

1633060

Thesis
R
727
.3
.037
vol. 2
copy 1

The nature of expert communication as
required for the General Practice of medicine-
A discourse analytical study

Volume 2

Catherine O'Grady B.A. (UNSW) M.A. with Merit (Applied Linguistics)
(University of Sydney)

Thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

Department of Linguistics, Faculty of Human Sciences, Macquarie University

March 2011

TABLE OF CONTENTS

Volume 2

TRANSCRIPTS OF PRACTICE BASED ASSESSMENT CONSULTATIONS

PBA Consultation 1	1
PBA Consultation 2	14
PBA Consultation 3	19
PBA Consultation 4	26
PBA Consultation 5 (Supplementary data)	35
PBA Consultation 6 (Supplementary data)	39
PBA Consultation 7 (Supplementary data)	50
PBA Consultation 8 (Supplementary data)	55
PBA Consultation 9 (Supplementary data)	67

TRANSCRIPTS OF TRAINING ROLE-PLAYS INCLUDING EDUCATOR INTERVENTIONS

Training Role-play 1 (Registrar training)	73
Training Role-play 2 (Examiner training)	78
Training Role-play 3 (Registrar training)	82
Training Role-play 4 (Registrar training)	86

**THE TRANSCRIPTIONS CONTAINED IN THIS VOLUME
ARE NOT TO BE REPRODUCED**

Practice Based Assessment (PBA) Consultation 1¹

- 1 P: And I was just wondering whether (.) do you think it's necessary for me to have it; o:r
- 2 D: um
- 3 P: It's a blood test ; and what other kind (.) what does it in in intail (.) entail
- 4 D: Yea ::h I .hh ((sighs)) it's .hhh (.) screening for ovarian cancer is really not well(.) it's not established at all yet :
- 5 P: Mm mm
- 6 D: Um ((right hand gestures momentarily over the slip of paper on table)) there are some (.) well there's lots of articles out there and a lot of them are really misleading; (.) and (.) quite scary um there's some big ones that whiz around on the internet at times as well
- 7 P: ((nods, left hand slides from table edge to touch slip of paper)) °That was in the women's weekly that I read that one°
- 8 D: Yeah (.) um (0.3) so screening for ovarian cancer is not (.) really available (.) it's not like breast cancer or pap smears or (.) bowel cancer screening there's n:o(.) publicly accepted way of doing it:
- 9 P: Mm
- 10 D: However (.) if you've got symptoms and you're in the right age group then its something that (.) you should think about trying to diagnose :
- 11 P: ((nods)) mm
- 12 D: So there's screening versus diagnosing issues ;
- 13 P: Mm
- 14 D: are different issues (.) so if you've got symptoms that you're worried about ; (.) then it's another story
- 15 P: ((nods))
- 16 D: ((directs gaze towards slip of paper on the desk between doctor and patient. Left hand touches slip and remains there)) We wouldn't normally recommend that women have a CT scan (.) for no reason:
- 17 P: Mm
- 18 D: Because a CT scan is the equivalent of 40 X rays (.) which is a lot ;
- 19 P: Mm
- 20 D: You wouldn't (.) go and have forty X-rays and think nothing of it
- 21 P: Right mm
- 22 D: So ((removes hand from slip)) (..) there's not a lot of proof around > about how many CAT scans you can have in your life without increasing your cancer risk<
- 23 P: ((nods))
- 24 D: but it's probably around two :
- 25 P: Mm
- 26 D: So it's not many (.) so you don't want to have a CAT scan (.) for no reason
- 27 P: No
- 28 D: Normally if we've got if you've got symptoms that we're worried about we'd start with a vaginal ultra sound ; a tummy one (.) called a trans

¹ The greeting phase of this consultation was not recorded. The recording and transcript begin with the patient's reference to a blood test for ovarian cancer

abdominal tummy ultrasound hh isn't enough it has to be a probe into the vagina

29 P: [and I had I had that before

30 D: Yeah so but without the vaginal probe it's not enough

31 P: Ok

32 D: ((Directs gaze momentarily towards computer screen. Redirects gaze to patient's face and resettles body in seat to align with patient)) So tell me what symptoms you're worried about

33 P: Well (.) um (.) bloating for a start

34 D: ((nods))

35 P: And problems going to the toilet like (.) um

36 D: Constipation:

37 P: Constipation:

38 D: Bowels: ((nods)) ((looks through paper records on desk lifting head
intermittently to acknowledge patient's words across following turn))

39 P: Yeah I mean I'm like that at the moment having problems I mean I always have had

40 D: Yeah ((Removes hand from paper records))

41 P: And I've been taking what the um molycol and normacol I'm sick of
dosing it \$ into my (hh)self all the time.

42 D: Ye::ah

43 P: That's why I was a little bit late [so I thought I've got to go] but when I go

44 D: [O:h:.....]

45 P I do a certain amount [but it's just not emp]ty :and I'm still horrible

46 D: [O:h.....] [ok

47 P: Yeah [(inaudible)]

48 D [So looking at it from that point of view (.) so ((covers slip of paper
with left hand)) not from the screening point of view but from addressing
your own symptoms

49 P Mm

50 D So when you're talking to women that's that's [fine

51 P <[I mean if I hadn't of read
that they were two of the symptoms I wouldn't (.) I mean I've heard of it
=

52 D = yep

53 P: you hear about it [of course

54 D: [yep ((begins to leaf through patient's paper records)) I'll just have a quick flick through.

55 P: Yeah

56 D: ((lowers head to read files across turn)) So:: just having a look back you
have seen doctor Nelson about your bowels over the years :

57 P: Yes and when I had my last colonoscopy he said he didn't need to see me
unless I [had

58 D [year

59 P Unless I saw (.) blood (.) So you know as I said I don't want to be
alarmed (.) I don't want to have to [have things done if I [don't need it

60 D [no [you don't need
it (.) right

61 D ((reads from paper records across turn)) um (..) so (..) he was happy that
your bowels back then were slow >difficulties with slow transit

constipation it's a long term problem you're going to need to stay on it
long term< .hhh which is very disappointing

62 P He told me that the muscle was just very slow

63 D Mm ((continues reading from paper records)) ((0.5) october 03 good
colonoscopy right up to the very end so :: the likelihood that that chronic
((refocuses gaze on patient's face)) explained symptoms are related (..) to
a new pathology is low :

64 P Mm mm

65 D But that's not to write it off (.)

66 P: mm

67 D: ((sustains gaze on patient's face across turn)) I'm happy to sort of have a
look at what tests you should have but (..) the symptoms that you've got
(.) have been explained (.) it wasn't as if the colonoscopy was normal (.)
it was abnormal (.) you had slow transit colon constipation with this
colour change in your bowel (.) from chronic laxative use (.) so: ((places
hand on patient record))if that was normal and no explanation found (.)
that would be more alarming :(.) but there was a cause for your bloating
and constipation found there ok

68 P: ((gaze focussed on doctor's face))

69 D: So the ovarian cancer (.) your level of worry about it should should ease :
ok : now lets just have [a look at

70 P: [I'm not really worried about it [I'm not worrying

71 D: [No but it's
something as women : (.)

72 P: ↓Yes

73 D: It's a very hard condition to diagnose (.) the ovaries are very deep : >this
lady's aware that I have talked about her symptoms< because she had
classic symptoms (.) good examination(.) couldn't find the lesion (.)
couldn't find anything at all although I was quite suspicious that that's
what it was going to be (.) ovary ultra sound showed the lesion very nicely
and I re examined her to see if (.) even though I knew exactly where it was
I could feel anything(.) and I just couldn't :

74 P: mm

75 D: (.) So (.) it's it's hard to diagnose clinically ((directs gaze to computer))

76 P: mm

77 D: Ah (0.5) ok ((consults computer)) right (.) have you seen Norah lately

78 P: Beg your pardon

79 D: Have you seen Norah lately

80 P: I don't have to see her until the new year

81 D: ((doctor looks through files)) ok they're happy with you

82 P: I've been on holidays (inaudible) ((laughs)) [O:h

83 D: [((chuckles))Umm now when
did you last see Stuart Dodson

84 P: Ah when I had um (0.5) what was it called ah a something

85 D: Two thousand and three ((doctor continues to look through files))

86 P: Um ah um what'd I have a

87 D: And he took you to theatre and had a look at your uterus for bleeding

88 P: Yep

89 D: And he um

90 P: Cyst (.) cystoscopy

91 D: Yeah hysteroscopy
92 P: Yeah that's what it was
93 D: ((reads from paper records)) >examine under anaesthetic showed normal signs uterus no adnexal masses< so that's talking about the ovaries and the tubes (.) that's going back three years
94 P: Um um
95 D: ((continues to flick through files, lifting gaze momentarily to focus on patient)) Once you've got your (.) you know worried about something it's nice to walk away either a bit (.) reassured
96 P: mm
97 D: (3.0) ((reads paper records)) I think that's the last one of those
98 D: ((continues to look through paper records. Directs gaze to computer screen))
99 P: I'm off for my mammogram after this
100 D: Oh lovely ((looking at computer screen)) [because that was just flicking up at me ((laughter))
101 P: (((laughter)) at two thirty
102 D: So you've got a big day
103 P: Yeah
104 D: All right ((redirects gaze to patient, reorients upper torso towards patient)) placing hand on top of the slip)) so how are you apart from that. ((withdraws hand from the slip)) that's one worry
105 P: Um pretty good but : ((fall rise tone)) you know when I came last time I told you I had (.) you said I had you thought I had a panic attack :
106 D: Yeah ((fall rise tone)) ((sits back from the desk, takes hands off paper records and places them on lap, focuses gaze on the patient))
107 P: And I still sort of get that feeling (.)# inside : h ((shrugs shoulders))
108 D: ((leans forward elbows on desk and hands cupping her face))
109 P: (((shrugs shoulders again))
110 D: It's a rotten thing °rotten°
111 P: .hh
112 D: Tell me about the feeling
113 P: (..) ((indicates chest)) Um # seem ok during the ## day
114 D: Yeah
115 P: But when I get into bed at night not relaxed # # it ° sort of goes choooooo ((gestures to indicate fluttering feeling over chest and abdomen)) ((slight shrug))
116 D: What's your head doing in that time
117 P: (.) That seems to be ok just sort of ((pats stomach and chest)) in here sort of thing ((shifts posture quickly in seat))
118 D: So is your heart beating strangely ((enacts beating gesture across own heart))
119 P: A little bit yeah
120 D: mm
121 P: But see you gave me a (.) [what's it a
122 D: (((slowly nods twice in assent) ECG
123 P: Everything was fine and I told myself everything's fine so \$ don't worry ((shifts position in seat))
124 D: But the ECG's just looking at what it's doing (.) then so (.) we can(...) just just tell me more [cause

125 P: [((patient shrugs in bewilderment))
126 D: ((left hand stretches out towards the patient, palm open and fingers splayed)) You look worried like you're
127 P: ((left hand stretches out towards doctor palm open and fingers splayed))Um (..) I try not to think about it and I try not the tears when I talk the tears come um I don't know ((shakes head)) ##I don't (.) I just sort of get all ((gestures over stomach)) and I thought when you get into bed you should be relaxed :
128 D: ° yeah°
129 P: And um I just sort of hh (.) I don't know I sort of feel like everything's jumping around inside : It's all (.) and ((shrugs))# I don't know (.) I suppose ##I don't know and #I don't know if it's nerves or what it is (.) ### I don't know
130 D: What are your nerves like at the moment
131 P: ((shrugs)) um (.) ## I'm fine most of the time and I think it's just um >when I was here last time I told you about< the dog [it's sort of been since then
132 D: [yeah
133 P: And I don't know if that's what it is (.) I think that's what's brought it on :
134 D: °Yeah°
135 P: ((crying)) # ## and I'm trying to get over [it but I'm not :
136 D: [((doctor reaches for tissues, takes two and hands them to the patient))
137 P: ((takes tissues, sniffs)) I'm sorry ((dries eyes with tissue))
138 D: ((leans forward on elbow, re-focuses gaze on patient's face)) Well how long (.) < my dog's been dead ten years and I couldn't really talk to you last time about it>
139 P: Hhh yeah I know sort of
140 D: It's =
141 P: = It's only been the middle of June
142 D: Yeah
143 P: We're talking about getting another one ((sniffs)) which will be good but um
144 D: Yeah ((moves back from desk then resettles, realigning towards patient and leaning forward on elbow))
145 P: I just thought I've got to get over it
146 D: It's hard though
147 P: Mm and I thought well I don't know if it's that (..) probably
148 D: Would the dog've normally been inside with you in the evening : so when you go to bed (.) where would the dog've been
149 P: Um in her bed by the side of the bed :
150 D: Yee::ah (rise fall tone) [((laughs gently))
151 P: [((laughs gently))And then when she wakes up in the night she jumps up and she'd get in between us
152 D: ((leans forward smiling))
153 P: And at the moment her ashes are on the bed-head
154 D: O::h ((rise fall tone)) so
155 P: And I took her away with us
156 D: ((buries head in hand momentarily)) Oh dear :
157 P: Because she was used to coming away with us

158 D: °oh°
 159 P: Cause once the girls left home : =
 160 D: = Yeah
 161 P: Well we found places where we could take her
 162 D: yeah
 163 P: And when we stopped with people we know >yeah she could come in you know< and yeah she's one of the family sort of thing
 164 D: Ye::ah
 165 P: And I gather that's what it probably is
 166 (0.5)
 167 D: It's probably a lot of it
 168 P: Mm
 169 D: ((redirects gaze towards computer screen momentarily)) That last ECG looked fine but ((returns gaze to patient's face)) if you're not having the symptoms at the time (0.2) then I can't comment on what your heart [rates doing
 170 P: [the
 last what looked fine sorry :
 171 D: Your ECG
 172 P: ECG I thought you said CT [and I thought
 173 D: [No (.) we can do a holter monitor(.) so that stays on you over night so when those jumpy horrible feelings are there actually looking at the electrical activity of your heart (.) and looking at your symptoms and saying well it's either your heart jumping around (.) or it's not (.) and that will set your mind at ease (.) about that
 174 P: Mm
 175 D: ((leans further forward focusing gaze on patient)) But the other issue is dealing with your level of (.) sadness I think ° at the moment°
 176 P: ((patient nods almost imperceptibly))
 177 (3.0)
 178 D: And if the dog was always in your room and in your bed then of course when you go to bed that's when you're going to notice (..) the dogs not there : through the day you think oh they're just in another room [or outside
 179 P: [Oh yes it's different (.) during the day it's um (.) not too bad I still sort of see things around and of course grandchildren come and they ask for her you know =
 180 D: = yeah
 181 P: Trixie can I have Trixie dog nana you know : and I give them a little black dog to play with and they [think it's Trixie sort of thing and
 182 D: [O::h
 183 P: I gather that's what part of it is =
 184 D: = Yeah
 185 P: But um (.) # I know I've got to get over it but it's (.) yeah I mean I'm fine sitting out in the lounge room =
 186 D: = Yeah
 187 P: in the night time and as soon as I get into bed of a night time I sort of you know I lie back and I've got to sort of be tired get into bed =
 188 D: = yep
 189 P: And I lie back and you think : and I get all these funny little ((gesturing

fluttering movements)) things that sort of run around in my tummy ((rapid fluttering gestures over heart)) and sometimes this goes a little bit fast and irregular and that's why I said to you last time about it =

190 D: = Yep

191 P: And I had that one and you said I think it's a panic attack

192 D: Yeah (.) a sort of one off thing but if it's happening regularly :

193 P: When we were away stopping in someone's place we hadn't been there before I mean we knew the people (.) we were in a room and we sort of closed the door and we couldn't open the window : and I felt like sort of all closed in

194 D: Ooh

195 P: And I was sort of saying to myself I need some air (.) he got up and he's fanning the door to get some air and I thought oh don't tell me it's another one of those coming again but it sort of (.) went away and I haven't had any more of those but I've I get these other feelings

196 D: Those kind of (.) as if it could (.) escalate into :

197 P: That's what I think it could happen yeah as I said it's just (.) and I thought I don't know if it's because my tummy's all upset because of not being able to go to the toilet if that's had anything to do with it if that had anything to do with it it would happen all the time (.) wouldn't it (.) you would think

198 D: Yeah and it shouldn't just come on at night [time and when you lie [down

199 P: [Yeah [yeah

200 D: ((left hand moves towards slip of paper as she turns back to the computer. Fingers move up and down to settle on the slip. Turns back to the patient and gazes at her head cocked to one side. Points to word on slip)) Now tell me about this word

201 P: Um

202 D: ((laughs gently))

203 P: A girl friend of mine in Hay

204 D: Yep

205 P: Who we stayed with

206 D: Yep

207 P: Her doctor has given it to her for (.) hot flushes :I wanted to ask you if

208 D: It's just an interesting thing that you've written down um ((leans forward cupping right hand under chin)) so paroxetine is an anti depressant =

209 P: = Oh is it

210 D: Yeah

211 P: Oh I didn't know that

212 D: ((indicating slip with inclination of head))And (.) > that's why I sort of said where are we going with this < hh because

213 P: No she told me it was um for hot flushes

214 D: (.) It's an anti depressant (.) it's also used for panic attacks

215 P: Oh ok

216 D: It is not indicated for hot flushes (.) but (.) there is some use of it for hot flushes particularly since all of the (.) the women's health stuff study came out and a lot of women went off hormone replacement and were very troubled by hormones and hot flushes(.) that (.) that group of anti depressants >we use for the side effect of helping a bit with hot flushes< and it probably helped with the mood changes of menopause as well (..)

s:o I wouldn't be giving it to you for hot flushes I'd be giving it to you more for the anxiety (.) but it would also help hot flushes

217 P: Mm ok I didn't know it was the other I knew Pam [listened to how

218 D: [she may not know that

219 P: Many women of this age [talk of hot flushes and these horrible [things and what not

220 D: [Yeah [yeah

221 P: She said that's what she was taking and I thought oh well seeing that I'm still having them : and another thing I was going to ask you um (.) with you I mean once before I think you gave me a blood test and said how much um (...) hh you know when you're menopausal and you lose all your (..)

222 D: Yeah

223 P: All your :

224 D: Estrogen

225 P: Estrogen if I've still got that (.) how much of that I've still got or

226 D: Um

227 P: I mean I'm still having hot flushes it's been six and a half years since I've had a period : and I still get these horrible hot flushes : and I don't know whether this (...) anxiety as you call it is [part of it

228 D: [yeah It might be feeding it like (..) they feed into each other a bit ((turns back to computer)) so

229 P: >And I never knew anything about that ((taps slip of paper with left index finger)) [till about a fortnight ago that word : <

230 D: [((directs gazes to slip)) yep

231 P: And I'd had this written down in my purse since before we went away

232 D: Ok

233 P: About to ask you about that next time I came

234 D: ((directs gaze to records on computer screen))

235 P: ↓ mm

236 (4.0) ((doctor consults records on computer))

237 D: ° Looking at your last results

238 (8.0) ((doctor continues to read from screen))

239 D: °I'll check that ECG°

240 D: ((continues to consult computer)) Yeah it's good when women talk isn't it because =

241 P: = Mm I mean we (inaudible) I mean I've always tried to sort of get along these horrible hot flushes ((shifts in chair)) I mean they have been worse : and I sort of feel that they're probably waning a bi::t : but I still wake up in the night time and ((gestures throwing off clothes)) hot an you know yeah (.) and when she told me about that I thought oh well I can only ask you about it

242 D: ((types into computer)) Ok ((reaches out to take patient's wrist)) your pulse

243 P: And I said to you about (...) you know what estrogen [sort of

244 D: [yeah

245 (5.0)

246 D: I don't wear a watch so I use the second hand on my clock

247 P: ((chuckles))

248 (5.0) ((doctor continues to take pulse))

249 D: That's good ((types into computer)) how often do you feel ((indicates own heart)) (0.5) ((turning away from computer to direct full gaze on patient's face)) churned up

250 (0.5)

251 P: # It didn't sort of happen last night :

252 D: ((nods slowly and sustains gaze on patient's face over next turn))

253 P: And it sort of happened (..) it's (..) we've been home (..) a week and a bit (..) it's happened a few times since I've been home (..) because I made this appointment to see you before I went away because I knew it'd be a while before I could get in and I thought well (..) I'm going to speak to you about it

254 D: Yeah ((leans forward towards patient, leans on elbow supporting face in her hand))

255 P: Because I've been sort of upsetting me :

256 D: Yeah

257 D: What about in the day time (..) how often do you feel a bit teary or sad

258 P: (0.3) ((twisting tissue in hand)) # ° a couple of times °

259 D: A day :

260 P: ((nods)) .hhhh

261 D: (0.5) You have to dra::g it out of you (..) why don't ((leans forehead into hand then raises face to gaze at patient's face)) uuhh :

262 P: .Hh hhh ((begins to cry, takes off glasses)) ## sometimes

263 D: ((extracts two tissues from box and hands them to the patient)) It's rotten (..) it's absolutely rotten

264 P: ##I don't know why I'm doing it =

265 D: = yeah

266 P: # #And I sort of blame the puppy I think oh that's what it is (..) ((wiping eyes with tissue)) I don't know or if it's just menopause I don't know :

267 D: ((patient dabs at eyes with tissue across doctor's turn)) Or a few things : I think for many people it's not just one thing in isolation It's not feeling quite right with menopause symptoms (..) you've lost your dog and it it's not like your dog was (..) just a dog (..) it was very much part of your family

268 P: ((sob)) ### she was my third little spoiled girl

269 D: Yeah yeah you're not meant to have favourites amongst your children but \$ I think your dog won hh ((laughs loudly))

270 P: (inaudible)

271 D: Yeah

272 P: And I just think I don't know I suppose it's a part of it

273 D: It's hard to know when sort of normal grief spills over into something more (...)

274 P: ((dabs at eyes with tissue))

275 D: ((checking off signs of depression on fingers of her hand)) ((thumb))But it's affecting your sleep now ((index finger)) what about your appetite

276 P: No that's fine

277 D: You're still looking (..) like enjoying your food

278 P: Yeah

279 D: OK what about your con[centration

280 P: [this morning for brekkie I sort of feel a bit yuk sort of my tummy feels yukky but um concentration : yeah that's not too

bad yeah I sit and do my puzzles and um the knitting for the kids

281 D: What about sex drive

282 P: No (.) gone

283 D: ((turns gaze back to the computer)) So there's a few sort of symptoms there hh have you had anti depressants in the past

284 P: # Ahhm a lot of years ago yes

285 D: You haven't had them for a long time

286 P: No

287 D ((turns towards patient leans forward and focuses gaze on patient's face))A lot of years ago

288 P: I think in the early eighties

289 D: What was happening then

290 P: O::h I don't really know I had a lot of family problems with my mum I think I told you before(.) I mean she was # # a good mum but she was a very domineering type of a mum (.) wouldn't let me go and just a lot of things

291 D: ((doctor types information into the computer)) ((turns back to patient)) I don't think this is something we're going to sort get (..) sorted in one go

292 P: Right

293 D: What I'm going to do (..) I'd like to solve the anxiety first

294 P: Ok

295 D: I think if we can do that (.) then we can work through some of the other stuff ((touches slip of paper with left index finger)) this is actually a good choice of drugs (.) I wouldn't be reaching for it (.) necessarily just for hot flushes but with sadness (.) anxiety (.) at least one and probably two panic attacks (.) this is not a bad choice (.) it can make you feel a little bit (..) sick and headachy in that first week to ten days (.) so we normally start with a fairly low dose and then increase it up(.) it should also help your hot flushes

296 P: What kind of side effects weight on or

297 D: It doesn't generally put weight on (.) it's main problems are the headaches and (.) sick feeling in that starting off phase (.) it can interfere with sex drive and orgasm(.) a lot of women when they're depressed aren't interested anyway so normally when they're coming back saying it's really interfering with my sex drive I think ((punches the air)) yes its working and they're \$ feeling a bit more interested so you know we'll deal with that if it happens (.) it doesn't generally put weight on (.) if it works for you and you feel a lot better in yourself (.) then I'd normally keep you on it for twelve months (.) it doesn't make any difference and we can ((gestures with hands)) kind of stop it (.) but if it works and makes you feel a lot better then we normally leave you on it for about 12 months(.) to kind of launch you into the future without risk of it coming back (.) if it comes back then you stay on it for a long time You're not someone who's had recurrent depression throughout your life (.) it's just sort of mainly grief and it's just tipping into that depression spectrum

298 P: Ok

299 D: ((taps slip with left index finger, consulting computer screen at same time)) You mustn't fall pregnant on this ((turns back to patient smiling))

300 P: I don't think there's any problem with that

301 D: You're not likely to do that but you know occasionally people say oh my

doctor gave me this (inaudible) you should try some (.) this is a drug that's quite dangerous in young women if they're sort of falling pregnant

302 P: ((blows nose))

303 D: Ok ((turns back to computer momentarily then focuses full gaze on patient)) What do you think :

304 P: ((wipes nose and shrugs)) Well all right (.) if that's what you think I need I mean I didn't really want any more tablets but =

305 D: = No but you need to feel better than this Joan

306 P: ((dabs eyes with tissue))

307 D: Now Med Tech do holter monitors

308 P: ((reaches for another tissue))

309 D: Do you know where they are

310 P: Beg your pardon

311 D: Med Tech they're the other blood collectors up in the main street and they do the holter monitors which is where you wear the ECG for twenty four hours

312 P: Ok

313 D: So if you lie down in bed tonight and this ((rapid fluttering movements with hands over own heart and torso)) a:::ll happens and the heart rate monitor shows something completely normal then I think you know we're going with the anxiety (.) if it shows something different I'll (inaudible)

314 P: Mm mm

315 D: ((doctor retrieves sheet from printer and completes script))

316 P: I just have to do that once once for 24 hours

317 D: Yeah so I'll get you to get the receptionist to give you the phone number for Med Tech ((folds script and places it on desk)) I'll pop you up on the bed ((walks towards bed)) and I'll just have a feel of your tummy

318 P: ((patient blows nose and moves to bed))

319 D: So how was your holiday

320 P: It was good (.) it was good
((physical examination off screen))

321 D: How long were you in Hay for

322 P: Hh fifty four years

323 D: Ahh (...) it's a long time isn't it

324 P: Yep

325 D: So is that

326 P: It's sore down here (.) is that my bowel
((physical examination off screen))

327 D: How are you going with exercise

328 P: Um I've just started again

329 D: Good

330 (5.0)

331 D: So in terms of looking for ovarian cancer

332 P: Yep ((moves back towards seat))

333 D: ((walks towards desk)) the blood test is not recognised as a screening test (.) sometimes it picks it up but it's not recognised for that purpose at the moment

334 P: ((takes seat))

335 D: And the vaginal ultrasound is not an unreasonable thing to do(.) you've had some (inaudible) problems in the past (..) three years since your last

one (.) it doesn't expose you to a lot of radiation (.) doesn't have any risks with it but you need a vaginal (inaudible) so if you've [got
336 P: [and will that (.)
that will (..) look into things and see if =
337 D: = It'll look at the ovaries (.) It doesn't give you every bit of information but it gives you a pretty good idea that things are looking ok
338 P: Mm ok
339 D: So cause I don't want you to walk away from here and think (.) she thinks it's all anxiety (.) I think we've got a few jobs to do (.) holter monitor to make sure you're not getting (.) funny beats at night
340 P: Mm mm
341 D: Ultra sound to settle your mind about the ovaries (.) and start something for anxiety as well so we're kind of ((gestures to express approaching problem from different angles)) =
342 P: = in on all =
343 D: = working towards ((turns head to computer)) You'll get there ((enters information with right hand whilst legs and torso are oriented to patient)) not bad for a one handed typist
344 P: Hh hh
345 D: ((continues to enter information)) The kids are at me to get a dog for Christmas
346 P: A dog
347 D: Mm ((continues to enter information))
348 P: Oh I've been ringing up a couple of breeders (..) there's one lot I can go and have a look at and another lot due on the 25th of October
349 D: ((looks at patient)) Oooh ((gets up to retrieve print out)) so that'll make you feel better
350 P: Yeah it will
351 D: It doesn't replace it but at least it gives you something to kind of look forward to
352 P: And someone said you don't need a dog now you've got grandchildren
353 D: ((directs sympathetic gaze towards patient and shakes head))
354 P: That comes from my sister- in-law who doesn't have children
355 D: hh
356 P: She's a nice person but that was what she said
357 D: Yeah (.) yeah ((enters data))
358 P: Even though she's a dog person (.) I think it was one of the things she said I think that probably she thought would make me feel better at the time
359 D: ((continues to type across turn))Ye:::ah (0.3) they're different (.) dogs give you unconditional love (.) children and \$\$ grandchildren want something from you ((glances sympathetically towards patient)) That that that ((folds referrals placing them on top of slip in front of patient)) that : (.) that's for your ultra sound (inaudible) ok and I've got to give
360 P: Hhh there's always something isn't there
361 D: Yeah I might just catch up in about ten days (.) so we'll start you off on this and you'll hate me for probably four or five days (.) maybe a little bit longer ((turns gaze to the patient)) with the headaches take panadol if you need to (.) if it's really problematic then phone me (.) I'll see you in about ten days when that's wearing off and we'll see how you're settling on to that

362 P: Any certain time of the day that I have to take this
363 D: Umm ((retrieving print out)) probably in the morning
364 P: Uh uh
365 D: Yeah ((writes on form)) if it makes you at all sleepy (.) change it to night
time but most people it won't
366 P: Mm mm
367 D: ok :
368 P: ok ;I'm sorry to keep you for so long ((patient gets up from seat))
369 D: ((folding sheet)) no that's ((inaudible)) get you a bit squared away
370 P: I'm sorry ;
371 D: I think we'll get you \$ a bit squared away ((turns off camera))

Practice Based Assessment (PBA) Consultation 2

- 1 D: How are ya ((gestures towards seat))
- 2 P: Hi Pete. ((takes seat))
- 3 D: What can I do for ya ((moves to seat))
- 4 P: I just need some scripts ((inaudible)) please
- 5 D: ((Sits at desk, directs gaze towards computer and brings up files)) Right e
o whad da ya need
- 6 P: I need Prothieden : (.) I need um ((right hand to forehead)) um the one for
um (.) cholesterol : (.) and I need some valium :
- 7 D ((reading from computer)) Ok the Prothieden's the seventy five; ok um
you shouldn't need the Zocor (fall rise tone) the cholesterol one ((turns
head to patient))
- 8 P: Zocor yeah (...) [No :
- 9 D: [Cause it was a six month script in August : ((turns to look
at patient)) (3.0) that's what we've got here anyway
- 10 P: Ok
- 11 D: Has the pharmacist told you that you're out
- 12 P: No (..) it was on the um box unless I've got another script ((gesturing with
hands)) cause they over run one another [(inaudible)
- 13 D: ((redirects gaze towards computer screen)) [((chuckles)))
- 14 P: [You get three months on one
you get (.) you know (.) [that's probably ok then
- 15 D: ((consulting computer)) [A::h let's see there was a Zoloft (.) in August :
- 16 P: Yeah I think I got ((inaudible)) in August
- 17 D: A: nd a Zoloft not a Zoloft ah there was a Zoloft there was a Zocor in
August as well :
- 18 P: Right(...) they're all [six
- 19 D: [A::nd ((continues to direct gaze to computer))
- 20 P: There all six months the Prothieden's only a three months one is it : =
- 21 D: = Yeah
- 22 P: Ok well I must have them in there somewhere then
- 24 D: ((Reading from computer screen)) (5)
- 25 P: I might have used an older script (...) It's got last repeat on it
- 26 D: Right =
- 27 P: = That's quite possible
- 28 D: (..) So you're pretty sure because I mean ((directs gaze to patient)) I don't
want you going without it(.) are you pretty sure you
- 29 P: Well if it's there I must have it at home
- 30 D: ((open handed gesture towards patient)) But I mean are you likely to be
able to find it do you think
- 31 P: Oh yeah it'll be up in the cupboard
- 32 D: Ok ((redirects gaze towards computer screen)) ok
- 33 P: I just looked at the box that was all and said [oh ok I'm out of them]
- 34 D: [Yeah so maybe you used]
the last of an old script because yeah you were given six months worth in
[August
- 35 P: [Right
- 36 D: So you still should only be ((directs gaze towards patient)) half way

through it

37 P: That's right yeah yeah[(..) ok so I just need the Prothieden and the

38 D: [So um and Prothieden and th::e

39 P: Diazepam or whatever Valium

40 D: Yep

41 P: ((sighs)) hh Ye::ah

42 D: ((continues to look at computer screen)) And how often are you having to have that

43 P: Um once a day ; still ; Ian did say I could have one a couple of times[a day

44 D: [Yes

45 P: But I haven't (..) ((shaking head)) I've tried not to go there

46 D: ((continues to look at screen)) Good ok

47 P: Things are getting a bit (..) [yeah ; hectic [yeah

48 D: [((glances towards patient)) [((nods as redirects gaze momentarily to papers on desk))

49 P: My husband's having another operation on his eye [next week

50 D: [((returns gaze to patient's face; sustains gaze across ensuing turns))

51 P: He's got cancer on his (..) bottom eye lid ;

52 D: Right

53 P: I don't know what sort it is (..) starts with an I that's all I know and (..) I don't think it's going to be pretty

54 D: ((nods)) Is it big or are they just going to do a little ;

55 P: They're going to do a frozen section to start with

56 D: Right

57 P: Um they're talking about (..) taking a skin graft from the top eye lid or (..) if it's too bad they're going to have to do a flap from the [top eyelid [down

58 D: [yeah [yeah

59 P: The same as they did with his nose ;

60 D: ((nods))

61 P: ((leans back in seat)) I've just gone through all that now I have to ((shakes head slightly)) I'm over it ((places hands in stop gesture in front of her)) I'm over it ((stop gesture)) I'm just (..) sorry Pete.

62 D: <No no

63 P: If it's not one thing it's another

64 D: ((nods almost imperceptibly))

65 P: The kids are ((places hand on forehead)) the middle daughter's divorced and having problems there with her ex partner and the kids o:h (..) it's just ((shakes head shrugs slightly)) I'll get there

66 D: Ok ((turns gaze back to the computer screen)) um (..)you feel you're coping ok on the Prothieden the um valium yeah ((redirects gaze towards patient's face)) valium

67 P: Well yeah we were thinking about putting me on the ((inaudible)) perhaps but

68 D: ((redirects gaze towards computer screen)) Mm

69 P: I don't know

70 D: < ok ((continues to look at screen)) I mean if you think you're coping then that's fine (fall rise tone)>

71 P: I'm coping most of the time

72 D: ((nods as directs gaze to patient's face)) I mean as you say ((redirects gaze to computer screen))you're only taking one of the valium a day ((redirects gaze to patient's face))

73 P: I'm really trying not to

74 D: I mean obviously long term it's best to keep (.) to limit that but obviously on the other hand you have to function as well so:o

75 P: Well that can become a problem and I just shut the door and (3.0) no I'm not home ((leans slightly forward and laughs))

76 D: Ok fair enough well no that's a perfectly [good]

77 P: [that's how I cope]

78 D: That's a perfectly good coping strategy um ((coughs))

79 P: Yeah (.) I'm just not at home (..) That's how I [cope with it]

80 D: [nods]

Ok I mean people accept that as you know I'm sort of

81 P: Oh sure I mean I'm not backward in coming forward I mean I'm depressed ; I'm down in the dumps ; I'm sorry ; I'm not having a good day ; If they don't like it well (..) bye bye

82 D: Good (.) ok ((nods))

83 P: I don't care (fall rise tone)

84 D: ((nods))

85 P: I cope how I can

86 D: That's fair enough: (.) ((redirects gaze towards computer screen)) ok umm (..) so (.) hopefully it's just a minor thing and they don't have to do the flap because you

87 P: They don't know yet (.) they won't know till they get in there =

88 D: = No they won't until they've done the frozen (.)depends on how far they have to go (.) basically how much they have to take

89 P: Yeah yeah um (.) and he's becoming a worry:

90 D: ((nods directs gaze to patient))

91 P: The nose was (.) horrendous absolutely horrendous (.) but we got through that (.) I hope they got it all this time they had three goes at it (.) in the end the flaps the way to go but o:hh [((shakes head)) nope]

92 D: [Yeah its hard] (.) hard work for you

cause well \$ who did most of the looking after you or him

93 P: ((laughs)) I did (..) I did but oh he came out of theatre and I just burst into tears when I seen him ((shakes head))

94 D: But it's looking good now ;

95 P: Oh it's great =

96 D: = yeah

97 P: Couldn't believe (.) for what happened there (.) to what he is now (.) It's just (.) ((shakes head in disbelief)) fantastic

98 D: ((Nods)) Good

99 P: I just tell everybody I think he's got ((indicates scar position with hand)) they took the flap out of here (.) big scar

100 D: Yeah

101 P: What happened to you (.) oh I hit him with a broad axe don't worry about it ((laughs))

102 D: ((Laughs loudly as directs gaze back to the computer screen)) (inaudible)

103 P: You've got to make a joke of these things ((laughs)) When I get serious

that's when I joke ((laughs))

104 D: ((Continues to focus on computer screen)) °Yeah well that's fair enough°

105 P: That's another way I cope((laughs))

106 D: ((Reading from computer)) Ahm what've we got (.) just looking at other things here yeah you pretty well got everything in August [by the looks of it]

107 P: [Yeah
yeah] yeah

108 D: Yeah well I mean don't If you can't find the um (..) well basically yeah the Zocor should be on the same script as the Zolofit ((directs gaze to patient))

109 P: That's exactly right I think one of them's just over run because I(inaudible) and I never even thought to look at the other scripts (.) I just go to a box ((laughs)) So it'll be there

110 D: ((types information into the computer)) Yeah so the boxes can be deceptive because as you say if you've got ((gestures)) but then again particularly with (inaudible) it can be confusing flipping through all those =

111 P: [=yep I know

112 D: [Yellow pages[an]

113 P: [Tell me about it]

114 D: Yep ((retrieves script from printer)) particularly since they're tricky in the way that you have um (.) number of repeats and number times dispensed

115 P: Yes

116 D: So that the number times dis [pensd]

117 P: [dispensed]

118 D: has to go up one more [than the number of times [repeat

119 P: [yes [yes

120 D: Most people (.) the common thing is five and five and I haven't got any repeats

121 P: That's it

122 D: And you say no no you do because that number has to go to six

123 P: That's right yeah I knew that but I as I said [it's probably one that I've had before

124 D: [you'd think they'd make it
simple to actually understand

125 P: ((sits back in seat)) Especially for people like me ((extended laughter))

126 D: \$\$ Oh no it's a very common problem the first time I looked at it I thought (.)there's something obvious that I'm just miss[ing here]

127 P: [you're missing] yeah
((laughs))

128 D: \$\$ Because of course I just (.) I just dispense I just [give the scripts out

129 P: ((Chuckling)) [yeah ((nodding))

130 D: I don't take anything so \$\$ I've never actually looked at a script closely before

131 P: ((chuckling))

132 D: And then I noticed [that's what it says the number of times [dispensed

133 P: [yes [plus yes

134 D: and the number [of repeats]

135 P: [of re] yes

136 D: so the number of times dispensed has to go up one [more than

137 P: [Yeah

138 D: Yeah
 139 P: That'd be right because the Prothieden's for three months and the others
 for six months so (.) it'll be there
 140 D: ((hands script to patient))
 141 P: Good luck with your (.) what you're going on to do
 142 D: I hope so (.) I hope so (.) I mean It's just all about (.) because I'm too old
 to actually sit an exam um s::o what I've got to do is (.) video tape ninety
 consultations then a little man's going to come and sit here with me for a
 day
 143 P: Oh (fall rise tone) ok
 144 D: And make sure that I'm not an axe wielding murderer or something \$\$like
 that ((laughs))
 145 P: I think you'll get by
 146 D: \$\$ I hope so
 147 P: ((laughs)) Thanks Pete that was great
 148 D: ((draws chair back from desk, aligns legs and torso towards patient)) I
 mean if you can't find that script just ring up and we'll just do another one
 but I think if you can find the script (.) the last one from August with the
 Zocor (.) sorry [the Zoloft
 149 P: [the Zoloft yeah
 150 D: The Zocor should still be on that
 151 P: But as I said I just went by the box ː [(.) last repeat was on it ː [and I
 thought
 152 D: [Yeah [yeah ok
 153 P: Oh gawd I'm out of them
 154 D: Yeah ((stands))
 155 P: So it'll be there with the others that I keep up in the cupboard by the stove
 (.) ((stands)) with all the rest of the (inaudible)
 156 D: \$ Well at least you're organised and you know where the scripts are
 ((hands scripts to patient))
 157 P: \$ I do now
 158 D: ((laughs))
 159 P: Only because I couldn't find them one day and I thought this is no good (.)
 I'll keep them where I (.) you know (.) they're always in the same place
 160 D: Ok see you later
 161 P: Ok

Practice Based Assessment (PBA) Consultation 3

- 1 D: Hello
- 2 P: Hello
- 3 D: ((sits))How are you
- 4 P: I'm well thank you
- 5 D: ((Laughter))
- 6 P: If I were any fitter I'd be dangerous ((chuckles))
- 7 D: ((directs gaze to computer screen)) Goo::d hh um except for I've got results here=
- 8 P: well
- 9 D: =that are ((directs gaze back to patient)) underwhelming
- 10 P: Underwhelming
- 11 D: Underwhelming
- 12 P: What do you [mean
- 13 D: [Does that surprise you ;
- 14 P: What
- 15 D: Your sugar results are (.)
- 16 P: are lower
- 17 D: They're bad they're worse
- 18 P: \$ Rubbish
- 19 D: ((laughs)) (.) ((shift to serious tone)) They are (.) but does that surprise you ;
- 20 P: It does because I've gone on to that ah (.) gone off sugar and on to that thing (.) replacement what do they call it ahh ((gestures with hand as if searching for the word)) some special thing you buy it in the packets and ah
- 21 D: Oh the splendour ;
- 22 P: Yes the splendour yeah yeah
- 23 D: Ok
- 24 P: Yeah I don't have sugar at all
- 25 D: (0.5) Ok : (.) there's probably still room to improve your diet a little bit=
- 26 P: =Probably ; (0.2) but I eat good stuff ; I don't go down to (.) MacDonalds or anything like that ; (.) I I don't have ah I have pizza about once every six months ; [or something like that=
- 27 D: [°ok°
- 28 P: = I have all home cooked [meals ;] (..) ve::getables ; ((rise end tone))
- 29 D: [(((nods)))] Go::d ((slow nod accompanies and emphasises word))
- 30 P: meat ; (.) ah fruit ; I have a couple of pieces of fruit ; (.) I don't drink enough water but I drink coffee so I don't know whether that's (.) where the problem is
- 31 D: °yeah °
- 32 P: I don't get enough exercise
- 33 D: That's that's one of the issues (.) exercise is one of them so the amount of food versus the amount that you exercise=
- 34 P: = what too much food
- 35 D: ((slight nod))
- 36 P: Probably probably

37 D: Well it's a balance isn't it
 38 P: mm
 39 D: If you're not exercising you really can't eat=
 40 P: Yeah yeah
 41 D: =very much at all and even then (..) you still need to exercise
 42 P: Oh yeah mm m
 43 D: But your sugar levels (..) and when we look at the HBA 1 C (.) that's
 look[ing at
 44 P: [((smiling)) I don't know what you're talking about ((chuckles))
 45 D: That's the one that looks at your sugar control over (.) the last few months
 46 P: Yeah
 47 D: And it gives an average so it might have been going high high low low or it
 might be going dips and((gestures with hand to denote rise and fall)) like
 that
 48 P: yeah
 49 D: But it's quite high=
 50 P: =Constant
 51 D: Hh well it's up do you check your sugars at home ;
 52 P: Nope
 53 D: (0.3) Is there any chance of convincing you to do that
 54 P: No
 55 D: hh ((wry smile)) \$ how come
 56 P: ((settles back in seat)) Because I don't think I need to (.) I think it's ah
 ((coughs)) over rated this ah (.) sugar diabetes ((clears throat))
 57 D: ((gazes at patient)) (1.0) .h < so you don't thi:nk > (..) it's going to affect
 you
 58 P: I don't think so (.) no
 59 D: How come ;
 60 P: Well I don't know I look at my family history ; (.) my grandmother got
 ahm type two diabetes and it finally killed her at ninety six ; and my father
 got type 2 diabetes ; finally killed him at ninety seven ; I don't know they
 got it about my age ; and they didn't seem to make much difference ;
 61 D: ((laughs)) So I'm challenging the family history
 62 P: Well that's what I [feel
 63 D: [and an
 64 P: [And my father had bowel cancer at seventy two and
 again at eighty two and he still lasted until he was ninety seven
 65 D: Did he last because he did what the doctor suggested he do ;
 66 P: No I don't think so I don't think he changed his mind at all ;
 67 D: ((smiling; casts gaze down)) # ok
 68 P: He still used to eat his Yorkshire pudding and all that stuff =
 69 D: so
 70 P =and ((coughs)) my father in law (.) he's ninety four this year and he still
 (.) lives at home by himself and looks after himself and he's supposed to
 have (.) type two diabetes and he still lives on (.) la:rd and things like that
 you know (.) I don't know I don't know maybe the exercise is the answer I
 think
 71 D: (0.2) ((Laughs)) ((directs gaze back to computer screen)) You are a
 challenge (.) I guess in the past too yo:ur overall your overall sugar control
 hasn't been too bad (.) just with watching your diet

72 P: mm

73 D: But it's shot away now it's actually=

74 P: =Maybe its um I better start exercising

75 D: Yea: h we: ll I think it's probably more than that (.) let's just have a look
see your HBA 1C is nine point one

76 P: And what's the normal

77 D: Well (.) the goal is to have it around seven=

78 P: yeah

79 D: =And previously you've been down around seven (.) so (.) something's
changed (..)[that we need to look at]

80 P: [((brings right hand to chin))] Something changed in the last
twelve (.) six months

81 D: Ye::s

82 P: ((sustains hand to chin in thinking gesture across turn)) What's changed in
the last six months

83 D: Maybe less exercise [and

84 P: [my brother died and eh he died at about er the end of
September (..) a:h I had a bit of trauma with the (.) dad's estate I've been
havin fights with the public trustee ((chuckles))

85 D: Oh how come
(turns 86-92 deleted to protect patient confidentiality)

93 D: [so you've had a few things on your mind

94 P: Right

95 D: And you may not have been paying as close attention to your eating

96 P: Well probably not I was probably gorging myself you know ((chuckles))

97 D: ((smiles wryly)) [So ((glances back at computer screen))

98 P: [What's this Chinese food is that any good for you ;

99 D: No=

100 P: Oh

101 D: =not take away Chinese

102 P: No we we've been down to Sydney in the last couple of weekends (.) we
went down to the symphony concert the week before and we went to the
rugby last week (.) and we finished up at the Paddy's Market upstairs (.) in
the Chinese ((word search gesture))

103 D: No look generally [those

104 P: [but that's once a week see =

105 D: = yeah =

106 P: =so that's ah and then my wife cooked ah a Mexican thing for us last night
which was very nice (.) Mexican meat balls and Guacamole or some damn
thing

107 D: So you're probably getting .hh just too much food and too=

108 P: =Probably too much

109 D: Yeah and maybe not quite the right [foods all the time

110 P: [Oh I think it's the right food =

111 D: = That kind of HBA 1 C (.) that longer term measure of your sugar reflects
(..) high sugar levels in your blood=

112 P: mm

113 D: =for a substantial amount of time

114 P: Oh I'll have to cut out sugar in my coffee

115 D: Well (.) w would you see a dietician

116 P: No
 117 D: (...) Please =
 118 P: = No (.) I've been to that (.) thing up there at the Hobson hospital=
 119 D: =I've got a sensible one
 120 P: ((shakes head and chuckles))
 121 D: She's really sensible
 122 P: ((laughs cynically))
 123 D: Look I know what you're saying about where you've been before and they
 can give you some really confusing messages about food and [you know
 124 P: [All they
 seemed to think was that everybody got their food out of packets you
 know you go here and you (.) and I said to the bloke now they said you can
 have (.) ten chips or something like that out of this packet and I said well I
 don't use that I just peel a potato (.) how many can I have (.) he didn't
 know ((chuckles)) that's what you=
 125 D: =At the level of HBA 1 C that you're at at the moment (.) if you were on (.)
tablets and we had you at the highest dose of tablets and you had an HBA
 1C like that (.) I'd be sitting here talking to you about insulin
 126 P: Yeah that's right (...) but I won't go on tablets (.) I'm taking enough pills
 as it is I rattle when I get up in the morning
 127 D: [((gazes at patient with quizzical look))]
 128 P: [((gazes at doctor))] I do
 129 D: °yeah°
 130 P: Ahh look what do I have ((counts off tablets on fingers)) I've got a an
 Arthexin for the (.) pains in me joints (.) two ah of those Glucosomine
 that's three (.) and then I have a (Darpo) and a bloody Norton or something
 and a Lipitor (.) and then I have half a salt pill and I look at and there's (.)
 six and a half pills on the thing and what rubbish you know but I swallow
 em down=
 131 D: ((sighs))
 132 P: =but (.) I can tell you what the Arthrexin and the ah Glucosomine have
 taken away the pains in me knees; and er so I don't mind them ; ((clears
 throat)) I get a bit short of breath now and again I suppose ; I don't know
 (.) I don't know whether I'm going to have a heart attack but If I do I do ;
 (.) that's (.) that's what happens : (...) I don't want to end up like my father
 even though he finished up (.) ninety seven=
 133 D: ((Sustained gaze on patient's face across preceding turn; Slow nod
 indicating increased engagement))
 134 P: =he was a vegetable [for the last] three years
 135 D: [O::h] well then I might be able to
 (sell) you this way (.) the issue about a sugar like that (.) is that (.) if your
 sugar level is high in the blood a lot of the time it's thought to be toxic to
 the lining of your blood vessels=
 136 P: mm ((sustains gaze on doctor's face across next turn))
 137 D: =so causing (.) mini strokes (.) bigger strokes heart disease kidney disease
 peripheral vascular disease [so (.)] amputation legs :
 138 P: ((sustains gaze on doctor's face)) [mm] yeah
 139 D: The mini strokes (.) the little strokes are what you want to avoid because
 that (.) contributes to that (.) vegetable =
 140 P: ((shifts back slightly; sustains gaze on doctor's face)) umm

- 141 D: = sort of state (.) losing memory so there's definitely value in treating your sugars and getting them down (.)
- 142 P: mm
- 143 D: If you're really saying (.) no ((hands in stop gesture)) [I'm not going to take tablets the:n=
- 144 P: [not at this stage
- 145 D: =I feel a bit stuck because it's not ideal
- 146 P: You're trying your best but ((laughs))
- 147 D: I'm really trying my best I am because I guess (0.5) I hear what you're saying about your family (.) living to an old age and being quite healthy with it
- 148 P: mm
- 149 D: Statistics wouldn't support that for most people (.) most people will (..) go on and progress with their diabetes=
- 150 P: mm
- 151 D: = and it will cause problems in their life time
- 152 P: Well this e
- 153 D: So you might have some good genes in there but you may not (..) we don't know=
- 154 P: =I don't know and I don't care ((laughs))
- 155 D: ((facial gesture of mock disgust)) Would you at least try my nice dietician [whos' very sensible]
- 156 P: [No no no] not at the moment (.) I'll see how I go in the next six months
- 157 D: ((Drops head)) (0.3) ((raises head to gaze directly at patient)) Would you give it three months
- 158 P: No ((fall rise tone)) Six months
- 159 D: Four months ;
- 160 P: No
- 161 D: ((sighs; turns gaze back to computer screen))
- 162 P: ((chuckles)) ## this is like sale of the century
- 163 D: ((loud peel of laughter)) Worth a try ((Directs gaze towards computer records then returns gaze to patient's face)) because you're not ideally treated
- 164 P: Well I don't think it's that bad (.) well what's the other (.) how's me thyroid
- 165 D: Yeah that's still not quite right either
- 166 P: Is that why I'm getting the sweats
- 167 D: Oh you've got ((turns head to gaze directly at patient and sustains gaze across turn)) sugars that are running astronomically high all of the time
- 168 P: Is that what' s giving me the sweats
- 169 D: mm
- 170 P: So I better cut out the sugars all together
- 171 D: Well it's not just sugar it's carbohydrates [It's pasta (.) potatoes (.) bread]
- 172 P: [well I better cut back the amount of bread] that I use instead of having four slices of bread I'll have to have one
- 173 D: Yes thank you
- 174 P: hh
- 175 D: Your cholesterol however is very good

176 P: ## oh that used to be the [inaudible
 177 D: [as a RESULT of your COMPLIANCE with
 your tablets
 178 P: ((chuckles))
 179 D: What would your daughter say
 180 P: What would she say
 181 D: Yea:h if she knew what a tricky patient you were
 (turns 182-188 deleted to protect patient confidentiality)
 189 D: ahh you're a tricky one
 190 P: What are you going for the Fellow of the Royal Australian College of
 General Practitioners
 191 D: Ye::ah
 192 P: Yeah
 193 D: (3) I won't get there if I don't get you to do what I need you to do I need
 you to be [good and take all your tablets]
 194 P: [Yes you will]
 195 D: ((prolonged laughter))
 196 P: No when they find out what a difficult patient I am they'll say you handled
 it very well
 197 D: Thank you
 198 P: You didn't ((inaudible)) you didn't ((forms fist with hand and punches the
 space in front to express force and coercion)) a::hh
 199 D: Is that what I'm meant to do ((laughs))
 200 P: Well since they took away corporal punishment nobody has to do anything
 these days (.) there are no consequences
 201 D: N::o ((telephone rings)) let me just get that I won't be a sec hello hello (2)
 hell::o (12) ((puts phone down)) my partner's picking up my small boy
 from I think day care and obviously one of them's hit the button on the
 phone
 202 P: ((chuckles))
 203 D: So ((stands and moves towards scales)) let's pop you on the scales and
 204 P: ((patient stands and moves to scales))
 205 D: ((positions the scale as talks)) If I give you some more literature to read
 about diet and just about the things that we really do need to cover for
 your diet ((looks at scales)) ok good
 206 P: I'll just convert that seventeen =
 207 D: ((phone rings))Seventeen
 208 P: = sto:ne by gee I'll get a position on the back row
 209 D: You could ((sits and answers phone)) hello Linda speaking (4) hello: (2)
 hello ((attempts to take call)) oh gee hhh oh dear ((turns back to patient))
 you're a challenge
 210 P: There's nothing wrong with me
 211 D: ((smiles wryly))
 212 P: ((chuckles))
 213 D: ((chuckles; types data into computer)) So if you could get weight down
 214 P: Yeah
 215 D: Exercise up
 216 P: Yeah
 217 D: Cut down the bread cut down the sugar cut down your pasta and potatoes
 (..)and lose [weight this'll come down so your noodles (.) spaghetti

218 P: [pasta :
 219 D: Do you eat a lot of those sorts of foods=
 220 P: =no
 221 D: Rice
 222 P: Nope (.) well I have fried rice once a week
 223 D: Chinese yeah
 224 P: Well no that's my wife makes fried rice and we have a couple of chicken
 drum sticks or something like that
 225 D: ((nods))
 226 P: (..) without the skin hhh
 227 D: hhh [laughs ((puts face in hands))
 228 P: [laughs
 229 D: Ahh you're a treasure
 230 P: hh I eat a lot of chicken soup I eat a lot of soup pumpkin soup she's a good
 soup maker(.) is that good for you or bad for you (.) soup
 231 D: o::hh what goes into it
 232 P: Vegetables not much no pasta or rice or anything but good vegetables and
 split peas (0.5) green and yellow split peas or something (..) whatever it is
 (.) soup mix
 233 D: All right I'm going to give you some more things to read
 234 P: I've got enough to read
 235 D: Have you got stuff at home about diet and=
 236 P: =Probably (3) I got it up there at that (.) clinic
 237 D: ((off screen searches for literature and returns to sit facing patient)) These
 are healthy food things I'll just put ((turns off tape))

Practice Based Assessment (PBA) Consultation 4

- 1 D: ((takes seat; directs gaze towards mother)) What can I do for Matthew today
- 2 M: Um well for the last(.) three months : =
- 3 D: Mm mm
- 4 M: = he's been complaining of (.) pains in his belly :
- 5 D: Right
- 6 M: We've come in here be[fore
- 7 D: [(((directs gaze to computer screen))
- 8 M: ((leans forward so as to direct gaze to computer screen)) and doctor (.) Dean I think got blood tests and urine tests done :
- 9 D: Mm mm
- 10 M: And they all come back clear
- 11 D: Yep
- 12 M: But he's still complaining about em so I don't =
- 13 D: =ok ((directs gaze momentarily towards Matthew and then back to computer screen))
- 14 M: = yeah I don't know ((shakes head)) [what] it's from ((chuckles))
- 15 D: [Um] ((smiles as looks at screen))
- 16 M: It's been just \$ going on for months an months
- 17 D: So we haven't seen you since last year ((redirects gaze from screen towards mother)) until you came in this time to complain of the pain =
- 18 M: Yeah
- 19 D: ((returns gaze to screen; then towards mother and momentarily towards Matthew)) = going on for two months it's now going on for three months
- 20 M: [Yep]
- 21 P: [(((barely perceptible nod)))]
- 22 D: ((types data into computer))
- 23 P: ((glances towards doctor' face; looks towards computer screen))
- 24 D: ((stops typing; withdraws hands from keyboard and directs gaze to patient's face)) Has it changed at all Matthew
- 25 P: ((returns gaze)) nope
- 26 D: Not at all: ((glances towards screen))
- 27 P: ((slight shake of head))
- 28 D: ((orients head and upper body towards patient; brings hands together to enumerate symptoms on fingers)) And if I'm right your bowels work ok :
- 29 P: ((gazes at doctor for 1.5 seconds))
- 30 M: [your]
- 31 D: [Your poos are ok]
- 32 P: ((nods)) yeah
- 33 D: Are they ha:rd are they soft
- 34 P: ((slight shrug))
- 35 D: Are they normal
- 36 M: ((directs gaze to patient))What are they normal :
- 37 P: ((nods))
- 38 M: ((sustains gaze on patient's face)) Mostly soft aren't they
- 39 P: ((nods))

40 M: ((directs gaze to doctor)) mostly soft yeah
 41 D: ((sustains gaze on patient's face; hands gently clasped together on desk))
 Is the pain anything to do with when you poo ;
 42 P: ((shakes head))
 43 D: No ok and (.) when you pee ; (.) does that hurt at all ; is that all normal ;
 44 P: Normal
 45 D: ((sustains gaze on patient's face; hands gently clasped)) That's all normal
 good ok (.) when you get this pain (.) is it there all the time ;
 46 P: (..) O::h ((cocks head to the side as if thinking)) hhh (5.0) not all the time
 like
 47 (4.0)
 48 D: ((glances momentarily towards screen then re-focuses on patient's face))
 Every day ;
 49 P: Not every day
 50 D: Some days ; maybe [two or three days a week]=
 51 M: [every couple of days;]
 52 P: =yeah
 53 D: Ok do you ever get it at the weekends
 54 P: (2.0) Not much
 55 D: °Ok° (.) So it's mainly school days ;
 56 P: (2.0) ((nods))
 57 D: Did you get it during the school holidays
 58 P: (1.0) Once or twice
 59 D: Ok what were you doing on those days (.) during the school holidays
 when you got the pain
 60 P: ((shrugs)) . hh (slight quizzical smile))
 61 M: Just playing riding around=
 62 P: =yeah
 63 D: Ok (.) when you do get the pain (.) how many days or how many hours or
 how many minutes does it last
 64 ((4.0)) ((Doctor and mother sustain gaze on patient's face across pause))
 65 P: I dunno
 66 D: A few minutes(.) or is it hours and hours (.) would it last between sort of
 like a meal time to the next meal time
 67 P: .hhhh ((bites lip))
 68 D: It's \$\$ ok it doesn't [matter if you can't remember
 69 M: [Sometimes he goes to bed (.) with pains in the belly
 and he'll wake up in the morning and there's still pain =
 70 D: ((sustains gaze on patient's face)) = still there
 71 M: yeah
 72 D: ((gaze directed towards patient)) ok but does it go from one day to the
 next ;
 73 P: no
 74 D: Ok °right° and (.) when you do have the pain(.) it's just (.) does it stop
 you from doing stuff
 75 P: nope
 76 D: You can still do things
 77 P: ((slight nod))
 78 D: °Ok° (.) normal stuff like running around it doesn't catch you (.) it doesn't
 make you bend over

79 P: ((shakes head almost imperceptibly))°no°
80 D: Ok (0.5) ((directs gaze towards mother)) [It's quite hard to tell sometimes what the nature of the pain is ;]
81 P: [(((sits back in seat and looks into middle distance)))]
82 M: Mm
83 D: Um =
84 M: = The he he worri [he e is a worry wort]
85 P: [(((directs gaze towards mother then towards doctor)))]
86 D: Mm mm
87 M: Which makes me think (..) it could be just worry I don't know but [it's just constantly there all the time like
88 P: [(((brings hand to chin and fixes gaze on desk; then on doctor's face))]
89 D: ((directs gaze to patient)) and that's why I'm asking about you know whether it's school days mostly and whether at the weekend and school holidays you tend to have it less
90 P: ((nods slightly with hand to chin; gaze cast down))
91 M: (inaudible) ((looks towards patient's face))
92 P: ((casts gaze down))
93 D: Which is what it sounds like so there may be something (.) about (..) going to school ;
94 P: ((barely perceptible shrug; gazes up towards ceiling))
95 M: He doesn't like his teacher
96 P: ((directs gaze to doctor's face; raises hand to chin))
97 D: Right
98 M: And his teacher doesn't like him (.) so I don't know whether [that's got anything]
99 D: [\$\$ you don't have long to go] with this teacher
100 P: ((patient looks towards doctor and smiles slightly))
101 M: ((mother directs gaze towards patient; leans back ; smiles; chuckles)) (..) Well he said he was sick in the stomach this morning
102 D: Mm ((redirects gaze to computer screen then back towards mother across next turn))
103 M: He said he was sick in the stomach yesterday morning and (.) he says he feels like he's gunna be sick[but he hasn't been sick yet so I don't know]
104 P: [(((directs gaze sharply towards mother)))]
105 M: That's what you said (.)yesterday and today
106 P: I didn't FEEL like I WAS going to be sick
107 M: (1.0) ((gazes at son)) Just (.) you're sick in the stomach ;
108 P: Yes=
109 D: = Yep ((directs gaze towards patient)) now (.) did any one (.) have you taken anything to try and help this
110 P: Um (.) this medicine this Mylanta stuff ; =
111 D: = Yep (.) does that help
112 P: (.) Sometimes
113 D: ((nods)) (.) right (.) now you know I think it is highly ((directs gaze towards mother))likely that it's going to be an anxiety related thing especially given the story ((redirects gaze to patient's face)) that (.) there's the teacher that you don't like there's (.) you know the fact that it seems to time wise it seems to correlate with school

114 P: ((slight nod))
 115 D: How about your other other friends at school is that ok you're getting on ok with your friends
 116 P: Yep
 117 D: °All right°(0.5) you're not getting bullied or something at school ;
 118 P: Nope
 119 D: Ok (.) um can I just feel your tummy ;
 120 P: ((nods))
 121 D: Right you want to jump up ah I think all the animals are behind the pillow so you can get up easy
 122 P: ((patient smiles and moves towards the bed))
 123 M: ((chuckles))
 124 D: It's all right we don't need to cover you up((moves folded sheet)) so you've got the pain right now
 125 P: Yeah
 126 D: How bad is it on a scale of one to ten ;
 127 P: O::h not really bad
 128 D: Ok and sometimes it's worse ;
 129 P: Ah sometimes
 130 D: (.)but its normally a bit like this (.) rumbling around all the time ((examination continues off screen))
 131 D: So this is all not sore to the touch ((examination continues off screen))
 132 D: ok (.) you can get up ((doctor returns to the desk; takes seat and directs utterance to mother)) There's only one other thing (.) that Doctor Dean hasn't done (.) which would be an ultra sound
 133 M: Mm m
 134 P: ((returns to seat ; sits quietly; gaze slightly downcast across ensuing turns))
 135 D: Um one of the (.) it's not invasive it doesn't cause him any harm and we can always wonder if he does have a grumbling appendix =
 136 M: Mm
 137 D: = which we might show up on there
 138 M: Mm m
 139 D: Um because there might be extra fluid round there on an inflamed looking appendix=
 140 M: =Oh ok
 141 D: =or there's another structure that can give him pain down there=
 142 M: Mm mm
 143 D: =which is associated with the (.) just an out-pouching of the (.) bowel
 144 M: Oh ok
 145 D: Um so po::ssibly these might be causes but if he's got the pain and he can jump up and down ((gestures towards the bed)) quite so well it's probably not a severe pain
 146 P: ((glances towards doctor then looks down))
 147 D: ((Directs gaze to patient)) Now we don't doubt that you have pain (.) ok ;
 148 P: ((nods))
 149 D: that's the easy bit (.) we know that you've got pain =
 150 P: ((nods slightly))
 151 D: = because you're telling us you've got pain (.)

152 P: ((gazes towards ceiling))
 153 D: what we sometimes find is that there isn't anything actually wrong to
 cause that pain (..) all right
 154 M: ((nods; directs gaze to Matthew))
 155 P: ((Directs gaze to doctor; nods))
 156 D: All right ; a lot of kids actually have headaches=
 157 M: ah he's ((gestures towards son)) he's
 158 D: = In their belly
 159 M: well he's said he has well he had a headache a proper headache this
 morning
 160 D: Yeah ((directs gaze to patient)) does your head ache (.) do you have
 headaches usually when you have pain in your belly ;
 161 P: ((shakes head)) Nope
 162 D: All right ok ((to mother)) it's just that sometimes headaches can present
 as a belly pain instead of a headache
 163 M: O:h ok=
 164 D: =Ok (hh) right so if we arrange an ultrasound for you
 165 M: Mm m
 166 D: Umm how do we try and help your stomach
 167 M: mmm
 168 (2.0)
 169 P: ((Looks down at hand and then towards doctor))
 170 D: We can (.) if the Mylanta helped we can try giving you some um anti ulcer
 medication for just a short course because certainly if it's just anxiety
 (.)you can get a little bit of um over production of acid
 171 P: ((Gazes up at ceiling and then towards own hand))
 172 M: Oh ok
 173 D: But it's not going to be the main [cause of the problem =
 174 M: [mm mm
 175 D: = the problem is dealing with the fact that he has how many weeks of
 school left
 176 M: Mm he's got ((directs gaze towards patient)) what seven ;
 177 P: ((nods))
 178 M: seven ;
 179 P: ((nods))
 180 M: Yeah it's eight weeks to Christmas so he's got about seven weeks left I
 think
 181 D: ((to patient))And getting to survive that as best you can without worrying
 about it too much
 182 P: ((nods))
 183 M: mm
 184 0.5
 185 D: Is the teacher picking on you or is it just
 186 P: Ohh it's um two other people too
 187 M: She seems to single out the three of them
 188 D: mm
 189 M: cause they're not real brilliant I think she () like she (.)
 190 P: ((directs gaze down towards corner of the desk))
 191 M: he's come home nearly every day and says that she's yelling at him
 cause(.) he can't do something or things like that so

192 P: ((looks towards ceiling and then focuses on middle distance))
 193 D: °right°
 194 M: We've had a few run ins with her ((nods)) this year ((re settles in chair))
 believe me
 195 D: ok
 196 M: Like a couple of like weight problem things like she's been saying things
 about his weight but (.) she said that its (.) come out in the wrong text like
 you know =
 197 D: °the wrong context°
 198 M: =Like the kid is saying this but she's saying something else so cause she
 called him a blob like that in the library one day
 199 D: ((looks towards patient; slight conspiratorial shrug))
 200 P: ((slight smile; almost imperceptible shrug))
 201 M: Plus then the other day it was something to do with calories and and she
 said oh no what I said was (.) they'll be burning up calories and he's
 using his brain whereas he come home and said [that she said that he had
 to lose some calories and start using his brain]
 202 D: [smiles and turns gaze
 back to the computer]
 203 M: So um I don't know so ((chuckles)) we've had a few issues with her this
 year (.) so um=
 204 D: = Exercise ((directs gaze to patient) lots and lots of running around and
 lots and lots of sleep
 205 P: ((nods))
 206 D: It's going to make you a big tall boy
 207 P: ((nods))
 208 M: ((nods as directs gaze to son and then to doctor))
 209 D: Well that would be related to your mum who's a reasonable height
 Um and hopefully your dad your dad who's hopefully slightly taller than
 your Mum
 210 M: Slightly ((laughs))
 211 P: ((smiles))
 212 D: It should be ok all right
 213 M: He'll probably tower over me in a couple of years time
 214 D: Yeah you know you're only twelve
 215 M: mm
 216 D: You're probably quite big in your class
 217 P: ((nods))
 218 D: Quite tall
 219 M: There's a few yeah he's one of the tallest out of the class aren't ya
 220 P: ((nods)) mm mm
 221 M: (nods) mm
 222 D: and you need all this to start shooting up otherwise you'll be looking like a
 weed
 223 M: mm
 224 P: ((nods almost imperceptibly))
 225 D: Ok um ((turns to computer screen; types in information))
 226 M: Where will the ultra sound be done at
 227 D: Um
 228 M: We're not in private health cover we're only got a health care card

229 D: Um you've got a health care card so the maximum gaps twenty or thirty dollars anyway

230 M: Oh ok :

231 D: Ok :

232 M: Yep

233 ((2 minute silence as doctor types data into computer))

234 D: It is possible that he does have a grumbling appendix that's causing trouble ((stands to retrieve printout)) but I think I think we are all right about where his pain is coming from

235 M: mm

236 D: ((extracts print outs from printer))

237 M: It wouldn't be like um

238 D: ((looks towards mother))

239 M: Like um celiac it wouldn't be celiac or anything like that like allergic to (.) certain foods or anything I mean its only just started this last (...) last year hasn't it whereas before

240 D: Is there any family history of celiac disease

241 M: No

242 D: Um (.) these can be thought about

243 M: Yeah

244 D: I think firstly because we have a good reason (.) to suspect that it is

245 M: Mm mm

246 D: A problem with school

247 M: mm

248 D: ((directs gaze to patient)) Um if it keeps on going when school finishes and you still have it I would definitely look at that

249 P: [[[nods]]]

250 M: [Mm mm]

251 D: You're obviously not not absorbing your food because (.) you're a decent size ok you're not malnourished

252 M: mm

253 D: Um a celiac test is just a test that we it's just a blood test

254 M: Mm mm

255 D: Um and it's easy enough to do do you want me to arrange it just now or do you want to give it time till

256 ((mother and patient look at each other))

257 M: um

258 D: Till maybe the Christmas holidays and see how you get on

259 M: Umm (.) oh it probably wouldn't hurt I don't suppose

260 D: No it wouldn't hurt=

261 M: =It wouldn't hurt

262 D: Do you mind having your blood taken

263 P: ((slight nod))

264 M: He was all right when he had those other ones done (.) last time he was a bit worried about ((chuckles))

265 D: ((directs gaze to computer screen)) It's a lot easier ((directs gaze momentarily to patient's face)) so you're not going to be a blood-letting virgin anymore

266 P: (smiles and looks to ceiling))

267 M: ((chuckles))

268 D: ((focuses gaze on computer screen))You're going to be an experienced flyer
 269 M: (chuckles)
 270 ((33 seconds pause in talk as doctor enters data))
 271 D: ((reaches for printout as directs gaze to mother)) He has been eating um wheat and things ;
 272 M: Oh just like Wheat Bix and all that
 273 D: He does
 274 M: Yeah he eats (.) every morning
 275 D: ((doctor extracts sheets from printer))
 ((telephone rings))
 276 D: Ok ((picks up receiver)) hello yeah hi ((3.0) sure
 277 M: ((mother gets up and moves to table to sign forms))
 278 D: No problem ok thank you ((replaces receiver))
 279 D: ((directs gaze to patient))All right so what we'll do is see you um(.) if I see anything I'll get the nurses to give you a call on this (.) on the ultra sound ok ;
 280 P: ((nods))
 281 D: You phone this number and make an appointment ((marks number on sheet))
 282 M: Mm mm
 283 D: It's going to be an abdominal ultra sound and that is he has nothing to eat
 284 M: Oh ok
 285 D: In the six hours prior =
 286 M: mm
 287 D: = except water
 288 M: All right yeah
 289 D: And um if there's anything with the results I'll get you to come back sooner otherwise I suspect I want to see you once the Christmas break starts
 290 P: ((nods))
 291 M: Mm mm
 292 P: ((nods))
 293 D: A few days into the Christmas break and we'll see how you feel
 294 P: ((nods))
 295 M: ((looks towards patient; nods))
 296 D: Ok but ah keep a diary of when you get the pain ;
 297 P: ((nods))
 298 D: ((sustains gaze on patient's face)) A very easy way of keeping a diary is just getting a calendar or a diary and just drawing a face on it if you have got pain maybe draw a sad face on it so you know which days you're having pain (.) and we may be able to correlate that to [specific events =
 299 P: [((nods))
 300 M: ((looks towards patient))
 301 D: = Or other things
 302 P: ((nods))
 303 D: Keep going with the Mylanta
 304 P: [((nods))]
 305 M: [Mm mm]
 306 D: Ok ;

307 P: ((nods))
 308 D: We can give you a slightly stronger anti ulcer medication if you want :
 309 P: ((nods almost imperceptibly))
 310 M: ((looks towards patient))
 311 D: Um (...) it depends how much is this pain bothering you
 312 P: ((gazes at doctor))
 313 D: Is it bothering you enough to want to try and take some medication for it
 314 P: ((shrugs))
 315 D: ((turns to computer; smiles)) You're the one with the pain
 316 M: So do you want to try and ease it
 317 D: ((glances towards patient)) We'll go for it :
 318 P: ((nods))
 319 M: [Might help anyway]
 320 D: [[[types into computer]]] Yeah ((4 second pause; consults the computer))
 just take one a day ((enters data in computer))
 321 M: Is it tablet or medicine
 322 D: Can you manage tablets : ((looks towards patient))
 323 M: He doesn't he's not fussed on (..) there's no medicine formula :
 324 D: ((looking at screen)) It does come in a medicine formula =
 325 M: = Because he's not °°he doesn't like taking tablets°°
 326 D: ((smiles as consults computer))
 327 P: ((smiles; looks towards doctor and then to ceiling))
 328 M: He's had em with honey like but he \$\$ won't take ((chuckles))so
 \$\$fussy
 329 D: There's a fizzy tablet
 330 M: So does it dissolve in eh
 331 D: Yeah there's a fizzy tablet or there's tablet tablets
 332 M: So the fizzy tablet dissolves in water
 333 D: Yes =
 334 M: = ((to patient))So you just put it in water and drink it
 335 P: ((nods))
 336 D: It's just easier to carry around ((looks towards patient)) than a \$\$ bottle
 337 P: Yeah
 338 M: Well just yeah a fizzy one might be better try that
 339 D: ((nods as looks at computer screen))
 340 M: At least it's dissolving and it's
 341 D: Yeah I'm just not into tablet tablets I mean liquids unless [I have to
 342 M: [Mm (.) yeah
 343 D: ((types; extracts script from printer; signs and folds script)) ok there you
 go ((places script on table between patient and mother))
 344 M: ((picks up script))
 345 P: ((rises))
 346 M: mm
 347 D: And I'll see you in a couple of months which is when the tablets all run
 out as well
 348 M: Oh ok then
 349 D: Ok
 350 M: All right thanks a lot for that
 351 D: No problem
 ((patient exits followed by mother))

Practice Based Assessment (PBA) Consultation 5 (Supplementary data)

The patient attends in the company of two young sons².

- 1 Dr: How are you going how things doing
2 P: Not good =
3 Dr: = not good ((directs gaze towards son, extends arm in
greeting)) hello
4 P: I had two weeks in bed =
5 Dr: = Yeh
6 P: solid in bed=
7 Dr: =Yeh
8 P: and I felt fine on Friday I felt like (.) you know a bit (inaudible) and then
Friday night and Saturday so I went back to the hospital on (..) Monday
and um because I was really really bad with this cough and saw doctor
Hines and decided to have that blood test done and he put me on
antibiotics for bronchitis
9 Dr: °yeh°
10 P: Since then the boys are now sick so Ken's not at school today =
11 Dr: = mm
12 P: so I really come down to have the boys checked out
13 D: Mm ok
14 P: and myself ((laughs)) aga:in
15 Dr: ((laughs)) (..)let me ask you (.) is there anything changed since I saw you
last :
16 P: (...) Like better and worse
17 Dr: No in the symptoms
18 P: Oh just probably
19 Dr: You still have glands and
20 P: Yeh well I think so
21 Dr: Sore throat and something like that
22 P: Yeh but now I'm actually really [(((coughs)))]
23 C: [(((coughs in imitation of mother)))]
24 P: ((laughs)) coughing up really bad stuff (.) that's gotten worse
25 Dr: ((puts out arm and draws child to him as he continues to direct gaze
towards mother)) Come here sweet heart (.) ok how do you find the
antibiotics is it useful
26 P: Um yesterday I didn't feel too bad =
27 D: = yeh
28 P: Today I feel a little bit worse and my temperature is up I just took my
temperature and it's up a bit
29 C: ((coughs))
30 D: ((Looks towards child and kisses him on the top of the head, releases
child, rolls chair closer to the mother focussing his gaze on her face,
bringing his hands together under his chin to frame his gaze))
31 P: But Monday night I thought I'd gone to hell and back(.) my temperature

² In this transcript C refers to accompanying child

went way up to eighty (.) thirty eight high or something and I was trying to bring it down (.) so I felt better the next day

32 C: ((coughs))

33 Dr: Ok how do you feel about feeling the glands (inaudible) ((turns towards child)) sweet heart (.) you know I have a problem with my voice(.) it's a bit soft so if (..) you don't really feel like coughing do not cough unless you REALLY want to cough ok ;

34 C 2 He' s only faking

35 P: He's only faking

36 Dr: I know

37 P: That means you have to be quiet doctor Aymen asked you to be a little bit quiet (0.4) good boys

38 Dr: They are very good boys

39 P: Otherwise you won't get an ice cream

40 Dr: O::ooo o::ooo good boy

41 Dr: ((turns full attention and gaze to mother)) ok I had(.) I have received some news from the hospital

42 P: Oh ok

43 Dr: They're saying that they give you antibiotics or something like that (.) so what I will do I will just have a listen to your chest again and I will have a feel of the glands and I will tell you how I feel about what's happening

44 P: Ok

45 Dr: >Would you like to ((indicates couch)) or would you like to ((indicates chair where patient is sitting))<

46 P: No that's fine ((patient moves out of sight to couch)) I have to get better we're going to Adelaide.

47 Dr: You have to when are you going

48 P: At the end of May

49 Dr: And Mark is going with you ;

50 P: Yes Mark's coming

51 ((inaudible as physical examination proceeds off camera))

52 P: A couple of days after (.) I came I started to get some really bad pain (.) inside not as sore but

53 Dr: Not as it was (...) ok you can put your clothes on ((patient moves back to seat; doctor removes gloves and picks up light to examine throat)) Um I'll just see your throat ((uses light to examine patient's throat)) say ah

54 P: Ah

55 Dr: Good (.) good good look (..) it seems to me that(..) we are dealing with the (.) with the glandular fever ((picks up stethoscope from desk))

56 Dr: Can I have a listen to the back
Just pull this up.
((Listens to chest from the back))

57 Dr: ((Patient breathes deeply in and out as doctor auscultates))
The chest is very clear and I feel that the(.) the conservative sort of approach that we have which is treating the symptoms are the way to go
If I if I saw you a few days ago I would not give you antibiotic ((shrugs shoulders)) there are lots of evidence that antibiotic is not really useful in the (inaudible) sort of area and this is something [to

58 P: [So even though I've
been coughing up a heap of mucous [and

59 Dr: [((doctor shakes his head)) It doesn't really mean much. (..)we know that it is a virus. (..) we know that the virus is not treated by antibiotic (..) and we know that you have glandular fever (..) I have no doubt that you have glandular fever.

60 P: So I had the blood tests done (.) is that what the blood tests came out

61 Dr: ((Doctor directs gaze and body to computer)) We have (.) we don't (4.0) we did (.) did we do the =

62 P: = I had the (.) doctor Hines (.) I went yesterday and had the blood tests done

63 Dr: ((redirects gaze to patient)) (inaudible) Does that mean that you don't have glandular fever ; no it's not correct you do have glandular fever you do have the symptoms and the signs of glandular fever(...) hh there is a percentage of this particular test that was done that show negative despite that you have these problems (.) there's another test that we check on the viruses (.)a lot of tests that check on the viruses (.) that will tell us that yes you don't have glandular fever

64 P: Ok

65 Dr: Now I would do that if things are not improve with another like this (...) but (.) I still feel that you have glandular fever and I still wouldn't give you antibiotics but (.) how long have you been having antibiotics ;

66 P: Three days I've only got two days to go.

67 Dr: Well ((slight shrug))

68 P: Finish off ; \$now I've paid for em I'll finish em

69 Dr: ((Laughs)) I wouldn't take them but that's the way(.) I mean if that's how you feel about it that's fine um

70 P: It it's confusing because when I went and seen Dr Hines at the hospital he said no you haven't got glandular fever you've got bronchitis and now you've got a bacterial and you've got to have antibiotics to fix it that's why I asked for the blood test because he wasn't saying the same thing as what you were saying.

71 Dr: Did he measure did he see your glands or =

72 P: No he just went like that ((indicates palpation of glands in the neck)) and said no your glands are not swollen

73 Dr: Did he feel the glands here and here ((indicates lymph glands in other parts of the body))we have glands here and here and everywhere

74 P: Yeh

75 Dr: and you still have them

76 P: Yeh

77 Dr: And when I saw you you were shivering (.) you were very you had the classic symptoms of the glandular fever I ((open hand gesture appears to indicate 'that's what I think'))

78 P: Yeh I believe so I mean I did go home and ((mimes typing)) when I felt better later (.) a couple of nights later and I was like what can I do to help myself get better and um

79 Dr: You went through the computer

80 P: I went through the computer and yeh virtually all the signs and symptoms were like =

81 Dr: = Glandular fever

82 P: Yeh

83 Dr: Yeh they are (..) I guess things can be done means fluid <we don't want

you to be dehydrated> if the throat is sore we can give you some panadol

84 P: Yes I've been =

85 Dr: =and you can ga::rgle as well what are you gargling are you gargling now

86 P: No I haven't been I've just been taking um throat lollies

87 Dr: Yeh that's fine if that's giving you comfort (inaudible) and and gargling either get the gargle from the pharmacy or my[m

88 P: [Like um salt water :

89 Dr: Yes my mother's um

90 P: Recipe :

91 Dr: \$ Recipe =

92 P: ((Laughs))

93 Dr: =is to put the black tea and a couple of lemon drops and lemon (.) not seeds (.) lemon you know :

94 P: Peel :

95 Dr: No you know when you squeeze the lemon it comes not the really thick skin that you can put in the (inaudible) like few (inaudible) the lemon (..) I don't know what you call it

96 P: yeh yeh

97 Dr: I don't know what to call it

98 P: Pulp :

99 Dr: ((shrugs))

100 P: Maybe yeah ((hand reaches out in sympathetic gesture)) I think I know what you mean

101 Dr: Yeah so this one you can put gargle and swallow it (.) even if you have to swallow it it's not really (inaudible) (.)um (.) and what else(...) avoid alcohol

102 P: Yes

103 Dr: And we avoid all the contact sports

104 P: Uh and housework Mark's been doing all the housework

105 Dr: Good man

106 P: \$It's wonderful. ((laughs)) (.) no it no honestly I literally came and seen you and I'd already spent a day and a half in bed or two days and I got out of bed after nearly two weeks and Friday I felt fine and I went into town (.) did a little bit of retail therapy

107 Dr: \$ Yeah yeah as usual yeah

108 P: ((Laughs)) Then I came home and then I and the throat started and then I went to the pack

109 C: ((Child laughs and moves towards adults))

110 Dr: ((Doctor puts his arm around child whilst maintaining eye contact with the mother))Well it's =

111 P: = Too soon

112 Dr: Very characteristic to the glandular fever that this happens

Practice Based Assessment (PBA) Consultation 6 (Supplementary data)

- 1 D: Hello
2 M: ((mother enters room followed by patient)) [How are you goin]
3 P: [°Hello°]
4 D: I'm fine(.) take a seat please ((gestures towards seats))
5 ((patient takes seat nearest desk; mother takes seat apart and between doctor and patient))
6 D: That's er Cara :
7 P: [Yep]
8 M: [Yeah]
9 D: You've been here before :(. ((looks at computer))) no ((sits facing patient; legs and torso oriented towards patient)) that's your first time isn't it
10 P: ((nods))
11 D: ((directs gaze to patient's face, glances momentarily towards mother to re-settle gaze on patient's face)) How can I help you today
12 P: ((looks towards mother))
13 M: She's got her eye ((leans forward and gestures towards patient's right eye)) (.) for the last week it keeps going all red and watery :
14 D: ((Doctor looks towards mother; nods and looks towards patient's face))
15 M: For about a week now it's been going a bit funny
16 D: ((Continues to look at patient who sits with eyes downcast)) All right
17 M: And later on in the night it gets really bad :
18 P: ((slight nod of agreement))
19 M: Ye:ah
20 D: ((directs gaze momentarily to mother)) For how many days you say
21 M: For about a week (.) [yeah
22 D: [mm mm
23 D: ((directs gaze to patient)) Is it sore
24 P: Um sometimes when I blink
25 D: When you blink
26 P: You know just like sometimes every now and again
27 D: ((continues to gaze at patient's face))Yes (.) so (.) it's watery
28 P: ((nods))
29 D: It's red
30 P: ((nods))
31 D: When you woke up this morning or in the past few days (.) in the morning do you have any pus coming out
32 P: ((shakes head))
33 D: ((looks towards mother)) no pus at all
34 M: ((shakes head))
35 D: [So your eye lids are not glued together when you wake up
36 P: [No it's been =
37 M: = No it always it looks clean cause I thought conjunctivitis=
38 D: ((directs gaze to mother and then back to the patient)) mm mm
39 M: = to start with but it's just it's always clean[so
40 D: [yeah
41 P: [It' s just red=
42 M: =It's re:ally red (.) of a night time
43 D: So (.) and the left eye((gestures towards left eye with forefinger)) is fine

44 P: Mm ((nods; looks to mother)) [yeah it's just ((indicates right eye))
 45 M: ((nods)) [yeah it's fine
 46 D: Right um(.) you don't have (.) you can't recall of anything going into your eyes
 47 P: ((shakes head; avoids eye contact with doctor; directs gaze towards mother))
 48 D: You haven't knocked your eyes ;
 49 P: ((shakes head as gaze remains directed towards mother))
 50 D: No trauma no
 51 P: ((shakes head)) Not even at school [no chemicals or anything at science))
 52 D: [Yes ((turns head and upper torso towards computer and consults the computer)) Cara Rodd ; ((redirects gaze towards patient)) is that you
 53 P: yeah
 54 D: ((looks back at computer screen)) How old are you
 55 P: Thirteen
 56 D: Thirteen ((looks to screen and back to patient)) what's your date of birth
 57 P: Sixteenth of February 1993
 58 D: 1993
 59 P: yep
 60 D: Mm ok ((turns gaze towards mother and indicates the computer screen with left hand)) we'd better correct that
 61 M: What
 62 D: \$\$ nineteen ninety seven ((chuckles))
 63 M: ((laughs)) Oh ok
 64 P: ((smiles and looks from the doctor to the mother))
 65 D: Right ((directs gaze to patient)) So how's your vision in that eye
 66 P: Yeah I can see everything
 67 D: You can see everything
 68 P: ((nods))
 69 D: That's good
 70 P: ((nods)) Mm mm
 71 D: So you cannot tell me (.) or give me any idea of why it is red
 72 P: Nope I just ((looks towards mother)) one night I got (.) it was [just
 73 M: [She she went she actually went to a school um social a school dance and when I picked her up it was really red and they had a smoke machine there and I think it's been pretty much ever since then=
 74 P: =yeah
 75 D: Smoke machine ;
 76 M: Yeah you know the smoke machine that sends off at the discos and that they send off the [smoke
 77 D: [yes yes yes
 78 M: Well they had one of those and she said it was quite bad=
 79 P: mm
 80 M: =but when I picked her up that eye was really bad
 81 D: So that was the first day
 82 P: ((nods)) first time ((directs gaze towards mother))
 83 M: Yeah that would have been the first time [it did it actually and it's been going funny ever since
 84 P: [mm ((nods)) mm
 85 D: Ok (..)and this never happened to you before ;

86 P: (((shakes head)))
 87 M: (((shakes head)))
 88 P: No
 89 D: Is it itchy
 90 P: ((shakes head))
 91 D: It's not itchy
 92 P: It's just um ((inaudible))
 93 D: Mm you use eye ((gestures as if drawing a line under own eye)) um what do you call it
 94 M: make-up ː =
 95 D: = make up
 96 M: Yeah
 97 P: I haven't been lately
 98 D: Have you changed your make up lately
 99 M: Yes since its been sore I haven't let her put any on so
 100 D: All right (.) do you take any medication for anything
 101 P: ((shakes head))
 102 M: She hasn't been to the doctor since she was ((gestures to indicate height of a child)) [little]
 103 D: [little] ((doctor gazes at patient))
 104 M: She doesn't go to the doctor Ye[ah
 105 D: [All right
 106 M: And she's just got a sore throat [as well [now =
 107 D: [Mm [mm
 108 M: =So that's something that just started yesterday [and today
 109 D: [Mm all right ok well I'll take you to the treatment room (.) we'll do eye test
 110 P: >Ok<
 111 D: I want to see if you can see clearly
 112 P: >Mm mm<
 113 D: And then I'll have to look into your eyes with a light (.) you know
 114 P: ((nods)) ok
 115 D: I might have to drop some drops into your eyes ok ː =
 116 P: Yep
 117 D: =and some dye just to make sure there's no foreign body there as well
 118 P: Yep ((looks towards mother and nods)) ok
 119 M: ok
 120 D: So we'll have a look and then we'll come back all right ː
 121 P: Yep
 122 D: Good ((doctor gets up and walks towards treatment room; patient and mother rise and follow))
 FADE OUT
 123 D: ((doctor, patient and mother re-enter frame)) Take a seat
 124 D: ((mother and patient take seats))
 125 D: ((doctor takes seat))Well ((glances towards computer to clarify patient name; directs utterance to patient)) Cara Rodd I haven't find anything you know (.) I haven't find any foreign body (.) and your cornea is smooth there's no ulceration (.) there's no sign of ah ah what we call Keratitis or something like that(.) so um you said (.)basically it' s watery and it's:: a bit (.) sore
 126 P: ((nods)) Yeah it was like that

127 D: A bit sore ; is it sore at all ;
 128 P: Not now it's not just numb
 129 D: [Well I know but
 130 M: [More at night time=
 131 P: yeah
 132 M: = you know when she's getting a bit tired=
 133 P: mm
 134 M: =a bit later of a night time it gets sore
 135 P: Yeah ((nods))
 136 D: Ok well you told me it's not pusy
 137 P: ((shakes head))
 138 D: You know it's just watery
 139 P: Yeah ((nods))
 140 D: Most likely it could be an allergic reaction to something
 141 P: ((looks towards mother and nods)) probably ((nods))
 142 D: S:o ummm (0.3) you you deny the fact that you have any pus
 143 P: ((shakes head))
 144 D: ((directs utterance to patient))There's no it's not pusy so I'm not going to give you any antibiotics=
 145 M: = Yeah
 146 P: ((nods))
 147 D: ((continues to address patient)) So I'm going to give you a drop you know we call it Pusanol all right ; so you use that and see how you go ok ;
 148 P: ((nods))
 149 M: Yep
 150 D: ((rolls chair back to desk; upper torso and legs align with desk; directs gaze to the screen; lower torso aligns with patient;)) Now we have to find the right person ((consults records on screen)) What's your surname again
 151 P: Rodd
 152 D: Rodd
 153 M: R.O.D.D..
 154 D: What's your name
 155 P: Cara
 156 D: With C
 157 P: Yep
 158 D: Cara (...) you live in 8 Boston
 159 P: Yep
 160 D: Well they say that your age is nine years old you'll have to correct that ok ;
 161 M: Yeah
 162 D: (5.0) Are you allergic to anything that you know
 163 P: ((looking towards mother)) Just when I eat mangoes ((inaudible)) after
 164 M: Yeah acid things mangoes yeah
 165 D: All right ok ((turns head and directs gaze to patient)) you don't smoke do you
 166 P: ((shakes head)) No
 167 D: You don't drink alcohol I don't think so
 168 P: ((looks towards mother raises shoulders)) \$\$ nhho
 169 D: You say you're not taking any medication you haven't been to the doctor
 170 M: N::oo n:o=
 171 D: =For a lo:ng long time ok
 172 D: (0.3) ((types information into computer; gaze directed at screen across

utterance; lower torso remains oriented towards patient)) One or two drops twice a day ok :

173 P: Ok yep

174 D: (..) to a maximum of fourteen days we'll see how you go with that ok:

176 P: ((nods))

177 D: (12.0) ((prints out scripts)) (picks up pen with right hand as he takes prescription from the printer; signs script)) Is this your Medicare number xxxx xx xx xx

178 M: ((Opens purse and takes out card))

179 D: Can you read it for me

180 M: xxxx xxx xx x

181 D: ((directs gaze to patient; body oriented towards patient)) Ok just tell the girls at the desk to check your date of birth ok: ((folds script))

182 P: ((nods; looks towards mother))

183 M: Ok ((leans forward)) and while I've got Cara here also her skin

184 D: Mmm

185 M: Acne=

186 D: =yes

187 M: Can doctors do anything for that o:r

188 D: Yeah of course (.) yes ((directs gaze towards patient's face))

189 M: Because we've tried all the [cleaning products and all [that =

190 P: [((directs gaze upwards towards middle distance))]

191 D: [Mm [mm ((looks towards patient))

192 P: ((averts gaze; focuses on middle distance; embarrassed smile))

193 M: =I've got her on zinc tablets at the moment

194 D: All right

195 M: Somebody else has said zinc tablets=

196 D: =right

197 M: =are meant to help=

198 D: =I just worry I asked you if she was taking any medication=

199 M: =Oh ok yeah(.) zinc yeah well the zinc tablets she takes them

200 D: All right ok

201 P: °But I haven't taken them for ages°

202 D: So the face has been like this for how long

203 M: (..) ((looks towards daughter for confirmation)) A year : =

204 P: ((nods))

205 D: =A year

206 P: Yeah

207 D: Ok so that is acne of adolescence you know

208 M: Ye::ah yep

209 D: Her's is not too bad it's just er prickly you know

210 M: Yeah

211 D: [Tiny tiny

212 M: [Yep

213 D: I thought maybe she's happy like that that's why she not saying anything

214 P: ((continues to avert gaze; looks towards ceiling with embarrassed smile))

215 M: Yeah she's (.) on her back here((indicates position on own back)) here she's very embarrassed about it

216 D: Can I have a look

217 P: ((nods continues to avoid looking at the doctor))
 218 D: Do you want to stand up
 219 M: Stand up
 220 P: ((patient rises continuing to direct gaze towards mother))
 221 D: Off to this side ((walks with patient across the room))
 222 P: ((walks with doctor across room))
 223 D: ((examines patient's back)) All right so it's not too bad
 224 D: Just while you're there ((adjusts camera to capture patient's upper back)) come very close yes (.) up stand up (.) yes
 225 D: All right (.) that's fine ok you can sit down
 226 P: ((Patient sits and turns head and upper torso away from desk to gaze behind her towards a picture on the wall))
 227 D: ((Doctor sits legs and torso face the patient who fixes gaze on middle distance above and beyond the group)) well we have several options when it comes to management of acne (.) first of all she has to understand ah ah how the acne comes about you know
 228 M: mm
 229 P: ((Patient continues to gaze into the distance above mother's head; Does not look at the doctor))
 230 D: Is ((leans forward and directs gaze towards patient)) \$\$ are you listening ((laughs gently))
 231 P: ((continues to avert face; maintains gaze on picture above and behind her across following turns))\$Yeah=
 232 M: =Yeah she doesn't she doesn't like talking about it
 233 D: Yes ah
 234 M: Um her father had it really bad =
 235 D: yes
 236 M: = when he was a teenager
 237 D: mm
 238 M: = and his Mum
 239 D: Yes
 240 M: = had it really bad
 241 D: Ok turn this way so I know I'm not talking to deaf ears
 242 P: ((Patient turns head to fix on point above mother's head; becomes teary))
 243 M: It's ok ((mother leans forward and pats patient on knee)) yeah you've got to listen cause ((inaudible))
 244 D: ((leans out in attempt to make eye contact with patient) Don't cry(.) all right I'm here to help you ok :
 245 P: ((nods; continues to avert gaze; wipes her eye with the back of her hand))
 246 M: [That's it
 247 D: [((Walks across room retrieves box of tissues and offers them to the patient)) Do you want to tell me why you're so much affected
 248 P: ((takes tissue whilst continuing to avert gaze)) ((shrugs))
 249 D: Tell me what is your (.) w why do you feel very emotional
 250 P: ((gaze averted)) I just hate talking about it
 251 D: Ye::s
 252 P: Just because ((inaudible))
 253 D: Mm ((looks at patient))
 254 M: If she's not talking about it then it's not [there
 255 D: ((continues to focus on patient's face)) [But but because what ah

256 P: ((inaudible))
 257 D: Do you know that there's a cure for it there's treatment for it you know (.) yeah
 so there's nothing to worry about
 258 P: ((continues to avert gaze; focuses on middle distance above mother's head;
 embarrassed smile)) \$° yeah °
 259 M: ah
 260 D: We're not putting too much pressure on you are we
 261 P: ((continues to gaze into middle distance; head averted away from doctor))N::o
 (rise fall tone))
 262 D: Do you want me to help you :
 264 P: Yep
 265 D: °All right °
 266 D: ((turns head and upper torso back to the computer; lower torso continues to
 align with patient)) I'll print out something you know [first
 267 M: [Yep
 268 P: ((patient continues to gaze upwards evading eye contact with mother))
 269 M: ((leans forwards)) ° the tissues wipe your face °
 270 P: ((Patient wipes eyes and face with tissue))
 271 (9.0)
 272 D: Just give me a second it's printing
 273 M: Yep
 274 P: (10.0) ((patient sits gazing into middle distance; wipes eyes with hand; mother
 sits motionless; doctor attends to computer screen))
 275 D: ((takes sheet from printer)) ((orients body towards patient; directs gaze to
 mother)) I've got some information here for her ok
 276 M: ((nods))
 277 P: ((patient continues to gaze into middle distance across the following turn
 nodding occasionally))
 278 D: ((directs gaze towards mother)) So basically ah it takes her through(.) what
 causes acne ok : and some of the (.) ah we call it ah ah misconceptions about
 acne you know and then the treatments treatment options ((directs gaze to
 patient who continues to avert gaze)) so there you read through this you can get
 a better understanding =
 279 M: mm
 280 P: ((gaze directed at middle distance; nods))
 281 D: = of what it's all about ok :
 282 M: yeah
 283 D: ((directs gaze to patient)) S:o it's not something to worry about
 284 P: ((wipes eye)) = yeah
 285 D: Ok it's brought about by hormonal changes in your body ok :
 286 P: ((wipes eyes and sustains gaze on point in middle distance))
 287 D: You are going teenage (.) your body (.) and as you go along (.) ok :
 288 P: ((nods whilst continuing to gaze into the middle distance))
 289 D: ((sustains gaze on patient's face)) S:o um it's not something that you know that
 can be transferred from one person to the other it's not infectious
 290 P: ((barely perceptible nod; embarrassed smile; sustains gaze on point in middle
 distance))
 291 M: yep
 292 D: All right ((doctor leans forward in attempt to make eye contact with patient;
 patient continues to avert gaze)) So the you have some small small whiteheads

and black heads you know but they're not dirt you know : you don't have to start scrubbing and try to remove them you don't do that (.) ok :

293 P: ((continues to avert gaze; focuses on point in middle distance; nods))

294 D: S:o and um one belief also is the fact that um people think it's because of their diet (.) their food ((gazes towards mother)) you know =

295 M: = mm

296 D: ((directs gaze back to the patient who continues to look straight ahead avoiding eye contact)) It does not have much to do with food at all ok :

297 P: ((nods; continues to avoid eye contact; sustains gaze on point in middle distance between doctor and mother))

298 D: So still we still recommend that you stay away from too much chocolate for instance you know [because

299 P: [ok ((continues to gaze into middle distance))

300 M: [Cara is the healthiest [eater in our family

301 D: [yeah but still =

302 M: = Yeah she's [always eating good foods and=

303 D: [((re-directs gaze towards information sheet on desk))So we we ah from the information we know (.) the knowledge we have (.) it's not associated with food [all right

304 M [Yeah yeah

305 P: ((Patient stares into distance, face expressionless; nods almost imperceptibly))

306 D: So one thing (.) you you have to be gentle ((directs gaze to patient; then mother))when you wash your face

307 P: ((nods; gaze fixed on middle distance))

308 D: ((directs gaze at patient)) You don't scrub

309 P: ((nods; mouths sound without vocalising))ok

310 D: Don't with scrubbing(.)ok :

311 M: mm

312 D: And when it comes to er er to treatment (.) so we have several options ok :

313 M: Mm

314 D: ((directs gaze to patient)) So one thing (.) you have to avoid soap on your face all right : there is soap substitute that you use you know : ((directs gaze to mother)) like (inaudible) a cream you know:

315 M: Ok yep

316 D: Or (inaudible brand name) you know those washing very mild [so

317 M: [I've got that (inaudible) cream at [home=

318 D: [yes yes

319 M: =cause I get psoriasis[and I use that [so

320 D: [Yes [so that is what she can use(.) her's is not (.) ((gestures towards patient's face and directs talk to mother; patient stares into middle distance)) It's not very(.).It's not a pusy type [you know

321 M: [yeah

322 D: So it's just you know very tiny tiny bubbles=

323 M: Yeah

324 D: =You know type this one so we can start with (.) we have some lesions on the back ((gestures towards patient's back and then towards own back)) It's a bit you know (.) a little bit bigger ones you know (.) ((directs gaze towards patient)) so we can start with what we call um some er tablet um er medication that would um =

325 P: ((patient continues to gaze into the distance with an expressionless look on her face))
 326 D: ((redirects gaze towards mother))= reduce the clogging up of the skin pores ok ;
 327 M: ((Nods))
 328 D: We call it a:h it breaks the keratin you know;
 329 M: Yep yeah
 330 D: So we can start with that and then also we have ah this ah vitamin A u::m med creams you know that would help you know; =
 331 M: Yep
 332 D: Ah t::o regenerate your skin you know and um ((points to sheet on table)) there is coming up antibiotics you know (.) but I don't think yours needs antibiotics ((looks to patient)) because it's not pusu=
 333 M: Yeah
 334 D: =There's no need for antibiotics
 335 M: And she's not a picker [either she doesn't sit there and [pick at them so
 336 D: [yes [yes and one other alternative is to use the pill ((directs gaze towards mother)) that is why I asked you know
 337 M: Oh ok yep =
 338 D: = So because this is brought by hormonal [changes in the body =
 339 M: [mm
 340 P: ((continues to gaze into the middle distance))
 341 D: =so ((inaudible)) actually the pill would be the best option you know=
 342 M: Ok yeah
 343 D: ((directs gaze to patient who continues to gaze into the middle distance)) Ahh regulate your periods(.) regulate your hormones and some are ((directs gaze towards mother)) very very good for the skin you know so:o those are the options that are available=
 344 M: mm
 345 D: =I would personally recommend you go on the ah the pill you know ((directs gaze to mother)) not any type of pill but we have this you know =
 346 M: yeah
 347 D: =a few ones are good for the skin I would want to write that for her =
 348 M: Yeah yep good
 349 D: =if you don't mind ok because with the pill and those creams that I talked about initially all right ; and well u::m ((directs gaze to patient who continues to gaze into the middle distance)) you wake up very early in the morning because ((directs gaze towards mother)) the early morning sun is very good for acne as well you know (.) s:o that is all my [recommendations
 350 M: [Yeah yep
 351 D: Yes (.)((directs gaze to patient; picks up information sheet from desk))so I'll give this to you (.) I want you to read through and get a better understanding of what um it's all about (inaudible) why you have this acne and what we can do to treat it ok ;
 352 P: ((continues to avert gaze; nods almost imperceptibly))
 353 M: Instead of thinking it's a disea:se=
 354 P: ((patient looks towards ceiling with embarrassed smile))
 355 D: =It's not a disease ok ((directs gaze to patient across turn)) after adolescence you know it's it often clear up you know=
 356 P: °yep° ((continues to gaze towards ceiling))

357 D: =So we have some (.) a few people that tend to have this ((gestures with arm; directs talk to mother)) to the later a:h age you know
 358 M: Yeah
 359 D: When they are grown up they still have a few
 360 P: mm
 361 D: Like me I still have a few =
 362 M: yeah
 363 D: = from time to time
 364 D: ((directs gaze to patient)) So but you must not press (.)
 365 P: ((nods)) Yep ((continues to avoid eye contact and gaze into middle distance))
 366 D: There's no pressing ok ;
 367 P: °yeah°
 368 D: ((takes box from the desk and rolls chair slightly towards the patient)) You see the pills looks like this (..) ok
 369 P: ((Patient directs gaze to the box and nods))
 370 D: So you have to start (.) [when you receive [your period]
 371 P: [((nods))] [((directs gaze away from the box to middle distance))]
 372 D: When you begin to bleed that's when you start (.) you have to start from the red side
 373 P: ((directs gaze momentarily to the box and then back to middle distance))
 374 D: and then use it like that ok (.) so you have to follow the instructions (.) there is a leaflet(.) follow the instructions very carefully (.) your Mum will help you (.) ok ;
 375 P: Yep ((gaze directed into middle distance))
 376 D: So this is just to help with your skin and to regulate your hormones in your body ok ;
 377 P: ((nods))
 378 D: I know you're not sexually active that's not the intention all right=
 379 P: =Yep
 380 D: Good ((extracts script from printer; directs gaze to patient)) and then you can use this cream that I'm giving to you ve:ry sparingly=
 381 P: ((nods looking into middle distance))
 382 D: = twice a day (.) so you might have to have a broad brimmed hat (.)when you walk in the sun so that you don't get direct exposure to the sun (..) especially during the hot day ok ;
 383 P: ((continues to gaze into the middle distance; barely perceptible nod))
 384 M: ((nods))
 385 D: ((directs gaze to mother)) In the early morning it's all right ((signs script))
 386 P: ((nods as looks into middle distance))
 387 M: ((to daughter)) (°about stay away from school°)
 388 D: ((hands script to mother)) That's the drop for the eyes
 389 M: Ok ((takes script))
 390 D: ((folding scripts)) And these are the um the pills and the and the cream for the face
 391 M: Ok yep
 392 D: ((hands scripts to mother))
 393 D: ((rolls chair back slightly)) So:o I'll want to see her (0.4)) let's say three to four weeks
 394 M: Ok [right

395 D: [right
 396 M: Yep
 397 D: And then I can take her blood pressure and (.) weigh her
 398 M: Yep
 399 D: Ok
 400 M: Ok
 401 D: ((directs utterance to mother)) Yes just one more question (.) you don't have
 any muscular problem do you(.) like clots
 402 M: No
 403 P: ((shakes head))
 404 D: ((to patient)) You don't suffer headache do you
 405 P: Umm
 406 D: Very severe headache like you know migraine
 407 P: ((shakes head; mouths word)) nope
 408 M: N:o
 409 D: ((directs gaze to patient)) All right so with your eyes(..) if it doesn't improve
 after forty eight hours you come back
 410 P: ((continues to gaze at middle distance)) Ok
 411 D; So otherwise I will see you in three to four weeks ok ;
 412 P: All right
 413 M: Ok thank you very much ((stands))
 414 P: ((stands))
 415 D: ((stands)) I'll give you this ((information sheet extended to point between
 mother and patient))
 416 M: ((leans back; takes sheet)) Oh yeah yep
 417 D: All right
 418 M: Ok
 419 D: See you
 420 M: Thank you
 421 D: Bye

Practice Based Assessment (PBA) Consultation 7 (Supplementary data)

- 1 P: This way ∴
2 D: This way yeah
3 P: No worries
4 D: And if you'd just like to take a seat there ((gestures towards chair))
5 P: Cheers ((patient sits))
6 D: Ok ((doctor sits)) I'm Doctor Wood
7 P: John
8 D: Yeah go ahead
9 P: Um I've just got an earache
10 D: Yeah
11 P: I think I've got an ear infection I had one some months ago actually =
12 D: Yeah
13 P: = And I had some antibiotics to clear it up and I think I've (.) [got it back again
14 D: [got it back again ok we'll have a look at your ear and do something about that but have you had problems with your hearing (.) before
15 P: Never
16 D: Or earaches (.) before
17 P: No
18 D: It's just a new thing
19 P: Yeah
20 D: On the same ear or the other side do you remember
21 P: Um (.) actually I think it could be the other side ∴
22 D: Yeah
23 P: I think I might've got a bit of dirt in it at work I'm a carpenter ∴
24 D: Right
25 P: And the doctor I went to locally at Nelson he gave them a flush out and a clean
26 D: Yeh
27 P: Said they were quite dirty
28 D: Yeh
29 P: And um (.) gave me antibiotics and some ear drops ∴ =
30 D: = and some ear drops as well ok
31 P: Yeah but um (.) he got stuck into the other ear (inaudible) I probably should have [done both
32 D: [Maybe done both (.) at the same time
33 P: Yeah
34 D: Yeah so do you wear any protection for your (.) ears
35 P: Just ear muffs [when it's
36 D: [when it's loud but not for dust ∴
37 P: Not for dust
38 D: I wonder if it's [(inaudible)
39 P: [Yeah I've been thinking about that
40 D: Maybe (.) there may be a case for doing something about ear production or protection when it's dusty
41 P: Yeah
42 D: Um you've got to be careful though to get the right sort of stuff (.) if

you're going to do that because um sometimes the plug that you're using can be more of a problem [than a help so

43 P: [Pushing rubbish into the ear

44 D: Yeah well yeah they've actually got to be fitting well (inaudible) wearing them a lot of the time

45 P: I used to um work at the airport ;

46 D: yeah

47 P: We had moulded ones for our

48 D: Yeah yeah

49 P: That'd be the one

50 D: Yeah that'd be perfect and you've still got (inaudible)

51 P: Yeah I think a lot better that way

52 D: Yeah ((doctor gets up to check patients ears) ok well we'll just have a little look yeah have you had a fever at all

53 P: Um today I've ah just today I've been feeling a little bit warm

54 D: ((Doctor examines patient's right ear)) mm is your throat sore

55 P: Just on the right hand side of my throat inside

56 D: And your ear's aching (.) as well

57 P: Yeah it's dull it's not severe

58 D: I just want to look at the other one ((moves to patient's left ear))

59 P: No worries

60 D: ((examines left ear)) That's fine ((returns to seat))actually your ear canal looks (.) quite ok

61 P: Ok

62 D: There's not much debris there's some wax in there but it's melting and um and I can see that there's quite a pink reddish drum behind it so probably you [do have a middle ear infection [rather than an external ear infection

63 P: [yeah [ok

64 D: Yeah do you know what the difference is (.) between them do you wanna know ;

65 P: \$\$Yeah

66 D: Yeah; \$\$ I'll show you a picture ((doctor gets up to retrieve picture book))

67 P: \$\$The more you can learn the better [thanks

68 D: Yeah yeah [so today what you've (inaudible) you may have had before ((flicks through large picture book as she talks))what you may have had before is what we call an external ear infection which is what the plugs help to prevent you know it doesn't you know fungus you know whatever environmental stuff things getting in there (.) the reason why most people get problems like this is from water water born things and not drying your [ears after swimming and stuff ok [yeah So

69 P: [ok [ok

70 D: But um (((leans across so that doctor and patient are looking at the picture book together)) this is the ear (.) that's the ah ear drum

71 P: Yep

72 D: So we're just looking at the side of the ear that's the ear drum this is the little drainage tube that goes from the ear down to the back of the (.) back of the nose there

73 P: Ah ah
74 D: And the problem you've got today is (.) that you've got a sore throat
75 P: On this side
76 D: On this side
77 P: This side feels great it's weird
78 D: Yeh oh it often is localised I'll just check your throat in a few seconds in a minute but there'd be a bit of swelling and they'd be blocked and you know when you swallow you can hear popping ;
79 P: Yeah
80 D: Well that's because of the pressure and (inaudible)
81 P: I actually leaned that when I got my diver's licence
82 D: Oh so you actually \$\$you know about this ((laughs))
83 P: \$\$ Oh I'm not an authority on it but =
84 D: = but you do know ok
85 P: I understand the concept (.) the muscle and how it works and what not
86 D: Oh very good (inaudible)
87 P: I had a problem with it I didn't think I was going to be able to dive um and he said no no just walk around keep going and it builds the muscle up in your ear and I was able to pop my ears properly
88 D: Oh good well that's very interesting and what you've got here is infection related to not properly not draining properly this part of the ear which is (..) looks fine
89 P: Ok
90 D: Sometimes your ear infection (inaudible) as well which is probably what happened before
91 P: Ok
92 D: This might be a different sort of a problem this time
93 P: Well ok
94 D: And you (inaudible) with antibiotics (.) how long has it been going on ((doctor returns book to shelf))
95 P: A little while actually I think probably about a week(.) a bit longer
96 D: Yeah yeah
97 P: A week maybe a bit longer I sort of felt the niggling and I thought oh I thought it might probably just clear up and you know what it's like when you're trying to go away =
98 D: °Ah yeah°
99 P: = madly working twelve hours a day and () it got worse
100 D: ((doctor nods in solidarity))
101 P: It got worse
102 D: Oh no (.) can I have a look at your throat [if that's ok I just want to get in time for the chemist as well
103 P: [yeah
104 D: ((gets up and examines throat)) I actually you've got a sore throat haven't you (inaudible) as well (.) ((puts light down)) so mm
105 P: (inaudible) I usually don't have the luxury of feeling unwell cause I'm so busy
106 D: ((doctor palpates lymph glands)) So is that sore
107 P: It doesn't hurt
108 D: It's ok ;
109 P: I can feel it if you know what I mean

110 D: = yeah a little different to that side
 111 P: A fraction but [not a lot
 112 D: [yeah yeah ((sits down)) ok umm
 113 P: I knew my throat was pretty sore
 114 D: Yeah
 115 P: I could feel it when I was moving my tongue around it sort of [grinds as well
 116 D: [Yeah it's quite red (.) and there's an ulcer on the palette there as well and that can be just being an infected sore throat um it can um yeah it can be viral too but if you've got an ear infection that's been going a week there's probably bacterium (inaudible) it's probably worth giving you antibiotics
 117 P: Ok no worries
 118 D: Yeah
 119 D: ((directs gaze towards computer screen))Are you allergic to any antibiotics
 120 P: No I'm good like that
 121 D: Well that's good
 122 P: Yeah
 123 D: We'll do something that's going to work and be very simple to take um ((gazing at computer screen))so:oo (10.0)
 124 P: Usually ((looks at watch)) you get to knock off at five do you
 125 D: Oh no I'm actually on call at the hospital so it doesn't make any difference I 'm on call till eight o clock so =
 126 P: = (inaudible)
 127 D: No no no
 128 P: I'll try and catch someone before five o' clock
 129 D: Nah it doesn't make any difference to me I have to go to the hospital after this any way and if I get called =
 130 P: = great
 131 D: So that's ok
 132 D: ((entering data into computer)) It would be good if you could take it for seven days which'll mean that you'll need to pick up your repeat
 133 P: I'll do that no worries
 134 D: And probably (..) it's probably a good idea (.) if you can to get somebody to have a look at it once you've finished your antibiotics
 135 P: Ok
 136 D: Within a month of finishing just to see if everything's fine
 137 P: I'll come back
 138 D: All right ((laughs))
 139 P: ((laughs)) I'll let you know what the the road was like
 140 D: Oh lovely hhh I'll be so jealous I've never seen it
 141 P: Oh it'd be good I've never been on it
 142 D: It's one of those things I'd like to do yeah
 143 P: [Yeah
 144 D: [yeah
 145 P: Yeah we're gunno go that's why we've brought the caravan down
 146 D: Yeah ((looks at computer)) anything else I need to know about your medical history that relates to this or =
 147 P: = Everything's great

148 D: Yeah
 149 P: Yeah I don't really (.) I very rarely [get sick
 150 D: [get sick
 151 P: Yeah
 152 D: ((retrieves script from printer and signs))
 153 P: Can I actually pick up a receipt at the same time
 154 D: You can if I put regulation twenty four
 155 P: Ok
 156 D: ((writes on script)) As you're moving around then that's easy
 157 P: Excellent (...) In case I'm not near the chemist later
 158 D: No that's yeah it means if you're isolated or whatever you can actually
 get your medications in one go
 159 P: Right excellent
 160 D: There ((sits up and folds script))
 161 P: Thanks for that
 162 D: Oh it's a pleasure
 163 P: I really appreciate your help
 164 D: That actually should um work quite well [and um yeah
 165 P: [good (.) I'll be able to eat
 again without going [ooh
 166 D: [Without going ooh yeah sometimes gargling with
 aspirin really helps the inflammation there and the (inaudible) that you
 can get from the chemist is probably pretty good as well
 167 P: ((stands) All right
 168 D: If you need pain relief probably go for an anti inflammatory like
 Neurofen
 169 P: Ok well I took one today and it felt better for a while
 170 D: Yeah Neurofen's really good
 171 P: All right thank you
 172 D: Ok
 173 P: Cheerio
 174 D: Bye bye ((directs patient towards exit)) just out the front that way yeah

Practice Based Assessment (PBA) Consultation 8 (Supplementary data)

1 Dr Take a seat (.) good morning how are you
2 P: ((Walks to seat)) Good ((sits)) it's () Di Bertoli
3 D: How do you say that
4 P: Di Bertoli
5 D: That's your surname isn't it
6 P: Yeah Marco
7 D: Di Bertola
8 P: Di Bertoli
9 D: Di Bertolae
10 P: Di Bertoli it means ((gestures towards doctor smiling)) it's probably one
of the worst I've heard
11 D: Yes ((smiles and turns towards the computer))
12 P: It means son of (deleted to protect patient confidentiality)
13 D: Oh oh (.) ok ((turns back to the patient and offers hand; doctor and patient
shake hands)) It's nice to know you ((laughs))
14 P: Oh I'll try your one ((looks at doctor's card))
15 D: Hhh
16 P: I'll try your one I've been trying it
17 D: mm
18 P: ((looks up from card)) Manyeula
19 D: Manyeula yeah
20 P: \$\$ Mine's better than you
21 D: ((laughs)) (.) \$\$ How can I help you today
22 P: I had to go to hospital yesterday
23 D: Oh right
24 P: Ah um I've got (.) I don't know if you (.) Barrett syndrome I think
25 D: Barrett (.) oesophagus ((indicates own central chest)) yeah
26 P: Just here (points to centre of chest))
27 D: Yes
28 P: Yeah and ah it started Thursday (.) and I actually hadn't had anything to
eat (.)since (.) Thursday (.)
29 D: yes
30 P: Um yesterday was the first time actually because I can't eat (.) the more I
swallow it really hurts
31 D: Yes
32 P: Um (.) and (.) because I've had an ulcer =
33 D: right
34 P: =for twenty years (.) and it's been untreated
35 D: Oh right
36 P: And with Baret Barrett Syndrome (.) you get cancer
37 D: mm
38 P: Because it's been untreated
39 D: mm
40 P: Um (.) so I went to the hospital and they said do you have a doctor and I
said no=
41 D: = what made you to go to the hospital
42 P: Cause I can't (.) even drinking water (.)=
43 D: mm((nods))

44 P: =it hurts
 45 D: It's [true yes
 46 P: [And It was too much=
 47 D: =so when did you go to the hospital
 48 P: Yesterday
 49 D: Yesterday
 50 P: I thought it was just a bug
 51 D: mm
 52 P: It'll go away in a couple of days (.) you know like (inaudible) thing
 53 D: Yes
 54 P: Yeah it'll be right and the Mrs said (.) yeah no (.) go
 55 D: So how did you decide that you have ah Barretts
 56 P: Oh I just read up on it and it's all the symptoms ;
 57 D: You haven't had any investigations
 58 P: Ah I went to the hospital (.) and they can't refer (.) me to a specialist to get
 that ((points down throat with right index finger)) that um ((indicates
 action of tube being put down throat))
 59 D: endoscopy
 60 P: Yeah to get that I have to get a doctor ((gestures towards doctor)) like
 [yourself
 61 D: [I know but what I mean is how did you know you had Barrett because (.)
 it's a diagnosis that we can make (..) after we've had a look
 62 P: Yeah I just I've got a medical book (.) my daughter gave me a medical
 book
 63 D: Oh right
 64 P: And just it's the basic it's what are the symptoms and then you go through
 this=
 65 D: mm
 66 P: =and then you go through that
 67 D: Yes all right
 68 P: It's all [reflux
 69 D: [What what about the ulcer how did you know you had ulcer
 70 P: I had a barium meal about twenty years ago
 71 D: Ah right
 72 P: And then I used to take tablets for it
 73 D: Mm what tablets
 74 P: Oh it's twenty years ago=
 75 D: um
 76 P: =I can't remember what it was
 77 D: So you haven't been taking any tablet for a long time
 78 P: Yeah but and I was told (.) um the lady next door =
 79 D: yes
 80 P: = she's been a nurse for thirty years she said no you've got to take it
 forever(.) you can't stop if it feels good (.) Is that right ;
 81 D: Well yes and no yeah
 82 P: She says you've got to take it forever :
 83 D: Ah right so ((directs gaze towards the computer screen))
 84 P: ((puts hand in pocket and takes out box)) This this is the tablet I was
 taking a couple of months ago but then I stopped cause it went ok and she
 said no you stupid idiot

85 D: So you live in Nelson Bay now ((takes box of medication from the patient))

86 P: Nelson Heads yes

87 D: Nelson Heads

88 P: I was taking them =

89 D: yes

90 P: back then in April=

91 D: Mm mm ((puts hand out to take second box from patient))

92 P: And these are the new ones that the doctor at the hospital gave me=

93 D: =yesterday

94 P: Ah yes

95 D: Ah right

96: P She goes I want you to have them ones ((taps box)) don't (.) have them ones ((taps other box))

97 D: Oh right

98 P: So I'll leave them (.) cause you're supposed to hand them [in

99 D: [Can you tell me your symptoms precisely (.) what do you suffer from (.) forget Barrett now (.) what do you feel in in your body

100 P: Well (.)

101 D: Yes

102 P: ((gestures as if drinking)) every time I have a drink=

103 D: yes

104 P: =even just water=

105 D: yes

106 P: =or milk or anything=

107 D: Mm

108 P: =I can't have solids=

109 D: yes

110 P: =Um it hurts and it's like

111 D: So you have pain here ((indicating centre of own chest))

112 P: Yeah pain (.) a hard pain where (.) I'm pretty strong and even to me it goes urgh and that's only a little sip=

113 D: =Does that happen every time;

114 P: Every time

115 D: Every time

116 P: E:very time

117 D: Ok (.) Do you have any burning sensation there as well

118 P: Yeah I get but I was taking (.) ah Mylanta for that

119 D: Mm so when you eat food does it [get worse

120 P: [I can't eat food since Thursday

121 D: (.) Since [Thursday

122 P: [Since Thursday I can't eat food (.) all I had yesterday=

123 D: mm

124 P: =was um a chicken broth ;

125 D: Oh ok

126 P: And it was just the water with the chicken taste ;

127 D: Oh right

128 P: and even that I had to wait till that was cold

129 D: Right

130 P: And even that ((gestures as if taking broth)) (.) hurt
 131 D: Ah now tell me um [can I ask]
 132 P: [I'm not saying your [job
 133 D: [Of course ah you actually
 you've done (.) diagnosis that makes my job easier (.) but I'm just trying
 to look at how this affects you (.) your lifestyle=
 134 P: =Well I can't eat solid food
 135 D: So how it affects your health in general that is what I'm trying to direct
 my questions to you=
 136 P: =Yep
 137 D: Now looking at what are the possible cause of this I will ask you some
 more questions
 138 P: Yep
 139 D: Do you smoke
 140 P: Yes
 141 D: A lot
 142 P: Yes
 143 D: How many per day
 144 P: (.) Thirty (.) forty=
 145 D: =So you've been smoking for a long time eh=
 146 P: =yes
 147 D: And what about alcohol
 148 P: Yeah (.) I drink too much
 149 D: So do you (.) do you have any idea [of how this and the ((indicates centre
 of chest))
 150 P: [I drink (.)I only drink beer
 151 D: Yes
 152 P: But I drink beer (...) every day
 153 D: Every day (.) how many do you drink
 154 P: ((puts hand to forehead as if considering)) honest ah (5.0) twenty
 155 D: Twenty (.) per day
 156 P: Yeah (.)
 157 D: Oh
 158 P: But I don't get drunk
 159 D: ((leans back and laughs heartily))
 160 P: ((hand outstretched towards doctor)) No no [I don't get drunk Twenty
 cans
 161 D: [Ooo::h hh of course I know
 you've developed tolerancy =
 162 P: Yeah
 163 D: = in your [brain
 164 P: [Everybody says to me(.) that Mark what you can drink (.) I
 couldn't do that I says no because I've been doing it for many many many
 years
 165 D: But do you do you do you have any idea that this can ((indicates own
 central chest)) this is the reason why you have this problem (.) do you
 know
 166 P: But I've it's it's only just happened
 167 D: (..)I know : =
 168 P: =yeah

169 D: But that is why it happened
 170 P: (.) Well I only drink beer and it's always VB it's [never anything else
 171 D: [Alcohol is alcohol
 172 P: I know beer's beer I don't drink anything else
 173 D: Mm mm
 174 P: I can't drink wine=
 175 D: yes
 176 P: =cause I'm allergic to wine
 177 D: mm
 178 P: Cause I had two glasses of [wine
 179 D: [while you're talking ((directs gaze to
 computer screen)) I'll print out something that will help us ok
 180 P: If you want (.)=
 181 D: yes
 182 P: =next time I come in (.)
 183 D: yes
 184 P: =I've got my hospital records
 185 D: Yes
 186 P: From Griffith from when (.)
 187 D: ((continues to look at screen)) yes go ahead
 188 P: from whenever I was a child to (..) six years ago
 189 D: Yes
 190 P: Um can you get (.) if you like get um Nelson Bay hospital=
 191 D: ((redirects gaze towards patient))mm
 192 P: =to fax you my records
 193 D: Yes
 194 P: Since I've been there (.) now I've got a doctor
 195 D: All right
 196 P: Now I can say yes I have a doctor=
 197 D: Oh right ((turns to printer))
 198 P: =and it's Doctor Manyuela
 199 D: Ok so you're you're originally Australian isn't it
 200 P: Italian
 201 D: Ok
 102 P: But I've lived here all my life (..) since I was three and I'm forty one
 103 D: Mm mm
 104 P: I'm Australian
 105 D: So apart from you don't take any medication ((enumerating on fingers))
 you smoke : you drink : I mean it's quite apparent you drink very (.)
 heavily=
 106 P: yep
 107 D: =and you smoke heavily as well
 108 P: Yep ((indicates stomach)) but \$\$((inaudible))
 109 D: ((laughs)) ok you're married isn't it
 110 P: Ah yes
 111 D: Do you have kids in the house
 112 P: Ahh she's twenty one (.) the other's twenty
 113 D: Oh right
 114 P: And one's ten but they're ((gestures)) they're grown now
 115 D: Ok (.) all right((extracts sheet from printer)) now (.) um do you have any

other concerns today apart from that ((indicates central chest))

116 P: (1.0) No not really (.) that's the main one because I can't eat or drink (.) without hurting

117 D: All right

118 P: That's the main I can tell you I was in (.) a car accident (.) if you want to deal with my past

119 D: No we'll I just want to deal with the main thing today

120 P: ((indicating central chest)) This one yeah more important

121 D: You haven't lost any weight

122 P: ((extends arm to display skinniness)) Yes =

123 D: =As far as you're concerned you're not eating ok (inaudible)

124 P: =Yeah you meet people and they say you can't afford to lose weight=

125 D: = yes

126 P: You have none anyway =

127 D: yes

128 P: = you'll (.) go into nothing

129 D: Now um my friend (.) this is (.) I would think this is serious to you that is why you come and you talk to the doctor and you went to the hospital as well [ok

130 P: [Yeah

131 D: And just like you said (.) Barretts you know (.) so we have to you need thorough investigation (.) ok;

132 P: mm

133 D: So you've got to have endoscopy ((gestures to illustrate a tube inserted down throat)) of your (.) from here to to your tummy

134 P: Yeah

135 D: And I have to find and I have to you know see how serious the situation is ok ;

136 P: ((nods)) mm

137 D: Ok but ah I mean (.) from the information I gather from you (..) your lifestyle =

138 P: mm

138 D: =is very very (.) is very important in the management of this problem that you have ok ;

139 ((patient gazes at doctor))

140 D: So er we have to look into how (.) you have to cut back on your drinking

141 P: Well I haven't had one since (.) cause I have my carbon (.) cause it's too fizzy

142 D: Yes

143 P: And that hurts more

144 D: Yes

145 P: I mean I don't drink coffee (.) I don't drink Coca Cola

146 D: Of course

147 P: I I when I do eat

148 D: yes

149 P: I try to do the cooking (.)

150 D: Yes

151 P: I mean my Mum's Portuguese and my Dad's Italian

152 D: Yes

153 P: I'm a good cook (.) a very good cook (.) and I only use fresh=

154 D: mm
 155 P: = things I don't eat junk food
 156 D: Yep
 157 P: All the food that we eat I mean me and the Mrs (.) is stuff that I make by hand
 158 D: Oh right so um I'm going to weigh you (.) take your blood pressure and maybe feel your tummy very quickly ok
 159 P: ((nods))
 160 D: So than we can chat about what we're going to do
 161 P: Yeah
 162 D: All right ((prepares blood pressure cuff))
 163 P: I'll chuck all that over there ((puts various articles from pocket onto the desk))
 164 D: Are you allergic to anything that you know of=
 165 P: = no no
 166 D: ((doctor adjusts cuff))
 166 P: Oh yeah ex wives
 167 D: ((laughs)) \$\$ How many have you got
 168 P: ((laughs)) yeah no ex girlfriends (.) that had my daughters ((laughs))
 169 D: ((doctor pumps up blood pressure apparatus))
 170 P: Yeah I'm allergic to them
 171 D: (6.0) ((Doctor and patient watch gauge))
 172 P: With the drinking too (.) I haven't had one as I was saying I haven't had one since (.) Friday Thursday (2.0) and really I don't feel like one
 173 D: ((doctor removes cuff)) You you've stopped ;
 174 P: Yeah I've I think I can
 175 D: Can you ;
 176 P: Well I've had (.) I've had nine beers in my fridge=
 177 Yes((rises and gestures towards scales))
 178 P: ((rises)) =since last Thursday ((takes keys from pocket and places them on desk)) and ah honestly I'm not (.) I don't really want one
 179 D: All right
 180 P: So cigarettes might be a different story (.)
 181 D: yeah
 182 P: A little bit harder ((moves off screen towards scales))
 183 D: That's ((inaudible))
 184 P: Yeah I've lost ah five kilos
 185 D: Come this way (.) I'll check your height
 ((doctor and patient walk across room)) ((pause of 6 seconds as doctor measures patient's height))
 186 P: One seventy five : (.) It should be one seventy eight (.) do it again
 187 D: No no no ((laughs)) one seventy eight ah one seventy five yes
 188 P: No there's something wrong with that
 189 D: No no no
 190 P: ((laughs)) Do you want me to take that off
 191 D: Yes [please
 192 P: [I like a joke
 193 D: That's all right
 194 P: No I was thinking one seventy eight (.) unless I'm shrinking
 195 D: ((Examines patient's hands)) Are you left handed or right handed

196 P: Right
 197 D: Right handed
 198 D: ((examines patient's face)) that's fine
 199 D: ((examination continues)) You're very skinny eh
 200 P: Yeah(.) well you can't fatten up thoroughbreds
 201 D: Ok I just want you to bend your knee
 ((palpates stomach)) I'll just feel (.) any pain here :
 202 P: No
 203 D: Tenderness :
 204 P: No
 205 D: What about here
 206 P: No
 207 D: ((continues to palpate))Sure : no : no :
 208 P: No well nothing to worry about
 209 D: ((Auscultates stomach))
 210 P: It's not like if I'm drinking something
 211 D: Yeah (..) deep breath
 212 P: ((breathes in))
 213 D: Out
 214 P: ((breathes out))
 215 D: Again
 216 P: ((breathes in))
 217 D: Out
 218 P: It actually hurts when I breathe deep too
 219 D: Yes
 220 D: ((doctor examines legs and feet)) Ok well you don't have (.) at the
 moment you don't have any signs of alcohol intoxication but er =
 221 P: No
 222 D: =but what about side effects from
 223 P: ((sits up)) I've had my liver tested before
 224 D: ((examines patient's chest from the back))
 225 P: And they said it was fine
 226 D: All right ((auscultates from the back)) breathe in
 227 P: ((breathes in))
 228 D: Out
 229 P: ((breathes out))
 230 D: Again
 231 ((doctor moves to the front of patient and listens to heart))
 232 D: All right (...) take a seat
 233 P: ((moves off bed and walks towards seat))
 234 D: You did (inaudible) at the hospital ((scratches head)) mm
 235 P: No no they just gave me a (...) it was like chalk but it was pink
 236 D: Oh right
 237 P: Like Mylanta sort a with anaesthetic :
 238 D: Oh right
 239 D: ((prepares printer)) so we have to base line blood test just to see your liver
 ok :
 240 P: Mm mm
 241 D: Because you drink a lot of (.)alcohol
 242 P: It's been tested before and they said it was fine

243 D: Yes how long ago
 244 P: (...) a::hh yeah that would have been a good six (.) maybe seven years ago
 245 D: A:h ((glances towards the patient momentarily)) ((directs gaze to computer)) (12.0)
 246 P: Do you have any information on um ((taps box of medication)) these
 247 D: Yes I do
 248 P: Because I didn't get any information=
 249 D: Ok
 250 P: = you know on side effects or anything like that
 251 D: Ok((Doctor and patient orient to printed material on the desk)) Now I want a base line blood test from you (.) ok that shows the liver (enzymes and see) I want to see if alcohol is affecting the liver (.) that's number one (.) so number two is um I want you to drop this off at the hospital
 252 P: Mm [ok
 253 D: [ok And I want you to have the what we call the endoscopy because you have a lo::ng history a long standing history of (.) this problem ((indicates centre of chest)) ok (.) that's number two
 254 P: ((nods))
 255 D: Number three is I've printed out something here that will help you (.) in terms of your lifestyle=
 256 P: mm
 257 D: =so your smoking and your alcohol they have to come back especially alcohol
 258 P: (.) I could pretty well (.) I could stop that
 259 D: yes
 260 P: I have no problems with that
 261 D: Yes
 262 P: But if I had one or two (..) [after dinner
 263 D: [Well (.) that's that's fine
 264 P: Because a lot of the times; (.) if I'm drinking ; (.) I won't eat for (.) a week =
 265 D: ((nods)) No
 266 P: =And I'm not hungry (.) cause I'm drinking
 267 D: aah
 268 P: So that's that's no good
 269 D: So these are some of the things ((reads from sheet on desk)) don't don't smoke you know =
 270 P: = ah that's hard
 271 D: Fatty food you know
 272 P: No I don't
 273 D: Spicy food (.) you don't eat spicy foods
 274 P: No I don't
 275 D: You don't eat large or rich meals ok (.) ok
 276 P: (Oh I can't I've got a bad back)
 277 D: Yes don't drink wine with meals (.) do not drink wine with meals You know these are the don't ((indicates sheet)) and these are the 'do's'
 278 P: Drink beer with meals
 279 D: You don't drink beer with meals
 280 P: ((laughs)) Oh I didn't see that
 281 D: Coffee and alcohol you know

282 P: Oh I don't drink coffee
 283 D: ((working through list on sheet)) So these are the things you can do here
 (.) keep your bowels regular (.) squat rather than bend ok (.) eat small or
 moderate meals (.) avoid foods (.) you know=
 284 P: Mm mm
 285 D: = that burns you know
 286 D: Eat sitting down=
 287 P: mm
 288 D: =relaxed
 289 P: I do=
 290 D: =Right so those are the things that () and then reduce your alcohol intake
 (.) this is very very important (.)you know don't smoke
 291 P: That's going to be hard=
 292 D: =I know this is is a habit you know it's going to be hard to () but we're
 here to help[you
 293 P: [I'll try I'll try
 294 D: So you have to come back and see me in any case I will see after you
 know um um you do the blood test you know to come back
 295 P: Today
 296 D: Not today
 297 P: Oh ok
 298 D: In a weeks time so we can talk about what we're going to do about
smoking
 299 P: Do you (.) want me to bring my X-rays that I've got too
 300 D: Yes
 301 P: Do you want them as well
 302 D: Yes yes
 303 P: OK I'll bring everything
 304 D: You need to take this for your stomach that's going to help you first thing
 in the morning ((indicates box of medication))
 305 P: Oh I see so virtually take it while my stomach (.) is empty
 306 D: yes
 307 P: And it gets to the acid straight away
 308 D: Yes yes
 309 P: A::h
 310 D: It keeps working you know it's better to take it first thing in the morning
 311 P: Well I haven't taken it yet so if I take it now ;
 312 D: yes
 313 P: Just get a glass and take it now ;
 314 D: yes
 315 P: That's fine
 316 D: ((directs gaze to computer screen)) Do you have enough of that ;
 317 P: Ah I've got one repeat
 318 D: One repeat ok that's fine that's fine
 319 P: We can get another one next fortnight or next week or whatever =
 320 D: so
 321 P: This is better (.) than that ((indicates other medication))
 322 D: This is better this is better this is better than that [yes
 323 P: [yeah
 324 D: Ok

325 P: Is this new
 326 D: Ah these are there for a long time
 327 P: Ok do you have any information on it (.) about side effects
 328 D: Well you ask the chemist they'll be able to give but I don't expect =
 329 P: Yeah they didn't give me one
 330 D: =I don't expect you'll have much side effects from this one
 331 P: Than that one
 332 D: This is well tolerated
 333 P: Oh that one's got a lot of side effects
 334 D: Well every medication you will see the list of the side effects but this is well tolerated
 335 P: All right
 336 D: Ok
 337 P: So good stuff
 338 D: Yes
 339 P: Ok I'll settle I'll keep to that
 340 D: All right ((doctor hands box of medication to the patient))
 341 P: You know better than me that's why you're the doctor and I just
 342 D: ((Holding print outs in hands)) Well if you do what is here =
 343 P: yep
 344 D: = and we do the endoscopy and the blood test then we can
 345 P: Oh I just go to the hospital for both of them
 346 D: No no you drop this off at the hospital ((indicates referral))
 347 P: Just give it to them
 348 D: Yes the girls will put it in an envelope for you (.) then you drop it off at the hospital (..) and then they will write to you and let you know when you have to come to the [hosp
 349 P: [Oh ok
 350 D: ((Indicating information sheet)) you read through this one
 351 P: Yeah
 352 D: And then you do the blood test ((indicating referral)) and come in next week
 353 P: Where where do I ((points to referral))
 354 D: The blood test is just on that corner there ((gestures in direction of corner))
 355 P: Oh right eo so do I do that today :
 356 D: Well you have to do first thing in the morning (.) have you eaten today
 357 P: I had some er broth [chicken broth nothing solid]
 358 D: [You have to be ()] do it tomorrow morning
 (.) first thing in the morning before breakfast
 359 P: Oh that's all (.) because I can't have breakfast I had () I just had that chicken= (.)
 360 D: yes
 361 P: = broth soup =
 362 D: yes
 363 P: =thing(.) that's not really eating is it
 364 D: No no you've eaten ((laughs))
 365 P: Eh
 366 D: You have eaten
 367 P: Oh ok
 368 D: ((doctor hands sheets to the patient and sits back in his chair))Yes

369 P: So take that to the hospital ;
 370 D: Yes
 371 P And that one
 372 D: yep
 373 P: Do I have to ring up
 374 D: You don't have to ring up just to walk in straight tomorrow morning SMN
 laboratory just here (.) the laboratory is just there ((points in direction of
 the location of the pathology laboratory))
 375 P: ((Patient looks at sheets in his hands)) What's it called
 376 D: SMN((leans forward and points to name on the referral sheet)) SMN Yes
 377 P: Oh oh pathology so I can just walk in there
 378 D: Yes
 379 P: And I just give them my Medicare card
 380 D: yes
 381 P: Yep all right (.) All right (.) [good ((picks up medication box from the
 desk))
 382 D: [Of course this is a huge topic as you go
 along you'll get to understand=
 383 P: =More information
 384 D: Yes (..) read through that ((indicates information sheet)) you'll get to
 know what is happening to you (.) ok ;
 385 P: Yep
 386 D: Good ((rises from chair)) I'll see you next week
 387 P: ((rises)) And how long will it take that ((indicates referral)) for them to
 write
 388 D: About two weeks or so
 389 P: Right and what happens if it starts getting (.) slowly better (...) still go
 anyway =
 390 D: =You still have to go (.) yes all right ;
 391 P: ((nods)) all righty

Practice Based Assessment (PBA) Consultation 9 (Supplementary data)

- 1 D: Grab a seat
- 2 P: ((sits)) Sorry I come in all dirty I don't want to be any trouble
- 3 D: That's ok ((sits)) how are you
- 4 P: I'm getting there mate
- 5 D ((orients towards computer; directs gaze towards screen)) Right (3)
((redirects gaze towards patient)) you've had your blood tests done
- 6 P Mm mm
- 7 D: Back to work (.) in full swing ;
- 8 P: Oh sort of (.) I had Friday off ((nodding))
- 9 D: ((nods))
- 10 P: That was pretty bad (.) that's why I was coming down on Friday (.) I had
an (.) appointment but (.) I fell asleep and I didn't wake up so
- 11 D: Right (.) how are you feeling last time when I saw you as I was telling you
last time we were not here for quite some time=
- 12 P: =Yeah
- 13 D: Then when I saw you last time you said you were having this ti:redness
and [all that
- 14 P: [I am
- 15 D: ((gazes directly at patient)) How do you feel now
- 16 P: I I feel the same way yeah [tired
- 17 D: [even back on the medication you still feel tired
- 18 P: Um medication no ((shakes head)) I'm not on it
- 19 D: ((Looking down at notes)) You know you were taking remember before
- 20 P: Oh before: um that was ((name of medication)) yeah
- 21 D: ((redirects gazes towards patient's face)) mm mm
- 22 P: Yeah yeah I haven't been on that for like yonks (.) I'm just trying to think
how long it's been since I've been on that
- 23 D: So you went off them
- 24 P: Yeah about eight months after you prescribed them to me=
- 25 D: =You went off them by yourself
- 26 P: Yeah no I went and saw the doctor down in Bradley
- 27 D: mm mm
- 28 P: and he seemed to think I was handling it all right
- 29 D: (.) And you were well for the past (.) one or two years =
- 30 P: =Years yeah
- 31 D: And then again you're feeling (..) [down
- 32 P: [Yeah startin to feel back the same way
again yeah
- 33 D: °All right° (.) well I'm just going to go through your results ((orients
towards computer; directs gaze towards screen))
- 34 P: = mm mm
- 35 D: =and see how things are
- 36 P: Yeah
- 37 D: ((reading results from computer screen)) Right so you've had your blood
tests done (.) Vitamin B12 and folic acid is normal ; (..) your thyroids are
good ; (.) you're cholesterol is playing up a bit it's (.) slightly raised (.) it
used to be below the levels that we expect (.) below five

38 P: Yeah

39 D: And it's gone above five (.) five point six five(.) slightly not too much

40 P: Yeah

41 D: But that's not a factor of course for that

42 P: No

43 D: Your blood sugar is good ; (.) we had tested your urine which was fine (.) your liver is doing well and the general blood (.) means the red cells the white cells (.) everything is fine and the (inaudible) are very good ; and your kidneys are functioning (..) just perfect; so all the results actually are fine both of the results are within normal limits (.) a little bit of the cholesterol ((reorients body towards patient; directs gaze towards his face)) that's just that you have to change it a bit in your diet a bit of exercise and all that(..) right (.) just explain to me (.) what (.) exactly you mean by telling me you feel ((slow nod emphasises ensuing word)) (..) tired :

44 P: ((focuses on middle distance)) (3) ((re directs gaze towards doctor)) I can just sleep non-stop (.) and get up (.) and go round en work (.) cause I have to (.) um but probably in the last two months ; or so when I do have my days off I just don't feel like doing anything and I can and do stay (.) two or three days in bed ;

45 D: Is it that you don't feel like doing anything because you don't have the strength or you just (.) don't bother

46 P: ((patient breathes in and out audibly head rising and falling slightly))

47 D: ((Directs gaze towards notes on the table)) How would you put it in your (.) way I would say

48 P: (3) ((directs gaze downwards))

49 D: Not interested in doing it ((directs gaze towards patient))

50 P: That's probably more to the point yeah when I [think about it

51 D: [not interested

52 P: Yeah I mean I know I'm tired I work pretty hard but (.) probably yeah everything seems a bit (..) too much of a drama

53 D: ((directs gaze to notes)) Because when I saw you well a couple of (.) well about two years back

54 P: Umm

55 D: You did say that also you said you were not feeling well ((directs gaze towards patient's face)) you used to feel sad

56 P: Um

57 D: You used to feel depressed (.) [this is what you told me (.)]

58 P: [((nodding))]

59 D: That's last time when I saw you not last time but two years back

60 P: mm

61 D: ((directs gaze to notes)) and um (..) you do have a history in the family of (.) bi-polar your brother

62 P: Yes that's very mm

63 D: ((reading notes)) and work wise you are doing just the same work

64 P: Pretty much yeah yeah

65 D: ((Continues looking at notes)) and according to all that what I understand is you have been on and off the medications for depression

66 P: mm

67 D: And you went off the medications now again you were off the medications

for about a year ;

68 P: ((nods))

69 D: And then again you find yourself going (..) backwards=

70 P: = backwards yeah

71 D: So having tried two or three times now (.)

72 P: Mm

73 D: I mean with me I've just done once and then I didn't see you because you went away =

74 P: = yeah

75 D: But with your history that you have given me it has happened in the past that you have been on anti depressants (..) you do well everything is fine

76 P: ((nodding))

77 D: Even when I saw you you were re (.) you said I'm fine I can go to work and I feel happy and all that (.) and then again when you stop the medications you (.) take a while but then again you go down =

78 P: = down yeah that seems to be a pattern

79 D: So what is happening is you keep relapsing=

80 P: mmm

81 D: =And in that case you should not really stop the anti depressants at least at least for one and a half years or two

82 P: ((nodding)) mm mm

83 D: If at all

84 P: ((nods))

85 D: It's not something that you should (.) say that well you are coping yes because you are on the medication (inaudible) but what is happening is getting a relapse because (..) of that reality you have to be on the medications again

86 P: Mm (..) what um does worry me (..) and it has worried me because (..) I have a friend what was on anti depressants and sh she actually became (..) or she thought (..) reckoned she actually became dependent on em

87 D: ((Sits back in chair)) It's not a question of dependent (..) any condition like for instance you take diabetes (..) you take er blood pressure you take heart problem (..) you take the liver problem (..) so these organs the when you are treating them (..) there are certain conditions again like blood pressure (..) diabetes (..) you stop taking the medications : (..) you relapse :

88 P: mm mm

89 D: you see because the organ is (..) affected

90 P: Yeah ok

91 D: Same way now you are having a problem of depression which (..) if you put it nicely and I'm explaining to you (..) this is that the chemistry of the brain(.)changes:

92 P: ((Nods)) mm mm

93 D: Like other conditions we get hormones in the bl in your of your body changes (..) so it reacts (..) right: some people can tolerate (..) some amount of ahh pressure (..) the others (..) they can't even tolerate (..) small problem

94 P: Um um

95 D: That's again a personality change

96 P: ((Nods))

97 D: Other people they get so many problems but they solve it and they keep

going they don't need anything and they know how to cope

98 P: ((nodding))

99 D: Yet there are others they have a small problem they start thinking about it
(.) stressing about it and really(.) it's not that they want to do that but it's
just that there brain is of that state

100 P: I see [yeah

101 D: [so you just need some help

102 P: Mm mm

103 D: It doesn't mean dependent dependent means (.) well she's put it as a
dependent but it is the same thing like you have to take it (.) all the time
(..) just to keep the chemistry of your brain going at the level that it
should:

104 P: ((Nods))

105 D: Where it keeps you in a functional (.) way (.)state

106 P: Yeah is there any (2) um you sort of said that I uh it could be a rest of the
life thing

107 D: Sometimes yes ((rise fall tone))

108 P: Ah how would you know (.) how do you know [inaudible

109 D: [you have tried it twice or
thrice [going off it

110 P: [yeah yeah ok yes ((looking down and nodding with wry grimace))

111 D: And then you go backwards so for you it means you have to give it more
time rather than stopping it after eight months after six months give it
more time if you want to still try (.)

112 P: ((nodding))

113 D: Give it some time rather than stopping it as soon as you say well I'm fine
now (.) you are fine ↓because you're taking the medications

114 P: Ok yeah I sort of understand that now

115 D: You see ↓

116 P: Yeah

117 D: For that reason you really have to be (.) a bit more strict with yourself
rather than saying I'll be dependent (.) it's a drug (.) things like that

119 P: mm

120 D: It's not (.) it's a medication just for you to really feel comfortable and get
going with your life ↓

121 P: ((nods)) mm mm

123 D: You don't want to feel all the time the way you are feeling

124 P: No most definitely not no

125 D: Ok ↓

126 P: And what is are there any long term effects (..) do you know wh what
((gestures))

127 D: ((doctor shrugs slightly))

128 P: Do you know long no

129 D: Any medications we can say there is some sort of effect but we can't say
that there's a bad effect of it no =

130 P: ((nods))

131 D: = No that is going to (.) cause something (.) worse than what you are
having or something else

132 P: ((Nods)) yeah that's all I was sort of concerned about yeah

133 D: And the only thing is that you can try another one ↓ but

134 P: Mm

135 D: Because you took the medication last time and it was fine (.) so you didn't have any of the side effects with it ; (.) for that reason to stay on that one would have been much better on the effects

136 P: ((nods))Mm mm

137 D: Fine ; so take it again (.) we'll start on the low dose (.) and let me see you again in six weeks time (.) see how you feel

138 P: Ok

139 D: It will be again another test to see how you're feeling better or

140 P: \$\$ mm mm mm yeah

141 D: Do you smoke

142 P: Yes

143 D: Still smoking=

144 P: =Still smoking

145 D: Not planning to give it up

146 P: I would very much like to [but I um

147 D: [you would

148 P: I um (3) I can virtually give it up but (.) I like to have a drink

149 D: How many drinks do you take

150 P: Oh probably only (.) one or two

151 D: Every day

152 P: No:: o not every day no (.) then Fridays I might have three or four (..) and that's when I sort of normally have a smoke (.) sitting down and having a drink so

153 D: ((types into computer)) so it's mainly ((directs gaze back to patient)) because of the drink you are telling me [that you are unable to give it up

154 P: [Oh well yeah (.) it's sort of (.)for me it's sort of like a thing that used to go hand in hand if you know what I mean ;

155 D: ((gazes towards patient's face; smiles; chuckles))

156 P: Ohh yeah \$\$ well ok ((laughs)) yeah it's sort of

157 D: I'm not going to [(inaudible)

158 P: [Yeah no I know what you're saying

159 D: You'll just have to (.) think about it

160 P: Yeah

161 D: ((typing into computer)) and I always tell my (.) clients that if you are not ready ((turns towards patient)) it doesn't really work very well unless and until you say yes I have to do something =

162 P: Yeah

163 D: = And then we help you out (.) we show you other ways and all that and it works

164 P: Mm mm

165 D: But (.) as you say you are not ready for it in the sense that yes (.) you can give it off but yet you find =

166 P: mm

167 D: = That you are not yet up to that stage that you can ((takes script from printer))

168 P: Now I give it up for six months but I found myself (.) every time I went to a barbecue (.) or anything like that (.) it was (.) you know what I mean I didn't enjoy myself

169 D: ((Gazes towards patient)) mmm
 170 P: Because I was fighting (.) giving up smoking
 171 D: ((nods))
 172 P: So I decided that that was it (.) I wouldn't smoke during the day although I
 had one this afternoon (..) I was pretty stressed out but um (..) yeah that
 was (.) now I've sort of cut it back to that basically (.) that I just have a
 drink or when I go to barbecues
 173 D: Mm mm
 174 P: And like I said I'm down to about [((head on side as if calculating))
 175 D: [Right ok ((folding scripts)) we'll go
 back on the tablets (.) then I'll see you again (.) give it a thought on the
 smoking (.) maybe once you settle this problem maybe you can (..)
 176 P: ((nods)) mmmm
 177 D: think differently maybe a bit later
 178 P: ((nods)) Yep
 179 D: So we'll go one step at a time
 180 P: Sounds very good
 181 D: ((hands script to patient)) There you are
 182 P: Thank you very much doctor
 183 D: So let me see you in six weeks =
 184 P: =Six weeks ;
 185 D: Is there nothing else you want to ask me
 186 P: Umm (8.0) ((head down))
 187 D: ((turns away from the computer and directs gaze to patient; sustains gaze
 during patient's 8 second silence))
 188 P: These yeah these drugs will take a while to kick in won't they
 189 D: ((reorients body towards patient)) ((nods)) Usually yes at least give them
 three weeks
 190 P: Yeah right so I've got another three weeks ahead sort of like I am ((directs
 gaze to doctor's face))
 191 D: Ah I even had someone who took it today and was feeling right tomorrow
 which I find a little bit difficult to understand but usually it takes a couple
 of weeks
 192 P: ((casts gaze down)) Ok then yeah ((nods)) oh well I'll know ah know what
 I'm prepared for
 193 D: Yep ((reorients towards computer)) but it can happen in a few hours so =
 194 P: mm
 195 D: = (inaudible) faster because you have been on them for some time so
 196 P: Yeah all right ((looking down nodding))
 197 D: All right ; ((rises))
 198 P: ((rises)) Ok then thank you very much doctor

Training Role-play 1 (Registrar training)³

- 1 R: Hi Graham is it
2 P: ↓No ↓Bob
3 R: Bob sorry my name's Linda ; um can you tell me what's brought you in to see me today
4 P: ↓My mother said I had to come
5 R: ((nods)) ok can you tell me just to start how old you are
6 P: (.)Fifteen
7 R: Ok and why did Mum send you
8 P: Dunno
9 R: Not sure
10 P: She's she's always whinging at me you know she's always on my back about everything
11 R: Mm mm
12 P: So I suppose she's sent me to see if you can fix me
13 R: Ok is there anything that you think you've been that's been worrying you more than other things lately or
14 P: Nope=
15 R: =Nothing ; (.) what's Mum been saying [((inaudible))]
16 P: [ohh she just says everything all the time (.) she thinks I'm on drugs ; (.) she thinks I'm having sex ; (.) she thinks I'm smoking ; (.) she tells me to tidy my room ; (.) she doesn't like my music ; ((facial gesture of disgust))
17 R: Ok sounds like ((gestures with hands as if searching for right interpretation)) there's a lot of you're having a lot of problems with your mum
18 P: Yeah
19 R: Has it been for a while or just recent[ly
20 P: [oh the last couple of years she's just been getting worse and worse
21 R: Ok(.) all right and all the things that you mentioned before that your mum's worried about are you worried about any of them
22 P: Nope ;
23 R: Nope ok so you're pretty happy with where you are at the moment school and friends and
24 P: Ah I'm I'm sick of being treated like a child
25 R: Mm mm
26 P: Sick of being told what to do and
27 R: So you think it's more your mum's the problem
28 P: Yeah yeah
29 R: So um can you tell me in the past you've been to see the doctor at all about anything
30 P: Oh I had measles once and um I broke my ankle
31 R: Ok so that's pretty much the only[time you've been to the doctor
32 P: [Yes

³ In transcriptions of training role-plays R denotes role-playing registrar, P refers to the role-playing patient, Ed refers to the medical educator and Prt to observing workshop participants

33 Ed: Let's just stop here what's going on in your head at the moment
34 R: Um he's not really volunteering very much=
35 Ed: ((nods))
36 R: =medical
37 Ed: mm
38 R: It sounds like there's a kind of mainly ((inaudible)) without threatening him
39 Ed: ((nods))
40 R: So ((inaudible)) as much as possible ((inaudible))
41 Ed: How are you feeling Bob
42 P: Ahh it's a waste of time ((laughs)) ((turns towards registrar)) I think she's beautiful
43 P/Ed: ((laughter))
44 Ed: So how are you responding to her questioning
45 P: I'm trying to you know as a fifteen year old boy she's an old woman you know so
46 Pts: ((chuckle))
47 P: So she doesn't so from just trying to be that fifteen year old boy that's sort of angry at everybody
48 Ed: What are others noticing what's um what's Linda doing well
49 Prt 1: Well she's actually getting a lot of rapport I think um initially there was a lot of um Bob was rejecting her with a whole bunch of closed answers but after a while he started to expand and talk about talk about sex and school and thing like that um but I think she was still having trouble and I think she's still trying to establish that that route into whatever the actual presenting problem was=
50 Ed: um
51 Prt 1: =and I think that was pretty good actually (just using other things and talking about other issues to maybe flesh out what was going on)
52 Ed: Ok you've used the word rapport that there was good rapport developing what was what features demonstrated that
53 Prt 1: um
54 Ed: Anybody
55 Prt 2: I think she reflected what Bob was saying um ((inaudible)) after hearing about the problems he was having with his mum she was saying so is it more about your mum you're not getting along well with your mum and just so=
56 Ed: ((nods))
57 Prt 2: =So like that she understands=
58 Ed: ((nods))
59 Prt 2: =the situation where he's coming from that might make him feel even more comfortable in opening up later on in the consult
60 Ed: Yeah yeah I quite agree (.) any other evidence of the rapport building strategies
61 R3: I think like ((inaudible)) the conversations like a bit more free flowing
62 Ed: Yes yes
63 Ed 2: But also you notice it in the body language
64 P: Yes that's true [the eye contact
65 Ed 2: [you notice that Bob when he first came in was completely turned away from her as well it was like ((demonstrates

turning away)) and then as the progressed he started to turn towards her and had more eye contact you could see that=

66 Ed: Mm mm ((nods))

67 Ed 2: = happening

68 Prt: Initially Linda had moved her chair back a little but towards the end of it she was actually leaning in a bit

69 Ed: mm

70 Prt: She sort of decreased that distance thing

71 Ed: Were you aware of that happening Linda

72 R: I kind of like with adolescents I would stay away from them (.) to start=

73 Ed: Yeah

74 R: = and then like cause I generally tend to get closer to people ((inaudible)) I'm not generally aware of it but

75 Ed: Mm yeah look I would agree with all those comments you've made and um you've made reflective statements you've demonstrated body language um and you've manifest that interest in getting involved (.) You find it's interesting with adolescents often they're very quiet and withdrawn and yes no or they go through the grunts (.) every answer is a grunt you've just got to get the negative and the positive grunts

76 P: ((chuckles))

77 Ed: and then suddenly they start talking and it's almost whoa back off you know and then you seek to control the um well not control but actually to process the amount of information (.) so where to from here

78 R: I ((inaudible))

79 Ed: Well let's do it

80 R: Ok

81 R: So Bob so I think you were talking about what's happening at school at the moment:

82 P: Oh yeah well I've got exams coming up [yeah

83 R: [mm mm

84 P: So that's a bit of a drag =

85 R: = mm

86 P: = cause Mum wants me to study all the time

87 R: Mm you're year ten is it =

88 P: =Yeah yep

89 R: Ok and how are you finding it

90 P: Oh the teachers are all dickheads you know

91 R: Really:

92 P: yeah

93 R: In all your subjects they're dickheads or

94 P: Oh mostly you know um English is all right=

95 R: = mm

96 P: = but the rest you know

97 R: So you get on ok with the English teacher :

98 P: Yeah she's good yeah

99 R: Mm and anything else at school you like um sport or [music or

100 P: [Oh yeah I play a bit of sport I play a bit of music yeah

101 R: Do you :

102 P: Yeah
 103 R: What do you play
 104 P: Oh bass
 105 R: Excellent
 106 P: yeah
 107 R: Are you in a band
 108 P: Yeah oh well I'm with a few mates we jam on weekends and [stuff yeah
 109 R: [cool=
 110 P: =It's really cool=
 111 R: =That' great yeah

112 Ed: Ok well obviously we're heading into a HEADSS assessment
 113 R: mm
 114 Ed: That a fair comment
 115 R: mm
 116 Ed: What was that manifest there that we spoke about earlier today
 117 Prt: Using their language
 118 Ed: Using their language yeah ((to doctor)) are you comfortable saying that
 the teachers are a dickhead
 119 R: Yep
 120 All: ((laughter))
 121 R: Yeah I tend to swear more than the average patient
 122 All: ((laughter))
 123 Ed: Do you see that as an advantage
 124 R: (inaudible) from Liverpool
 125 Ed: Oh say no more (.) any other observations to what we were talking
 about
 126 Prt: ((inaudible))
 127 Ed: ((inaudible)) yeah
 128 R: Do you want me to comment
 129 Ed: Yeah
 130 R: I was trying to ((inaudible))
 131 Ed: ((nods)) How are you feeling Bob
 132 P: Good good I think she's ok
 133 Ed: What about the band thing
 134 Ed: When she started talking about asking about the music what was your
 reaction there
 135 P: Oh good cause that's something that I ((inaudible)) yeah
 136 Ed: That was extremely obvious in your reaction you almost sort of jumped
 at the chance to say yeah I'm in the band and playing the bass so it's
 obvious it's something you're very passionate about
 137 P: mm
 138 Ed: and there was a real connection I saw at that point ah did you say cool
 or something like that
 139 P: Yeah you did
 140 All: ((laughter))
 141 Ed: And using the using your own language which we perceived as the
 patient's language
 142 R: ((inaudible))

143 Ed: Do you want to talk about that
144 Ed: Let's call this ((inaudible)) first because what was your brief
145 P: Um ((reads from briefing slip)) You are a teenager who's been told to
come to surgery by your mum who is in the waiting room (.) she thinks
you are on drugs and you have been having some more and more rows
as a result (.) you're not on drugs though you occasionally try some
marijuana and ecstasy at parties (.) you resent being treated like a child
and dragged to the doctor's
146 Ed: So there's some more to be revealed there which obviously would
happen
147 P: yeah
148 Ed: in time [so
149 P: [once I could trust her then I would tell her about the drug
taking but initially I wouldn't
150 R: Mm
151 Ed: Yeah ok cool ok thanks let's grab number two

Training Role-play 2 (Examiner training)

- 1 P: Hi
2 D: Hi what can I do for you today
3 P: Oh look I've been feeling really queasy I've had some tummy bug [and=
4 D: [oh
5 P: =I don't seem to be getting rid of it
6 D: Oh ok (.) how long have you been feeling sick for
7 P: Um oh look it's about two weeks ago I started feeling you know really
queasy in the tummy and then this last week I've actually been vomiting
8 D: Oh have you ;
9 P: Mm
10 D: Yeah ok (.) have you noticed anything else with that
11 P: Um not no I've had no diarrhoea=
12 D: =yep
13 P: Because in terms of the sort of gastric (.) I kind of thought I had a low
grade gastro
14 D: Sure sure um any tummy pains at all
15 P: Um no it's been pretty=
16 D: =good
17 P: That's been ok
18 D: Good good and um no um fevers or anything like that
19 P: ((shakes [head])) no]
20 D: [((shakes head)) no]
21 P: I've been really otherwise ok it's just feeling really=
22 D: =yeah
23 P: = really yuk
24 D: Yeah anyone else in the family sick at the moment
25 P: No they're all fine
26 D: Good good and um where are you in your menstrual cycle at the moment
27 P: Oh I never know um ((scratches head)) my last period was probably about
eight weeks ago
28 D: Oh ok ; (...) is that unusual for you
29 P: Mm not particularly no
30 D: ((nods)) no no sometimes=
31 P: =Periods are all over the place
32 D: Yeah yeah
33 P: And my husband's had a vasectomy so I don't even think about it
34 D: Right ok ok and you haven't had any symptoms of pregnancy at all; you've
been pregnant before (.) breast tenderness or anything like that
35 P: Oh well I mean I wouldn't even consider pregnancy being=
36 D: =Sure sure
37 P: =an issue
38 D: Ok ok (.) and have you been travelling anywhere or done anything like that
recently
39 P: Nope
40 D: Nope (.) and you don't take any medications at the moment do you
41 P: No I'm not on anything
42 D: Nothing over the counter or anything like that
43 P: ((shakes head))

44 D: Nope

45 D: Ok um ((to observing examiner)) I might examine the patient now if that's ok ((takes examination findings from observing examiner and reads findings for about 1 minute)) ok

46 D: ((directs gaze to patient)) Virginia I've done the pregnancy test and it looks like it's a positive test

47 P: O::h it couldn't possibly be you know Craig (.) you know Craig and I haven't wanted any more children

48 D: mmm

49 P: O::h

50 D: Can you think about how that might have happened

51 P: O::hh (.) a::h (4) yeah

52 D: ((nods))

53 P: Oh you know really one of those oh (...) stupid things

54 D: mm

55 P: Oh dear I've done (.) it was about six weeks ago I went on a social outing with some friends

56 D: yeah

57 P: And probably drank too much and (.) my friend's husband drove me home and (.) one thing and another (.) we used a condom (.) oh dear that's mm

58 D: ((barely perceptible nod)) it must be an awful shock to you

59 P: Oh ((shakes head waves hands in gesture of disbelief; brings hands to face)) O:h it wasn't on my agenda even a conscious thought ((sighs deeply))

60 D: ((full attentive gaze on patient's face across 4 second pause)) mm

61 (4)

62 P: Oh dear what am I going to do what am I going to say

63 D: Um ((leans forward)) I think this is something we're going to have to talk about more (.) obviously (.) this must be just a really a really big shock to you and I think that we need (..) there's lots of issues=

64 P: = um

65 D: = we need to talk about isn't there

66 P: mm

67 D: um (...)

68 P: I feel like a bomb's gone off

69 D: Yeah yeah yeah I me:an obviously I'll do everything I can to support you through this time in =

70 P: mm

71 D: = in talking to in talking to Craig and in supporting you (.) talking to Craig if you'd wish

72 P: mm

73 D: And also you know supporting you with whatever you choose to do

74 (3)

75 P: Ok ((sighs)) just (.) yeah

76 D: ((attentive gaze directed at patient's face over 3 seconds))

77 P: I feel a bit like a stunned mullet

78 D: Yeah yeah ((looks back towards notes)) I think (..) what maybe we could do is organise for you to come back in even tomorrow or the next day

79 P: Mm mm

80 D: Um and chat some more about this when you've had time for things to

settle down and this would be did you have any particular questions at the moment

81 P: Um no no ((shakes head))

82 D: ((nods head; sustains gaze directed on patient's face))

83 P: I just [can't

84 D: [just overwhelmed

85 P: I mean I suppose I must be six weeks pregnant cause that's when it was

86 D: ((nods)) mm [mm

87 P: [yeah (..) and that'd make sense with the symptoms

88 D: Yeah oh it would all fit with that

89 P: mm

90 D: I mean at this stage with looking at you (.) I'm not worried about anything else going on so that's reassuring you know

91 P: mm

92 D: You don't seem sick in any other way [at this stage

93 P: [uh I think I'd prefer to have an ulcer actually

94 D: Yeah yeah

95 P: Less consequences

96 D: Mm yeah I mean as I said you will need support over this time and this is a safe place that you can come to talk about (..) you know anything that you need to but um (.) and obviously you know (.) I know Craig but I will keep this confidential as long as you would like me to

97 P: () thanks hh yeah I can talk to my sister she's [like a rock

98 D: [yep yep (.) I mean obviously depending upon what you decide to do there are lots of other things to talk about (.) and there are different options for you and um would you like me to talk about those a little bit now or

99 P: ((hand gesture of agreement)) yeah I mean I don't know how much'll stay in

100 D: Yeah yeah I mean

101 P: I've never had to think about something like this ever before

102 D: Yeah yeah some people in your situation would choose to continue (.) the pregnancy and that's an option for you and if you choose to go down that path we can talk a lot about early pregnancy tests ((looks at notes)) it's been a little while since you've had a child=

103 P: = mm

104 D: = so we might need to remind ourselves about that and the most important things in that regard would be starting folate as soon as possible in order to you know protect the baby (.) umm some other people would choose not to go forward with the pregnancy and then you know I could talk to you about options in terms of abortion

105 P: mm

106 D: And we could talk about what's involved with that and how we would go about organising that for you (.) I suppose I suppose the third option I always mention is the option of continuing the pregnancy but adopting the baby out if that's what you chose to do

107 P: mm

108 D: yeah

109 P: mm

- 110 D: It's a lot to take in (..) yeah
- 111 P: Ok I'll um (.) yeah so I mean hh so if I come back and see you in say (.)
maybe two or three days
- 112 D: Yeah yeah yeah [or
- 113 P: [is there anything else I need to be worried about
- 114 D: Um I think um you know we talked about you know I mean there certainly
wouldn't be any harm in starting folic acid and we talked about um if if
you decide to continue with your pregnancy that would be an important
thing to start ((consulting notes)) you don't (.) smoke do you
- 115 P: O:h I do socially yeah
- 116 D: Yeah I mean that's obviously a concern in a pregnancy
((bell rings signalling end of time allocated for the case))

Training Role-play 3 (Registrar training)

- 1 R: My name's Arthur I'm the GP here
2 P: Thank you ((sits))
3 R: ((sits))
4 P: I'm just I'm re::ally angry I've been out in that waiting room for forty five minutes in my job I get paid a hundred dollars an hour that's seventy five dollars I could have had in my hand if I'd been at work and I've been sitting out there with all those coughing and sneezing people and those out of date magazines and I'm just so cross about it
5 R: I'm sorry about that I understand your concern I'm sorry for that I understand that you're (..) all right I =
6 P: = I've got an appointment I've been waiting all of this time and I could have been out of here a half an hour ago I'm just really =
7 R: = I'm sorry these things don't happen all the time but sometimes it can happen maybe when you come next time just let us know and we can make a time for you
8 P: I certainly will
9 R: Ok now how can I help you today
10 P: Well I've got pain in my feet I'm really worried about it my grandmother had diabetes
11 R: mm
12 P: and she had her legs sawn off at the knees and I just don't want to go there myself I'm really quite quite angry
13 R: ((nods))
14 P: I've been to this surgery before I saw another doctor it wasn't you =
15 R: mm
16 P: = and I had a test a test to see if I had diabetes nobody ever got back to me
17 R: Ohh
18 P: I just don't know where things are at at this place
19 R: All right do you remember when you had the blood test
20 P: Yes twelve months
21 R: All right I'll just look at my records

22 Ed: All right let's stop here
23 P: ((Resettles in chair))
24 R: ((Resettles in chair))
25 Ed: Wow
26 Prts: ((laughter))
27 P: ((fans face as if to cool off))
28 Prts: ((laughter))
29 Ed: How are you feeling Arthur
30 R: Oh think I know some patients who come like that
31 Prts: ((laughter))
32 Ed: You're used to this
33 Prts: ((laughter))
34 Ed: When she made her outburst what was your first reaction
35 R: Just to give some time to voice her concern to be angry just give comfort =

36 Ed: Yeah
 37 R: = take it easy and explain why I was late
 38 Ed ((directs gaze to group)) How did that look to the rest of us
 39 Prt: He acknowledged her concerns tried to give a reason why (.) I think he defused the situation by giving an apology of his own
 40 Ed: ((nods))
 41 Prt: And he let her vent=
 42 Ed: = he let her vent he let her vent and did you notice that she was actually beginning to run out of steam
 43 Prts ((laughter))
 44 P: ((inaudible))
 45 Ed: And that's a very powerful thing
 46 R: And I did say that the next time she comes if she could let us know so that we could make some time
 47 P: yes
 48 Ed: Yeah so you gave a concession
 49 R: yeah
 50 Ed: So you let her vent (.) you apologised (.) um ((to whole group)) is that apology appropriate do we have to apologise
 51 Prt: I think apologising for running late is pretty standard
 52 P: You can say I'm sorry that you had to wait
 53 Ed: mm
 54 P: Which doesn't say (..) anything else
 55 Ed ((nods; directs gaze to patient)) how did you react to that
 56 P: That was good I felt better when he said he was sorry because I was very cross
 57 Ed: Yeah
 58 Prts ((laughter))
 59 Ed: You mentioned that talking about the venting and the running out of steam were you really running out of steam
 60 P: Yeah I was thinking come on I'm over this it's not my modus operandi
 61 Ed: I can't have an argument without responses
 62 Prts ((laughter))
 63 Ed: Ok so what else was revealed at the next phase of the consultation
 64 R: She was very angry because nobody called her back about her results so just go and attend to that one and just look in my computer and then I can give the blood result and then I can go forward
 65 Ed: ((directs gaze to patient)) How did you feel about that distraction
 66 P: Good
 67 Ed: You felt ok
 68 P: I felt oh he's got it oh
 69 Ed: ((to group)) The second part of the history what were the features of the second part
 70 Prt: (Family history of amputation)
 71 Ed: Amputation in family history(.) what else
 72 R: And she's very busy she can't come and go we have to give her some decision today because it's very costly for her
 73 P: Mm mm
 74 Ed: So if we were to summarise what do we know about this woman already (..) in the first few minutes of this consultation

75 ((silence))
76 Ed: Let's just list the facts apart from being angry
77 Prt: She's got leg pain
78 Ed: She's got leg pain
79 Prt: She has a family history of diabetes
80 Ed: Family history of diabetes
81 Prt: Family history of amputation
82 Ed: Amputation
83 Prt: She's a type A personality
84 Ed: She's what
85 Prt: a type =
86 Ed: = Type A personality
87 Prts: ((laughter))
88 Prt: She feels quite neglected and helpless I think
89 Ed: Neglected and helpless :
90 Prt: I think she's scared I mean I think that's the biggest thing=
91 Ed: = she's very frightened and she's got a high paying job so she's under pressure (.) this fabulous snapshot it's taken about half a dozen words it's the value of that opening statement from the patient even if it's laced with anger =
92 P: ((nods))
93 Ed: = and frustration so already to fill out our squares of the patient centred model we know a lot about the context we know a lot about the patient we're learning about her agenda and her concerns and so the next phase will be the um trying to establish that rapport and that relationship and working out the common ground um (.) let's take it one step forwards let's explore her concerns (..) you've discovered that the blood sugar level is (.) six point one
94 R: ((laughs))
95 P: ((resettles in seat to orient towards registrar))
96 R: ((resettles to orient towards 'patient'))
97 R: I've checked your results what did the doctor say were you fasting at that time
98 P: Yes
99 R: Your blood sugar is a bit higher than normal
100 P: Oh no really > does that mean I'm diabetic will I have to take injections will that impact on my work<
101 R: I can't tell you (.) it won't impact on your work I can tell you that but if you've got diabetes yes or no I can't tell you now
102 P: Well would somebody get back to me this time
103 R: Well what happens you'll need to come back again I know it's very difficult for you you're a very busy person and time is very valuable for you
104 Ed: Let's pause here a lot of material there so um the patient made a whole list of concerns and um ah worries there was about three or four just bang bang bang straight in a row and um I agree you dealt with that nicely
105 P: ((nods))
106 Ed: But if we're to practice what we were talking about this morning what's some sort of empathic statement you can make after being told a:ll my

worries

107 R: ((2.0))

108 Ed: ((directs gaze to observing participants)) Do you remember that part of the consultation (.) something we could say just to sort of make a connection

109 R: Reassure her like

110 Ed: Can we reassure her ;

111 R: Like she was worried about her job that it will affect her job

112 Ed: Yeah something more general than that can we sort of =

113 R: = We are not sure we are not sure that she has diabetes

114 Ed: Yeah but again we don't know we're right at the front end of this consultation there's a lot of information we need to bring together before we can actually work out what needs to happen in the future but she's presenting with an enormous amount of concern and um and apprehension so (.) you need to practice an empathic statement

115 R: I need to know about her personal life is she smoking and other =

116 Ed: = yep we need we're going to get to all that but I just want a statement that will just make her know that she's being listened to

117 Prt: I understand your concerns

118 Ed: I understand your concerns

119 Prt: Or you seem very concerned about these things I think maybe a statement to reflect back to her that you've heard what she's saying under all these questions

120 P: ((nods)) mm yeah

121 Ed: So you've got many concerns (.) that's a lot of concerns yes you're very concerned (.) I can understand your concerns I mean you have to personalise it and make it work for you (.) empathic statements from a list don't work so well

122 Ed: ((directs gaze to observing participant)) What would you say Anne

123 Prt: It depends on the patient but I'd probably say something like you've obviously got a lot of concerns we'll make sure we address all of these today

124 Ed: Mm it's an empathic statement plus a sort of a way forward as well

125 Prt: ((inaudible))

126 Ed: Sorry

127 Prt: (giving hope)

128 Ed: Yeah and giving hope yeah

129 R: She was not very happy because she was kept waiting today to do the blood test she has to come again

130 Ed: yep

131 R: And that's why I'd tell her I know her job is very important

132 Ed: Oh absolutely

133 P: And that and you could say yes but we need to worry about your health

134 Ed: And you sow the seeds that this is going to take time

135 P: yeah

136 Ed: It will work out over time but I'm listening to you and I'm concerned for you and we're going to work together to address your concerns and my concerns as a doctor as well

137 R: ((nods))

138 Ed: ((slaps knee as if to round off role-play)) very good ok

Training Role-play 4 (Registrar training)

- 1 P: Hello doc I'm going to be very easy today doc all I need is some antibiotics
- 2 R: Oh ok and um what's the what's the problem
- 3 P: I've just got my usual flu; I get this flu every year; and you know the antibiotics fix it up straight away
- 4 R: Ok and how long have you been feeling unwell for
- 5 P: Oh you know the last twenty four hours the usual things you know the cough the runny nose the sneezing the you know but you know I just need my antibiotics doc and I'll be right
- 6 R: Ok and (...) umm (.) is there anything else (.) any other symptoms you've been having over the last couple of days [just the
- 7 P: [oh no not really doc I just need my antibiotics
- 8 R: Ok before we get to you know what antibiotics or whether or not (.) I just want to ask u::m have you had any fever or =
- 9 P: = oh yeah I think I've had a fever I haven't checked the thermometer but you know I get this every year doc every year so I know and the antibiotics just fix it up straight away.
- 10 R: So you've just come in for a script
- 11 P: Yeah I just need to get my script and my antibiotics I'll be right
- 12 R: Ok (.) well as you know well (.) what (.) um well just to inform you not every time you use antibiotics for the flu; it's sometimes it can be a help but in most cases it doesn't really actually a::h [affect
- 13 P: [But doc I had these symptoms the year before last and it turned out a really bad pneumonia and I ended up in hospital and the doctor didn't want to give me the antibiotics that time either and see look what happened I mean I ended up in hospital and that was more time off work <so just give me the antibiotics doc and I'll be right <
- 14 R: You've had pneumonia in the past;
- 15 P: Yeah the year before last I ended up in hospital with it
- 16 R: mm
- 17 Ed: Ok ok let's stop (.) ((gaze takes in registrar and observing registrars)) what's happening here (...) it's a real case
- 18 R: It's going to be a lot more difficult to decline (.) I think what I need to do is to work out whether it's (..) required and if it is required then of course (..) you know but if it's not required then you've also got to make a judgement on (.) in her personal experience (.) I think we talked about that (.)
- 19 Ed: ((nods))
- 20 R: Because what happened in the past (.) it ended up with an adverse effect (.) I think that was part of it
- 21 Ed: Yeah (.) do you um (.) do you think you've established common ground yet
- 22 R: No
- 23 Ed: (Directs question to whole group)) How can we establish common ground

in this situation

24 (4)

25 Ed: What strategies (0.5) what phrases you could use

26 (3)

27 Prt ((from the floor)) Well obviously you had some severe problem in the past that we need to check ((inaudible))

28 R: Ok I understand you've had a poor outcome with something similar last year

29 Ed: Well try it

30 R: So

31 Ed: Right ((resettles in seat))

32 P: ((resettles in seat))

33 R: ((resettles in seat)) Look I understand you've had a poor outcome with falling sick last year you've been hospitalised (.) with pneumonia (.) having to have a lot of time off work umm but at the same time we've got to treat each case on its merits u:mm I think before we get to that stage I need to have a closer look and um see how we go (.) yeah (.) how how do you think about that

34 P: Yeah ok go ahead have a look doc

35 R: Ok

36 Ed: Ok let's stop again ((directs question to registrar)) how do you feel that went

37 R: ((inaudible))

38 Ed: How does the patient react

39 P: I feel like I'm going to get my antibiotics

40 Prts ((Laughter from group))

41 Ed: \$\$It's given you hope

42 ((Laughter from group))

43 Ed: Do you think that was effectively establishing common ground

44 R: (1.0)

45 Ed: The point of this scenario was that fact that there were totally different agendas here (.) obviously your agenda's going to be significantly different but in the process of (..) you kind of understand where she's coming from (.) she's had a previous infection (.) told it was viral ended up in hospital so it's only natural to conclude that had she been given antibiotics there wouldn't have been a problem

46 R: mm

47 Ed: That's a hard experience to (.) address because it's it's established in the history (.)so to bring it to the present to say ok let's see how you are now (.) let's examine you (.) let's see if you've got any signs or any suggestion that the same things going to happen and then comes the management or the negotiation of the best way forward.

48 R: Ok

49 Ed: Can you remember last time um can you recall when you you knew that things were deteriorating (.) what changed (.) so it addresses the question why (.) why is this time different or similar to last time (.) and try and get that sort of detail out of it (.) and she might say well actually I was starting to get better and then I developed this cough that was quite different (.)

and I developed a fever (.) and so you've already sort of differentiated the two illnesses and given um today's illness a better context (.) in comparison to the previous illness ((so that's the sort of thing to do)) so we won't push this scenario further for that reason because we'll get bogged down in management strategies and getting them out of the door strategies ((directs gaze towards registrar and smiles)) thank you ((Registrar and role playing patient rise and return to their seats))

50