

DARG workshop 5 March 2025

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Verdis Edited Recording 37 [1:36 - 4:44]

Start [1:36]

1. Pat: Uh- I presume .h my impression is, being. bright and alert
2. a:nd still totally (0.2) .hh compo(h)s mentis ki(h)nd of
3. thing,
4. Doc: M[m.
5. Pat: [with (0.2) physically being frail,
6. Doc: Mm.
7. Pat: is quite difficult ↵isn't it.
8. Doc: Mm (0.1) It is.
9. Pat: Uh:m (1.2) m[cht
10. Doc: [And I think there's uh- There's ay- There's
11. ay: uhm So- so being alert in yourself feels really
12. important.
13. (0.5)
14. Doc: Uhm (0.4) mcht being physically frail's ↵difficult. .hh
15. Pat: Yeah.
16. Doc: °I think° uhm I mean .h at some point, a bit like on
17. Friday when: (.) you know, the infection showed itself,
18. .hhh uhm, >that< you know, there's a risk things
19. change suddenly.
20. Pat: Yeah.
21. Doc: Uhm and I guess having a bit'v a- a bit'v a game plan for
22. that would be good. ((sniff))
23. Pat: Yeah. That would be useful.
24. Doc: Um have you- have you got thoughts on .hhh (0.8) on what
25. would- what would work for you.
26. (0.2)
27. Pat: In terms of::?
28. Doc: .hhhh How much to try and do at ho:me (.) when to come
29. in, (0.4) Those kinds of things.
30. Pat: Mcht I think certainly I would be
31. Doc: Mm.
32. Pat: much more aware going home this time of .h not just
33. accepting things. = I think I'd got to the stage last
34. week where (.) [I just thought, .h ↑'This is inevitable.'
35. Doc: [°(Yeah/Mm)°.
36. Doc: M[m.
37. Pat: ['I'm obviously going downhill really quickly.' [.h
38. Doc: [Mm.
39. Pat: 'There's nothing we can do to change that.'
40. Doc: [Mm.
41. Pat: [An' I think. coming here would make me realise that
42. .h[h even if there's limited options into what =
43. Doc: [Mm.
44. Pat: =we can do to change (.)
45. Doc: Mm.
46. Pat: We can at least look at changing it, and if you can't,
47. then (0.4)
48. Doc: You- you've had a look.
49. Pat: Yeah.
50. Doc: Yeah.

End [3:02]

Summary of [3:03] - [4:04]

Dr and patient reflecting on another patient who found it reassuring to come into the hospital when she started feeling unwell. The doctor then brings up the issue of a back-up plan based on the occasional unavailability of beds. The patient suggests that hopefully she would be able to wait if the symptoms came on slowly.

Start [4:05]

51. Pat: [Uhm (0.8) mcht .hh (1.2) I guess if I was
 52. as bad as I was last weekend, the only other
 53. alternative would be oncology and then #transfer out#
 54. w[ouldn't it?
 55. Doc: [Yeah.
 56. Doc: Yea[h.
 57. Pat: [.hh If needs be. [If I was desper[ate.
 58. [(chair scraping?)
 59. Doc: [Yeah.
 60. Yeah.
 61. ?: .hh
 62. Doc: [So that's the backup.]
 63. Pat: [Avoid at all costs] but hhh
 64. Doc: Yeah.
 65. (1.0)
 66. Doc: °Okay.°
 67. Pat: Does that sound (0.4) reasonable.
 68. Doc: It does.
 69. (0.2)
 70. Doc: It does. Okay.
 71. (1.0)
 72. Pat: [Yeah.
 73. Doc: [Uhm (1.5) good .hhh All right (.) ↑would it help to have
 74. anything written do:wn t' take home with you like o- on a
 75. (.) care plan or uh (.) Kelvin's kind of on the case=he'll
 76. (.) if you're feeling grotty he'll (.) give
 77. ↑instructions?
 78. Pat: He's fairly good (.) y[eah.
 79. Doc: [He is.
 80. Pat: I think he is yeah.
 81. Doc: He is. Very good.

End [4:44]