like me to do that for you?

RP13/88
erm

MS88
Or are you still a bit

RP13/88
Well I mean what what could you talk to them about what could you actually say to them?

MS88
I could tell them that you're a bit sort of [1] worried about the – erm I can tell all the situation I mean the fact that you're a bit worried about what's going to be put down erm I can tell them to give you more information you said you're a bit not sure about what's happening at the moment / you said they're running about a bit / and has any doctor actually sat down and talked to you what's happened?
RP13/88
/hmm /hmm

RP13/88
Not yet cause as I say – cause cause of the previous test they haven't got results yet / and they haven't done the erm the enema yet so
MS88
/yeah

MS88
well I'm not sure how busy they are but I'm sure I could get one - someone to come and sit down /and talk to you properly / and get some more information
RP13/88
/hmm /hmm

RP13/88
I mean what I don't want [1] is [1] this doing the rounds of / you know I'd like to be able a count of / the erm fingers of erm one finger how many people erm know // about this erm
MS88
/no /HMHM

MS88
//of course confidentiality / is important to everyone and m[ake] m[ake] // make sure every patient has (( ))
RP13/88
/yeah

RP13/88
// and and not just me do you know what I mean / it's like because if <u>if</u> in the future [1] I'm discovered you know financially I mean I know it's sounds (( )) now but it's a concern you know [2] it meaning not sharing information here means get what I get what I need in the future then you know oh:::
MS88
/yeah

MS88
That's perfectly understandable but everyone erm - it's must be a hard time for you right now / not knowing what's going to happen / and you have to know that everything is in strictest confidentiality including to me and all the doctors and all the health professionals (( )) there's eh eh if there is something worrying you maybe it would be better to talk to someone about it not just me as a medical student but someone who's professionally qualified to talk to you about this?
RP13/88

/hmm /hmm

RP13/88
Ok then I mean who would you recommend?

MS88
Well eh if not the doctors or the nurses there's some specialised - special groups in the hospital here in Walsall if you wanted to you you know I can pass numbers on to you or get someone to some down here for you if you wanted to

RP13/88
That would be good

MS88
hmm

RP13/88
That would be good which which departments?

MS88
I don't have the names of // any of them now but

RP13/88
// ok that that that's doesn't matter doesn't matter

MS88
There's some groups here especially someone dealing especially with sort of the condition [1] the situation you are in right now HIV not being sure whether you got it or not but there are definitely people to talk to and if that's what you want to do I can [3] maybe pass on a number or

RP13/88
Erm well put it this way I'm not going anywhere for the next few hours / cause of this / enema erm [1] I'll be here if you could hunt them down
MS88
/((nods)) /HMM

MS88
I can do that for you

RP13/88
And yeah use my name that's fine cause they don't need to - they don't need to you know [2] yeah erm meantime I'll have a little sit and have a little think ((shaked D's hand)) thank for coming down

MS88
That's fine

RP13/88
Thank you

Facilitator says thank you. The end.

Tape starts as consultation starts. MS89 sits left, facing RP13. RP 13 sits right, facing a bit away from MS89.

MS89
Good afternoon

RP13/89
hi

MS89
Hi I'm [FN LN] I'm a third year medical student erm you've asked to see a medical student?

RP13/89
Yeah the thank you thank you for seeing me erm I'm in at the moment I'm just recovering from an appendectomy / which went very well indeed / erm [1] yeah erm but erm sorry yeah eh eh the story eh eh the story so far is I was brought in really it was an emergency / they didn't know that I was gonna have to have it erm I was brought a couple of nights ago erm and this is probably going to sound like a horrible whinge but I was brought in and and erm it was fairly early in the morning late a night / and I was seen by erm one of the the surgical doctors which is one of the guys that eh - I can't remember his name but erm (( )) erm and eh eh basically I was examined in A and E and erm and obviously got some (( )) was actually (( )) which was great / but erm the manner in which he did it was [3] to put it mildly a little bit unsubtle shall we say I mean I I know you gotta ask like for a case history and whatever / but this was kind of – it was was talking about erm ((counts on hands)) do I have any sexual transmitted diseases / erm do I have problems with my bowels / erm fairly personal stuff he he also was talking about I mean I I eh eh eh I found this eh eh it flared up at a party so I had a couple of glasses of wine obviously / possible more than I should have done I don't know but he was talking about alcohol intake the use of al[cohol] and he was kind of implied that I was drunk and a drunk [1] now [1] ok he's got to ask these – a few questions I know <u>but</u> the manner in which he did it was a little bit boorish a little bit [2] over the top I felt and erm a little bit impersonal erm and [1] this is why erm I'm sort of seeing you I pers[onally] I I would let it go / erm but one of the guys I was on the ward with recovering here said oh you were you were the guy with the rectal examination weren't you? cause on of the things he was saying that I needed / to have a rectal examination which I can talk to you about that's fine – talk to him about but I don't need the whole of the ward / to know what's going on you know and erm you know and and thinking there's the guy the alcoholic who's had the rectal examination when all I wanna do is recover from the appendectomy / which is (( )) and I just sort of wanted to bring it to someone's attention – hopefully your attention I'm not sure how to proceed from this obviously a lot of people are unhappy / by what happened
MS89
/((nods)) /ok that's nice to hear /HMHM /HMHM /hmm /HMM /right /hmhm /HMHM /hmhm /hmm right /yeah I can appreciate that /hmm /right

MS89
Ok [1] ok I'm very sorry for this you know I mean I'm sure the doctor in - that was in charge didn't mean for it to happen I'm sure it wasn't his intention to cause you any stress at all // erm

RP13/89
//no I hope not obviously

MS89
Erm of course not – extremely sorry for that erm if you'd like to take out a complaint / erm I can let you speak to nurse maybe or a doctor?
RP13/89
/hmhm

RP13/89
Right I mean what //

MS89
// they probably know the procedure better than I would

RP13/89
Sure I was gonna ask you what what the procedure is / I mean I don't (( )) this guy so much is write a letter to the chief executive well I mean that makes it sound like I'm after compensation erm I'm - which I'm not basically all all I want is is to to explain to this guy that look you know erm for a start an apology from him / I mean thank you for yours but you obviously weren't the guy doing the shouting or whatever erm and just to make sure it doesn't happen again / because you know you can understand
MS89
/right /YES /((nods))

MS89
I do I mean I fully appreciate what you mean erm I can find out the procedure for you / I mean I don't off hand know what the procedure is myself but erm I'm sure [1] you know if you do want to submit a complaint it wouldn't be something that would be frowned upon / I mean you have a right as a patient if you're not satisfied / or you were you know // eh
RP13/89
/right /right /right

RP13/89
// I mean there are protocols in place // for this kind of thing ok

MS89
// exactly there's a proper way of carrying out the procedure / I mean me personally I can't do anything about it they'd probably carry out a full enquiry you know find out what you know what really happened / and get I suppose the doctor's point of view as as well as yours / they'd hear you out thoroughly / and I mean if you are - if you are – if you'd like to say you'd make a complaint then I can find out // full details for you
RP13/89
/ok /right /hmhm /hmhm

RP13/89
// I mean I eh eh as I say yeah I mean eh I I don't wanna be - come over heavy handed and eh (( )) ambulance chase or whatever I I do do think I mean he he he – I think he was out of order / in what he did / erm and eh eh as I say I would've let it go but once I've heard that other people think that well I think that something should be said / you know I'd like to see some action taken maybe it was a one off / maybe it wasn't / I mean erm I mean it's part of the reason I'm sort of seeing you as well is that I I know seeing students on the rounds and well they can – doctors can be very heavy handed with you guys and I'm sure you - you know you've been at the first hand of that and erm that's fair enough that that is erm not that it's fair enough that students erm / but that they're teaching I'm not a guinea pig I'm a patient / and you know it's //
MS89
/yeah /yeah /yeah /yeah /HMM /((laughs)) /YES

MS89
// they are fully aware of that / I'm sure that wasn't his intention / you know / I mean I'm sure he was – didn't meaningfully try / and upset you and //
RP13/89
/right /right right /yeah /sure

RP13/89
// I'd just like to hear that from him / do you know what I mean? / or at least get my side of the argument across
MS89
/yep /that's fine -

MS89

That's fine I mean I can get the details for you // and that's not a problem at all

RP13/89
// if you could – wh[at] what do we need to do then? wh[at] wh[at] - I mean how can we do this or? Wh[at] what do you need from me or what do you need to do?

MS89
Well let me find out for you / cause I really don't know / erm yeah and if I find out for you I can get back to you with the details of how to c[omplain] – how - the proper procedure for a complaint / and then it's up to you whether you'd like take it further / you know mmm I eh eh I then suppose it will be out of our - my hands / basically I mean / you know and up to the hospital and your yourself / ok?
RP13/89
/ok /sure sure /ok /ok /right /sure /sure sure

RP13/89
Ok well thank you for your help ((shakes D's hand)) I appreciate it

MS89
That's brilliant don't worry about it

RP13/89
Thank you

MS89
Ok?

MS89 looks at facilitator. RP13 stands up and walks out of screen. The end.

MS90 sits left, by door. RP3 sits right.

MS90
hello my name is [FN LN] I'm a third year medical student erm so how are you today?

RP3/90
I I'm all right actually yeah I I feel a lot eh erm better erm [2] yeah I eh I'm ok

MS90
I'm sorry I didn't catch your name before I didn't ask sorry

RP3/90
Yeah it's erm it's Alex

MS90
Alex ok and erm so when did you come into hospital?

RP3/90
Erm I came I came in the day before yesterday / erm the evening you know eh I came in about one o'clock in the morning
MS90
/((nods))

MS90
Ok and why did you have to come in?

RP3/90
Erm basically I erm [1] had an appendicitis / but I – I didn't know obviously / I didn't know I was just you know I was in a hu::ge amount of pain / erm throughout the day and erm [2] it was my partner's birthday and it was really rather upsetting and then I came into hospital / in the evening and then I had the operation / yeah
MS90
/((nod)) /YEAH YEAH /hmm /HMM /OK

MS90
And how are you feeling now?

RP3/90
All right actually a lot better now I mean now I think erm [2] it was certainly the thing to do I mean phoow you know that pain was just appalling / and erm I feel a lot better for it / cause of having the op done
MS90
/((nods)) ((nods))

MS90
ok

RP3/90
Yeah yeah

MS90
So erm how [did your children take it do you have children?] (( )) ?

RP3/90
I don't know erm yeah well that's it really I really wanted to speak to somebody really about this / I'm not really happy erm I'm [2] it's a bit awkward really I eh I I it's quite difficult because erm [1] I think I want to – I think I want to make a complaint about someone / [2] but I don't really know how to go about it and what to do

MS90
/hmhm /((nod))

MS90
Erm that's not a problem I mean you can tell me all about what is – you think is the problem first and we'll see what I can do about it I'll try to do my best

RP3/90
Thank you well basically what it what it is [1] when I came in I erm you know woke up in the morning [3] it's first of all I I was eh I had quite a lot to drink because of my partner's birthday and I was in this absolute agony and I don't drink a lot / so I ((making drinking gestures)) (( )) and I just thought I didn't know what it was I just thought / (( )) and it didn't so and I was rushed in and erm the doctor that saw me took me up to the ward and the doctor saw me eh eh I just found at the time I mean retrospectively / that he treated me very very badly he was aggressive he was abrupt he made eh hu::ge assumptions about me and about my erm drinking habits as he called it / and made assumptions on how I was an alcoholic and everything about me drinking too much erm in a eh very erm [1] disapproving manner / he asked me a lot of personal questions very loudly erm again quite abruptly and commenting about the answers that I gave him / [1] you know on the ward with the curtains round / you you know erm and then erm and then proceeded to do a physical examination [1] again announcing to the world that he was going to do this thing [2] I mean eh eh now miss I'm going to examine your back passage which was eh highly painful / (( )) and then the next day obviously I was I was gone from the pain and from the alcohol / next thing I woke up and missus ((points)) whatever next door / was saying ooh you know what went on last night / ooh I heard all this thing you know and going on about the fact that she heard all about the information that was given and she felt very embarrassed (( )) including the fact that I had the operation – this this examination I feel very angry and very humiliated about not only did he embarrass me and humiliate me but he also embarrassed everyone else on this ward / and woke them up and and in a manner that - [2]
MS90
/HMHM /((nods)) /hmm /hmm /HMM /((nods)) /((nods)) /hmhm /((nods)) /((nods)) /ow /hmm

MS90
You didn't think was highly appropriate?

RP3/90
Yeah I don't and I think it was highly erm I mean {sympathetical} and whatever to the situation and I don't know anyone else to feel the way I I feel really – I thought gosh she knows everything about me now and you know [2] I feel very embarrassed / and humiliated and basically basically she said oh if I were you I'd complain / so - it wouldn't have crossed my mind to have a moan about it / (( )) to my man or to my partner or whatever but I don't think it's fair that people should be treated like that
MS90
/((nods)) /((nods)) /hmm

MS90
I understand what you're saying really I think the same - if I was in a similar situation I'd probably feel quite embarrassed too and having someone say it to you afterwards / like I can understand / exactly where you're coming from / but erm it was late at night that you were admitted?
RP3/90
/((gestures)) /yeah /yeah

RP3/90
Yeah about one o'clock

MS90
Right (( )) but from the doctors point of view I can see – they do get very tired and / I know it's no excuse / it's no excuse assumptions but they probably think that you're coming in you've maybe slightly look like you've drunk too much so they make assumptions / it's the wrong thing to do but it happens / so I can see how he may have done that but I know I agree there's a greater need for privacy on the wards / I mean yeah it is one o'clock at night / it's an emergency he's trying to do his

best so - I'm not in any way excusing what he's done I can see I can - that ahs been very he has erm humiliated you / and {upsetted} you as well so erm if you want to go through with a complaint then that's fine that's entirely up to you I'm not – as a third year medical student I can't actually put that into action myself / but erm I can find out for you and I will try and do so as soon as possible see how eh how the complaints procedure works
RP3/90
/((gestures)) /it's fair enough but yeah /yeah /yeah /hmhm /((gestures)) /hmm /((nods))

RP3/90
Good thank you cause I'd like erm yeah I would like to know actually cause I think I will

MS90
You think you will?

RP3/90
Yeah

MS90
And that's ok

RP3/90
You know erm I think he needs to know you know I'm not after anything what I'm after is just that the fact that he should know and no one else should be treated like this / even at one o'clock in the morning or / two o'clock in the afternoon I don't know what it's like / he may be like that in – might be a one off or he might be like that all the time / I mean we don't know do we but I would appreciate it if you found out a way for me to move this on ((nods))
MS90
/ok /that's true /((nods)) /hmm

MS90
Ok ((nods)) I'll do that for you / is there anything else that's worrying you?
RP3/90
/thank you

RP3/90
No I don't think there is I mean I - I am very happy with the way he dealt with ((points at belly)) you know the operation ((laughs)) and erm [2] I feel like – I feel ok about it and so I eh I'm I eh I don't think anything else is – this has been in my head for a day like ((gestures)) I need to complain about this ((laughs)) eh my mum was very cross you know my my mum was with me she you know she noted that she was very cross about it and what have you / [1] so she feels I should too you know / but apart from that no I / yeah
MS90
/hmm /ok /ok

MS90
if it makes you feel better to complain and make a change then go ahead I would advise you to go ahead with it really

RP3/90
Thank you yeah it made me feel better talking to you too so

MS90
Ok

RP3/90
erm

MS90

glad to help

RP3/90
Yeah thank you

MS90
Ok

RP3/90
Thanks very much

MS90
ok

Both MS90 and RP3 look at facilitator. The end.

MS91 sits left and looks at floor, RP17 sits right and looks at floor. Facilitator says 'OK', MS91 looks up and starts.

MS91
Erm hello Mrs Steel I'm - my name is [FN] I'm a third year medical student erm I understand you asked to for me particularly to see?

RP17/91
Erm yeah I - it's miss Steel I erm I just wanted really to see if you could maybe find something out for me erm ((sighs)) it's just erm I'm I'm sure I'm probably erm overreacting but erm I eh eh eh I I I'm in for erm they're doing lots of erm investigations and tests on my bowel erm and erm I had I had one of those those erm tests where they put a camera ((gestures))

MS91
Erm

RP17/91
Yeah

MS91
A sigmodioscopy

RP17/91
Pardon?

MS91
Erm yeah they put a scope up

RP17/91
Yeah yeah erm and as I say eh I'm sure that it's I'm sure that it's nothing at all but I just I just wanted to – I wanted to know if - cause I've been having all these bowel problems as well for a while erm whether it may be erm I think possibly eh eh eh it it it might be erm there might be if if there was a risk of it being a symptom maybe of erm a eh eh HIV related [1] illness

[2]

MS91
Right you you've had the examination done already and you're waiting the result so – at the moment

RP17/91
Of of the erm the the camera exam / yeah yeah
MS91
/((nods))

MS91
ok

RP17/91
Yeah I've had lots of blood tests stuff like that

MS91
Ok [1] why do you feel concerned?

RP17/91
Well I eh don't really erm as I say it's a bit eh erm eh eh eh I'm probably really just you know overrea[cting] but you know erm [2] I mean I think [2] I mean everyone sometimes takes risks don't they and erm erm so [1] but it's just you know a couple of [3] I'm just I just I just wanted to know if

really [2] if the very unlikely event that I [1] that I I was erm whether erm [3] ((sighs)) cause obviously [2] obviously when they did that examination there was quite a lot of bloodshed

MS91
Right ok you you're worried about ge[tting] ge[tting] catching an infection I mean is that your main concern?

RP17/91
Erm [4] well eh eh I [2]

MS91
Well you you're right in saying that that the risk is very low it it's quite a routine procedure do doing this also when like you there's other symptoms so erm [2] just wanna reassure you really that is is is nothing to be worried about we we can't we can't exactly rule it out completely but erm it's a very very unlikely chance that something like that does happen

[4]

RP17/91
Sorry I'm confused by what you're saying

MS91
Sorry you're you're concerned about getting an infection

RP17/91
((shakes head)) no [3] ((sighs)) no erm [8] I just wanted to know whether there's any possibility that any of my symptoms could be [1] in any way symptoms of an HIV [2] related illness eh I eh eh eh I just thought maybe [3] just thought maybe you could possibly go and find out without [2] cause lots of these things are on your medical records you know you don't get [2] it's hard to get a mortgage and and and eh and you know as I've said I eh it's it's probably eh just an overreaction but you know I don't know what's going on and and ((sighs)) you do you do get concerned about all these things and eh eh

MS91
Well well the first thing you you shouldn't worry until you get result result of erm you know a result of the test I I'm very sure that it it's it's it's a very very small chance that your concerns will be true [2] just like to reassure that it's erm I I I am aware that you you know you you are worried that your symptoms might be this disease but I'm certain that erm - have you been getting any other symptoms as well?

RP17/91
No((shakes head))

MS91
Because erm there will probably be a whole variety you see so [1] just to reassure you really that it's erm nothing that serious

[6]

RP17/91
Hmm

MS91
I mean erm I can get the erm the doctors //

RP17/91
// I don't want to talk to a doctor

MS91
You don't want to -

[1]

RP17/91
No

[2]

MS91
Who would who would you like to speak to

RP17/91
Well erm ((rubs eyes))

MS91
As well as me?

RP17/91
Nobody [1] I mean I want ((sighs))

[3]

MS91
You you're very concerned about you know that this should be kept as private a matter as possible

[4]

RP17/91
Well I mean I've already said I don't want it on my records that I'm you know expressing concerns

MS91
Right well what what you say to me won't be put on on your records if [3] if you are if you are very concerned even if it is quite (( )) and it turns out to be your concerns t[urn] turn out to be un untrue then you you really shouldn't be - shouldn't be worrying

[2]

RP17/91
Why not?

[2]

MS91
Because then all's end all's well that ends well really if if it turns out that you that you do have HIV then it will be (( )) for that information to be disclosed

[12]

RP17/91
Right

[3]

MS91

So all all I can do is reassure you that the erm [1] the chances are very slim that you do have what you're worrying about and erm [2] you just really just have to wait for the results of the tests to arrive [4] and I would advise you to erm express your concerns to erm to a doctor as well

[6]

RP17/91
Right [2] well thanks for this

MS91
ok

[5]

MS91 *looks at facilitator*
Ok that's all

MS92 sits left, RP15 right. Consultation starts as tape starts.

MS92
Hello Mister Forsyth – Miss Forsyth

RP15/92
hi

MS92
Erm how are you doing today?

RP15/92
Erm ok erm thanks for coming to see me

MS92
sure

RP15/92
Erm [1] I I just wanted a chat with someone really

MS92
Ok [1] what was erm what were your thinking of?

RP15/92
Erm well I I came in I've been here for two days now / I had to have my appendix out / erm and I was chatting to Elaine the girl in the next bed and erm she she was saying about when I when I came into hospital and erm I have quite a vague memory of it really / cause I eh eh I had a lot of pain killers / when I got here but erm I remember a few things about about the night that that I was brought in / and erm [2] Elaine mentioned that they that eh eh there'd been quite a lot of noise on the ward that night when when I was here erm from me / erm and and erm Mister Jenkings the the the doctor who saw / me erm [1] erm she said that she felt that it erm my [1] privacy had been had been erm ignored really / because erm because I eh the the the Doctor Jenkins / was asking me a lot of questions about my my past / and stuff cause I was in a lot of pain / erm quite private questions and erm and also I'd had an eh eh eh examination a erm rec[tal] rectal examination / and erm she said that I I had made quite a lot of noise and the doctor had made quite quite a lot of noise / and kind of told the ward really all there was round the bed was the curtains and she said that a lot of the patients felt quite upset on my behalf / about it erm and I mean I've been very upset about it / you know I just wondered whether or not I should have a a word with / [2] with someone about it
MS92
/((nods)) /ok /((nods)) /sure /((nods)) ((nod)) /HMHM /((nod)) /((nods)) /HMM HMM /((nods)) /((nods)) /((nods)) /HMM /HMM

MS92
And do you mind if I ask what kind of questions he was asking?

RP15/92
Erm no I mean erm he he was asking me all sorts of stuff about whether I'd had an abortion / and erm things I think are quite quite personal / he was asking about my periods he was asking me erm [1] you know my sexual / history and stuff and eh eh eh I - it was erm it was my my partners birthday that day / and erm I'd had quite a lot to drink / cause the pain had started in the afternoon and I I thought it was just nerves and then – so I took I drank quite a lot cause the pain was getting quite bad / I thought eh eh oh I don't want to spoil the day / so eh I drank so I was quite / drunk I mean I'm not saying I wasn't but he he assumed I was an alcoholic / because of that and was saying yeah how much do you drink / and and do you drink drink this much often / and I think he thought I was an alcoholic / I rarely get drunk you know erm I probably didn't even have that much but for me it was a lot
MS92
/HMM /HMM /HMHM /I see /HMM /HMM /((nods)) /HMM /HMHM /((nods)) /((nods)) /HMM

MS92
I mean were you upset by the questions he was asking or that or the examination or what happened afterwards or was it ?

RP15/92
Both really I was embarrassed by the questions / cause I was aware people could hear / erm and also I was in quite a lot of eh pain and I was moaning / quite lously stuff and and when he did this examination I found that really embarrassing / and really painful
MS92
/HMM /HMHM HMHM /HMM /hmhm hmhm

MS92
Erm I understand erm I think the things is that I mean for the doctor to be able to help you he needs to ask those kind of questions // and

RP15/92
// right it's just cause you're in a [2] tiny space aren't you?

MS92
Hmhm and even that examination is also necessary I know it can be quite embarrassing but it it has to be done to help you and he wasn't doing anything bad - it was only just to help you / and I think it is a shame it was in that kind of environment / but I think unfortunately there was no way – and eh eh I mean he only had your best {intentions} at heart
RP15/92
/right /((nods))

RP15/92
I know I I mean it is essential / isn't it to do one of those examinations I wasn't sure whether it was or not
MS92
/HMHM HMHM

MS92
It's not at all that he acted out of conduct / or anything like that
RP15/92
/hmhm hmhm

RP15/92
I mean I'm embarrassed cause now like I kind of – I mean Elaine in the bed next to me / is lovely but when I look around I just think oh now everyone knows / my personal – big personal things / about me you know and erm and [2] I mean Elaine said I should write erm a a letter to the eh the chief / executive of the hospital do do you think I should do that?
MS92
/HMHM HMHM /HMHM HMHM /HMHM HMHM /((nods))

MS92
Only if you feel very upset by it and if you think it might help but erm maybe if you have another talk with the doctor who did this // and erm

RP15/92
// hmmm I haven't spoken to him yet I don't wanna get in / – I don't wanna get anyone into trouble but / I I feel really embarrassed to even see him / let al.one speak to him / erm I mean eh [2] I don't want anything that I'm get- I don't wanna get him losing his job / or anything like that / I think that's really bad but I don't know whether you would have a chat – would you would you tell him how I felt about it?
MS92
/((nods)) /HMHM HMHM /I see /HMM /YEAH /HMM

MS92
Maybe if you talk to him erm I mean for example did you – did he ask you if he if you were willing for him to do the examination?

RP15/92
As far as I know yeah / yeah he probably did I mean as I say I had some painkillers / the nurse gave me some painkillers cause I was very distressed and I really remember very little after that / erm [3] I ehI just I eh eh I wasn't sure whether it was a a necessary procedure but you say it was
MS92
/HMM /((nods)) /HMHM

MS92
HMM [2] so I mean eh I don't think at all he acted out of erm you out of {content} / especially I mean he he he asked for consent the examination is necessary and everything like that / so I mean if if you want to take that further that is entirely your choice / I can't make that decision decision for you / but erm from my point of view I don't think that he did anything out of order
RP15/92
/hmhm /hmm /hmm /hmm

RP15/92
Hmm cause it – I mean it's these wards isn't it I mean how can you ensure that this – cause I feel bad I mean I think it would be horrible if this happened to another patient / I mean how do you ensure that this won't happen again how can – I mean if you told him / then he might be be more discreet / next time but I feel awkward about him
MS92
/HMHM /of course /HMM /HMHM HMHM

MS92
I mean it's such a shame that you kind of (( )) on the wards / where I mean just by drawing a curtain that doesn't really give you that much privacy
RP15/92
/hmm

RP15/92
No no and you don't think there's anywhere else they could've done it?

MS92
It's not usually done [1] but erm I think what people usually do they usually <u>do</u> talk quite softly perhaps maybe if you were not able to to (( )) or understand that much that wasn't possible at the time

RP15/92
Yeah that's a fair point [1] do – so you won't have a word with him?

MS92
Would you like me to have a word with him? It's it's entirely up to you if if it will make you happier // I

RP15/92
// I – it would yeah

MS92
sure

RP15/92
If you would because I I feel embarrassed / (( )) and I didn't really want to tell anybody (( )) / because erm I'm not being rude to you but because you're a medical student you won't have to note everything down / and stuff so well I just thought I'd tell you
MS92
/HMHM HMHM /of course I understand /HMHM HMHM

MS92
I can do it informally

RP15/92
Thank you

MS92
Yeah sure

RP15/92
I just don't want it / to happen to anyone else
MS92
/YEAH

MS92
Was there any other questions you had or [2] anything else I can do to make you comfortable?

RP15/92
No no I feel better now a lot better

MS92
Ok well all the best Miss Forsyth

RP15/92
Thank you

MS92
Ok thanks

Facilitator thanks S92 and RP15. The end.

MS93 sits right, RP5 left. Consultation starts when tape starts.

MS93
Mi Mr Mitchell ((shakes P's hand))

RP5/93
hi

MS93
My name is [FN]

RP5/93
All right

MS93
I'm a third year medical student

RP5/93
ok

MS93
Ok erm I understand you've got an operation today?

RP5/93
Yeah I'm absolutely looking forward to it although apprehensive because erm you know it's been on the cards for a long time now / I just can't wait to get rid of the problem yeah yeah / (( ))
MS93
/YEAH /yeah

MS93
I was just gonna say I'm afraid I've got a bit of bad news we're going to have to cancel it

RP5/93
I'm sorry?

MS93
We're going to have to cancel the operation because //

RP5/93
// you can't be serious [1] you can't be serious this is like the secons time this has happened do you know what I mean?

MS93
Yeah I understand you're frustrated yeah ((leans forward))

RP5/93
oh frustrated I mean I was given like two days notice the last time you know / eighteen months agoyou you know I was just hoping to get this problem out of the way / this is just absolutely incredible it really is [1] / I mean I can't I I I – I don't know what to say
MS93
/((nod)) /((nod)) /erm

MS93
Well it's just that a a serious case has actually come in and this surgeon's had // to be called away for that

RP5/93

// is my case – is my case not serious? I mean (( )) you know / like eh ((sighs)) [2] I mean these veins are just ruining my whole life and I just want to get it all together you know what I mean? get this operation out of the way so I can continue to go to the gym take my wife out go swimming / all the things I haven't done for the last eighteen months but I I know it's not your fault but I'm really annoyed about this
MS93
/HMM /((nods))

MS93
Ok well it's - these these sort of things happen and it is – this patient that's come in is eh eh been quite hard work

RP5/93
I mean – I understand that right but I just don't - I don't understand why they can't do both operations I mean you know I've waited so long for this / yeah? really well and truly I actually work here / you know and this this is another thing that annoys me I work for the NHS / and I I eh I don't see why eh – you work for the NHS / as well I don't see why we can't have some sort of priority cause this is crazy you know ?
MS93
/YEAH /((nods)) /HMM /((nods))

MS93
Yeah erm I don't think it works that way to be honest with you but I think that this person has that's come in is in serious need

RP5/93
That's fair enough but so am I you know // so am I

MS93
// yeah I see what you're saying I'm not saying that // you're not in any (( ))

RP5/93
// if anything this is just gonna get worse / and I don't know when this operation is gonna take place / I mean I've taken time off work twice / my kids have had to eh eh you know / have had to be looked after twice which is costly (( )) money / you know? It's just just just just so demoralising / at the end of the day
MS93
/((nods)) /right /ok /((nods)) /YEAH /((nods))

MS93
Yeah we're we're not doing this to actually put you down or / (( )) we just need to inform you before //
RP5/93
/I I I know that I know that

RP5/93
// I just wish they'd get their act together cause it's crazy / I mean you you can't be doing this twice / to a person that's no good
MS93
/hmm /yeah

MS93
Ok all I can do is apologise for what's happened and I'm just – I'm afraid you're gonna have to wait until something else – another surgeon can be available to do the procedure

RP5/93
Don't you think we should have priority? I mean you're sort of working for the NHS as well do you know what I mean?

MS93
yeah

RP5/93
You put yourself in my position

MS93
Ok [1] yeah if I was in your position I would be frustrated definitely [1] but it – this is actually a - it's actually a situation of priority cause this person that's come in is [1] is a very high priority [1] well it's not to say you're not a high priority at all

RP5/93
I mean at the end of the day you know I know that this is gonna get worse / I don't know when the erm this operation is gonna take place I'm gonna be in a lot more pain and as it is you know I stand for an hour / and [1] I'm in excruciating pain / do you know what I mean / I'm eh I'm eh I'm an auxiliary nurse here and erm I'm standing all the time / yeah and and and and and I eh I just know I'm – in fair[ness] that this is crazy it's just not on
MS93
/((nods)) /YEAH /OK /YEAH /ok

MS93
Is there anyone else you'd like to talk to? Other than me

RP5/93
Well they're gonna tell me the same stuff right?

MS93
hmhm

RP5/93
So you know it's eh eh eh it's sort of pointless you know I just I just I just can't get me breath this is not what I expected this morning you know?

MS93
Yeah I eh I understand it's quite a quite unexpected but yeah I think that's all we can do for you at the moment – well you will have your operation

RP5/93
When?

MS93
I can't say

RP5/93
This is it you know what I mean / it becomes a joke / you can have your operation but nobody knows when you know they give you an appointment you come in for it it's cancelled / you know <u>twice</u> / absolutely incredible it is
MS93
/yeah /HMM /((nod)) /((nods))

MS93
I see well I can get someone else to talk to you if if you want me to // (( ))

RP5/93
// pointless absolutely pointless

MS93

ok

RP5/93
You know

MS93
Yeah well sorry for what happened and erm we'll get back to you as soon as we know what's going on and erm yeah thanks for actually understanding that // (( ))

RP5/93
// oh I'm sure you lot don't understand but you know like I say I'm not blaming you I'm blaming the system but [1] you know it's just not fair

MS93
(( )) well hopefully we'll get back to you soon - as soon as we know something

RP5/93
((nods))

[7]

MS93
Is there anything else that ?

RP5/93
No

MS93
No?

RP5/93
No

MS93
Ok thanks a lot then so ((shakes P's hand)) good luck and we'll speak to you soon

RP5/93
Ok ((sighs))

MS93 looks at facilitator. The end.

RP1 sits right, in the corner, MS94 sits left. MS94 looks at facilitator. Facilitator whispers 'OK', MS94 shifts in seat, turns to RP1 and starts.

MS94
Erm Corinne Steel?

RP1/94
yeah

MS94
Hi erm I'm a medical student

RP1/94
Oh hiya

MS94
Hi erm my name is [FN] and you asked to speak to a medical student

RP1/94
Yeah I just wanted sort of a bit of a chat really / erm eh if I eh if I talk to you it won't erm go on my notes or anything would it? You don't put anything on my notes?
MS94
/((nod))

MS94
Erm what do you mean by anything?

RP1/94
Well eh any conversation that we have now won't get put onto my notes will it?

MS94
No no

RP1/94
It's comp[lately] completely confidential?

[2]

MS94
Erm eh yeah yeah

RP1/94
Yeah?

MS94
yeah

[2]

RP1/94
Ok erm [1] I mean it's different for me than talking to a doctor isn't it?

MS94
Yeah yeah

RP1/94
Yeah if I speak to one of the doctors then that would go [1] on my notes

MS94
What erm what what is it you wanna speak to me about?

RP1/94
Erm [2] well it's just erm – it it is eh it's a bit of a worry about something and it's probably an overreaction / it's erm you know probably don't need to be worried about this / but [1] it's just kind of playing on my mind and I just think it would be good to just run it past somebody / erm [1] really erm erm I mean I'm I'm having a whole load of tests at the moment for - I've got something wrong with my bowels / basically they're trying to work out what it is / erm [2] so I'm having every test under the sun at the moment / erm [1] and I've just got this worry / that erm [4] I think there's a very very small chance / that I could be erm [2] HIV positive / [2] and as I say it's probably probably an overreaction but erm I was really just wondering whether / you could [2] maybe find out [2] some information for me eh cause I I'm not one hundred percent sure what the symptoms are / erm so I don't know whether it could be connected or not / with / [3] my symptoms at the moment
MS94
/((nods)) /yeah /((nods)) /((nods)) /yeah /yeah /((nod)) /((nods)) /((nods)) /((nod)) /yeah /((nods)) /ok what sort of

MS94
I think the best thing to do in this situation is I – I'm a third year medical student so / I eh I won't really know what exactly the symptoms of HIV are / or even if I
RP1/94
/yeah

RP1/94
/no no I wouldn't expect you to

MS94
Or even if I find out for you / erm they might be wrong eh eh they might not be like what you're experiencing something like that but I think the best thing to you talk - erm the best person to talk to is the consultant in charge / and find out from him? This this is a very delicate thing
RP1/94
/uhuh /((sighs))

RP1/94
Yeah I know I just eh I erm I just like to know more about it before I actually [2] cause I don't want it to go on my notes / you know and if if I go and talk to the consultant then then she'll put it on my – you know I'm sure she'll put it on my notes / erm
MS94
/Yeah I understand that /yeah

MS94
I think erm [1] but erm [1] but erm there are certain regulations like medical students aren't allowed to advice the patients as such [1] // but

RP1/94
// Right no no I know you can't advice me it's just cause I have no way of finding out just -I just want more information on it really

MS94
Yeah erm [3] I <u>can</u> find information but erm [1] I don't think that it would be very right to you -for me to give information to you I think it would be eh more appropriate for the doctor / to give information to you [3] cause it can go horribly wrong
RP1/94
/right

RP1/94

How do you – how do you mean?

MS94
Erm if I if I – suppose I find out information for you and [1] eh it's [1] it's not what you're experiencing and eh you might say ok I don't have HIV or it might be the other way around erm but erm the doctor will be more or less absolutely sure that that what eh what you're experiencing might be HIV or not – so I think that would be more appropriate for you to talk to

[3]

RP1/94
Right I mean eh eh I know it's just – it's just cause I'm in hospital can't get any access to any information / myself
MS94
/yeah I understand but

MS94
I I can talk to the consultant and tell him your situation and erm eh eh he can talk to you and erm go from there that's the only thing that I can do

RP1/94
Yeah I'm just not sure that I want eh eh [3] erm I'm just not sure I want to take it to that stage / cause I'm not sure – I just want – I'm I'm just a bit worried about it you know / erm [1] because the other thing I [1] I'm worried about is obviously some of the tests that I'm having cause I've eh [2] sorry it's absolutely disgusting but erm cause I've got blood / in ((gestures)) you know with my bowels erm and I had a I had a thing yesterday where they put a camera / up the backside / yeah erm and they give you an enema so everything's flushed out / but of course some of the - cause I've got terrible diarrhoea at the moment and [2] so any[way] <u>oh god</u> it co- you know basically during the [1] procedure it - you know quite a lot of stuff came out quite a lot of blood sort of sprayed all over the place and [1] erm but particularly one person had got a lot on her and [2] I just don't know what [2] whe[ther] / you know whether there's a risk there or
MS94
/yeah /((nods)) /((nod)) /((nod)) /yeah yeah /((nod))

Plane flies over – compromises sound

MS94
Yeah erm yeah like I was saying that this this is – this can be potentially serious so I think it's better to talk to the consultant [3] that's it can be extremely stressing as well but erm I don't think I'm the right person to talk to

[2]

RP1/94
Right [4] ok I mean I don't (( )) I just I I don't want it on my notes basically / I'm really worried about it
MS94
/I mean

MS94
I erm yeah all I can do is talk to the consultant tell you – erm tell him your situation that you're (( )) your notes and (( ))

RP1/94
But once it's out it's out / isn't it I mean
MS94
/yeah

MS94
yeah eh eh yeah

RP1/94
I mean I don't even know what – does that mean that they – you know if you would – consultant would she definitely have to put it on my notes? Could I ask her not to or?

MS94
Erm I'm not too sure about that you'll have to talk to a consultant about that

RP1/94
It's just I can't find out / without telling her and then then it's too late /and that's just – yeah [5] right
MS94
/yeah I know /yeah

MS94
Ok so erm would you like me to talk to the consultant?

RP1/94
No no I don't think so / I need to have a think about it
MS94
/no

MS94
Yeah ok you have a think about it and come and speak to me again and talk eh talk to the consultant [1] erm perhaps you could do that

RP1/94
Ok ok thank you

MS94
ok

RP1/94
Thank you

Both MS94 and RP1 lean back, facilitator says 'thank you'. The end.

MS95 sits left, looks at facilitator. RP12 sits right. Facilitator says 'OK', MS95 turns head to RP12, who leans forward and starts.

RP12/95
Hello ((shakes D's hand))

MS95
I'm [FN] I'm a third year medical student I've been told you wanted to speak to me?

RP12/95
Eh yeah erm [2] well I'm I'm eh eh eh eh I'm here having these tests done at the moment basically erm and erm well erm eh apparently they're routine tests and whatever else and they haven't said anything specific yet cause I've been passing blood see / and [2] erm I was a bit you know eh eh wondering about what what what it might be and whatever else you know
MS95
/right

MS95
You were wondering what the tests were for or?

RP12/95
Well yeah I eh I I am I mean I I've just just just just been concerned about things you know / when it comes to blood and things like that you know
MS95
/hmm

MS95
Yeah well erm I'm I'm only a third year medical student / and I'm not – I don't have the knowledge / or the authority really to tell you what's wrong with you / and I also – I have no background knowledge / on your case erm the only thing I can do is sort of direct you to speak to a nurse / or a doctor who's on the team / that that is dealing with you at at the moment / cause you're an inpatient here at the hospital
RP12/95
/hmhm /yeah yeah /right right right /yeah yeah yeah /hmhm hmhm hmhm /yeah yeah /right

RP12/95
yeah yeah yeah yeah

MS95
Ok

RP12/95
Erm eh yeah yeah I eh I kind of understand that cause obviously you know you you you only know so much and ecverything else basi[cally] I eh eh I'm just a bit concerned about you know some of the things that it might be / worried about you know
MS95
/Right

MS95
what what are your concerns?

RP12/95
Well eh [1] what with with with the blood thing and whatever else you know I mean erm [2] wh[at] you know you get diseases and stuff can't you [1] I mean I mean for example I had this test right / erm although they sort of give you something to relax and or whatever else / and that kind of stuff I still had a bit of erm a lot of leakage or whatever you wanna call it you know when they're when they're doing the camera thing you know / up the back pass[age] you know erm and erm I I passed some but blood as well / erm and I was a bit concerned about [3] you know that kind of thing

MS95
/((nods)) /yeah /right /ok

MS95
You're concerned about your blood loss?

RP12/95
Well not not not not not not what you know [2] well like I said you can get things in blood can't you like aids and things yeah / and erm I was a bit worried about you know erm [5] you know what what what people can pick up from that and that sort of thing
MS95
/right

MS95
Right so you're worried – are you worried that you've picked something up in the blood or that eh that erm somebody's picked something up from

RP12/95
Erm well erm sort of [2] erm [3] I've erm – I eh don't – it might be nothing it might just be me getting worried about absolutely nothing / basically what was erm [4] well eh eh a former partner of mine apparently was was was was was was erm [1] was diagnosed HIV positive right / and erm [3] I I eh eh can't really see how but eh eh if if if if something had happened a while ago whatever I eh eh eh eh I don't know but [1] what I was worried about you see if if if if I had HIV or something like that / what that would mean to other people / what [2] you know what what what what what should I be doing about it
MS95
/hmhm /right /ok /YEAH

MS95
Well erm have you actually had – have you had a test to see if you're HIV positive or not?

RP12/95
Well no I haven't – I eh eh eh eh haven't had a test no

MS95
And would you consider doing that - would you

RP12/95
Well I eh eh I would I eh eh [1] well I eh eh I suppose I could do – all I'm concerned about eh – I didn't know who to talk to / and I'm really worried about just being confident – it might be nothing I might be worried / about nothing you see I'm just just not sure where to start you know
MS95
/((nods)) /yeah

MS95
Right well erm the best thing for you to do would be to go to erm have the test because either [1] one way is that you actually do have it in which case you'd be best to have medical advice and treatment for it / at an early stage or secondly you might actually be – you might not have it you might be negative in this test / in which case you're putting yourself through a huge amount of worry / and erm sort of discomfort / not without sort of – not knowing so it might be best for you to get tested / and also within the – within the hospital setting it's best to let your your worries – you're you're worried about it known to the - your medical team who're looking after you
RP12/95
/yeah /hmhm hmhm /yeah /hmhm /hmm /hmm

RP12/95
Yeah [1] I I was just worried about you know cause if you have the test does that mean like you know you well [2] well it's a it's a it's a stigma thing isn't it you know / people get worried about – I didn't want everything thinking I was having a a test for the wrong reasons or whatever you know

MS95
/yeah

MS95
right

RP12/95
That it might be [2] it eh might eh might reflect on me you know

MS95
What – the the the medical team eh ?

RP12/95
Well yeah whatever you know I I I I don't know I just just just I I I I mean I might be worried about nothing / I I don't know I just just
MS95
/((nods))

MS95
No I can understand why you're worried / and and that's fine erm [2] but within within the medical profession [2] we are even as students taught to deal with people without attaching a stigma to them / and aids as a disease is becoming a lot more eh – or HIV is eh is becoming a much bigger problem now / and isn't associated with certain groups / and [1] the only bit of advice I can give you as a medical student erm is to speak to the doctors and or nurses who are involved in your treatment / because they eh they need to know the risks / but also they can they have a lot more knowledge and information to pass on to you / about erm HIV and the testing / process and things like that
RP12/95
/hmhm /hmhm hmhm /hmhm /hmm /hmm /hmm /hmm /yeah

RP12/95
Well I mean I eh eh eh eh eh I'm just wondering whether you'd be able to help out cause eh see it might be nothing it might just be me cause I don't know you see I might just be worrying myself for no for no reason I don't know I don't know much information about these things you know

MS95
Right ok

RP12/95
And I was just wondering whether you know [2] it might be easy // if

MS95
// some more information?

RP12/95
Yeah yeah

MS95
Erm good places for information would be there's there's leaflets which would be around the hospital erm internet access do you have internet access?

RP12/95
Well I I'm here at the mo[ment] I was – what I was wondering was you whether you'd be able to give a bit of help you know I didn't want to ask the doctor cause it's a bit like you know

MS95
right

RP12/95

You know?

MS95
ok

RP12/95
A bit difficult - I just I just wanted to know like I said I might be worrying about nothing and I didn't want to mention it just in case they got the wrong idea or something or or you know like you know like you said as well th- eh you should've mentioned it before perhaps or something like this you know (( ))

MS95
Well no they'd understand / why you hadn't brought it up before it is – it is a subject that many people find very difficult to bring up erm / it is erm yeah I can understand that erm but I can – I can gather some information leaflets / maybe and some other sources but that's still – the information in – that was in those leaflets / is not going to be as good as that you would get from / a qualified member of staff / [2] / however I can I can bring some to you / so you could look it over
RP12/95
/right right /yeah yeah yeah /well /right right right /hmhm hmhm /hmm /hmm /right /right right

RP12/95
Right [1] ok [2] well if you could that I – that would be some I eh eh eh obviously it might be nothing I'm worried about

MS95
((nods)) yeah well if I do that for you and then if you maybe maybe think over whether or not you should / tell somebody / because I as a medical student I'm not absolutely sure where I stand or whether or not I have to tell a member of erm /
RP12/95
/yeah /yeah

RP12/95
/Well I was hoping you wouldn't I thought I I was hoping it was just a confident thing erm [3] erm I've got to have another test today as well erm {enem} {enem} [2] a meal thing yeah?

MS95
Barium meal?

RP12/95
Yeah yeah

MS95
right ok erm [5] right and when is - when's that is that this af[ternoon] ?

RP12/95
This afternoon yeah [2] but that that doesn't make a difference does it?

[2]

MS95
I'm not sure about / erm I can't imagine that it it wouldn't / erm
RP12/95
/right /right

[2]

RP12/95
So so I mean you know that I was just think because of the blood and whatever else / you know
MS95

/yeah

MS95
Yeah yeah no you're - if you're concerned you need you need to get some / more information about it / and possibly think about talking to another a member of the staff here
RP12/95
/hmhm /hmm hmm

RP12/95
Yeah yeah [1] well that's what I'm hoping to do / now you see
MS95
/yeah

MS95
Ok

RP12/95
hmm

MS95
Well erm ok that's fine well I'll get you some more information / and erm if you think about who would be / best to speak to
RP12/95
/right /yeah yeah

RP12/95
Well -

Facilitator stops conversation as 10 minutes have passed. The end.

S96 sits left, RP11 right, both next to a rounded table. Silence, MS96 looks at facilitator, then at student notes. After a sign from the facilitator, MS96 starts.

MS96
Hello erm my eh I'm [FN LN] I'm a third year medical student erm can I confirm that you're Alice Forsyth?

RP11/96
yes

MS96
Erm I've heard that you wanted to see me is this correct?

RP11/96
Yes that's right if you don't mind

MS96
No not at all

RP11/96
((coughs)) well erm [2] I just wanted to talk to you really erm I thought you'd be quite a good person / to mention this to erm I was in hospital erm eh in hospital recovering as you know from a from eh - I had my appendix / operated on last week ((coughs)) and erm I went through rather a unpleasant experience the night I came in
MS96
/HMHM /right

MS96
Oh no what was – could you tell me more about that?

RP11/96
Erm well ((coughs)) when I came in erm I was sort of rushed in a bit really / and it was in the middle of the night / and the doctor who came to see me on the ward was erm [2] well I mean I was in a lot of pain and everything / but he had - he had to ask me questions I mean I know you do have to ask questions / but he asked me some very personal questions very very loudly / woke everyone up in the ward and / and erm you know sort of didn't sort of try and be quiet / or or sensitive or anything and then and then to make it even worse he erm he then had to do a – you know an examination / as a you know a sort of / like a back passage one you know / erm which was jolly uncomfortable it hurt like mad and I eh eh and he sort of told – he sort of announced it / erm and and the reason I'm upset / is because I – well I mean I was a bit sort of out of it actually had been you know busy all day and stuff / and I'll tell you in a minute doesn't matter – but some of the women on the ward have been telling me they they were woken up by this you know / and erm and they heard it all / and I just
MS96
/((nods)) /HMHM /((nods)) /((nods)) /right /((nods)) /((nods)) /((nods)) /yeah /oh right /yes /((nods)) /((nods)) /hmhm

MS96
Yeah and how does this make you feel?

[1]

RP11/96
Well I'm I'm upset and I'm very embarrassed / as well but I'm a bit worried about them cause they their sleep was disturbed / and and and they think I ought to sort of com[plain] complain / you know really
MS96
/yeah /((nods)) /yeah so you've -

MS96
Yeah so you've spoken – so you've felt this yourself anyway and then the other women on the ward have said to you has confirmed your feelings // at least

RP11/96
// well yeah it wasn't very nice for them you see / I mean I'm I don't people knowing all my personal history / what's going on behind – there's only curtains round the bed
MS96
/yeah /no

MS96
Have you spoken to anyone else about what happened?

RP11/96
Well not really but it's just that some other women on the ward sort of said to me / look you know we don't want to be nosy or anything but we think you ought to realise / cause I – admittedly I had quite a lot to drink that day cause I was – you know I'd had a party / erm and erm but they think that I I mean they think actually I ought to complain to the chief executive
MS96
/((nods)) /((nods)) /((nods))

MS96
Hmhm do you do you feel that as well? That would be a good course of action?

RP11/96
Well I'd wondered what you thought really I I I mean I've seen how you're treated by some of those senior doctors and eh and I know you understand what it's like to be humiliated I tell you so I thought maybe you'd advice me

MS96
Well I know that there are official lines of complaint you can take / I'm not – I'm only a student myself / so I don't know exactly entirely sure of the way it works for each particular hospital / erm // so
RP11/96
/((nods)) /hmhm /right

RP11/96
// do you think I should complain really?

MS96
Well if you feel that – if you feel unhappy about the way you've been treated / and if you feel erm erm that it was unfair and <u>yes</u> then I think you should speak to someone – speak to people about this along the official lines of complaint that there eh eh there are in place
RP11/96
/((nods)) /((nods))

RP11/96
There are – I can do that then?

MS96
Yeah would you would you like me to erm speak to anyone else about it or

RP11/96
Erm I don't want to get you into trouble

MS96
I – cause - I can tell maybe if I could – maybe maybe if I could ask someone else to come and speak to you about it there's nothing I can do really I'm just I'm third year medical student / you know I've got

no sort of / (( )) power no but erm but I know in every hospital there are official lines of complaints / that patients can make / erm
RP11/96
/((nods)) /power really no /((nods)) /right

RP11/96
I mean I don't want to sort of [1] I do – I mean I do want to make / a fuss about it do you know what I mean / I don't want to get too many people I don't want other people to go through this [1] you know eh if that happened to me / I bet erm he was really very insensitive // you know
MS96
/you want - /yeah /yeah

MS96
// Oh it's I can understand yeah / I can understand that he wouldn't want this to happen to but erm at the same time I - obviously I wasn't there at the situation / so I didn't see – I didn't see what happened / I can't erm I don't I don't really know what happened at all but I can understand that eh if you're unhappy with the situation / that erm you should maybe erm speak to someone so erm [2] would you I mean would you - you wouldn't be - you wouldn't be comfortable if I'd to sort of said would you would you be happy if I'd speak to someone else and then if I / come back in a day and see who I've spoken to and see if that's ok? Erm would you be happy to try and maybe speak to one of the I don't know – someone more senior than me / maybe your doctor – the next doctor who comes round to see you or / is there anyone you feel happy to talk to?
RP11/96
/((nods)) /no /no no /((nods)) /well /((nods)) /well I would -

RP11/96
Erm well erm I eh I I find it all a bit awkward I don't know if I should write or something but if you know you know a person I should speak to or you think you think there's someone who can help then I suppose I could [1] do that // if if you – you could

MS96
// so if I'd – if I ask someone to come round // and speak to you erm the next day or so

RP11/96
// yes and if if it's confidential and everything

MS96
Oh yeah ok yeah / and so I'll get eh I eh I'll speak to someone and see / if I can get someone to come around / and talk to you about it
RP11/96
/I mean eh - /((nods)) /right I mean

RP11/96
I mean what can you do though cause I mean it's – I know they've got to ask you questions / but he asked me very personal questions / about my history and things I don't really want to talk about you know and there's only curtains round the bed / eh eh you got eh eh surely there eh must be somewhere eh eh / a bit more private
MS96
/HMHM /yeah /right /erm I don't

MS96
Erm to be hon[est] to make a diagnosis the doc[ter] I know the doctor's got to ask you some personal questions

RP11/96
Yeah I suppose so

MS96

So one of the //

RP11/96
// (( ))

MS96
What sort of what sort of level were these questions?

RP11/96
Well he asked me about my past history – he asked me about my drinking and sort of / implied I'm an alcoholic
MS96
/but it's -

MS96
Yeah yeah I know but those are standard questions they do ask to everyone

RP11/96
But everybody heard / I mean surely he could've done it a bit more quietly or something / you know
MS96
/hmhm /yeah

MS96
But I mean if it was late at night and there – if it was a serious operation / I mean appendicitis has got to be dealt with immediately / erm so [1] I mean would you [1] yeah it is – if if – if it's a serious operation then it's got eh - the questions have to be asked I know this erm - we get taught erm these are standard questions we get taught to ask / erm about past erm questions about drinking and everyone gets asked these it wasn't as if – it wasn't victimising you I'm sure / eh I'm not – erm the doc[tor] I'm sure the doctor wasn't – he wasn't picking out you as a - oh this lady is an alcoholic and like asking you these questions (( )) // oh no not at all
RP11/96
/((nods)) /yeah /hmm /no

RP11/96
// I hope not cause that's what it came over like I mean the woman on the ward was telling me it was awful listening to perhaps someone ought to tell him not to talk quite so loudly about peoples private things you know

MS96
Well yeah yeah that can certainly be – that certainly // will be

RP11/96
// but can you do it? Can you get - sort that – I mean you you know

MS96
Erm would you like me to talk to him directly? Is that specifically what you're asking?

RP11/96
Well you know if you think you could

MS96
Erm [2] erm would it eh eh would you be happier with that if he came to speak to you than if I spoke to him myself – he came to speak to you about it / or do you think it'd make it //
RP11/96
/well -

RP11/96

// I'd like someone to handle it for me I don't I don't / really want to talk to him you know / not really I think somebody perhaps somebody in charge of him I don't know who ought to tell him / I mean you know perhaps he wans't trained to be quiet and [1] sort of careful when he speaks but
MS96
/yeah /you don't want to /yeah

MS96
erm

RP11/96
(( ))

MS96
Ok [1] erm [2] well it's good that you – it's good that you know that erm it's not – that it's not you he's victimising as long as you're aware of that as well / (( ))
RP11/96
/he's like that with everybody ((laughs))

MS96
Erm well it's just – it's just the questions erm they sound like – they sound like standard questions and I wasn't erm I don't know exactly what he asked / and how but [2] yeah / if I maybe [3] erm if I maybe – if I maybe spoke to maybe just another one of the doc[tor] another one of the other doctors on this ward / maybe came out to have a bit of a chat to you today / erm would you be happy to do that with someone else?
RP11/96
/no /hmhm /((nods)) /right

RP11/96
I think somebody who's really sensitive about it I would erm I I don't mind but erm not that one

MS96
So ok someone who's more sensitive / will come and have a chat to you about what happened

RP11/96
Well yeah cause he is //

MS96
// Yeah?

RP11/96
Yeah erm if eh I think so yes I mean eh really if you don't mind looking into that I'd be grateful

MS96
Is there anything else that upset you at the time?

RP11/96
No I just feel you know that when ((coughs)) the – I think it was the lack of privacy really / and that erm you know sort of erm just a bit unkind the way he spoke so loudly about such intimate things you know / and //
MS96
/lack of privacy /yeah

MS96
// did you feel – did you just feel like he was victimising you?

RP11/96
Well I just felt very embarrassed by it and erm / eh it wasn't so much at the time cause I was in a bit of a – you know I was in a lot of pain actually / but it was afterwards when the lady on the ward said / eh I

mean erm I think I said to you they've said I ought to write chief executive is it? The person at the top I don't know if you –
MS96
/HMHM /hmm /right

MS96
Erm right ok so it's more sort of it has been – have you sort of wanted to complain more since these other women have spoken to you?

RP11/96
Well I have cause I've realised how it upset them / and erm I don't want it to happen to another patients as well that's not really nice is it?
MS96
/ok

MS96
Ok so it wasn't so much at the time that it was upsetting you then it was // more after that you were embarrassed by what they'd what they've said

RP11/96
// well that's that's what you know you realise I mean you know cause I I eh I was given something to help me go to sleep (( )) / the operation but you know they'd been talking on the ward and [1] // they told me that
MS96
/(( ))

MS96
// but has that - obviously would upset you if other people / on the ward -

RP11/96
/Yeah that's what's embarrassing actually / so if you could I'd be very grateful
MS96
/ok

MS96
Ok yeah eh erm yeah well obviously yeah in a situation I can't take sides / I can't like say who's right and wrong / but I'll get erm if if you're unhappy about this then I will get - I'll speak to another doctor on the team on this ward to come – just to come and have a chat about what happened / and then see if yeah see if // they can reach a [1] reach a compromise
RP11/96
/((nods)) /no /right

RP11/96
// So it doesn't happen again I suppose

MS96
((nods)) yeah erm eh yeah a sort of erm sort an outcome / that way ok?
RP11/96
/ok

MS96
yeah thank you

MS96
Ok

RP11/96
yes very much

MS96
Ok thank you

RP11/96
Ok

MS96 looks at facilitator. The end.

MS97 sits right and looks at facilitator. SP4 looks at ground. Both lean forward. MS97 gets sign from facilitator, turns to SP4 and starts.

MS97
Hi Mr Forsyth?

SP4/97
Yeah that's right

MS97
My name is erm [FN LN] I hope you can call me [FNshort] I'm a third year medical student erm as I understand you wanted to see a med student

SP4/97
Yeah I wanted erm I wanted to see somebody that's erm [1] not a doctor / really / erm cause I erm [2] I just wanted to talk about the way I've been treated and whether that was [1] well eh eh erm you know I I was erm [1] I just had my appendix out / I was brought I last night / erm as an emergency [1] and erm cause it was quite late cause I'd been erm eh it was my wife's erm birthday / sort of thing we were having a party / I'd been ignoring the pain erm [1] and it became an emergency so I was brought in / and I was put straight on erm on the ward cause they could see it was you know serious [2] and then erm a surgeon [2] a bloke that's come in to see me / and [4] pulling – he pulled the curtains round / and then he starts erm asking me eh questions and he's got he's got this really loud voice / and he's talking really loudly and you know it's a public place / it's a ward there's people and it's the middle of the night as well so eh erm [1] he he he's talking really loudly he's asking me questions that you know [2] you know I mean are personal / and then [2] he has to do this examination / erm [2] and eh erm he put this cold thing inside eh in inside me and erm [2] you know he announces this in a really loud voice again / and [3] it it it hurts and so I eh you know erm made eh a noise / and it was there was people around us it's just ((sighs)) [3] shouldn't he have taken me somewhere private to do that / it seems very [5] and I I've got this – I've got a scar ((points at back)) on my back / erm lower back and eh he says he said something about oh that's an interesting scar / and eh eh why is he / [2] in front of everybody really eh it's only a curtain / it's only a curtain / and then today the bloke in in the bed next to me said you know that he he he you know there were a couple of people awake then and it was really embarrassing / you know I just [2] you know I'm not somebody that's complains / I'm not somebody who wants to make a big fuss about things / I just erm I just wanted to talk about eh erm somebody needs to tell me whether that's erm eh eh whether it's right to be treated like that
MS97
/((nods)) /sure /((nods)) /right /((nods)) /hmhm /ok /YEAH /hmm /HMHM /yeah sure /all right (( )) /((nods)) /((nods)) /((nods)) /yeah /hmhm /hmm /((nods)) /YEAH /yeah /no

MS97
Well erm I mean in my opinion erm what the surgeon did wasn't right he should've acted in a normal way in a discreet fashion and erm be respectful of your privacy and so on erm I had my erm ((points at belly)) you know I had my - I had an operation and erm it was done a lot differently and I'd feel the same if I was treated the way you were treated erm there is one thing you can go through erm as I understand you can actually file a complaint against the surgeon / but I mean I mean it'll be up to you obviously if you want to do that
SP4/97
/yeah ((pulls face))

SP4/97
Well what I'd really like is somebody just – I mean just to tell him [2] just to tell him how I was feeling

MS97
I think [1] you'd probably - as I understand it you probably have to go though the complaint it it wouldn't be right in my place // to go and

SP4/97

// I mean I mean you couldn't have a word with him?

MS97
I I don't think it would be right for me cause I'm just – I'm a third year medical student / and erm I don't think it would be right // for me to -
SP4/97
/yeah

SP4/97
// I know that's why I wanted to speak to to a medical student I didn't want to speak to // a (( ))

MS97
// I don't think it would be right for me to go and tell erm tell the surgeon erm he wouldn't listen to me but I I don't think I would be – it would be my place to say but you could erm file a complaint erm and as I – as I said well as I said before it's not accep[table] I I don't consider it to be – I don't think that's a bit over the top - maybe he shouldn't have - he should've acted maybe slightly more discreet erm if he well eh

SP4/97
Why aren't there – why aren't there private rooms for that? I mean why?

MS97
Erm well hernia exams I'd see it erm I think [1] that in outpatients there are erm you you'd see a doctor one to one erm one to one basis but in an acute case such as yours you were admitted on the ward erm you know at night time they don't necessarily have outpatients are during the day erm but again even though you were seen on the ward with the curtains closed he should've been erm more discreet

[2]

SP4/97
right [1] so I should – I should make a complaint then?

MS97
Well it's not that you should you eh definitely should but if you feel that erm if you feel very hard done by it and you feel very upset by it erm yeah you should go through the proper procedure for erm filing a complaint

SP4/97
Ok [1] well I'll have to think about that

MS97
Yeah ((nods))

[3]

SP4/97
Right [2] well thanks for thanks for talking to me

MS97
No problem I hope I've helped but erm

SP4/97
Yeah [2] ok

MS97
Ok thanks

SP4/97

Thank you very much

Both SP4 and MS97 lean back and look at facilitator. The end.

MS98 sits right, RP9 left. No table in between. Tape starts as consultation starts.

MS98
Mr Forsyth erm I'm [FN] I understand you asked to see me?
RP9/98
/yes

RP9/98
Yeah yeah eh I'm Alex / erm [1] I wanted to talk to someone about erm what happened erm last night / erm I eh came in for my erm I had appendicitis erm and erm eh [2] it was just – it's very embarrassing / erm eh the doctor erm [1] well I mean I – everyone else on the ward thinks / he didn't behave in a particularly professional way / erm but it's difficult I just wanna talk to someone about it erm he basically [3] he basically just eh just was erm he pulled the curtain round / cause he was - cause he was you know doing whatever / examination whatever erm and then but erm he was he was just asking loads of questions - really loud voice / really embarrassing / erm [1] well he just basically seemed to be you know implying
MS98
/hmm /HMHM /((nods)) /((nods)) /HMHM /HMHM /HMM /uhuh /UHUH

MS98
Implying?

RP9/98
Well all sorts of things I mean he seemed to be implying that my – that I was an alcoholic / erm and then he did a an examination / he went sort of you know ((gestures)) examination / erm [3] and everyone else on the ward was just I mean the next day they were really qui[te] quite shocked / and it's very embarrassing
MS98
/uhuh /uhuh /examination uhuh /hmm right

MS98
Yeah I understand erm did he have any reason to say that you're an alcoholic?

[2]

RP9/98
Well I mean he – I'd had I'd had quite a lot to to drink before I came in / cause I was – I was
I mean I've I was trying to– my wifes birthday you know / and I was basically running around trying to get a party together / and I was in quite a lot of pain / and I'd assumed it was just anxiety / you know about about the party which was a / massive function about it and so I had I had been drinking just to try and keep it you know / try and numb the pain a bit // and things like that
MS98
/hmm /UHUH /yeah /YEAH /((nods)) /HMM /hmhm

MS98
// Erm eh and do you usually drink a lot?

RP9/98
no

MS98
No?

RP9/98
No no I'm not I'm not a big drinker at all

MS98

Really? So how many units do you normally drink?

RP9/98
How much would I usually drink? pfff

MS98
yeah

RP9/98
I don't really usually I mean I I'd I might have a a bottle of wine maybe once a fortnight you know with with with somebody else / and that's as much as I drink
MS98
/hmm

MS98
Well maybe erm I mean the doctor I mean if he smelled your breath maybe he thought that you drunk quite a lot and he said that but erm maybe he should have inquired a bit more about you know how much drunk and stuff / and then (( )) but you know it's best to you know ask him exactly why he thought that because [1] it might it might be that you had yeah – it might just him being that – him presuming / or erm who knows he might just be a bit too busy and you said it was last night / so maybe he was just quite tired as well and then you said that he did an examination on you?
RP9/98
/yeah absolutely /yeah /that's right

RP9/98
Yeah he he did a ((gestures)) / and it was quite painful and / and and and like I say other patients so they could hear every detail of it / it was
MS98
/a a rectal yeah /YEAH /hmhm

[2]

MS98
Well erm [1] // yeah

RP9/98
// I I mean erm I mean is that ((laughs)) the best you can do pull a curtain round // cause

MS98
// no true true it's quite – I know it can be quite embarrassing especially if it's loud as well but the thing is erm I'm sure he he did – the reason he did the examination is to make sure that there was – you know that it was only appendicitis and you didn't have any other problem because if you did - if you did have another problem and he didn't done anything you might have been in a worse situation but I mean I understand that he should have tried to make it a bit more private for you / especially if you know if it embarrassed you that much
RP9/98
/yeah

RP9/98
Absolutely / I mean eh it embarrassed everyone on the ward / I mean people were trying to sleep / I don't want him to be doing that kind of thing on the ward
MS98
/YEAH /YEAH exactly .yeah I know

MS98
Erm I basically erm I know I know that erm he must not be your best friend //

RP9/98

// and erm he started saying things about asking me questions about [2] you know sexually / transmitted diseases I have had / and all this kind of you know
MS98
/((nods)) /HMHM

MS98
I know it is it is – it can be very unpleasant but you have to understand that I mean he was probably only doing it to make sure that it wasn't anything more serious than a appendicitis you know because sometimes the symptoms //

RP9/98
// yeah yeah I mean to be honest I don't have a problem with it - the thing the fact he was asking me all of these things and if he had to do the examination / that's fine I mean I didn't realise how necessary / it was
MS98
/hmhm /uhuh

MS98
Was it just the fact that everyone else heard?

RP9/98
It's the fact yeah – there is no privacy at all / that it it's everyone's listening I mean it eh eh it was horrific / it felt like some kind of nightmare do you know what I mean? it it was
MS98
/YEAH /((nods))

MS98
Did you tell him that it eh it was eh upsetting you and could he please be a little more quiet?

RP9/98
No I mean I eh eh I just I just – you don't kind of think to say anything like that at the time / and as I say I had quite a lot to drink so I didn't really feel very in control/ of what was going on at all erm / and I'd imagined maybe it was just me you know / maybe I was [1] I've seen - I mean I've seen the way he treats you going around the wards / publicly humiliating you / erm and everyone else on the ward seemed quite / shocked it happened at all they they were all saying / you should make a complaint you should
MS98
/that's true HMHM /yeah yeah hmhm /erm /HMHM /hmm /HMHM /yeah /((nods))

MS98
Hmm well erm you could maybe see the doctor and tell him that it <u>did</u> actually upset you and you know maybe next time that he could just you know so that it doesn't happen again but I know I'm really sorry that he said it like that but

RP9/98
Is there anyone else that – I mean would you be able to have a word with him or / someone other / I'm not very good at that kind of thing
MS98
/erm /erm

MS98
Erm I don't know if I could have a word with him but erm if he – if he ever does it again or if you're erm – you could just ask anyone // that

RP9/98
// there must be rumours I mean is this normal? Is this what he does eh eh all the time or?

MS98

Well erm I'm not // sure

RP9/98
// I'd hate to think for everyone else to go through the same thing

MS98
Well yeah if if you really eh erm if it it does upset you very much you could try and erm maybe just erm talk to - try and see him or if you don't want to you can try and see some of the other like his secretary just drop a note so you can say you know I'd like to see you cause it does upset me and I don't think you should do it anymore yeah I mean yeah maybe you should tell him because then at least he won't do it to anyone else

RP9/98
yeah

MS98
You should - you could try making a complaint

RP9/98
Well that's what everyone on the ward was saying I should make a complaint and I'm not someone that tends to make / you know complaints / that's why I wanted to talk to you / because to see if you thought it was whether it was normal whether it was reasonable or I'm just being stupid and // (( ))
MS98
/HMHM /hmhm /hmm

MS98 *(accent turns American suddenly)*
// oh no erm sometimes erm I don't think sometimes doctors even realise that it - because it's so routine / that you keep doing this all the time that you just forget about the patient sometimes and you you forget it can be quite embarrassing / and I mean it might just have been and like I said it was a late night so you know he was tired he wanted to you know find out what was wrong and I mean that's no excuse either and they really / you should think of the patient the whole time but like I said you could try you know complaining and erm yeah and about erm him saying you're an alcoholic erm I'm sorry about that as well maybe it was just the fact that he smelled it on your breath or something but erm yeah [1] that's all I can say really
RP9/98
/((nods)) /yeah /yeah

RP9/98
yeah

MS98
But is there anything else troubling you?

RP9/98
No that's it really I'm just I'm just trying to make up my mind what to do with it

MS98
hmhm

RP9/98
hmm

MS98
right

RP9/98
Cause yeah I just don't think people should be put through that / I think it's bad enough being - having ((laughs)) appendicitis / you know without all of that on top / of it

MS98
/true true /yeah /yeah

MS98
Well I mean you could – if you said something then this would you know make doctors more aware of you know patients and how they should feel / etcetera how you should treat patients because of course it's part of // our learning process
RP9/98
/yeah

RP9/98
// it's just about how you keep a bit some shred of dignity isn't it / I mean I've heard enough many people do that kind of / examinations without I mean / someone else listening in
MS98
/yeah /true /hmhm

MS98
but yeah and and and maybe maybe yeah we just need a bit more privacy yeah if you'd just make a little make a complaint //

RP9/98
// is that normal just to do it right there on the ward with only a curtain round?

MS98
Erm well I haven't actually done one yet / but I think I – the way I've heard I think – usually because we do examinations anyway you know on the – with the curtain pulled round so I think it must be appropriate but I mean usually it is really it's qui[te] quite rare I've never seen one or anything so / I know but erm erm maybe yeah I'm really sorry erm
RP9/98
/no /hmm

RP9/98
So if I <u>do</u> want to complain / how would I go about doing that?
MS98
/hmm

MS98
Erm well you could try and see erm you could try and see someone else in the hospital who's erm obviously a bit higher than me erm maybe his secretary you know or if you could find out about him and then – because – I think erm (( )) or erm just someone who's a bit more – has a bit more authority then me basically

RP9/98
Yeah I I mean absolutely - appreciate that / I was just wondering how to go about it
MS98
/yeah

MS98
Well I'm very sorry you went through this / and erm I hope erm you know things work out
RP9/98
/Yeah

RP9/98
Yeah ok no it's been really helpful talking to someone

MS98
ok that's great

RP9/98
Thank you

MS98
Yeah you're welcome if you are in any trouble come back

RP9/98
Ok Thanks

RP9 looks at facilitator, facilitator thanks MS98 and RP9.

RP9 sits left, MS99 sits right, no table between them. Tape starts as consultation starts. The screen cuts off both RP9 and MS99's face. NO FACES!

MS99
Good morning Mr Mitchell ((shakes P's hand))

RP9/99
Hiya all right?

MS99
My name is [FN LN] I'm erm with the surgical fellows a medical student

RP9/99
Yeah ok

MS99
Yeah now I'm afraid I got a bit of bad news erm the consultant that you – for your varicose veins operation / I'm afraid we're gonna have to postpone the operation / cause this emergency case has come in
RP9/99
/yeah /you are kidding me

RP9/99
Oh for God – not again

MS99
Has this happened to you before?

RP9/99
Oh yeah ((sighs)) oh yeah you know second time this has happened I can't believe this [1] you're joking

MS99
I'm not joking I'm told to tell you this / I've only just been told that myself that this case this case has come in straight away it's life threatening
RP9/99
/((sighs))

RP9/99
Yeah great all right erm ok fine

MS99
I'm afraid I don't know anything more about the situation cause I've just - I've just been told myself / to tell you erm would you like me to go and find anything else out? About the arrangement or anything?
RP9/99
/yeah

RP9/99
Well I eh I mean I just wanna know how long it's gonna be until I get the bloody thing done I mean this this is eighteen months I've been waiting now for this [1] eighteen months I don't know erm is I mean do they know that I actually work here at the hospital? [1] You know do they even understand that?

[3]

MS99
Erm eh I'm sure I'm sure they do understand that but I don't know your personal situation well // [1] (( ))

RP9/99
// I work in – I work in outpatients I've seen -you know I mean I spend time on my feet al.l day you know day in day out slugging my guts out for this [1] hospital and you know it's quite painful at the end of the day every day and erm and and yet this is very hospital I'm supposed to be getting treated / and they keep cancelling on me all the time / this is ridiculous
MS99
/hmhm /right

MS99
I can ima[gine] I can imagine how frustrating it is eh eh

RP9/99
Yeah I was a doctor I can tell you that [2] it's typical it is

MS99
Right ok so I'll erm I'll go and talk to / the SHO later on today and ask him if he can see and talk to the consultants see if he can find information to get a bit further [1] another time to come in
RP9/99
/((sighs))

RP9/99
There must be someway of getting getting been seen a bit quicker

MS99
I I would – I don't I don't I don't know cause I'm not – I'm not that aware cause I'm just a student / but erm if I ask the SHO to come and see you? would you like that?
RP9/99
/yeah

RP9/99
Yeah that'd be good I think cause I mean you know I'm there sat in the house I mean this this is effecting - I've had to get a day off work to get over this [2] / I've had to pay for childcare you know you get al.l psyched up ((sighs)) [2] I'm sitting here again cancelled it again so what was it what's– why was it why was it cancelled // somebody said something about an emernency
MS99
/yeah I understand that

MS99
// it was an emergency - an emergency case has come in that had to be dealt with immediately and that's gonna take all morning

RP9/99
Yeah [1] what's that then?

MS99
I can't I can't tell you what's wrong with the patient / because of confidentiality I'm sure you understand that // but yeah
RP9/99
/no

RP9/99
// just some emergency yeah right pff there's always something more important you know

MS99
Right is there anything else you want to ask me or want me to find out for the SHO to talk to you later on?

RP9/99
No no there's nothing you can do it's not your fault is it? Here we go again

MS99
Ok sorry for the //

RP9/99
// you don't think there is someway I can I can pay for the childcare that's arranged I've had to lose money I've had to lose a day's leave [1] pfff

[2]

MS99
Erm I I'm sorry that's been (( )) into debt

RP9/99
That's (( ))

MS99
Well I'll I'll see if the SHO will come this afternoon

RP9/99
Yeah thank you

MS99
ok

RP9/99
Cheers

MS99
Thank you for your time

RP9/99
Thanks a lot

MS99
bye

Facilitator thanks MS99 and RP9. The end.

MS100 sits left, RP16 sits right, both by a table. Facilitator talks to MS100 and then tells to start whenever ready. MS100 turns to RP16 and starts.

MS100
Hi

RP16/100
hiya

MS100
Erm I was told that you asked to see a medical student?

RP16/100
erm [1] yeah

MS100
Erm I'm [FN] I'm a third year medical student so

RP16/100
((nods)) [1] erm just wanted to you know [2] to talk something through with somebody who wasn't [3] writing stuff down on my medical notes really / erm [2] I've been looking for some tests at the moment / [2] and I'm just a bit worries about what what for – what [2] / hmm
MS100
/hmhm /((nods)) /ok

MS100
Ok so do you know what tests you're having?

RP16/100
Well I had erm [2] I can't remember what it's called now erm a test yesterday [1] they're all ones to see ((pulls face)) ((gestures)) you know bowels and things / erm cause I had erm blood in the stools and all the rest of it / erm and tummy pains [2] erm I'm just a bit worried about what they might be looking for
MS100
/ok /HMHM

MS100
Ok so what what have they told you?

RP16/100
Well they haven't really said very much - my GP said that they might be looking for inflammatory bowel disease

MS100
ok [3] and is that what they have told you or have they just -

RP16/100
They haven't really said

MS100
Ok [2] ok so erm what [1] are you just worried about what they're looking for or are you not happy about having the tests?

RP16/100
well the tests aren't very nice / erm [2] there's just something that I'm particularly worried about other than (( ))
MS100
/yeah

MS100
Ok [3] have you told about what you're worried about?

RP16/100
no

[2]

MS100
Ok well I think probably the best people to tell you about what they're looking for are the are the doctors who are doing it cause obviously I don't know the details / erm [1] so
RP16/100
/hmm

RP16/100
I just don't want anyone to write anything down on my medical records and I know that's what they do / with me
MS100
/ok

[5]

MS100
Is there anything particularly you want to ask me about?

[4]

RP16/100
erm [3] well I eh [2] I had erm I had a conversation with erm [2] my ex boyfriend just before I went to hospital he rang me up and he said that he was having these tests for HIV / and he said that he thought that he might have it and he might have had it when he was going out with me and [2] and I just think well I'm having all these weird symptoms you know that's why [1] I've got [3] got HIV
MS100
/hmm ok

MS100
Right ok well I'm sure if that was what they were testing for then it would have been spoken about with you / and if you if you're worried about that and thinking about tests for that you probably need to speak to somebody about that [3] erm
RP16/100
/((nods)) right ok

[4]

RP16/100
I'm just really worried cause I mean they write things down on your notes / and then it's difficult to get insurance and you know things like that / [1] which is why I wanted to talk to one of you / cause I know you don't write things down
MS100
/yeah /ok /yeah

MS100
Ok well that's fine

RP16/100
so I haven't been been able to sleep very much cause I've been so worried about it

MS100
ok

RP16/100
I don't know if you know these are symptoms that you get if you have that

MS100
Erm it's not – it it sounds to me that it's [1] it's something unrelated but obviously I can't be sure until you need to talk to one of the doctors about that but if you if you are worried about that maybe you need to talk to somebody erm maybe not somebody who's dealing with this problem / but another doctor perhaps /
RP16/100
/hmm /hmm

[2]

RP16/100
is there anywhere I can find out about [1] more about HIV cause I don't even know anything about it

MS100
Yeah erm you can you can go to a erm erm a GU medicine centre which is a genitourinary centre and they can do tests and give you advice and talk to you about things and it's completely separate and they don't tell your GP anything unless you want them to or unless you give your permission and they know a lot about things like that and can reassure you and give you advice and see where you wanna go from there [3] cause you probably need to talk to somebody who knows a bit more about this than me / erm [2] but I'm sure that I can find out some people that you could talk to that aren't people here / if you don't want to talk to people here
RP16/100
/((nods)) /yeah

RP16/100
I'm just worried about things on my medical records

MS100
Yeah // eh

RP16/100
// I don't – I don't want to bother anyone you know I mean we've all got we've all got stuff to do and you've got – you're busy

MS100
If you've got – if you've got a worry and it's a genuine worry then there are people to help and that's what everybody's here for so / and there are people who will want to help you and have got time and that's not an issue erm [2] but in terms of things going down your medical notes and worrying about that you know it's – nothing's been tested for anything or else it would have been talked to you about / in terms of the HIV / and so I wouldn't worry about that
RP16/100
/((nods)) /OK /ok

[2]

RP16/100
You're not gonna tell anyone about this are you?

MS100
No I'm not gonna tell anybody unless you want me to

RP16/100
no

MS100
No I mean if you want me to talk to one of the doctors or if if you want to talk to one of the doctors then then that's fine but as far as I'm concerned if you don't want anything said then it stays here

RP16/100
I don't want to tell anyone

MS100
Ok that's fine

RP16/100
until I know whether I might // - you know

MS100
// Yeah that's fine and if you want me to find out about [1] somewhere that you can get to know a bit more on what you're worried about

[2]

RP16/100
If you could do that cause I just I don't necessarily – as I said I don't know anything about it / I don't know what – I don't really (( )) so it's you know / [2] I'm just really worried
MS100
/YEAH /hmm

MS100
Ok that's understandable

RP16/100
((nods))

MS100
But I'm sure that somebody could be able to help you and put your mind at rest more than I can

RP16/100
that'd be good

MS100
Is there anything else you're worried about?

RP16/100
Erm [1] no [2] well I got another one of those horrible tests later on but well that you know / I gotta do what I gotta do
MS100
/hmm

MS100
yeah

[2]

RP16/100
I mean yeah I'm just worried that it's all related

MS100

It doesn't sound like it is but if you – if you want somebody to explain the tests / a bit more and you don't have to talk about the other thing that you're worried about if you want somebody to just explain a bit more / what exactly they're looking for / then maybe you can ask one of the doctors / and you don't have to mention you know that you're worried / about a particular thing / cause you know you have every right to know what exactly they're looking for / I'm sure it's just erm been overlooked
RP16/100
/hmhm /yeah /OK /((nods)) /no /yeah that's /hmm

RP16/100
I suppose most patients just don't wanna know do they?

MS100
Hmm ((laughs))

[2]

RP16/100
I'll do that then / yeah ask them what they're looking for at least / I'll know that that's what they're looking for
MS100
/yeah /cause

MS100
Yeah and they won't – you know it'll be – it'll be clear from then what / they're what they are looking for and they won't mind you know explain / it a bit about what maybe the point is
RP16/100
/((nods)) /((nods))

RP16/100
yeah and you'll be able to find out about [1] what else I can find out about the

MS100
Yeah I can find out if you wanted to go to a GU centre rather than erm the GP erm then that's probably the best place to go

[4]

RP16/100
Well it's just good to get it off my chest really / you know I haven't spoken to anyone about it so thank you so much for talking to me
MS100
/HMM

MS100
That's ok

RP16/100
(((nods)) [2] ((sighs))

MS100
I I don't eh I won't I won't mention anything / at all I'll leave that up to you and if you've got any other problems or if you want to talk to me about anything else then that's fine you can just get a hold of me
RP16/100
/thanks a lot

RP16/100
Thanks for that

MS100
That’s ok

RP16/100
Thanks very much

The end.

Appendix 11 – Documents from the ISU training day for role-players

(Reprinted as they were used in the communication skills assessment 2003-2004)

TIME	TITLE	STAFF
9.30 – 10.00	**ARRIVAL AND COFFEE**	
10.00 – 10.15	Welcome	John, Connie
10.15 – 11.15	**Getting the job** 1) Explanation of exercise 5 2) Groups of 4 (mixed experience) 5 3) Writing job description 20 4) Putting them up – looking at each others 10 5) Discussion • Flipchart paper (VENUE) • Flipchart pens (HELEN< EVE< ANNE< POLLY)	Polly
11.15 – 11.30	*COFFEE*	
11.30 – 12.30	*Learning the script* - ***3 Small groups based on experience*** New RPs: scenario 1) reading the script 15 2) what is important? 10 3) How to play it 10 4) Trying it out and comparing 25 Experienced: scenario & what if 1) reading the script 5 2) what is important? 5 3) How to play it 10 4) Trying it out and comparing 20 5) What – if's 20 Very experienced: scenario & what if 1) reading the script 5 2) what is important? 5 3) How to play it 10 4) Trying it out and comparing 20 5) What – if's 20 • What if's (HELEN) • Copies diabetes scenario (ANNE)	EVE HELEN POLLY
12.30 – 1.30	*LUNCH*	

1:30 – 2.30	**Playing the role** 1) Explanation 5 2) thinking about learning points 10 3) bad DEMO 10 4) discussion in pairs 5 5) discussion in group 10 6) modelling good practice 20	Facilitate: ANNE RP: HELEN POLLY
2.30 – 3.00	**ISU information** • overview RP handbook (HELEN) • Pieces of paper for RP input for handbook (HELEN	KAREN HELEN
3.00 – 3.20	*TEA, then at 3:15 - 4 demos of bad feedback* *Helen - personal* *Anne – rambly, not saying anything* *Polly – 'you are great'* *Eve - very short, body language, eye contact*	
3.20 – 4.15	**Feeding back** -3 groups New RPs 1) Reflect on feedback in tea break 10 2) Going through structure of feedback 10 3) What does good feedback consist of? 10 4) Looking at the NEW QUESTIONS 10 5) Trying it out 15 Experienced RPs 1) Reflect on feedback in tea break 10 2) List difficulties of giving feedback (experiences) 15 3) What does good feedback consist of? 10 4) Looking at the NEW QUESTIONS 10 5) Trying it out 10 Very Experienced RPs 1) Reflect on feedback in tea break 10 2) List difficulties of giving feedback (experiences) 15 3) What does good feedback consist of? 10 4) Looking at the NEW QUESTIONS 10 5) Trying it out 10 • list of questions (HELEN)	HELEN POLLY EVE
4.15 – 4.30	**Closing** • Evaluation form (POLLY)	

ROLE PLAYER TRAINING DAY 2008

OUTCOMES

JOB DESCRIPTION (created by the role players)

Main Activities

- Deliver credible scenarios to facilitate learning (in a medical context)
- Provide feedback to group – to help develop/contribute to effective communication skills

Essential

- Ability to respond appropriately within the defined aims and objectives.
- To deliver positive & constructive feedback
- Ability to work within a team environment
- Positive attitude to education

Desirable

- Experience of acting and/or interactive education methods
- Experience of undergraduate medical environment
- Willingness to travel

- Provide the learner with opportunities to explore, practise and develop their communication skills.
- An assessment tool to demonstrate clinical knowledge and communication skills.
- Provide constructive feedback from patient's perspective.
- Learn 'brief' details to enable us to portray a realistic patient using accurate clinical details and being able to improvise within confines of 'brief'.
- Adaptability/Appropriate 'pitching' of character. Feedback needs to be 'pitched' at correct level.

Essentials: ability to improvise/ to communicate well/retain information/scenario/understand learning process/ strong level of interpersonal skills/ some acting skills.

JOB TITLE: Role Player for medical and dental health sciences
JOB PURPOSE: To assist in the development of communication skills of healthcare professionals
RELATIONSHIPS: responsible to ISU
MAIN ACTIVITIES: Exploring and giving feedback on communication skills within specific scenarios
PERSON SPECIFICATION
QUALIFICATIONS – Ability to demonstrate good communication skills and recognise those qualities in others.
Ability to give constructive feedback.
DESIRABLE – To improvise and respond appropriately to the given brief and candidate.

Main Activities

- Taking on another persona (within given brief)
- Medical Education
- Observing interaction & giving feedback
- Increasing confidence of the student/health professional
- To promote & encourage good practice
- Portraying the character accurately
- Flexibility
- Absorb/expand the brief
- Being part of the process that encourages awareness of the importance of communication skills

Essential

- Confidence
- An understanding of the importance of communication skills
- Good interpersonal skills
- Consistency in delivery of role playing
- Awareness of teamwork
- Ability to act within created scenarios
- Good level of spoken & written English
- Politeness
- Willingness to learn
- Punctuality
- Professional manner

Desirable

- Experience of education/the educational process
- Some understanding of/interest in medicine/medical terms
- Sensitivity
- Empathy
- Experience of role playing
- Willingness to develop

RESPONSE TO SUGGESTIONS ON SYSTEMS OF FEEDBACK

Feedback – suggestions regarding feedback about facilitators, scenarios etc

- 'Think it would be most straightforward if the role player telephoned or emailed Karen, within a day or two, of any comments they would like to make'.
- 'Two way feedback (Facilitator-Role Player) in short session at end of role play session i.e. oral feedback on the day.

Feedback – suggestions regarding feedback about role players

- 'Verbally at the time'
- Ideally I would like the facilitator to give immediate short feedback, as a matter of course, after every session
- 'Verbally after role play, briefly, tactfully'.

ADVICE FOR FACILITATORS

- Facilitator should provide focus for the role player's feedback
- Training for role players & facilitators to standardise

(+ resource/cost implications – not sure what this means - Polly?)

- Build in immediate feedback for role players and facilitators after the session/day.

ROLE PLAYER HANDBOOK

Suggestions…

- Include information on what to expect from students at various levels.
- Maps with building names on.
- Warning to expect sessions to vary according to facilitator
- A little about the progress of the course – what students do and when.