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Doctor-patient interaction at a Jordanian university hospital: A conversation

Analysis study

Rula Ahmad Abu-Elrob

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield

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Abstract

This dissertation is concerned with analysing medical talk from a CA point of view. The data consists of a collection of consultations recorded in a Jordanian hospital. The thesis identifies fundamental patterns that underpin these medical consultations in terms of the overall structure of the interactions and the turns that make up each segment. Attention is paid to those parts where the participants orient to the medical agenda and where they depart from it (referred to as ‘side talk’ (ST)). ST is recurrent in the data and was found to affect the way sequences are opened and closed, the sequences themselves and the turns that constitute them. ST affects the delivering of diagnosis and treatment decisions and making the consultation smoother. Medical talk has been studied in the context of different countries, such as England, Korea, Taiwan and US but not in Jordan. Investigating the sequences and turn-taking in Jordanian medical talk is important in order to discover the culturally specific features of Jordanian consultations and similarities with consultations in other countries. Thus, analysis focused on how doctors open the consultations, how they elicit the necessary information, how diagnosis and treatment are managed and how the interaction is closed. A lack of studies analysing the medical talk in Arab countries in general and in the Jordanian culture in particular is another reason to provide information about the medical interaction from a CA point of view.

The data was collected from a university hospital and the health centre that is affiliated to it in Jordan. A total of 20 audio recorded consultations for 20 patients and eight doctors and residents from the internal clinic were analysed. Ethical consent was obtained from University of Huddersfield, the administration of the hospital and patients and doctors. The data was analysed according to a CA framework in which audio recording was conducted in the doctors’ consultation room, in order to collect the necessary data for the analysis. A quantitative approach was also used to count the frequency of the occurrence of features in the Jordanian consultations, such as the use of the religious greeting ‘peace upon you’ in the opening phase and the use of ‘invocations’ in the closing phase. A transcription to English, including a word by word translation and a functional translation for the utterance as a whole, was performed before starting the analysis procedure. To investigate the overall structure of the medical talk, the findings of Have (2002) and Heritage and Maynard (2006) on the overall structure of doctor-patient interactions was used to inform the current investigation. Analysis revealed that the Jordanian consultations followed the same patterns as identified by these authors based on data drawn from medical interactions in different countries.

The findings show that the medical phases (opening, presenting the complaint, history-taking, diagnosis, treatment and closing) occur in most of the consultations. Each one of these phases had elements that characterise medical talk; some of these features are specific to Jordanian medical talk, such as religious expressions and invocations. Religious expressions and invocations were used to open consultations or to close certain topics before shifting to new ones or to close the consultation as a whole. However, a point of departure from consultations
analysed in previous research is the amount of talk that involves moving away from orienting to the medical agenda. Side talk occurred in all the phases of the medical interaction with a higher frequency in the middle of the consultations (presenting the complaint, history-taking, diagnosis and treatment phases) than at the margins (opening and closing). ST was found to play an important role in the organisation of the consultations. It also makes the communication process smoother because it takes participants away from formality of conversation and helps patients to provide doctors with the required information in relaxed context. However, ST was used not just to facilitate the transition from one phase to another. This contrasts with Holmes’ (2000) findings that demonstrated the occurrence of it at the boundaries of social encounters or at transition points within an interaction. The occurrence of ST in different forms, such as joking and compliment shows how it positively affects the consultations; it plays a role convincing patients of diagnosis and treatment decisions.

The overall structure for the Jordanian doctor-patient interaction was found to be in many ways similar to that in other countries. However, certain elements that constructed those medical phases were restricted to the Jordanian Arabic medical talk. These findings provide a compelling resource for King Abdullah University Hospital (KAUH) and other hospitals to help improve doctors’ communication skills. The use of CA provides hospitals with naturalistic and empirical data in addition to a detailed description of how the effective communication occurs in the medical consultations.
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Above all, my thanks to God who has given me the power and the ability to go ahead in my life in general and in my study in particular through the difficulties I have faced during the last period of my life. ‘And if any one puts his trust in Allah, sufficient is (Allah) for him.’ (Surat At-Talaaq, verse 3).

My grateful thanks to my parents for encouraging and supporting me financially and by words throughout my study, for believing in me that one day I will be a PhD holder. Their prayers, motivations and staying beside me to give with nothing to gain just to see their children are in good positions in their lives as well as in a good health. I am so blessed that God has given me the power to achieve my father’s dream to get my PhD regardless of the obstacles I have faced.

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Dedication

I dedicate my dissertation work:

To the soul of my father who was so proud that one day his only daughter will be a PhD holder. His encouragement was and still the main reason to push me towards my dreams in all my life.

To my mother, the purist gold heart, who keeps supporting and praying to God for me.

To my life-long companion, my husband, who always stays beside me to support, to help me to stand when I fall, and to give me a hand without asking for that.

To my sons, who bore so much while I was studying.

To my brother, the friend to the spirit, the person who happily watches my success and makes me stronger.
Doctor-patient interaction at a Jordanian university hospital: A conversation Analysis study

Rula Ahmad Abu-Elrob

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List of Abbreviations

Explained below are abbreviations used in this study:

CA: Conversation Analysis

ST: Side Talk

HAY talk: ‘How are you’ talk

TST: Topicalised small talk

SFA: Straight factual assertion

EFP: The evidence formality pattern
List of phonemes of Spoken Jordanian Arabic as cited by Al-Harahsheh

(2015, p. 413 and 414)

ʔ: voiceless glottal stop ء

B: voiced bilabial stop ب

T: voiceless dental stop ت

θ: voiceless inter-dental fricative ث

ژ: voiced palatal affricate ج (Jordanian Arabic)

dʒ: fricative voiced alveolar ج (Standard Arabic)

h: voiceless pharyngeal fricative ح

X: voiceless velar fricative خ

D: voiced dental stop د

ð: voiced inter-dental fricative ذ

r: alveolar tap ر

z: voiced dental fricative ز

s: voiceless dental fricative س
ʃ: voiceless palatal fricative
ʃ: voiced palatal fricative
sː: voiceless fricative alveolar
ˈtː: stop voiceless emphatic
ðː: voiced fricative emphatic
dː: voiced emphatic stop
ʕ: voiced pharyngeal fricative
γ: voiced velar fricative
f: voiceless labio-dental fricative
ɡ: voiced velar stop (Jordanian Arabic)
q: voiceless uvular stop (Standard Arabic)
k: voiceless velar stop
l: alveolar lateral
m: bilabial nasal stop
n: alveolar nasal stop
Vowels

Short vowels

I high front

A low back

U high back

E mid front

O mid back

Long vowels

I: high front

A: low back

U: high back

E: mid front

h: voiceless glottal fricative 

w: approximant velar ṭ

y: palatal semi-vowel ی
O: mid
Chapter One

Introduction

This study uses conversation analysis (hereafter CA) in an investigation of doctor-patient interaction. The data involves a collection of 20 doctor-patient consultations recorded in Jordan. It adds to our knowledge of this kind of interaction and institutional talk as a whole, especially in terms of the sequential organisation of the consultations. Furthermore, this study demonstrates that in these Jordanian consultations doctor-patient talk is interwoven with interaction that departs from attention to the medical agenda. These departures occur in each of the various stages of the consultations outlined over the following chapters and constitute a significant difference between these interactions and those studied by other authors based on consultations collected in other countries. Thus, this study makes a crucial contribution to our understanding of the way in which participants manage both orientation to addressing the medical problem as well as departure from it. Analysis of these departures demonstrates their importance in the management of the consultations and of the relationship between doctor and patient. Although many CA studies have investigated medical interaction in different cultural settings, analysing doctor-patient interaction in Jordan is important in order to discover the ubiquity of these patterns that underpin the sequences of the medical encounters. Their recurrent organisation will be investigated by answering the research questions of the study:

1. How are medical consultations organised in this Jordanian hospital?
A. What recurrent sections in the Jordanian medical encounters can be identified?

B. What are the elements through which each phase of the medical encounter is constructed?

2. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

In order to address these questions I will consider:

1. The designs of each participant’s turns at talk that make up those sequences.

2. The impact of characteristics, such as ST (side talk), religious expressions and invocations on the turn-taking and sequences.

This chapter begins with a general introduction to CA, including its foundation and the identification of specific tools and aspects of analysis. It also deals with existing research within the area of medical interaction. A discussion of statement of the problem, importance of the study and significance of the study is provided as well as a summary of the chapters.

1.1 Introduction to conversation Analysis: its founder and characteristics:

CA is concerned with the analysis of spoken interaction (talk). Hutchby and Wooffitt (1998, P.13) defined it as ‘the systematic analysis of the talk produced in daily situations of human interaction: talk-in-interaction’. It is also defined by Clayman and Gill (2011) as ‘both an interpretive enterprise seeking to capture the understandings and orientations displayed by the
participants themselves and at the same time, it enforces rigorous standards of evidence made possible by the use of recorded data’ (P. 590).

CA was developed in the 1960s by Harvey Sacks at the University of California. Sacks’ decision to study conversation was courageous because few people believed that the details of social interaction were strongly organised enough to describe in a systematic way (Heritage, 1984). Sacks, Jefferson and Schegloff cooperated with each other to develop CA as an approach in its own right. Jefferson’s participation was also distinguished in developing the system for transcribing the data of analysis. CA studies the social interaction that focuses on the structure and process of speaking across different contexts and settings (Perakyla, 2008 and Sidnell, 2009). Therefore, the methodology of CA focuses on analysing naturally occurring interactions.

In examining interaction, CA considers two things: action and sequence. CA takes action as the central feature of talk in interaction. Sequence is ‘a course of action implemented through talk’ (Schegloff, 2007, p. 9). Sequence is a structurally organised entity (Schegloff, 2007). It is considered to be the ‘engine room’ of interaction because of its basic role in establishing, maintaining and manipulating interactional roles and identities; therefore, it is necessary to examine the moment by moment production of talk (Heritage, 2005). The sequential context is crucial. Thus, for example, Clift (2001) found that the word ‘actually’ is produced in four different positions in the turn by a single speaker, each one is distinguished by its sequential position within the ongoing talk. Each activity is ‘context- shaped’ in its design and it can be understood by referring to the setting in which the actions are performed. Also, it is ‘context-renewing’ in which each action impacts the designing and understanding of the following
sequence of actions (Heritage, 1984). Heritage (1984) added that context helps in understanding the sequence of talk according to either the goals that participants tend to have or the conversation analysts’ knowledge of these goals. So, bringing in knowledge about the context of the talk can be used as a resource in interpreting the talk.

1.1.1 Transcription

Sacks provided the original collection with calls of ‘mundane conversation’ which is one source of CA’s analytic strength and the basic domain of data in CA. This helped distinguish CA from other approaches because it is not based on invented data to be analysed to support a particular theory. The use of recorded data, as Heritage (1984) reported, is important in overcoming the limitations of intuition and recollection. Moreover, the recorded data is than available for other researchers to access. Heritage also added that the data can be reused and re-examined to look for any new findings. The analysis of recorded interaction requires a transcription to help in the investigation of the sequences, turn taking, overlapping and other features. The transcription system was devised by Jefferson who was a student of Sacks at UCLA. This system is, to CA, ‘as the electron microscope to subcellular structure of matter what makes observation possible’ (Clift, 2016, p. 44).

Jefferson adopted ‘modified standard orthography’/ ‘eye dialect’ as a transcription method that looks to the eye as it sounds to the ear. This modified system helps to convey the spoken language as it sounds. This form has to find a compromise between the general accessibility of phonetic transcription and access to information which represents the difference in articulation,
for example, between ‘and he’ and ‘an’e’. Transcription, as Mazeland (2006) argued, helps in examining the language use forms in the recorded interaction itself. At the same time, it is readable without requiring knowledge of IPA, for example.

In CA, transcription aims to capture what is said and how it is said (Have, 1999) by including details concerning words, intonation, sounds, silences, overlap and even body movements, such as gaze, touch, gesture, in addition to laughter and breath.

CA is different from other methods of analysing interaction since it is based on close observation of the world through its method of collecting, organising and analysing the data. Since the concern of CA is with trajectories of action rather than individual utterances, it makes the whole sequences available for inspection by providing the interaction before and after the target of investigation. So, composition is not enough to find what an utterance is doing. The utterance alone cannot be relied on to deliver how it is understood by a recipient because its recipient hears it in a specific position in an interactional sequence. Therefore, turn taking is essential to conversation because it orders and contributes to the design of turns. It helps speakers to recognise when to take a turn in a conversation and when another one is talking. Because of the importance of turn-taking in interaction, and thus in CA, the next section discusses it in detail.

1.1.2 Turn-Taking

In talking about actions and understanding, it is necessary to distinguish between practices of speaking and the actions that they implement (Sidnell, 2010). Actions are accomplished by a turn and the practices of speaking makes those happen in particular contexts. Turn-taking is the
means by which speakers organise their own participation in and through time with each other
unit by unit. People take turns at speaking and these turns are distributed among them in different
ways to form a conversation. The model of turn-taking makes the methods clear that speakers
establish who speaks next and when. In a study by Sacks, Schegloff and Jefferson (1974) entitled
‘A simplest systematic for the organization of turn taking for conversation’, a model for
organising turn-taking is proposed. Their basic model consists of ‘turn-constructional units’ and
a ‘turn-allocational component’.

‘Turn-constructional units’ (TCUs) are ‘the building stones of turns’ (Mazeland, 2006, p. 154),
and can consist of sentences, clauses, phrases and lexical items. A transition to a next speaker
may occur in a place at the end of a TCU, termed a ‘transition relevance place’ (TRP). The turn-
allocational component relates to who should speak next and there are two techniques to
determine how a next turn will be allocated: the next speaker is selected by the current speaker
(it might be through eye gaze, the speaker is explicitly chosen by name, lexical choices
contribute to speaker selection with ‘never’ and ‘ever’, first part of an adjacency pair, such as
launching a request which is directed at a particular recipient) or the next speaker self-selects (by
the next speaker him/herself). In the system of turn constructional units and turn allocation
components, participants monitor the beginning, continuing and the completion of a turn at talk.
(Sidnell, 2010)

The organisation of turn taking is serial (Sidnell, 2010) and is a set of ways that helps the
contributors to identify the point at which speaker transition becomes relevant. It is organised by
a set of rules:
Rule 1- At the first TRP of any turn:

a) If the next speaker is chosen by the current speaker in a current turn, then the next speaker is obliged to reply, transfer occurs at that point.

b) If the next speaker is not chosen by the current speaker, so self-selection of the next speaker transfer occurs at that point.

c) The current speaker may ‘but need not’ continue speaking if the next speaker is not selected or if no self-selection of the next speaker occurs.

Rule 2- If neither ‘a’ nor ‘b’ has occured in this TRP and the current speaker continues, these rules from a-c must re-apply in all subsequent TRPs until an efficient transfer occurs. (Sacks, Schegloff and Jefferson, 1974)

If turn-taking is the means by which speakers organise their participation in interaction, sequence (a feature of conversational organisation) is the means by which turns of talk occur. Mazeland (2006) defined sequence as ‘an ordered series of turns through which participants accomplish and co-ordinate an interactional activity’ (p. 156). For example, questions need answers, invitations need accepting or declining. So, there are two mechanisms that are shaping sequences: how we pursue affiliation and solidarity and how what we know or claim to know figures in what we do. Requests, offers, invitations and others are examples of the two part structures that have alternative second pair parts. These structures have different recurrent patterns of acceptance and rejections (Heritage, 1984). For example, accepting an invitation might be by simple acceptance and no delay. In contrast, rejection might be delayed by a pause before delivery, prefaces by using marks, such as ‘uh’ or ‘well’, the use of hesitation, qualifiers
and token agreement and apologies. Also, a declination component and an explanation for refusing an invitation are recurrent characteristics of rejections.

Sequences, such as question-answer, request-acceptance and greeting-greeting are called adjacency pairs (APs) because they include a first pair part (FPP) and a second pair part (SPP) produced by different interactants in a conversation (Heritage, 1984). Also, APs are the most powerful manifestation of the adjacency relationship between utterances. They consist of two turns which are relatively ordered by different speakers adjacently placed (one after the other) and these pairs are pair-type related, such as question-answer. An AP is a paired sequence of turns in which the second turn is conditionally relevant to the first. The occurrence of the second turn is expected and its official absence is marked. One of Sacks’ important insights, when first started working on calls to the suicide prevention centre, was that turns are very tightly tied together. Saying something (such as your name) provides a slot where the recipient is expected to give their name. Seconds may not necessarily directly follow firsts because of some elements that may intervene, such as repair ‘sorry?’ and challenges ‘you’re kidding’. So, the conditional relevance for a question, as an example, ensures that participants will inspect any response that follows the question to discover if and how it answers it (Sidnell, 2010).

An AP is a device by which certain actions in a conversation get done. Looking beyond the first parts of adjacency pairs helps in examining further implications of adjacent positioning (Clift, 2016). Sometimes, a repetition occurs as a response to one’s observation ‘it is a lovely day’ with ‘it is a lovely day’ with identical prosody in order to attract attention. Repetition might also be a possible response, for example a speaker may agree with someone by repeating what that person
has just said as in Scheloff’s study (1996). The notion of adjacency is used by Heritage and Raymond (2005) to assess and to examine the involvement of participants in talk with respect to what they know and to their rights to know it. Heritage and Raymond suggest that a speaker offers an initial assessment through producing a simple declarative evaluation and agreement is obtained as a response. So, speakers claim epistemic rights with respect to making assessments by means of a combination of grammar and sequential position. For example, below is a turn between Norma (N) and Bea (B) analysed by Heritage and Raymond (2005, p. 23). The assessment in first position is produced and obtains agreement in the second position.

N: I think everyone enjoyed jus sitting aroun’
   ta : : lk [ing.]
B:                 [h h]   I do too : : , (p. 23)

So, the occurrence of a FPP creates a slot for a particular SPP (Sidnell, 2010). SPPs show the understanding of the first. In this case, adjacency pairs allow understanding based on a turn by turn framework. This means if a speaker responds inappropriately to a first part, the speaker of the first part can see that the part was not properly understood. Thus, adjacent positioning is central in the establishment of intersubjectivity.

APs are common in institutional talk. For example, in question-answer sequences, FPP is a question and commonly the SPP answers that question as in the court room, classroom, interview and in doctor-patient interaction. When the FPP involves an invitation or a request, the SPP accepts or refuses it. This indicates that they are pair related (Clift, 2016)
Moreover, the turn-taking system is essential in all interaction, including institutional talk. Turn design is formed from choosing the action that is needed to be accomplished in the turn (established through the prior turn) and the selection of particular ways to design the turn (Drew and Heritage, 1992). Although all settings of institutional talk have their patterns of turn-taking, in formal settings, such as court-rooms and interviews, the design of the turn is more restricted than in non-formal settings, such as medical interactions. The turn-taking in medical talk is more ‘conversational’ than the talk in courtrooms or classrooms. Despite its ‘conversational’ mode, the question-answer sequence is the followed procedure as Drew and Heritage (1992) state:

These specialised but non-formal interactions often involve discernable transitions from a more ‘conversational’ mode into a series of questions and answers. (P. 39)

The next section provides a discussion of one type of institutional talk—medical interaction from a CA point of view.

1.2 Medical Interaction

The initial focus of CA was mainly on everyday interaction, however, it has expanded to include the interaction in institutional settings, such as medical clinics (Heritage and Robinson, 2006), classrooms and courtrooms (see Sidnell and Stivers, 2013). The ethnomethodological view states that the setting of the institutional talk is not what determines its institutionality because work might be discussed at home, and interaction unrelated to work may occur in an institutional setting. It is determined by the work activities and interaction in which participants are engaged (Drew and Heritage, 1992). Therefore, they name three characteristics of institutional talk:
1. It is goal-oriented in institutionally relevant ways.
2. It includes specific constraints on contribution.
3. It might be associated with inferential frameworks which refer to specific institutional context. (p. 22)

The analysis of institutional talk has become a central focus of CA and many studies have been conducted on different institutional settings (see Sidnell and Stivers, 2013). This includes studies on medical encounters, which is the focus of this study. Investigating doctor-patient interaction began in the late of 1970s. Previous studies have focused on recurrent patterns of turn taking and the design of adjacency pairs in sections of the consultation, such as in presenting the complaint (Heritage and Robinson, 2006), history-taking questions (Heritage and Robinson, 2006), delivering of the diagnosis (Perakyla, 1997 and 1998) and treatment suggestions (Angell and Bolden, 2015). Furthermore, analyses have focused on the acceptance or rejections of diagnosis and treatment (Ijas-Kallio, 2011). All in all, Heritage and Maynard (2006) state that the analysis of medical care includes consideration of

• The structure of the primary care visit (Heritage and Maynard, 2006).
• The sequence structure in which specific tasks and activities are performed (Robinson and Heritage, 2006).
• The designs of each participant’s turns at talk making up those sequences (Li, 2015).

As shown in section 3.4.2 Data Analysis, the overall structure of a medical visit is found to be made up of recurrent patterns and sequences including opening, presenting the complaint, examination, diagnosis, treatment, and closing (Gill and Roberts, 2013). This organisational structure is created from the inclusion of recurrent activities that occur in a specific order. Have (2000) considered the overall structure of medical consultations; while other authors focused on
a common sequence in the medical interaction, such as opening, closing, history-taking, diagnosis and others (Ong, de Haes, Hoos, and Lammes, 1995; Park, 2013; Perakyla, 1997 and 1998; and Robinson and Heritage, 2005). The present study aims to investigate the overall structure of the medical consultations at a Jordanian university hospital through analysing the collection of consultations from the beginning to the end. However, since the talk sometimes moves away from the medical agenda, these sequences will also be considered along with their recurrent placement in the consultations and how they contribute to the overall design and management of the interactions.

1.3 Sequential organisation of conversations in different cultures

This thesis is not centrally focused on the relationship between the medical consultations and the cultural context of their occurrence. However, it is interesting to consider whether some of the patterns that occur in the current data are related to the wider cultural context. This is especially relevant since some of the patterns in my data are distinct from those identified in other (largely western) contexts. Thus, here I briefly discuss the relationship between interaction and culture. Similarities and differences in the recurrent organisation of sequences occur between ordinary conversations and institutional ones. Furthermore, the sequential organisation of the same type of conversation might vary across cultures. For example, by using CA, Moerman (1988) provides evidence to support this when he conducted a comparison between Thai and American courtrooms which included some comparison of these cultures. The study demonstrates that some cross-cultural comparison is possible by using CA. For example, in the case of similarities, the legal system in Thailand is the same as British and French regarding the turns of speaking.
Question-answer pair is the followed format; therefore, the turns are allocated between only two participants. In contrast, the occurrence of prolonged pauses is more frequent in Thai than Anglo-American trials because of the absence of a stenographer and the judge, instead, handwrites the testimony.

All in all, similarities and differences between cultures in terms of the sequential organisation in the court room (Moerman, 1988) draw the attention of the researcher of the present study to consider the possible differences and similarities between the Jordanian medical interactions and the studies that were conducted in other cultures. However, any findings relating to the cultural context of these interactions must remain highly tentative as the data is drawn from a single hospital. Furthermore, CA traditionally eschews explaining patterns in the data by relating them to external factors, such as the cultural context of the talk.

1.4 Side talk

Interestingly, although this study is in an analysis of medical consultations, a noticeable feature of the data was that the participants recurrently departed from the medical agenda to engage in talk that was more akin to ordinary conversation. This is important in CA since it is recognised that medical talk in the physical context of a hospital does not only necessarily constitute medical talk (Drew and Heritage, 1992). In this section, I discuss this kind of non-medical talk and its terminology.

In 1923, Malinowski (cited in Coupland, Coupland and Robinson 1992) defined ‘phatic communion’ as ‘a type of speech in which ties of union are created by a mere exchange of
words, when people aimlessly gossip’ (p. 208). ‘Phatic talk’ is the original concept of small talk (Coupland, 2000) which is a space-filling or purposeless talk and it is not concerned with information. The negotiation of interpersonal relationships through small talk leads to the main function of small talk which is to preserve and strengthen social relationships between speakers (Dooly and Tudini, 2016; Holmes, 2003; Holmes and Fillary, 2000; Hudak and Maynard, 2011; and Sarjanoja, Isomursu and Hakkila, 2013). Small talk ‘oils the social wheels’; therefore, it is uncommon for the interaction in a workplace to go smoothly without it as indicated by the research of the Wellington Language in the Workplace Project. Investigators, such as Coupland (2000) and Holmes (2000) noticed differences between small talk and work talk in the sense that features of the former are interpersonal, relational and not goal oriented and value rational, whereas the talk at work contains instrumental, transactional, means-end rational and goal oriented features. Holmes (2000) found that there is a connection between small talk and work talk in which small talk plays a role in facilitating the instrumental activities because, at the beginning, it helps in the transition from social talk to work talk. At the end, it provides a way to finish on a positive note by referring to personal components of the relationship after a period of time when the work was dominant in the interaction. In contrast, Van De Mieroop (2016) noticed that there was limited evidence of the contribution of small talk in the interpreted medical interactions in the northern part of Belgium. The role of small talk was not sufficient in establishing interpersonal relationships between participants across language barriers. It was added that small talk is more likely to occur at the edge of formal and informal interaction.
(opening and closing) than a central place but also it may occur at transition points within an interaction (Holmes, 2000 and Laver, 1975).

Although the above mentioned researchers use the term ‘small talk’, the researcher of the present study argues that this term cannot convey the exact meaning of moving away from the medical agenda. Also, ‘phatic communication’ and ‘small talk’ possibly carry negative connotations, suggesting this kind of talk is less important than the institutional talk it accompanies. It was argued that small talk or phatic communion does not convey information whereas ‘true’ communication as labeled by Coupland et al (1992) implied real purpose beyond presenting serious information (Tracy and Naughton, 2000). Tracy and Naughton clarify that phatic communion includes topics, such as greeting, accounts of irrelevant happenings, purposeless expressions of preference and comments on what is perfectly obvious.

Jaworski (2002) states that there are different terms for small talk including chit-chat, gossip, casual conversation, social talk, minimal conversation. Also ‘off-topic chat’ is used as another term for small talk (Macdonald, 2016). Jaworski notes that researchers may use the same term but refer to different topics because they think that particular terms are interchangeable. Other researchers argue that these different terms of small talk do not convey the same meaning. Whether all these terms are the same, or each or some of them, express different phenomena, they generally indicate non-work related talk (Holmes, 2000).

Coupland (2000) states that all the different labels of small talk are a range of non-serious, informal minor and unimportant talk and serve general communicative purposes. In a workplace,
small talk is not task oriented since it ranges between phatic communion and social talk. Malinoski (cited in Coupland et al, 1992) and Coupland (2000) described small talk or phatic communion as purposeless and aimless talk as mentioned above. Turner (1973) described it as ‘empty’ talk because it is not task-oriented. Small talk or whatever it is called can be expanded or dropped easily from a conversation (Holmes, 2000). This kind of talk occurred in examples of the present data where it does not relate to the medical agenda and in other examples it occurs as a gap filler. The function of small talk as a gap filler might be considered a positive point to reduce the unpleasant feeling or to break the silence.

Other researchers, such as Coupland et al (2000) and Holmes (2000) consider small talk valuable to the establishment of interpersonal relationships. It is proved that it helps in building solidarity and collegiality that will have a positive effect on the atmosphere of the workplace (Holmes and Stubbe, 2003). Moreover, small talk might be concerned with relational concerns, such as humour, gossip, and topics about movies, pets, fashion and weather. Valencia (2009) declares that this type of talk might contribute in relieving the stress of work. Valencia adds that social talk might also take part in the workplace in which employers present topics, such as substituting for a colleague or applying for leave. This indicates that small talk might relate to the work but not to the core of business talk. This result contrasts with what is reported in the current study. This type of talk is noticed to be task-oriented in most of the consultations and relates to the medical agenda of the present data. Doctors move away from the medical agenda to support the main purpose of it through discussing topics that might seem irrelevant to the main topic of the consultation but a correlation occurs later when the participant pulls the conversation back to the
medical agenda to show the seriousness of the talk that is presented in the form of additional talk. For example, in some consultations, doctors deliver treatment in a form of additional talk to convince the patient of it. Also, when side talk between medical professionals occurs during the consultation or at the end of it, it is noticed that this talk is task-oriented because it supports the main topic of the medical agenda. Medical professionals might discuss a suggested treatment or certain required test and this kind of discussion relates to a patient case which is the main topic of the consultation. In other cases doctors gather the required information from patients through asking them questions that might seem to not really support the main topic, such as asking personal questions that might help in the diagnosis process. Other questions might be about the job of the patient to determine the health insurance type or the financial status of the patient that will cover the suggested treatment. One of Macdonald's findings (2016) supports gathering information procedure. Macdonald used the term small talk to include all types of talk whether it supports or does not support the core of business talk. I disagree with Macdonald in calling talk that does support the core of the business talk ‘small talk’.

If the term ‘small talk’ is used in the present study, it has implications that all the examples include phatic communion or only serve the interpersonal relationships despite the difference between phatic communion and ‘true’ communication. It might be perceived that there is no true communication that includes serious information (Coupland et al, 1992). The occurrence of a side sequence that provides serious information, such as delivering diagnosis and treatment was noticeable in the present data. ‘True’ communication term, on the other hand, could not be used alone because readers might think that all examples provide serious information and there is no
small talk at all in the medical agenda. Therefore, there is a need for a neutral term that covers these two together. Tsang (2008) states that there is no consistency in using the different terms of small talk and none of the small talk terms helps in describing the type of side sequence that relates to the main topic of the conversation and which is task oriented, such as the contribution of a side sequence in delivering diagnosis and treatment and in convincing patients. Therefore, the researcher of the present study introduces a term ‘side talk’ (hereafter ST) as a more neutral term to avoid some of the implications of the term ‘small talk’. In the present data ST term includes two different forms of talk: talk that supports the main topic of the medical agenda (task-oriented) and talk that does not relate to the medical agenda but might serve the interpersonal relationships or fill the ‘dead’ time in the workplace (Holmes, 2000). This talk might be ‘big’ talk and meaningful as Walsh (2007) and Macdonald (2016) described it because of its positive impact not only on the interpersonal relationships but also on the core of business talk.

Another reason for introducing the term ‘Side talk’ is that it may be more appropriate in CA because it specifically refers to the sequence and that is what CA studies, whereas small talk makes an implication about what the talk is about which is not what CA is concerned with. In the present study, ST is classified into side sequences that relate to the main topic of the medical agenda and ST that does not relate to the core of the medical context. Also, different forms of ST are discussed in the chapters of analysis. Moreover, the present data shows how ST at the boundaries of the consultations might be different from the middle of it (diagnosis and treatment
phases). All these points might guide future studies to investigate the categories in more detail and to learn about them and might supply a more specific term to define this kind of talk.

1. 5 Statement of the problem

In the last few years, the success to the doctor-patient relationship has been threatened. Various instances of violent behaviours have occurred between doctors and patients in the Jordanian hospitals and this might be for several reasons. One of them, which is the concern of the present study, is the communication skills between the participants. Different surveys in the Jordanian newspapers, such as ‘Alrai’ connected the situation to the communication problems between patients and doctors. It was noticed that doctors give more attention to the diseases than to the patients themselves. Doctors do not give patients much of their time to discuss their health problems which will affect the patients’ presentation of these health problems.

Personally, I faced many communication problems when I was visiting the hospitals. While discussing health problem with the doctors, I noticed that some phases of the medical talk did not occur during any of my visits to the hospital, such as the opening, physical examination and closing phases. Sometimes, I had to ask the doctors about the reason for such treatment because the doctor did not provide me with the diagnosis. As I experienced these problems, others may also have had similar experiences. Awareness of my own experience and the wider issue in Jordan led me to an interest in analysing doctor-patient interaction. Analysing the overall structure of the medical interaction including opening, presenting the problem, diagnosis,
treatment and closing would form the basis of helping to provide an understanding of both successful consultations and those that go away.

1.6 Significance of the study

This study, to the researcher’s knowledge, is the first that analyses medical talk in Jordan from a CA point of view. Additionally it is the only extended empirical study of medical consultations in Arabic. Furthermore, while previous studies mainly focused on one section of medical talk, this study evaluates all the consultation.

In CA, contexts are considered to be constituted by participants’ actions through following certain rules or patterns in terms of the design of sequences and turns and in sticking an institutional agenda (in institutional contexts). In the data of the present study participants depart from the patterns that constitute medical talk moving to closer to ordinary conversations. This departure from the medical agenda demonstrates how participants can collaborate to produce talk that is less institutional within the same consultation, resulting in ‘side talk’. ST was noticeable in the data of the study especially in the centre of the consultations, which contrasts with the studies that identified the occurrence of ST at the boundaries of the conversation. The ubiquity of ST in the data motivated the researcher to analyse its impact on the medical consultations.

Finally, the results of this study have important implications for medical practice because the hospital requested a copy of the results for the administration team in order to help them improve the performance of the doctors if necessary. Thus the results of this study may be considered important to the hospital. CA provides analysis of naturalistic data, thus facilitating detailed
description of how medical communication develops instead of relying on reports that are generated through surveys and interviews (Sidnell and Stivers, 2013 and Webb, 2009). Webb argued that CA can provide policy makers and health care practitioners with the necessary information to evaluate this kind of communication. Also, Sidnell and Stivers (2013) state that CA is an important approach for researchers, who seek to improve the relationship between the participants to positively affect the quality of the medical care. Webb, and Sidnell and Stivers’ views support the practical benefit of the present study that identifies the recurrent turns and sequences through which the participants design the medical consultations. Detailed analysis helps in assessing the different strategies which doctors use to gather information about the patients’ health problem. These ways reflect how doctors are willing to listen to patients and to pay attention to patients more than their diseases, which is one of the main problems that was raised about the Jordanian medical system.

1.7 The organisation of the thesis

The thesis is organised in the following manner. Chapter Two discusses the literature related to my study and includes three main sections. The first one includes background information about turn-taking system. The second section includes consideration of the few studies that discussed the overall structure of medical talk; therefore, subsections for each medical phase (opening, history-taking, presenting complaint, diagnosis, treatment and closing) are generated to show the patterns within each phase. Finally, the focus is drawn to side talk because of the recurrent occurrence of it in the data of the present study. Chapter Three relates to the methods and methodology of data collection and includes all necessary information about how the sample was
made, ethical considerations, data collection procedures, data analysis procedures and validity and reliability of the study.

Chapters Four, Five, Six, and Seven relate to the findings of the study and the discussion of them. Chapter Four includes all the findings relating to the opening section. The chapter begins with a presentation and discussion of the opening sequence order in the Jordanian consultations. Notable findings on the opening sequence in the data of the study were also provided in addition to other general findings. This chapter closes with a focus on ST and its occurrence in the opening section, the responses to it and the forms of its occurrence. The focus of Chapter Five is on presenting the complaint and history-taking phases. The chapter discusses how presenting the complaint and history-taking sequences are formed. As in Chapter Four, the chapter discusses the occurrence of ST in these two phases. Chapter Six follows the same patterns as in Chapters Four and Five with the focus on diagnosis and treatment phases which are also part of the central consultation. The strategies of delivering diagnosis and treatment are discussed in depth. In addition, patients’ participation in treatment decision is reported and explained in this chapter. ST is also discussed in this chapter, its occurrence, forms and responses to it. Chapter Seven focuses on the last phase in the medical talk which is closing. In this chapter the main sections of the closing are discussed underlying the pre-closing section by analysing some examples that cover the cases in which they occur, such as future arrangements and summaries. Opening new concerns or pre-mentioned topics is then discussed before moving to the closing. ST also has its role in this chapter because of its existence in the closing of the medical consultations of the present study; therefore, its forms and responses are discussed. The last chapter of the
dissertation is the conclusion. In addition to summarising the main findings, this chapter includes
the implications and limitations of the present study as well as recommendations for other studies
that might be conducted in the future.
Chapter Two

Literature review

After providing a background on CA, institutional talk in general and medical talk in particular; this chapter provides a review of empirical studies of doctor-patient interaction. The literature is presented according to the representative and contrastive approaches. The chapter discusses the related literature in which the previous studies are presented in the same vein. Also, the contrastive approach is presented while discussing those previous studies that were done in the same vein but in different countries and cultures. Existing research is often centrally concerned with the recurrent sequences that constitute medical consultations. Attention is sometimes paid to departures from the medical agenda in the form of small talk or side talk. The chapter begins with a general background about the studies that investigate the turn-taking in medical interaction. Consequently, the chapter includes two main sections: the overall structure of doctor-patient interactions, and departures from that structure in the form of ST. I divide the first section into subsections covering: 2.1.1 the opening; 2.1.2 presenting of the problem; 2.1.3 diagnosis and treatment section; 2.1.4 the closing.

2.1 Background

Institutional talk is divided into formal and non-formal settings (Drew and Heritage, 1992). Medical talk commonly comes under the non-formal talk because of the asymmetrical distribution of turns between participants (Drew and Heritage, 1992). Also, turn taking is not
highly constrained within particular procedures as in formal settings, and the patterns are less uniform. Medical interaction is considered to be institutional talk because of its inclusion of dimensions that distinguish it from the ordinary talk including lexical choices, sequence organisation, turn design, and overall structural organisation (Drew and Heritage, 1992). There is a long history of studying medical talk in CA. Medical interaction has received analytic attention since the late of 1970s (Sidnell and Stivers, 2013); many have focused on the different phases that make up consultations, such as the opening sequence in the medical talk (Heath, 1981), physical examination (Heath, 1986), delivering and reception of diagnosis news (Perakyla, 1998), treatment decision (Collins, 2005), and closing phase (Park, 2013).

Institutional talk is mostly characterised by the organisation of turn-taking; each form of formal and non-formal talk has its turn-taking system. For example, in formal settings, such as court-rooms and classrooms the turn-taking patterns are generally strict and uniform. The turn-taking in a specialised speech exchange system, such as those in institutional interactions, might be formed through ordering the turns content and length, and speakership (Clayman, 2013). For example, in the court room, the specialised speech exchange system presents the witness and attorney with a strict pattern of question and answer turns through which examination and cross-examination is performed (Drew, 1992). The form of the turn-taking might be to control the participation of the speakers in a conversation (Drew and Heritage, 1992). In contrast, the patterns of turn-taking in non-formal settings are less uniform. The turn-taking system is more conversational or ‘quasi conversational’ than in formal settings despite the institutionality of the talk, as in medical interactions (Drew and Heritage, 1992). However, medical talk is...
distinguished from ordinary talk in various ways: it is designed by goal orientation in which a particular goal is oriented by participants or at least by one of them. Also, medical talk is connected with a supposed framework in which particular phases in a certain order are supposed to occur. In addition, a question-answer sequence is generally the prevalent sequence in medical interaction especially when the doctor uses questions to gather the necessary information about the patient’s case (Drew and Heritage, 1992). Furthermore, specific constraints may occur to facilitate the contribution of one or both speakers as in the use of perspective-display series (Maynard, 1991). Doctors mostly use this technique to deliver bad diagnosis and it includes three turns:

1. Doctors ask patients for their opinion or perspective.
2. Patients present their views and assessment.
3. And then doctors deliver their diagnosis.

Doctors’ invitation for delivery of patients’ perspectives affects the length of the turn because of the participation of the patients in the assessment before the doctors deliver their diagnosis or assessment.

In a significant study about the types of turn-taking in GP consultations, Li (2015) discussed the occurrence of certain turn types in interpreted consultations (prototype, extended turns, monolingual talk, overlaps, pauses, ignored turn, backtrack talk, backup translation, and semi-interpreted). Despite the focus of this study on the interpreted consultation, it is important because of the specification of the types of turns that might occur in medical talk, which suggests
that some of these turns can be found in normal medical interactions where no third part will be speaking between the main two parts.

In medical talk, participants use turns for different purposes: to correct or add something, reinforce, as well as to ask and, perhaps most commonly, to answer questions (Lorinc-Sarkany, 2015). All these purposes might affect the length of turns. One more element that could affect the length of the turns is bilingualism where English patients have to repeat themselves to be understood by Spanish doctors (Valero-Garces, 2010). However, in the present study there were no language difficulties to be overcome.

A noticeable feature of medical consultations is that, as in other kinds of institutional talk, they are overwhelmingly characterised by sequences of questions and answers (Drew and Heritage, 1992). Lydford (2009) identified certain types of questions that were used in the medical interaction to solicit information from the patients

• Polar questions: they are closed questions in which their answers will be restricted with yes or no.
• Open questions that invite the speaker to create lengthy answers.
• X-questions that have an interrogative structure and seek for specific restricted answers.

These forms of questions usually begin with wh-words, such as ‘who was feeling ill?’

In a quantitative study by Lorinc-Sarkany and Alexandra (2011), ‘current speaker’s selecting next speaker’ and ‘self-selection’ were recurrent. Self- selection by the patient occurred 12 times, whereas the selecting of the next speaker by the doctor occurred two times less than the self-
selection technique. A notable feature in this study is the use of ‘selecting next speaker’ which the patient opted for more than the turns of self-selection and this relates to the dependence of this study on history-taking procedures in which the patient was the one who kept asking the doctor questions and the latter answered those questions. Although the results of this study are notable because the patient asked more questions than the doctor, the results cannot be generalised because it is based on only one patient and one doctor.

Belder (2013) examined the impact of the doctor’s talk on the structure of turn-taking to discover the relationship between their talk and their authority. This was done by comparing medical interaction in institutional and domestic situations. The use of open questions was clearer in the institutional encounter than in the domestic one. The patient’s domination of the turn-taking system after the doctor began the sequence with an open question was noticed. Belder found that this preallocation of turns occurs in the early phases of the medical talk to supply the doctor with the needed information for the diagnosis and treatment decisions. On the other hand, as a possible indication of the dominance of the doctors, Lorinc-Sarkany (2015) noticed that the turns of the doctors were longer than the patients. Although the basis of Belder’s study was on one institutional interview which impacts its reliability, it suggests that patients control the turn-taking in most of the encounters to provide the doctors with the necessary information for diagnosis and treatment. Also, as in my study (see section 6.1.2 The evidence formality pattern (EFP) in the diagnosis and treatment chapter), Sarkany found the doctors’ turns were longer in the diagnosis and treatment phases to explain and convince the patients of their decisions.
Echoing Lorinc-Sarkany’s (2015) finding that participants use turns to correct or add something, to reinforce and to ask and answer questions, Heath (1992) noticed that doctors encouraged the patients to respond to the diagnosis decision by asking them a question. In addition, other techniques in Heath’s study, were used by doctors to encourage patients’ responses to the diagnosis. For example, doctors showed tentativeness by using expressions, such as ‘I think’. Also, when the doctor did not have clear evidence for their diagnosis, they used expressions, such as ‘in fact’ and ‘actually’. Finally, doctors delivered the diagnosis in a way that contrasts with the patients’ complaint. Doctors, sometimes, presented the assessment in a way that contrasts with the complaint of the patients to encourage them to participate by providing them with more explanation on their health problem. All these techniques to encourage patients to respond to the diagnosis assessment affect the length of the turn. The response might be short showing acceptance or not full acceptance, or it might be long because of the resistance of the patients. In addition, the sequences of the medical talk and the elements that construct these sequences has an impact on the design of the turns; therefore, the next section of this chapter is concerned with the studies that investigated each phase of the overall structure of the medical talk to discover the elements and strategies that distinguish and characterise them.

2.2 The overall structure of doctor-patient interactions:

Most of the studies on doctor-patient interaction have concentrated on analysing a certain sequence or sequences of the medical talk including; the opening (Gafaranga and Britten, 2003), presenting the complaint and asking historical questions (Heritage and Robinson, 2006), the diagnosis (Parakyla, 1998), the treatment (Angell and Bolden, 2015), and the closing (Park,
2013). In the upcoming sections, each phase of the medical talk will be discussed through reviewing the previous studies that have analysed them. Reviewing the existing literature on medical consultations allows comparison with the Jordanian consultations in my collection, thus facilitating the identification of similarities and differences in terms of the way consultations are recurrently designed and structured, which is a central aim of the present study.

2.1.1 Opening

Successful interaction between physicians and patients is important for two reasons: Firstly, it affects the exchange of information and the establishing of the relationship between them (Gask and Usherwood, 2002; Makoul, 2001; and Ong et al., 1995). Secondly, it provides a facilitative environment that will affect the patient’s responses concerning their health problem presentation (Robinson, 1998). Because of the importance of the opening phase, researchers, such as Chester et al (2014) and Robinson (2012) have investigated how physicians open the medical encounter by focusing on the elements that construct this phase.

The construction of the medical encounter includes opening sequences, such as greeting the patients, introducing the doctors, looking of the patient’s records or asking them personal details (Chester et al, 2014 and Robinson, 2012). Greeting exchanges also occur in everyday interaction (Schegloff, 1968). Schegloff states that opening sequences might also involve another adjacency pair, such as the ‘how are you’ (hereafter HAY) pair. He clarifies that a conversational partner can start a conversation with a general first topic, such as HAY inquiries. When Schegloff and Sack (1973) discussed the overall conversational organization and the distribution of talk
between participants, they mentioned HAY talk as an example of talk that cannot be considered as a first topic because they are only developed slightly at the beginning of a conversation. HAY inquiries were also identified by Coupland et al (1992) who noticed the common occurrence of HAY pairs in the opening of conversations. Sacks (1975 cited in Coupland et al., 1992) states that HAY questions can be used as an exchange of greetings in ‘minimal proper conversations’ to gather information about personal or value states. These questions are used to invite more talk, as in ‘How’s everything with you?’ This kind of inquiry is called ‘conventional’ because a conventional answer, such as ‘Okay’ is what this type of question generally receives. Also, these questions include a possible request for an update on a known trouble, as in ‘How are you feeling?’ and ‘How are you doing, honey?’ which require a clarification as a response. In general, a connection between the initial sequences in everyday interaction and the medical consultations occurs clearly in the greeting sequence. Despite the differences in the settings of the conversations, the initial phase begins with a greeting sequence.

Previous researchers have identified the occurrence of HAY talk in the opening sequences of conversation. However, no recent study has discussed it in medical talk. Therefore, the present study analyses the opening phase of medical talk to investigate the use of HAY sequences in addition to greeting sequences, and its impact on the medical interaction.

### 2.1.2 Presenting the problem and History- taking

After the opening of the consultation, participants move to a new sequence where the patient presents the reasons for the visit and then the doctor begins collecting information about the
patient’s medical history. Presenting the complaint phase is characterised by different forms of open questions that facilitate the presentation of the patient’s problem, such as ‘what brings you here…?’ The doctor encourages the patient to start talking about the reason for the visit. Generally, patients accept this form of invitation and begin presenting their complaint in two different practices; unmarked (presenting symptoms only) and marked (presenting a candidate diagnoses to indicate that the problem warrants treatment) (Stivers, 2002).

The use of open questions offers patients the chance to express and explain their health problem (Chester et al, 2014; Gafaranga and Britten, 2003; and Robinson and Heritage, 2006). Patients may present their complaint by providing the doctors with symptoms only or they may explain their health problem in a way that shows the necessity of treatment. Humphreys (2002), Robinson and Heritage (2006), and Xi (2015) have noticed that open ended questions are used by doctors to claim a lack of knowledge of the patient’s problem, as in the general questions, such as ‘what can I do for you?’ In response, the patient in his/ her turn begins describing the current medical problem. A quantitative study by Ibrahim (2001) in UAE hospitals, where English was the language of communication, discovered that the early stage of the medical conversations is associated with open questions. This kind of question began with ‘where’, ‘what’ and ‘how’ to encourage patients to tell their story.

HAY is also a type of question that physicians may ask at the beginning of the consultation. This sequence might be either for phatic purposes (such as greeting), or for medical ones if it comes at the end of the opening phase, to solicit information about the medical problem. As a response to all these types of open and HAY questions, Robinson and Heritage (2006) found that
patients spend more time answering an open question about their health problem and this might be because of the opportunity that open questions give to them. Thus, taking more time to answer an open question increases the length of the patient’s turn.

The form of open ended questions is not the only way to encourage patients to present their problem, close ended requests also occur in presenting the complaint phase, as in ‘understand you are having …?’ to be confirmed by the patients (Robinson and Heritage, 2006).

In a more detailed study by Heritage and Robinson (2006), four different types of questions have been identified to initiate the presenting of the problem; general inquiry questions, gloss for confirmation, symptoms for confirmation, and how are you questions. The quantitative findings of the of questions’ types by Lorinc-Sarkany (2015) showed that open questions, which were used by family doctor-patient in Percs were used in the different phases of the medical interviews, such as history-taking and medication. The study showed that the use of open questions varied from one phase to another. It was obvious that the use of question-answer format directed patients towards giving the required answer. By contrast, patients may answer more than the question requires by giving more details (Stivers and Heritage; 2001).

In addition to the four types of questions that Heritage and Robinson (2006) identified in their article, history-taking questions are type five of questions that occur on the form of closed questions, such as yes–no, multiple choice and fill in the blank. The occurrence of closed questions in the history-taking phase does not mean that open questions are not used.
Given the prominence of these phases in previous research, this study examines presenting the complaint and history-taking phases in the Jordanian medical interactions to identify the elements that recurrently constitute these phases.

2.1.3 Diagnosis and treatment

In this section I move to the next phase, which is diagnosis. Several researchers have analysed the diagnosis sequence by focusing on different features, such as the turns to deliver diagnosis by doctors (Perakyla; 1997 and 1998, and Monzoni, Duncan, Grunewadd and Reuber; 2011b) and patients’ responses to such diagnosis (Heath; 1992, Ijas-Kallio; 2011 and Perakyla; 1998,). Two turns of diagnosis, straight factual assertion (SFA) or plain assertion and the ones that explicate the evidence, are examined by Perakyla (1997 and 1998). The use of medical documents, such as X-ray and test results to deliver diagnosis is called SFA or plain assertion and in the present study SFA will be used. On the other hand, the presence of intersubjectivity by the doctor to provide the patients with an explanation for the diagnosis forms the evidence formality pattern which is the second strategy for delivering diagnosis. In the present research, the analysis of delivering diagnosis is drawn from these two turns to examine whether they are used or any additional turns occur.

The two studies by Perakyla were conducted in Finish primary healthcare centres and the data was video recorded in both of them. Although the quantitative article that was published in 1998 included more detailed analysis on the two strategies for delivering diagnosis, both studies have demonstrated the benefits of CA in the analysis procedure. The main findings for both studies
stated that the two turns were used in the Finish medical interaction by considering the environment for the occurrence of them. The doctors, in the study that was conducted in 1998, treated themselves as accountable in the evidence formality patterns (EFP), so unconditional authority is not claimed by doctors in relation to the patients. Finally, the use of evidential verb constructions, such as ‘seems’ by doctors in inexplicit references to the evidence was also noticed in the same study.

Doctors’ explanation for their diagnosis is supported by the test results, x-rays or physical examination as Monzoni et al (2011b) asserted in their study. The use of these medical documents to provide patients with evidence for their diagnosis makes the doctors’ delivery of the diagnosis decision easier. They found that uncertainty of the diagnosis is conveyed by expressions, such as ‘I think’. Expressing uncertainty of a diagnosis is also implied in Perakyla (1998) in which ‘evidential verb constructions’, such as ‘seems’ are used in ‘inexplicit references to the evidence’. Monzoni et al study did not state the doctors’ strategies for delivering the diagnosis as it is discussed in Parklya (1997 and 1998). Monzoni et al presented the doctors’ accountability for the diagnosis generally without classifying them into turns.

After declaring the diagnosis, patients’ responses occur according to the strategy that doctors use to deliver diagnosis. Ijas-Kallio (2011) focused on examining how the sequences of presenting the problem, diagnosis delivery and treatment decision making are connected with each other in affecting the patients’ responses in Finnish health centers. It was found that presenting the problem affects the doctors’ diagnosis depending on how the doctors use their authority to provide the patients with a chance to use the medical knowledge they received in a previous
According to patients’ resistance to the diagnosis, it was confirmed that patients related to the problem presented in the beginning of the consultation to investigate whether the doctors’ diagnosis relates to it or not. When patients resisted the doctors’ diagnosis, this indicated that there was a disconnection between the problem that is presented by patients and the doctors' diagnosis. The medical knowledge the patients’ received in a previous diagnosis is what they also depended on in their resistance. In contrast to Ijas-Kallio, Perakyla (2002) focused on analysing the patients’ extended responses to the delivered diagnosis. In Ijas-Kallio’s dissertation, the sufficient reason beyond patients’ resistance was when patients did not find a connection between the problem they presented in the beginning of the consultation and the diagnosis.

Furthermore, Perakyla’s study differs from Ijas-Kallio in the use of quantitative and qualitative approaches to examine the patients’ extended responses. In quantitative analysis, the occurrence of extended responses; such as straight agreements, symptom descriptions and rejections, was more in explicit evidence for the diagnosis. Also, it was noticed that extended responses occurred after using verbally explicated evidence whereas the less extended responses occurred after plain assertion references. On the other hand, qualitative analysis provided the researcher in the present study with information relating to how patients used these kinds of extended responses as a reply to actions performed by doctors. Moreover, these extended responses were affected by the level of authority that doctors gave to patients to express their opinion.

Perakyla’s study (2002) is more detailed than his studies conducted in 1997 and 1998 because it focused on presenting the patients’ extended responses to the delivered diagnosis. The previous
studies of the same writer only concentrated on the strategies that doctors use to deliver the diagnosis. In general, the three studies by Perakyla show that an orientation to the authority of doctors is displayed while discussing the diagnosis with the patients.

Concerning short or absent responses from patients to the doctors’ diagnosis, patients sometimes remain silent whereas in other cases they use minimal acknowledgements, such as ‘er’ or ‘yeah’. As a reaction to these two kinds of responses, doctors move to the next action as treatment discussion or suggesting such arrangements, such as performing any particular tests before the next visit (Heath, 1992). It was noticed in Heath’s study that doctors leave a space after delivering the diagnosis to give the patients the chance to response to the diagnosis.

Shifting to the treatment phase occurs once the participants agree on the diagnosis or no response is received from the patients relating to the doctors’ diagnosis. The treatment phase has been studied by many researchers including Angell and Bolden (2015), Collins (2005), Collins et al (2005), Ijas-Kallio (2011), Kushida and Yamakawa (2015), and Lindfors and Raevaara (2005).

Angell and Bolden, and Kushida and Yamakawa conducted their studies in psychiatric encounters to investigate how psychiatrists make treatment decision. The strategies that were used by psychiatrists in treatment decision making were explained. Both studies have used a CA framework to investigate the turns that psychiatrists use to deliver treatment. The differences between the two studies occurred in the methods for collecting the data and the source of data collection. Angell and Bolden audio-recorded interactions between outpatients and the psychiatrists from the ACT program in a mid-sized city in the United States, whereas Kushida
and Yamakawa video recorded outpatient psychiatric encounters in Japan. The use of video recording provides the analysis with the non-vocal activities of the psychiatrists; therefore, Kushida and Yamakawa’s method is stronger than Angell and Bolden’s who only audio recorded the data. The latter recognised the importance of video recording; therefore, they considered not applying this strategy as one of the limitations of their study. According to the results of the two studies, both state the use of different strategies to deliver treatment. Angell and Bolden presented two turns: the first is client alternative accounts in which attention is paid to patients by providing them with the explanation that fits their concerns. The second strategy is providing an explanation depending on the experience and the authority of the psychiatrists. Regarding Kushida and Yamakawa’s results, the use of the declarative evaluation as in ‘it might be better’ and the inclusive ‘we’ form as in ‘let’s’ were the strategies that psychiatrists followed to make the treatment decision. Both of these strategies are used for two different purposes: when the sequential environment is ready for decision making, the ‘we’ form is used to help generating the decision moment. On the other hand, declarative evaluation is used cautiously in which attention is given to patients perspective when the sequential environment is not ready for making the treatment decision. The results of each study had different indications. In the study of Angell and Bolden, the focus was on how psychiatrists provide patients with an explanation to their treatment. Kushida and Yamakawa’s focused more on how to deliver treatment in two different sequential environments.

Patients’ responses to doctors’ decisions also occur in the treatment phase in which various strategies are used by patients to indicate the type of their participation in treatment decisions.
Moreover, the patients’ responses are connected with the strategy that is followed in the decision making sequence (Collins et al; 2005, Ijas-Kallio; 2011 and Lindfors and Raevaara; 2005). For example, in the study of Collins et al (2005), two different strategies, that affect the patients’ responses are identified which are ‘unilateral’ and ‘bilateral’. The data was video recorded in a UK primary care during diabetes consultations about the treatment of ear nose and throat (ENT) cancer in a specialist oncology setting and all participants were interviewed.

After analysing the data from a CA point of view, it was observed that the slots of decision making consisted of the opening sequence of the decision making, presenting and evaluating of the test result, the discussion of options and participating in the conclusion of the sequence either by choosing a course of action or selecting a treatment. After analysing the decision making concerning treatment, it was noticed in all of them that a more ‘bilateral’ strategy was performed as a negotiation between patients and doctors in which the patients’ contribution was clear. This kind of patients’ participation occurred in the form of answering doctors about results to choose between treatment options or to express their opinion of the disease in the opening of the decision making sequence. Concerning a more ‘unilateral’ strategy, the doctors managed the decision making to some degree independently without input from the patients. Lindfors and Raevaara’s (2005) Finnish study that was conducted in homoeopathic consultations supports Collins et al (2005). The researchers noticed that doctors sometimes announce what they decide without discussing it with patients (unilateral). Asking for patients’ opinions of the treatment occurs, in other situations, involving discussing with them the options of treatment (bilateral).
Moreover, Ijas-Kallio found that the use of these strategies reflect the patients’ responses. For example, if the patients’ responses are extended, this is because of the shared process that doctors used to deliver treatment. Controversially, the occurrence of minimal responses or absent responses is caused by the doctors’ ‘unilateral’ process that is used to deliver treatment. Stivers (2005) who audio and videotaped 360 pediatric encounters (14 pediatricians and nine community) practice studied the use of minimal responses and absent responses. Parents used unmarked acknowledgments and withholding acceptance of the recommended treatment in addition to silence, which Stivers terms ‘passive resistance’, to show lack of full acceptance of treatment decisions. This invited the doctors to convince the parents of their treatment decisions through returning to the results of examinations and explaining the importance of accepting the treatment recommendations. Monzoni et al (2011a) explained, in another study in the same year, that the use of passive responses, minimal acknowledgement or silences in addition to other forms of disagreement or rejections expresses a kind of resistance to the doctors’ treatment decisions. They added that physicians may consider this kind of resistance as a threat to their authority, so they may ignore this resistance through not providing the patients with any psychological treatment suggestions. However, Stivers (2005b) found that saying ‘okay’ can simply mean the acceptance of the treatment suggestion by patients.

What distinguished Ijas-Kallio’s study from Collins et al and Lindfors and Raevaara’s is the examining of the problem presentation and diagnosis sequences, as well as the treatment sequence to discover how these sequences are connected with each other. On the other hand, the
other two studies focused on the treatment sequence alone and how doctors deliver the treatment decision and how patients respond to such decisions.

In a study by Collins (2005) in diabetes primary care and in outpatient clinics for head and neck cancer, two different strategies of clarification of treatment were observed. An explanation that is combined with diagnosis and test results was the first strategy that doctors used to deliver treatment. Sometimes, the clarification invites patients’ participation in various forms and at the same time presenting various aspects of patients’ understanding. Although the two studies have discussed almost the same strategies of explanation, a difference has occurred in the way of presenting these strategies. Collins et al (2005) discussed delivering treatment strategies clearer than Collins (2005). Collins’ article discussed the communication process in general, whereas Collins et al concentrated on the use of ‘unilateral’ and ‘bilateral’ strategies in making the treatment decision.

In general, all researchers have focused on the strategies of delivering treatment which is the concern of the present study. It can be generalised that delivering treatment can be through ‘unilateral’ or ‘bilateral’ strategies regardless of the ways that doctors may follow in having these two strategies. Nevertheless, the sequence of treatment is elaborated due to the medical context and is not necessarily the same in all the medical settings (Bolden and Angell, 2017). This indicates that doctors’ authority can be displayed differently through the different actions of the treatment recommendations (Stivers, Heritage, Barnes, McCabe, Thompson and Toerien, 2018). Stivers et al (2018) discussed the level of doctors’ authority in two divergent cultures, South California and England, through delivering treatment in five different ways: ‘pronouncements,
suggestions, proposals, offers and assertions’. Doctors’ authority occurs clearly in ‘pronouncements’ because treatment is delivered straightforwardly depending on deontic and epistemic aspects. This action is equivalent with the unilateral strategy that has been discussed earlier in which doctors depend on the medical documents and their authority to deliver treatment and they do not give patients the chance to participate in treatment decisions. In other strategies, such as ‘suggestions’ and ‘proposals’, doctors may relinquish or reduce one of the aspects of authority or both of them. In ‘suggestions’, doctors drop deontic authority as in ‘you could try ------ for that’ and ‘Now there is an oil that probably you should be using on a regular basis and it will help your rash too’. On the other hand, doctors reduce epistemic deontic authority in the ‘proposals’ strategy as in ‘why don’t we put you on the plain Allegra’ and ‘we can give you some of that to try’. This case is similar to one of Kushida and Yamakawa’s (2015) findings that relates to the use of the inclusive ‘we’ form. This form is used when the sequential environment is ready for decision making and the inclusive ‘we’ helps to generate the decision moment.

In the ‘offers’ strategy, the case is different because doctors consider patients as the instigators of the recommendation which contrasts with all the previous strategies in which treatment recommendations are presented as a product of the doctor’s agency. ‘Suggestions’, ‘proposals’ and ‘offers’ might come under the bilateral strategy that has been discussed earlier because doctors engage patients in the treatment decision making. Sometimes doctors combine recommendations and ‘information-providing statements’. They use their authority to deliver a recommendation indirectly to look as if they are giving information rather than delivering
treatment recommendations, as in ‘Sometimes what helps is using a little bit of cortisone cream, Muscle relaxants are a very good choice in this type of pain; or There is a medication and we have it here’. The doctors’ efforts to combine the condition of the patient and the treatment for the condition of the patient are called ‘assertions’. The manifestation of epistemic and deontic authority is raised differently during the use of different turn designs to deliver treatment. Most of them show a shift to patient-centered health care and to share decision making as in ‘proposals’, ‘suggestions’ and ‘offers’ (Landmark, Gulbrandsen and Svennevig, 2015 and Lindstrom and Weatherall, 2015). Lindstrom and Weatherall (2015) discussed the interplay between the epistemics of expertise (doctor) and the epistemics of experience (patient) through examining patients’ different responses to recommendations across two different health care cultures: New Zealand English general practice and a Swedish hospital. It was found that sharing between doctors and patients’ epistemic and deontic authority occurred in which doctors take the experience of patients into account but at the same time they keep their right to use their epistemic expertise to deliver treatment. Landmark et al (2015) present the sharing of epistemic and deontic authority in a Norwegian teaching hospital in a different way. It was noticed that doctors provide patients with treatment options and give them the right to choose one, despite the doctors’ preference of one proposal over the other. Patients in their turn resist this responsibility through claiming their lack of knowledge by saying ‘I know nothing about this’. They may also make the decision conditional on the doctor’s deontic stance as in ‘if you think so’. The Landmark et al study shows an inverted use of authority in which doctors allow patients to make
the final decision and patients orient to the doctors rights in deontic and epistemic authority to maintain the doctors’ propositions.

Finally, Ibrahim (2001) claimed that treatment decisions in the UAE hospitals can be based on the social criteria of the patients (age, ethnicity, demographic factors, social class); therefore, doctors asked patients social history questions, such as ‘How old are you?’ and ‘What is your nationality?’ to get the necessary information before taking the decision of treatment and the proportion for using these kinds of questions was 20.12%.

However, the present study investigates the treatment phase and patients’ responses to discover whether any similarities or differences occur in Jordanian medical talk when it is compared with the ones that have been discussed in the literature.

2.1.4 Closing

The consultation comes to the end after discussing everything in the agenda and it needs to be closed in a particular way. Because of the importance of the closing sequence, researchers such as Humphreys (2002), Nielsen (2012), Robinson (2001), Schegloff and Sacks (1973) and West (2006) have discussed this sequence.

In the closing stage, doctors and patients indicate and prepare to close the conversation (just as in ordinary conversations). Schegloff and Sacks (1973) divide the close of an ordinary conversation into two main parts: pre-closing and closing. They added that the pre-closing part may include expressions, such as ‘we-ell, so-oo, and OK’ whereas the closing part includes the terminal
exchange ‘good-bye’. In the medical setting, Newman, Button, and Cairns (2010) examined the adjacent turns in 52 medical conversations of four GPs that were observed and videotaped in primary care medical centers in east London. Doctors used the token ‘okay’ to indicate closing a current topic and this is what Schegloff and Sacks refer to as ‘topic shaded’ as a technique to close down a topic. Doctors, in Newman et al article also provided a summary, such as ‘so she already knows about it’ and ‘that’s fine’, thus, dissuading patients from continuing on topic. Finally, patients initiated the willingness to close the talk which helped the doctors to close down the consultation by shifting attention to writing.

In a study by West (2006), conducted in the United States, both doctors and patients followed Schegloff and Sacks’ division into the ‘building blocks’ which are as follows: topic closure, pre-closing; okay and closing; goodbye, and the end of the conversation. Although there are different expressions and examples that come under the two closing parts, this sequence can be generalised because of its applicability to all the studies that analysed the closing phase in medical talk as well as in the present study.

Despite the finding of Schegloff and Sacks that ‘Ok, see you, thank you, and you are welcome’ are forms that cannot be marked as absolute parts of the terminal exchanges, Huang’s thesis (2012) confirmed that ‘thank you’ is used as part of a terminal exchange. Huang conducted the thesis in the Taiwanese culture in which 30 cases were analysed. The data was collected from the department of family medicine at a medical teaching hospital in the south. Despite the differences in the settings, Schegloff and Sacks, and Huang find that the closing section included a pre-closing and closing parts. Huang, at the end of the study, proposed a model for the pre-
closing stage to include preparation; prescription information, future arrangements, health education and summary and final notification whereas the closing sequence included a goodbye phrase and thanking then the end of the conversation.

In a Korean study by Park (2013) (60 Primary-care encounters videotaped in private clinics and hospitals in Seoul between 2007 and 2008) there is an occurrence of two stages of closing; pre-closing that included making arrangements for events that will happen at the end of the visit or instructions regarding treatment, and the terminal exchange ‘bye-bye’ to close the conversation. Both Park and Huang studies suggest that the occurrence of making arrangements is to do something later or to repeat arrangements that have already been made. However, what differentiates Park’s study from Huang’s is the use of gaze and body to indicate a closing of the talk. West (2006) also noticed the occurrence of gaze during the pre-closing stage to show disengagement.

In addition to Huang and Park, Robinson (2001), who collected 48 audio and videotapes from seven Southern California practices between 1995-1998, affirmed that doctors began the pre-closing sequence with arrangement-related sequences that consisted of future sequences concerning the next visit or announcements of events that should occur at the end of the consultation. Moreover, it was noticed, as in Park’s research, that doctors used gazing and shifting the body away from the patient to make a transition into closing. It can be concluded that the closing phase in the medical setting includes pre-closing and closing actions. Pre-closing sequence involves various forms, such as future arrangements, summaries and prescription
information. In the case of closing sequence, thanking forms, in addition to the terminal exchange ‘good bye’, occur.

Most of the above mentioned researchers (Huang; 2012, Robinson; 2001 and West; 2006) have found that doctors were usually the ones who began a pre-closing move (the topic of closure) by asking questions, such as ‘Any question on all of that?’ Robinson (2001) explained that doctors followed different ways to solicit the last concern by asking questions, such as ‘Do you have other questions or concerns?’ or questions that have negative polarity, such as ‘Any other questions?’ The doctors were asking while gaze and body are away from the patients. In Park’s data, by contrast, conversations never closed by asking additional concerns by the doctors; therefore, few cases presented additional concerns after the pre-closing by using words, such as ‘kulikwuyo’ that means ‘and’. In other examples, doctors did not welcome opening new topics because they considered them as interruptions to the main topic of the consultation.

Sometimes, patients’ responses to doctors’ shifting towards closing the consultation were by shifting to present a new concern. This occurred in Nielsen’s Danish study (2012) that consisted of two general practice interviews in a large health care centre. Patients’ shifting towards presenting a new concern happened by asking a preliminary question, such as ‘Can I ask you something?’ Nielsen explained that the additional concerns were announced once the doctors began the possible closing. As a support to Nielsen’s finding, patients in Humphrey’s dissertation (2002), in which only three patients and a consultant oncologist from NLTS hospital oncology clinic were included, asked different kinds of questions when the consultation occurred to have come towards the end.
As in the discussion of the previous literature on the medical phases, the present study aims to analyse the closing phase to investigate the elements that identify and construct this phase. According to the literature that has been discussed, only one study was conducted in an Arabic country (Ibrahim, 2001) but the language of the consultation was English. Therefore, none of the studies have been conducted in Jordan which encouraged me to apply the present study on native speakers of Arabic in an Arabic country to examine the medical talk and its overall structure. Also the elements that identify each phase will be analysed to discover what is new or recurrent in Jordanian medical talk.

2.3 Side talk (ST) in doctor patient’s interaction

Because of the noticeable occurrence of ST in the data of the present study, it is necessary to shed light on this term and the studies that have investigated it. ST is a conversational feature that occurs in different settings, including medical encounters. It contains HAY utterances, gossip, chat and time out talk. Differences between small talk and work talk have been noticed by investigators, such as Coupland (2000) and Holmes (2000). Interpersonal, relational, non-goal oriented features are associated with small talk. In contrast, work talk contains transactional, instrumental and goal oriented features. Moreover, Coupland (2000) claims that the formulation of small talk is a communicative mode/ phatic communion because it is a space-filling talk. Furthermore, small talk can simply occur at the boundaries of social encounters or at transition points within an interaction. Therefore, a connection between small and work talk is found in which the former plays a role in facilitating the instrumental activities; at the beginning, it helps shifting from interpersonal or social talk to work. At the end, on the other side, it provides a way
to shift the conversation towards closing in a positive way. The researcher of the present study supports the idea of the role of ST in facilitating the communication activities. The present study reports that the occurrence of ST either in the middle or at the margins of most of the consultations affects the shifting from one sequence to another in a positive way as the chapters of this thesis will demonstrate.

HAY utterances proved to be an effective area to focus on an analysis of phatic communication in real time discourse events, as Coupland et al (1992) claimed. Sacks (1975 cited in Coupland et al 1992) provides an analysis from a CA viewpoint that HAY can be an exchange of greetings in ‘minimal proper conversations’ to find out about personal conditions, such as matters of mood and/or value states as (OK, would be great) (see section 2.1.1 Opening). In the case of a medical setting, as in Heritage and Robinson study (2006), five types of questions that doctors can use to solicit information from the patient were discussed. HAY questions were one of these types that indicate a general evaluation rather than presenting for the problem as the current object of response. The understanding of this type of question depends on the position of it; before or after completing the opening phase of the visit. If it comes after it, the aim of the question is to gather information about the patients’ medical issue.

Although the pre-discussed and the upcoming studies in this section refer to this kind of talk as ‘small talk’, the researcher of the present study prefers to call it ‘side talk’ because it conveys that this talk whether it is long or short might relate to the medical agenda or not. ST talk might be talk that is not directly related to the agenda but it helps in conveying a particular message about the main topic of consultation. In other cases, ST might occur without any purposes
beyond opening it. This point is explained in the chapters of analysis while evaluating the occurrence of ST in all the phases of consultations.

ST occurs in everyday interaction as well as formal talk, such as medical interaction. Drew and Chiton (2000) noticed that small talk is conducted between those who keep in touch in a regular way. They noticed that in a habitual call when the purpose is to keep in touch, this creates an environment to employ small talk. This contrasts with Malinowski (cited in Coupland et al, 1992) who claimed that the formulation of small talk is purposeless. Drew and Chiton added that if a telephone call made at a regular time, the called party initiates HAY enquires, whereas if it is made at an unscheduled time, the caller initiates HAY enquiries. On the other hand, if it is a call for a specific purpose such as business, the caller is the one who initiates HAY talk and the first topic. Drew and Chiton concluded that small talk consists of two types; weather noticings and Oh-prefaced environmental noticings.

Researchers; such as Gafaranga and Britten (2003), Hudak and Maynard (2011), Laver (1975) and Maynard and Hudak (2008) have conducted their studies or part of the studies on side talk in medical encounters. Holmes (2000) and Laver (1975) found that small talk was used at the margins of interaction (opening and closing phases). Laver furthers that there are three functions of small talk: ‘propitiatory’ in which small talk can reduce the possible hostility that silence can cause, ‘exploratory’ that includes directing participants towards agreement regarding the visit, and ‘initiatory’ that indicates getting a cooperative and comfortable interaction.
Maynard and Hudak (2008) conducted their paper on orthopedic surgery clinics and videotaped the visits in an internal medicine clinic at a medical school in the United States Midwest. They examined ‘disattentiveness in sequence’ and ‘disattentiveness in simultaneity’ in opening and closing sequences of the medical clinics. ‘Disattentiveness in simultaneity’ is concerned with the occurrence of small talk at work, whereas ‘disattentiveness in sequence’ is concerned with shifting from instrumental responses to an action that the other has begun with. Five different sequences were used in the beginning of the interview (apology-acceptance, joking-laughing, appreciation- acknowledgment, pursuit of self-deprecation as joking compliment, and how are you-reply). The use of small talk in the complaining, history- taking, physical examination, diagnosis, treatment and closing phases of their study was to present pain resistance and/ or manipulation. For example, a patient who needs a manipulation may compliment the doctor by talking about what s/he heard about his/her reputation. In addition, Maynard and Hudak noticed that small talk occurred in the transition points between the phases. This result can be supported and generalised because side talk in the present study was also used in the transition points to indicate shifting to the next phase.

Maynard and Hudak’s study also showed that small talk occurred through the following devices: laugher, joking, presenting modesty and using reported speech, complimenting and self-deprecation.

Hudak and Maynard’s study (2011) has been restricted to analyse the ‘topicalised small talk’ (TST) in which the participants’ talk was independent from their institutional identities. The data was audio recorded in a large Midwestern American city and part of the neighbouring state. The
topics that this type of ST covered were setting talk, such as weather, showing what the participants share in their characteristics or history, presenting the personal biography of participants or their interests. It was clear, in the results of the study, that there was a shift to small talk in which the content was casual and unrelated to the medical agenda. Also, doctors were noticed to proffer a topic in the form of a question to invite patients to talk about topics unrelated to the medical concern, such as their work place. This kind of shifting to particular types of ST has a purpose, such as collecting information about the patients’ work or something about their personal biography to gather information that might help doctors in diagnosis decisions. Therefore, Coupland's claim (2000) about phatic talk as a ‘space filler’ or as ‘purposeless’ cannot be generalised because in the institutional talk, as the studies discussed here show (as well as the present study), there is a purpose beyond shifting to a talk unrelated to medical concern.

In other examples from the study, patients were the ones who used the proffer form to invite the doctor to participate in topics unrelated to the medical concern. Furthermore, a brief discussion of other types of talk, such as ‘brief talk’, ‘minimal talk’ and ‘co-topics’ (Hudak and Maynard’s, 2011) was also noticed. These topics were different from the TST in the sense that they were related to the ongoing medical discussion. It is clear that Maynard and Hudak’s study (2008) covered several types of small talk. In contrast, their study that was conducted in 2011 was limited to ‘topicalised small talk’. In addition, Maynard and Hudak’s study (2008) videotaped the data which was not the same method as in 2011, in which the data was audiotaped. Videotaping provides the researchers with more detailed information because it records the
gestures and facial expressions of the participants to show the relationship between them and the
talk of the participants.

ST, including all its types, has an influence on the medical settings because it facilitates the
shifting from one sequence to another during the consultation as Holmes (2000) stated regarding
its function as a means of transition between different activities. Therefore, there was a need to
investigate the occurrence of ST not just at the margins but also in the body of the whole
consultation to discover the sequential distribution of it in the Jordanian medical encounters to
find how it impacts on the participants’ turns in the medical setting as well as the medical
agenda.

2.4 Conclusion

This chapter considered representative and contrastive approaches to review the previous studies
that relate to the medical talk. It presented multiple views on each phase of the medical talk in
addition to talk unrelated to the medical agenda. Also, the literature sheds light, generally, on the
setting in which each one of the pre-discussed studies were conducted to demonstrate the
importance of analysing the Jordanian medical talk as the first study in Jordan. Only one study,
to the researcher’s best knowledge, was conducted in Jordan and on the Arabic language by Al-
Harahsheh (2015) but the topic was on analysing the forms of self-initiated repair in everyday
interaction, which is not related to the topic of the present dissertation. Another study was
conducted in Saudi Arabia to analyse the interaction between female patients and male doctors
but the focus was on the occurrence of third party in the Saudi medical interaction (Al-Ayyash,
2016). The researcher aims to analyse the overall medical interaction to investigate the elements that identify and constitute each phase and to seek differences if there are any. If any differences are reported, the researcher will look at how these differences may impact on the Jordanian medical talk. Finally, because of the notable occurrence of ST in the data of the present study, it was interesting for the researcher to discover how the occurrence of such talk can influence all the consultation. Therefore, the medical interaction in Jordan, as well as ST, is analysed according to a CA framework as it will be explained in the next chapter on methods and methodology.
Chapter Three

Methods and Methodology

The central aim of the present study is to discover how the consultations are constructed. This involves identifying and analysing the recurrent sequences that make up those consultations. In most of these sequences the participants orient to the medical agenda. However, participants regularly depart from the agenda, so these sequences were also examined. This chapter lays out the research methodology, information about the sample and location of the study, procedures that were followed to collect and analyse the data, and validity and reliability of the study. It also includes consideration of the limitations of the method that was used to collect the data.

3.1 Research methodology

CA’s framework was used to analyse the sequences and turns within the medical consultations. The study analysed the Jordanian medical consultations to identify the sequences or phases of this form of institutional talk and the actions within those sequences. The patterns of the departing of participants from the medical agenda were also analysed. Analysing these sequences is commensurate with the sequential approach advocated in CA. Thus I begin by introducing the CA approach, beginning with its origins in the work of Harvey Sacks.

Sacks was inspired by Goffman and Garfinkel. Firstly I consider the impact of Goffman’s influence before moving on to consider the impact of Garfinkel and Ethnomethodology on Sacks’ work. Goffman’s interest (1983) in everyday interaction led researchers to begin studying
face-to-face interactions. Goffman's contribution to CA occurs in providing insight into how to describe what is noticed and how it is difficult and crucial to describe an action. He brought attention to what can be investigated and to important areas of investigation. Also, he provided different analytic resources to understand how the interaction is formed (Schegloff, 1988). This motivated researchers to record and analyse conversations in different contexts, involving differing levels of formality. However, the approach is based on analysis of invented examples rather than recordings of actual interaction; therefore, there was a need to look for an alternative approach to investigate social interactions and this was Garfinkel’s Ethnomethodology.

The focus of Ethnomethodology is to identify and comprehend the participants’ methods in creating social activities (Maynard and Clayman, 2003). The use of a ‘bottom-up’ approach is what distinguishes it from other approaches because of its dependence on the empirical analysis of daily social interactions rather than beginning with existing theory (Schoeb, 2014). This approach focuses on what participant without any presumption or a pre-defined category. The hypothesis is derived from the data itself after searching for the recurrent patterns. Listening to audio recording repeatadly and the deep analysis of the data and transcription supports the hypothesis or disconfirm it.

Focusing on naturally occurring conversations was the interest of Garfinkel, as well as Sacks. However, CA approach is concerned with studying the action which manifested throughout the talk although it is rooted in ethnomethodology which is concerned with studying any kind of human action (Seedhouse, 2004)
3.1.1 The origin of CA

The beginning of CA came about through the sociological investigations of Harvey Sacks at the University of California in the early 1960s. Sacks and Schegloff cooperated with each other to develop CA as an approach. Jefferson’s participation was also valuable both in transcribing the data of analysis and contributing to the development of the field. Sacks’ first conversation-analytic observations were made on a group of phone calls to a helpline operated by The Los Angeles Suicide Prevention Center. The corpus of calls he analysed was naturally occurring recorded interaction which made it ‘repeatably inspectable’. So he was able to reanalyse them and pass them to other analysts who could then check his claims. Furthermore, what distinguished Sacks from other researchers investigating recorded material is the ‘unmotivated’ examination principle. This view follows the bottom-up/data-driven approach because it begins identifying speakers’ solutions in the data and works back from them to discover the problems. This principle led to Sacks’ groundbreaking observations about the caller’s problem in hearing, as illustrated by the following extract, (Clift, 2016).

A: This is Mr Smith may I help you
B: I can’t hear you
A: This is Mr Smith
B: Smith. (Sacks, 1992, cited in Clift, Year 2016: 43)

When the call-taker gives his name, this creates a slot where the caller is expected to provide their name in the next turn (Have, 2007). But, in the extract above, the caller avoids giving their
name and produces the utterance ‘I can’t hear you’ instead. Therefore, the utterance is regarded as a solution that led Sacks to speculate about what the problem might be. The problem is that the caller does not want to give their name, but is invited to do so by the call-taker (Clift, 2016).

Is it possible that the caller's declared problem in hearing is a methodical way of avoiding giving one's name in response to the other's having done so? Could talk be organized at that level of detail? And in so designed a manner? (Sacks, 1992, p.xvii)

CA seeks to capture the understanding presented by interactants (Clayman and Gill; 2011). This is done through examination of how interactants understand and respond to each other when it is their turn at talk, thus focusing on the process of generating sequences of actions. According to Greatbatch, Heath, Campion and Luff (1995), the main purpose of CA is to describe the procedures and rules that are used by participants to generate their own behaviour and to relate to the behavior of others. This data-driven approach investigates the actions of speakers at a specific point of interaction through analysing what they say and the design of their utterances. This includes the use of sounds, specific word choices and a word order.

Issues concerning how to manage interactions are investigated by exploring the patterns that underpin talk. Analytic attention has been given to fundamental aspects of interaction including turn-taking, repair, agreements and disagreements, opening and closing, complaints and others which relate to both ordinary and institutional talk. CA recognises that interaction is highly organised and has orderly and systematic properties in which interactants share the understanding of their positions in a social interaction (Heritage, 2005). It holds that ‘contributions to interaction are contextually oriented’ (Heritage, 1984, p. 241) and they are crucial for the intersubjectivity of understanding. That is, utterances are context shaped, the
understanding of each utterance is influenced by the context, and context renewing, in that utterances normally require some particular kinds of following utterances by subsequent participants (Heritage, 1984). Therefore, when a next action is produced, this makes the understanding publicly available because it presents what sense has been made of the prior action. If a third subsequent turn is produced, understanding can be confirmed or can be an object of repair to be developed into mutual understanding. Moreover, CA has ‘a detailed transcription system and a highly empirical orientation’ (Heritage, 1984, p. 241); therefore it analyses details, such as hesitation and pauses that are often dismissed by other approaches (Seedhouse, 2005). In the present study, doctor-patient interaction was analysed by using a CA framework. Attention was given to the turns and sequences to discover and analyse the phases of the medical talk as well as the departure from and back to the main topic of the consultation.

3.2 Data setting

This study aims to analyze the recurrent sequences that make up the medical encounters and to discover where participants orient to the medical agenda and depart from it. Therefore, there was a need to record naturally occurring consultations and to deeply analyze them. The present study is based on recorded interactions taken from a Jordanian hospital. The data was collected in June, July and August of 2015 from a university hospital which is in Jordan. The hospital could be representative because it is one of the largest medical structures in the country, serving a large number of inhabitants from the different governorates. The researcher had three months available in which to collect the data and was given full access during that time. It is considered a transformational hospital where it deals with all cases from special and public sectors in addition
to the patients who receive treatment at their own expense or from health insurance; it covers the royal court and ministers, certain private companies, universities, unions, hospitals, and banks. Data was also obtained from the health center that is affiliated to the hospital. I collected data from the outpatients of the internal clinic. A total of 31 consultations were audio recorded and 11 of them were excluded for the following reasons:

1. The length of the consultations was less than three minutes.
2. The beginning of two consultations was missing where it was impossible to capture on the tape due to the noise in the clinic that was caused by those who were in the doctors’ room and talking with another doctor or a nurse in a loud voice.
3. Some of the consultations were just to renew the medication without discussing any medical concern. The duration of those consultations was less than five minutes because the patients just asked their doctors to renew the medication for them without discussing anything.

3.3 Procedures of data collection

To collect the data, two stages were followed: Ethical considerations and recording the interactions.

3.3.1 Ethical Consideration

Ethical consent was obtaining from different committees as below:

1. University of Huddersfield: Ethical considerations were raised at the Ethics Committee of the University of Huddersfield. No direct contact with the participants was assured in the ethics form, except asking them to sign the consent letter, because the audio recorder would be left on the doctor’s desk and the researcher would not attend the consultations to maintain the confidentiality of the patients.
2. The administration of the hospital: A copy of the ethics form was submitted to the administration of the hospital after obtaining the approval to conduct the study in the hospital.

3. The doctors and patients of the internal outpatient clinic: The researcher went to the outpatient internal clinic to obtain doctors’ and patients’ consent. A consent form (see Appendix 2: Participation consent form) was prepared to provide them with information about the researcher and a general idea about the study. It was added that the concern of the study was linguistic and is not related to the medical concerns, and patients and doctors were assured that the recorded data will be destroyed upon the completion of the research. Then, they were asked to sign the form if they accepted being a member of the study. Although all doctors and patients of the clinic were invited to participate, only 31 patients and eight doctors from the family health and blood clinics accepted to participate. After excluding 11 of the participants as mentioned above, eight doctors and residents (two female residents and six male doctors and residents) and 20 patients (six females and 14 males) participated in the present study. In most of the consultations, a companion (husband, son, daughter, father, and mother) was with the patient during the visit.

3.3.1.1 Difficulties were faced while collecting the data

A difficulty with participants’ acceptance of being part of the study was faced. Most of patients and doctors (especially females) did not agree to participate and to record their voices although confidentiality had been assured. Those who agreed were often a little worried but after they read the permission sheet (Appendix 2: Participation consent form) they agreed. They were assured
that their names would be anonymised from the transcripts and that the research is concerned
with linguistics not the patients’ diseases. Also, they were assured that the researcher would be ‘a
non-participant distant observer’ (Shanmuganathan, 2005); the researcher would not attend their
clinic visit, so, the health problems would not be attributable to participants. Finally, in some
consultations, the volume of patient’s voices was a little low but then it became normal. This
might be because they knew that they were recorded. However, the voice of doctors in all
consultations was of normal pitch.

Another kind of difficulty occurred during the recording process, such as the missing of the
beginning of two consultations that was explained above (in 3.2 Data setting section).

3.3.2 Recording the interactions

The audio recording was conducted in the doctors’ consultation room where the tape recorder
was put on the desk of the doctor. The researcher entered the room just to put the recorder on the
desk at the beginning of the doctors’ clinics and returned back at the time in which the doctors’
clinics closed. The clinics of the participating doctors began from eight to 12; other clinics began
from 12 to three or from eight to three. The duration of consultations varied between 6: 24 to
40.07 minutes. The type of the recording device was Zoom H4N and it suited the size of the
clinics. The rooms were not big and the range of their size was 4m ×4m.
3.4 Procedures of data Analysis

This section begins with a general view about the research method other studies used as discussed in the literature chapter preceding the current chapter. Then the reasons for selecting this particular approach, along with a CA framework, to study the interactions are considered. Also, the procedures that the researcher followed to transcribe and analyse the data in detail have been explained in this section in addition to the obstacles faced while transcribing.

The data of the present study was analysed according to a CA framework because it provides a means of conducting detailed sequential analysis of medical talk. CA, moreover, helps in recognising the recurrent features of medical talk, such as the overall structure of the consultations and the order of the activities within them. It allows consideration of the question-answer sequences that largely make up the consultations, and the various forms of questions that participants use to construct the turns of talk. Additionally it allows investigation of departures from the agenda (ST sequences) and their impact on the consultations. CA, finally, considers all the details in the conversation, such as high and low intonation, overlapping, and interruption.

To investigate all these features of medical talk according to a CA framework, the researcher began by listening to each consultation repeatedly to identify interesting and notable features in the Jordanian consultations. After that, the researcher began the transcription procedure.

A few studies, such as Ibrahim (2001) and Kim, Kols, Prammawat, and Rinehart (2005) used a quantitative approach to provide percentages for the frequency of certain communicative features, such as questions by doctors, direct statement concerns by doctors, description of the
patients’ situation, and providing patients with completed and stimulated responses (by doctors). Therefore, the present study also used a quantitative approach to show the frequency of the occurrence of certain features (greeting sequences, different forms to close the consultation, and short answer questions in the history-taking phase) that distinguished the Jordanian medical talk in the hospital in which the study was conducted. Also the frequency of the non-occurrence of particular phases was provided. This supplements the mainly qualitative approach used throughout the study. Presenting the frequency of these features might help the hospital administration, who asked for a copy of the results of the study upon the completion of it, to determine the doctors’ needs to develop their communication skills with the patients to try to reduce miscommunication problems between the participants. However, the main thrust of the research lies in the detailed analysis of sequences. This is commensurate with a CA approach that incorporates both detailed analysis and consideration of the frequency of occurrence of patterns.

3.4.1 Transcription

In CA, transcription is essential to present the details that help in the analysis procedure. Transcription also provides an accurate representation for the readers of the transcribed and analysed data to check and examine by themselves. Schoeb (2014) stated that a difference between spoken and written language is clear because speakers often repeat words and omit others as well as, not pronouncing some words clearly and stammering. Therefore, the process of transcription is time consuming because the researcher needs to listen to the recordings many
times and it is also an imperfect way to construct a written copy of the original conversation (Nikander, 2008).

In CA, Jefferson’s transcription system (2004) is most commonly used to help analyse the data (Have, 1999). Have stated that transcription is used to discover certain characteristics in the original interactions. It is suggested by Have that original transcription and a line-by-line translation should be made if the language is not English. Jenks (2011) clarifies that three-line translations can be used: the original language is in the first line, word by word translation is in the second line and the functional translation is in the third one. Details, such as pauses and hesitation are kept in their position in the translated lines which supports Aronsson and Cederborg (1997, p. 85) who stated that:

The number of overlaps, pauses, hesitation, hedges, self-editings, and so forth are kept constant, as is their location in relation to turn junctures. The translation from Swedish has been kept as literal as possible, except where minor modifications have been necessary in order to preserve conversational style.

In the present study, the researcher wrote the consultations in their original language (Arabic). She then transcribed them to English by using the phonemes of Spoken Jordanian Arabic that were cited in Al-Harahsheh article (2015). After that, the third line was created to provide word by word translation for each Arabic word to English. Finally, a fourth line was needed for functional translation to provide grammatical and semantic details. All the names that were mentioned in the consultations were omitted for anonymity. Each consultation had the following heading (Abu El-Rob: JMT: C#:2015). ‘Abu El-rob’ is the surname of the researcher, J refers to
Jordanian, MT refers to medical talk, C refers to consultation, (#) refers to the number of the consultation, and 2015 refers to the year of recording the data.

The obstacles that were faced while translating the data from Arabic to English are twofold: The first one was translating what is heard properly because some of the idioms do not have an equivalent in word-by-word translation to English. As a result, the researcher had to give the functional meaning to convey the meaning. Moreover, the researcher faced a problem in presenting certain actions, such as entering the clinic, leaving it and talking with somebody else; therefore, a need to record these actions between practices is required to clarify what is going on in the recorded consultation.

3.4.2 Data Analysis

The main aim of the present research is to investigate the sequences of medical recorded talk in this Jordanian hospital. The overall structure of medical interactions is almost the same. For example, the ideal sequence of GP consultations in the Netherlands is the following: Opening, complaint, elaboration and examination end/or test, diagnosis, treatment and/or advice, and closing (Have, 2002). Concerning a primary care visit, Heritage and Maynard, 2006 (p. 14) classified medical talk as incorporating these sequences: opening, presenting complaint, examination, diagnosis, treatment, and closing. It is clear that the overall structure of the medical talk tends to be similar either in GP consultations or in primary care visit. Have called it ‘ideal’ because it is an indicator of a general trend within their organisation rather than a description of the factuality realised sequential structures.
The pre-mentioned overall structure was applied to discover if it is the same in the present data. Furthermore, the elements that constitute each one of the medical phases were analysed. For example, the opening phase consists of greeting sequences and sometimes HAY talk whereas the closing phase is constituted with elements, such as thanking words, religious greeting and invocations to indicate the closing of the sequence.

Finally, side talk was one of the noticeable features in the data of the study especially in the middle of the medical talk more than at the margins. Therefore, it was necessary to analyse the occurrence of this kind of talk by investigating its types and how this kind of side sequence affects the medical consultation as a whole. This involves exploring how this sequence begins and how it is closed to return to the main topic of the visit.

3.5 Validity and reliability

A CA approach is considered one of the strongest research methodologies because it analyses naturally occurring data. It demonstrates how participants, such as doctors and patients perform an action through talk and this is termed 'ecological validity' (Seedhouse, 2004). This Validity kind focuses on investigating the applicability of the findings to people's ordinary life. Researchers analyse the interactions without making any claim that may negatively affect the internal validity of the study. They represent the perspective of the interactants from the interaction details. In the case of the reliability, it is usually achieved in CA through making a collection, including transcripts, and audio and video recordings, available to the readers (Seedhouse, 2004). The CA approach includes transcripts in the published studies, and audio and
video recordings might be available via the web. The availability of the transcripts makes the re-
analysing process possible for readers. Furthermore, readers can test the researcher's procedures
of analysis as well as the validity of the analysis. Although I was not able to follow a sampling
method, I did collect a good sample during the three months as I spent eight hours daily in the
hospital and the health centre recording for most of that time (see sections 3.2 Data setting and
3.3.2 Recording the interactions regarding selection of the data for analysis). The present study
achieved the reliability criterion through providing all the transcripts in (Appendix 1) and
through presenting extracts in the chapters of analysis to make it easier for the readers to follow
the examples while discussing them.

3.6 Limitations

Video recordings of the consultations would have provided more information. However, it was
felt that this would be more intrusive and unacceptable to the majority of potential participants.
Participants (doctors and patients) refused to be video recorded. Some female participants
(residents and patients) did not accept the video recording procedures because they did not want
anybody to watch them and they even asked for the time to think about accepting the audio
recording procedures. In the case of males, the sample of those who refused the video recording
was smaller than the females, especially the doctors. In general, the participants’ refusal of video
recording relates to their desire not to be watched by anybody and also they did not want anyone
to know about their medical case. As a result, the research just used the audio recording
procedure to collect the data.
Chapter Four

Opening Phase

This chapter is split into three headings: 4.1 The sequence order in the Jordanian opening phase, 4.2 Side talk and 4.3 summary. The first heading includes three parts: 4.1.1 greeting pairs, 4.1.2 HAY talk and 4.1.3 Shifting to presenting the complaint phase. The greeting pairs section includes four subsections: 4.1.1.1 Religious greeting, 4.1.1.2 The invocation, 4.1.1.3 The ‘Hello’ greeting and 4.1.1.4 Well-wishing. Also, the ST section includes four subheadings: 4.2.1 HAY talk, 4.2.2 Complimenting, 4.2.3 Laughter and jokes and 4.2.4 ‘Topicalised small talk’. All these sections attempt to answer the following research questions:

1. What are the elements through which the opening phase is constructed?
2. How do the designs of each participant’s turns at talk make up those sequences?
3. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

Successful interaction between physicians and patients is important because it affects the exchanging of information and the establishing of the relationship between them (Gask and Usherwood, 2002; Makoul, 2001; and Ong et al., 1995). Physicians regard the skills of communication to be important from the beginning (Bar, Neta and Linz, 2006). The opening phase has a crucial role in providing a facilitative environment that will affect the patient’s responses concerning their presentation of health problem (Robinson, 1998). As a result it has proved worthwhile for researchers, such as Gafaranga and Britten (2003) and Robinson and Heritage (2006) to study how doctors open the medical encounter. Researchers, such as Chester
et al (2014) and Robinson (2012) noticed that doctors started the medical encounter by greeting the patients and asking them some general questions in the small opening sequences before dealing with the patient’s problem. Also, the initial sequences in everyday interaction involve an adjacency pair format as in greeting exchanges and might include HAY inquiries as in the telephone calls (Schegloff, 1968). So, as in ordinary talk, the opening phase in medical talk includes pairs, such as greetings and HAY talk.

The chapter begins by discussing the sequence order in the Jordanian opening phase in which different forms of greeting in addition to HAY talk will be presented and discussed in detail.

4.1 The sequence order in the Jordanian opening phase

In the present study, the sequence order includes greeting pairs and HAY talk as follow:

4.1.1 Greeting pairs

In a study on greeting sequences in a variety of interactions, Schegloff and Sacks (1973) noted that the initial sequences (in greeting exchanges) employ an adjacency pair format in which two turns are relatively ordered, produced by speakers, adjacently placed (one after the other) and these pairs are type connected. Greeting sequences in medical encounters have also been analyzed by a number of scholars, such as Gafaranga and Britten (2003) and Robinson and Heritage (2006). Researchers, such as Chester et al (2014) and Robinson (1998 and 2012) noticed that doctors began the medical encounter by greeting the patients, introducing themselves, looking at their records or asking the patients about personal details and embodying
readiness (sitting down and facing one another) prior to dealing with patient’s problem. In the present data, these actions were also recurrent. For example, in Extract 1 below, the patient and her husband greet the doctor.

1. ←Hus.: السلام عليكم
   ?asalaam ça laykom
   Peace upon you
   Peace upon you
2. ←Dr.1: أهلاً؟
   ?ahleen  hala
   Hello  hello
   Hello
3.  ↓Hus.: دكتور؟
   Doktwor (name)?
   Doctor (name)?
   Are you doctor (name)?
4.  ((The patient enters the room))
5.  ←Pat.: السلام عليكم [كم]
   ?alsalaam ça lay[kom]
   Peace upon [you]
   Peace upon you
6.  ←Dr.1: أهلاً؟
   [?ahl] een hal =
   [H]i heloo=
   Hello=

The husband enters the doctor’s room before the patient and initiates with a religious greeting ‘Peace upon you’ and the doctor replies with a ‘hello’ greeting. Then the husband asks the doctor a closed question: ‘Are you doctor (name)?’ The doctor does not reply to the question because the patient enters at that moment and also greets the doctor with the same religious greeting as in line five. The doctor overlaps her and replies with a ‘hello’ greeting as happened with her husband. In Extract 2 below, the case is different because the doctor is the one who greets the patients.
Extract 2 - [Abu El-Rob: JMT: C 8:2015]

1. ((The resident is calling the patient.))
2. Res. : اتفضل
   ?iTfadˀal
   Please come in
   Please come in

3. ((The patient is entering the room))
4. →Dr.: →مات حجي
   Hala Hadjiy↑
   Hello Hajiy↑ (Hajiy is said for an old person)
   Hello, Hajiy↑ (Hajiy is said for an old person)

5. →Pat.: →سلام عليكم
   ?asalaamo [؟اللّٰهُمّ اهدني]
   Peace [علىكم]
   Peace upon you

6. Dr.: →مرحبا كيف حالك؟
   [marhaBa] kiyf ?ilhaal?
   [Hello] How are you?
   Hello. How are you?

The resident, in this example, goes out of the room to call the patient by his name and then tells him ‘?iTfadˀal’ to mean ‘please come in’. The patient enters the room and the doctor greets him with ‘Hello, Hajiy’ with a high intonation. In line five, the patient replies to the doctor’s greeting with a religious one ‘peace upon you’ and the doctor overlaps him to reply with a ‘hello’ greeting. It is noticed from these two extracts that the doctor or the patient begins the greeting sequence. Also, the encounters begin with two forms of greetings: Hello and the religious greeting. These two forms of greeting and others that occurred in the present study will be illustrated as follows:

4.1.1.1 Religious greeting ‘Peace upon you’

The occurrence of religious expressions has been noted in Arabic conversations (see Clift and Helani, 2010). Arabic conversations are rich with religious expressions, such as ‘Peace upon you’ either at the beginning or at the end of the conversation and it is one of the noticeable
greeting forms in the present data as in Extracts 1, 3 and 4. Participants initiate the consultation with ‘Peace upon you’ after entering the room as a form of greeting from FPP to SPP.

1. Hus.: السلام عليكم
   ?asalaam  ça lay kom
   Peace upon you
   Peace upon you
2. Dr.1: أهلاً هلًا
   ?ahleen  hala
   Hello
   hello
   Hello
3. Hus.: أهلاً هلًا
   ?ahleen  hala
   Hello
   hello
   Hello

In line one, the husband greets the doctor using the religious phrase ‘Peace upon you’. The doctor responds with ‘Hello’, thus treating the husband’s prior turn as the FPP in a greeting sequence. Further evidence for this is that husband does not respond to the doctor’s ‘hello’ with a second ‘hello’ (thus treating his as a FPP), but launches a new adjacency pair by asking ‘Are you doctor (name)?’ A second occurrence of this sequence takes place when the patient enters the room (line four). She also uses the religious phrase ‘Peace upon you’ and the doctor again responds with a ‘hello’ greeting. In the next two extracts, the response to the patient’s religious greeting is different from the previous extract.
In these extracts the patient greets the doctor with a religious greeting and the doctor responds to it with the same type of greeting. In general, such encounters begin with a greeting and it can be ‘hello’ or a religious phrase. A religious phrase can be responded to with ‘hello’, which serves as a SPP. Also, ‘hello’ can be responded to with a religious phrase, as in Extract 2 below (lines four and five) that will be explained later in this section (4.1.1.3 The ‘Hello’ greeting ).
The use of ‘Hello’ or the religious greeting ‘Peace upon you’ appears to be interchangeable. Initiating the consultation with one of them requires a reply and the absence of it is marked because they are conditionally relevant. Schegloff (1968) defines conditional relevance as a SPP being expectable when a FPP is given. A SPP is seen as a second item to the first and the non-occurrence of it is officially considered as an absence. In Extract 5 below there is no reply from the doctor to the patient’s religious greeting but it is not marked as an absence.

Extract 5-[Abu El-Rob: JMT: C 14:2015]
1. Pat.: السلام عليكم
   ?ilslaam  ġalay[kom];
   Peace upon [you];
   Peace upon you;
2. Dr.:  ؟هل من [هم]؟
   [my]n --------?
   [wh]o (name)?
   Who is (name)?
3. Pat.: أنا
   ?anaa;
   I am;
   I am;
4. Dr.: اتفضل استاذ
   ?iTfad?al  ?osTaað (name)
   Come in Mr. (name)
   Come in Mr. (name)
5. Pat.:  يعطيك العافى [إلى]
   yaÆt?yk  ?iSaaf[yih]
   give you wellness
   May God give you wellness
6. Dr.:  من شان ايش جاي الأستاذ
   [من] شان ايش جاي الأستاذ
   Shou ma sheh faaj la astaaz
   …
In this example the doctor does not reply to the greeting and instead shifts to solicit the reason for the visit. Greetings are interchangeable but an absence of a SPP may not be marked in this example because the patient does not pursue greeting from the doctor but instead starts answering the doctor’s questions.

### 4.1.1.2 The invocation

In addition to the religious greeting phrase ‘peace upon you’, there is an additional type of religious expressions that might be considered as a form of greeting: invocations. Invocation can be considered as a form of well-wishing in a combination with ‘Allah’ expressions. In the present study, these religious expressions occurred in the opening of such consultations to function either as a greeting or as a response to a greeting as in the following:

**Extract 6 -[ Abu El-Rob: JMT: C12:2015]**

1. Pat.:  
   
   
   yaṣṭ?yk
   
   ?ilʔaafyih
   
   DokTwor

   Give you
   
   wellness
   
   doctor

   God gives you wellness

2. Dr.1:  
   
   ايش؟
   
   ?yʃ?
   
   What?
   
   What?

In Extract 6, it is clear that the patient greets the doctor with an invocation but this opening is slightly different because SPP does not reply with a greeting and instead shifts to ask about the
reason for the visit with just ‘what?’ as in line two. In other cases, these religious phrases are used as a response to a ‘hello’ greeting, as in the following:

Extract 7 -[Abu El-Rob: JMT: C 6:2015]
1. Dr.: انفسل افنطال Come in please↑, come in please↑
2. ((It seems that they are shaking hands))
3. Dr.: هلا اهليين Hello↑, hello↓=
4. → Pat.: يا عطيك العافية = May God give you wellness↓
5. Dr.: تحياتي. كيف حالك؟ My greetings. How are you?

The doctor is the one who begins with a ‘hello’ greeting and the patient responds to the ‘hello’ greeting with an invocation (line four) and then the doctor replies to the invocation and then shifts to HAY talk in line five. This suggests that invocations and ‘hello’ are interchangeable and an invocation may be used to fill the slot following a greeting FPP. However, the doctor, in Extract 5, does not reply to the patient’s invocation in line five that occurs in the form of greeting. He instead shifts to solicit the reason for the visit, but an absence of a SPP may not be marked in this example because the patient does not treat it as missing. In another example, not responding to the invocation is also not marked as an absence as in the following.

Extract 8-[Abu El-Rob: JMT: C 17:2015]
1. Pat.: السلام عليكم ?ilsalaam  ça laykom
2. Dr.: هل أهلين مين------؟
   Halaa ?ahly miyn -------؟
   Welcome welcome who (name)?
   Welcome, welcome. Who’s (name)?

3. Pat.: يعطيك العافية دكتور كيف حالك؟--------آـ
   Yaqt'yk ?ilqafiyih DokTwor kiyf halak? (name) ?aah
   grant you health doctor how are you? (name) yes
   May God grant you health, doctor! How are you? (name) yes.

4. Dr.1: انتفض يا سيدي-------
   ?itfad'aliy yaa sayID (name)
   Have a seat Mr. (name)
   Have a seat Mr. (name).

In this example, ‘peace upon you’ occurs in the slot that might otherwise have been occupied by a ‘hello’ greeting. In line 3, invocation occurs as an expansion of the ‘greeting’ along with a HAY pair. At the same time, the patient answers the doctor’s question that was in line 2.

4.1.1.3 The ‘Hello’ greeting

‘Hello’ or ‘Hi’ occurred in studies, as in Sacks (1992), to be the format of greeting-greeting sequence. This sequence of greeting occurred in one consultation in the present study.

Extract 9 -[Abu El-Rob: JMT: C 15:2015]
1. Dr.1 to Pat.: انتفضلي ست ------- شو لإيش مهوه؟
   ?itfad'aliy siT (name) ?ow la?iyʃ
   Come in please Miss (name) what why
   ?imhawlih?
   Come here?
   Come in please, Miss (name). What, why did you come here?

2. The Pat. Cousin: مرحبا دكتور
   Marhabaa dokTwor
   Hello doctor

3. Dr.1: أهلين هل
   ?ahliyn hala
In this extract, the doctor begins directly with the reason for the visit (in line one). The cousin ignores the doctor’s question and shifts towards greeting him with ‘hello’ and the doctor responds with ‘hello’ before the HAY talk begins (in line four). However, a ‘hello’ greeting occurred in Extract 7, in line three, and in Extract 1, in line four, but in a different way because SPPs replied with other forms of greeting.

**Extract 7 - [Abu El-Rob: JMT: C 6:2015]**

1. Dr.: انفصل اتفصل
   Come in please
2. ((Shaking hands with the patient))
3. → Dr.: اهلين =
   hello
   Hello, hello
4. Pat.: = ـايحك يالصافيه =
   = May God give you health
5. Dr.: تحياتي. كيف حالك?
   My greetings. How are you?
   My greetings are for you. How are you?

**Extract 1 - [Abu El-Rob: JMT: C 8:2015]**

1. ((The resident is calling the patient.))
2. Res.: انفصل
   Please come in
3. ((The patient is entering the room))
In both extracts, after the doctors invite the patients into the room they initiate a ‘hello’ greeting. In the first extract, the patient replies with an invocation ‘May God give you health’ and the doctor greets the patient again as in line five and then moves to the HAY talk. Alternatively, in the second extract, the patient replies with the religious greeting ‘Peace upon you’ to which the doctor replies with ‘hello’ and then shifts to the HAY talk. In these two extracts, the doctor greets the patient twice in which the second one occurs as a reply to the patient's greeting. In general, the ‘hello’ greeting is interchangeable as occurs in these examples but an absence of response is not marked as in the following example:

**Extract 10-[Abu El-Rob: JMT: C 10:2015]**

1. Dr. 1: أَهْلِينَٖ — انْفَضَلُ:  
   ?ahleen (name) ?iṬfaḍ’al  
   Hello (name) come in  
   Hello (name), please come in

2. Dr. 1 to Dr. 2:  
   طَلَبَتَ نِيْجْتِه؟  
   (name) t’ilāṣaT naṬiyyḍToh?  
   (name) available his result?
Is (name)’s result available?

3. Dr. 2:
   Lissah
   Not yet
   Not yet

4. (0.4)

5. Dr. 1 to pat.:  ❄️
   We are waiting for the tests’ results. For that↓

6. (0.3)

7. Pat.: ❄️
   About what?

In this extract the doctor initiates the ‘hello’ greeting but no response occurs from the patient although it has conditional relevance. Doctor 1 shifts to ask Doctor 2 about the test results of the patient without giving the latter the chance to reply and then the doctor asks him to provide them with an update of his condition.

4.1.1.4 Well-wishing

Wishes occurred in one example to be considered as a greeting form instead of using a ‘hello’ greeting or the religious expressions. In the following extract several turns of correcting the name occurred at the very beginning of the consultation before greeting each other until the doctor wishes the patient a happy Eid in line eight.

**Extract 11 – [Abu El-Rob: JMT: C 1:2015]**

1. Nurse: ❄️
Haay Hajih (name) ((the nurse called her by a wrong name))
This Hajih (name) ((the nurse called her by a wrong name))
This is Hajih (name) ((the nurse called her by a wrong name))

2. Pat.: -------
3. ((The patient is correcting her name))
4. Dr.: ؟-------- يور-------
   (name) wila (name)?
   (name) or (name)?
5. ((The doctor is not sure of the correct name of the patient, so he is making sure of which name is the correct?))
6. Pat.: = ----- ↑  ----- ↑
   (name)↑ (name)↑=
   ((The patient is answering the correct name by repeating it twice.))
7. ---Dr.:= =Kol wa ?inti ?iBixi::r=
   =Every year and you goo::d=
   =Happy Eid=
8. Pat.: دكتر يسعد، كل عام وانتم بخير.
   الله يخليك، يسقيداك دكتور.
   Allah makes happy you Doctor.
   Allah makes happy you Doctor.
   May Allah make you happy ((Thank you)), Doctor. May Allah protect you

After the initial sequences between the patient and the nurse in addition to repairing the name of the patient that all occur from lines one to seven, the doctor greets the patient by wishing her a happy Eid instead of using a ‘hello’ greeting or a religious expression. The patient responds to this form of greeting with an invocation (line eight). This suggests that well-wishes and invocations are interchangeable. The occurrence of wishes might be due to the different circumstance of this opening (the mistake in pronouncing the patient’s name) that helped the doctor to shift to wishes to function as a greeting.

To sum up, there are several different objects that can perform greeting: hello and religious phrases (Peace upon you and invocations with ‘Allah’ expressions). Also, there was an
occurrence of wishes to function as a greeting in one example. These different pairs that construct the sequence can be summarised as follows:

1. A: Religious greeting  
   B: Hello  
2. A: Hello  
   B: Religious greeting  
3. A: Hello  
   B: An invocation  
4. A: Hello  
   B: Hello

Quantitatively, the opening phase occurred in 16 consultations (Appendix 4). The religious greeting ‘peace upon you’ occurred in 11 consultations, either as a greeting or as a response to the greeting. In one consultation, no response from the doctor occurred to the religious greeting. In the case of invocations, they occurred in three consultations. One was presented by a patient but no response occurred from the doctor whereas the rest were presented as a response to the doctors’ greetings. A ‘hello’ greeting was initiated by doctors in three consultations and the responses were an invocation, a religious greeting and a ‘hello’ greeting. Finally, wishing the patient a happy Eid occurred in one consultation and an invocation was the response. In most of the examples, greeting pairs occur as conditionally relevant. However, sometimes the participants treat the lack of a SPP as okay rather than as a noticeable absence.
4.1.2 HAY talk

Coupland et al (1992) discussed that HAY pairs commonly occur in the opening of conversations. Sacks (1975 cited in Coupland et al., 1992) provides an analysis from the CA viewpoint that HAY can be used as an exchange of greetings in ‘minimal proper conversations’ to solicit personal or value states (see section 2.1.1 Opening). In Extracts 7 and 12, there was an occurrence of HAY talk as follows:

**Extract 7** - [Abu El-Rob: JMT: C 6:2015]

5. →Dr.: Tahiyaatie. kif halak?
   My greetings. How are you?
   My greetings are for you. How are you?

6. Pat.: ( )

7. Dr.: Allah yirdaya caliek. ahlien =
   God bless you. welcome
   God bless you. You are welcome

8. Pat.: hayak Allah =
   preserve your life Allah =
   May Allah preserve your life =

   = Welcome. Come in please. How are you?
   = You are welcome. Come in please. How are you?

10. Pat.: ilhamDo lilAllah Thank God
    Thank God

11. Dr.: sho axbark?
    = What’s news your?
    What is your news?

**Extract 12** - [Abu El-Rob: JMT: C 1:2015]:

7. Dr.: Kol ?am wa?inti ?iBixi::r =
   Every year and you goodbye
   = Happy Eid
In these two extracts, the doctors initiate the HAY sequences (line five in Extract 7, and line nine in Extract 12) after the greeting turns. In extract 7, the patient responds to the doctor’s HAY sequence which is not the case in Extract 12. In Extract 12, the doctor initiates with a HAY question and then continues with a wish in the same turn (line nine) and the patient replies to the doctor’s wishing with ‘?in’a Allah’ which can be considered as a type of what was termed ‘God wishes’ by Ferguson (1983) who examined them and their cognates in Syrian Arabic. The focus of the study was on semantic, syntactic and pragmatic features of one type of the politeness formulas in Syria, which is ‘God wishes’. It was noticed at the end of the study that God wishes consisted of God as subject, pronoun object and verb of favorable action towards the addressee and in some cases, the verb may require a preposition with the pronominal object, as in ‘Allah yehfazak’ which means ‘God keep you’. Finally, they occurred in many different sequences as initiator formulas in exchanges, such as ‘Allah Yaqt’yk ?ilçaafiyih’ that means ‘May God give you health’ to be considered as a greeting statement. ‘Singleton’ is another formula that might be used in suitable occasions without being considered as a response to a preceding formula and
without requiring a response as in ‘God have mercy on you’ that is said when someone sneezes. ‘Insha’Allah’ is also considered by Clift and Helani (2010) as an invocation that secures a possible sequence and the closure of a topic and acts as a form of reciprocal invocation during the talk. They add that these invocations are provided to shift to a new topic.

By returning back to Extract 12, the patient ignores the HAY question and just replies to the wish with ‘God willing/ ?in'a Allah’ as in line 10. It was noticed that the doctor, in extract 7, asks a HAY question again in line nine to which the patient responds. In the next extract, the HAY sequence occurs from lines six to 10 in which both interactants participate in these sequences. Furthermore, the doctor begins the HAY talk in line six whereas the patient initiates it in line 10.

**Extract 2 - [Abu El-Rob: JMT: C 8:2015]**

6. Dr.: [marhaBa] kiyf ?ilhaal?
   [Hello] How are you?
   Hello. How are you?

7. ((It seems that they are shaking hands))

8. Pat.: Ya hla
   Hello ↑
   Hello ↑

9. Dr.: ؟ie:: maa? a Allah
   ?ie:: willing God
   ?ie:: God willing

10. Pat.: Kiyf ?ilhaal?
    How everything?
    How is everything?

11. Dr.:
    Ramadan BiXaliyk ?imnawir
    Ramadan is making you your face bright
    Ramadan is making your face bright
In line six, the doctor initiates a HAY question. The patient greets him again by a ‘hello’ greeting, as in line eight. The doctor inserts a sequence here ‘?ie::h mạ[a Allah’ which means ‘?ie::h God willing’ but there is no response from the patient. Instead, the patient returns to the HAY talk in line 10.

However, the doctor self-repairs his previous utterance by saying: ‘Ramadan is making your face bright’ because ‘?ie::h mạ[aAllah’ is a kind of expressions that is used in the Jordanian culture to express that ‘you look great’ and it seems that the patient returns to HAY talk for one reason or another; therefore, the doctor introduces his idea again but differently, as in line 11, to clarify the previous expression and to be a compliment to the patient. The case in the next extract is slightly different because the patient’s companion is the one who initiates the HAY talk.

**Extract 9 - [Abu El-Rob: JMT: C 15:2015]**

1. Dr.1 to Pat.: 
   انتضلي ست----- شو لإيش محوله؟
   ?itfad?aliy siT (name) ¿ow la?iyʃ
   Come in please Miss (name) what why
   ?imhawlih?
   comehere?
   Come in please, Miss (name). What, why did you come here?

2. →The Pat.’s Cousin:  
   مرحبا دكتور
   Marhabaa dokTwor
   Hello doctor

3. →Dr.1:  
   أملين هلا?
   ?ahliyn hala
   Welcome welcome
   Welcome ,welcome

4. →Cousin:  
   كيف حالك؟
   Kiyf haalak
   How are you?
   How are you?

5. Dr.1:  
   أملين?
   ?ahliyn
   Welcome
Welcome

6. Cousin: أٗب ارا ثزززًشٗ٢ أثٞ١ أُشزّٞ

I am if you remember me my father the deceased
(name)
(name)
I am, if you remember me, my father is the deceased (name)

In line four, the cousin initiates a HAY question but the doctor again replies with a ‘hello’
greeting. After that, the cousin moves to introduce himself in line six in contrast with Chester et
al study (2014) in which the doctors were the ones who introduced themselves and their role.
The companion repairs himself when he suddenly stops after ‘I am’ and then initiates a new
utterance by saying: ‘my father is the deceased (name)’; this process is called abort and abandons
(Al-Harahsheh, 2015). By this turn, a ST sequence occurs to play a part in the opening of this
consultation.

All in all, HAY talk occurred in the opening phase of eight consultations. HAY talk might be a
reason to analyse the phatic communion in real time discourse events (Coupland et al, 1992) and
this is what will be discussed later in the ST section. The next Extract presents both the greeting
sequence and HAY talk to show how they occur together to make up longer sequences.


1. -Hus. : السلام عليكم

?asalaam çalaykom
Peace upon you

2. -Dr.1: أهلين هلا

?ahleen hala
Hello hello

3. Hus. : دكتور-----؟

Doktwor (name)?
Doctor (name)?
Are you doctor (name)?
4. ((The patient enters the room))

5. →Pat.: السلام عليكم

   ?ilsalaam  ça lay [kom]
   Peace    upon [you]
   Peace upon you

6. →Dr.1: اهل ين هلا

   [ahl] een hal =
   [H]i heloo =
   Hello

7. →Pat.: كيفك دك [تور ؟]

   = Kiyyaf  Doc [twor ?]
   = How are you Doc [tor ?]
   = How are you, Doctor?

8. Dr.1: اهلين هلا. مين [المريض ؟]

   =[ahl]iyn  [ hala]
   [Hel]lo  [hello]
   Hello

9. Pat.: شو [أخبارك ؟]

   =?aw [xBaarak ?=]
   [What] your latest news ?
   What is your latest news?

10. Dr.1: =اهمين هلا. مين [المرض ؟]

    =?ahl iyn  hala  miyn  [?ilmariyd ??]
    =Hi  hello  who  [the patient ?]
    =Hello. Who is the patient?

11. Pat.: كل عام و [انت بخير]. أنا دكتور ؛ ههههه =

    [Kol  çaam wa  ?i]nTa  ?iBiXiyr.  ?anaa  Doktor [hh=]
    [every year and you good I am  Doctor  [hh=]
    May every year to be good / Happy Ramadan. I am, Doctor  [hh=]

12. Dr.1: آه ؛ ما اانت من زمان ؛ ء. ايش مالك ؟

    =?ah  ma  ?inTi  min  zamaan [ ?iy [maalik ?
    =Oh. Well You since a long time ء what problem your ?
    =Oh ؛ It is a long time ء . What is your problem?

13. Pat.: زوجي دكتور =

    zowd3iy  doktwor =
    my husband  doctor =
    Doctor, this is my husband=

14. Dr.1: =اهل لين. اهل و [سلا]

    =?ahl iyn  ?ahl lan wa  [sahl lan]
    =Hello  You are wel [come]
    =Hello. You are welcome

15. →Pat.: كيفك ؟ شو أخبارك ؟

    [Kiyyaf ?]  ?aw [xBaarak ?=
    [How are you?] What  your latest news ?
    How are you? What is your latest news ?

16. ((The doctor taking with another patient for 4 seconds))
17. Dr.1: آه. اتفضلي:
Okay. Please go ahead
Okay. Please go ahead

18. -Pat.: يعطائك الحافيه. كيف دكتور؟:
May God give you good health. How are you doctor?
May God give you good health. How are you doctor?

19. Dr.1: اهلاً
Hello
Hello

20. Pat.: دكتور أنا ازوجت، واجيت:
Doctor! I got married and came
Doctor! I got married and came

It is obvious that the consultation begins with a greeting which is followed by several HAY pairs before and after the doctor recognises who the patient is and before and after the doctor’s several attempts to shift to presenting the complaint sequence. After the patient and her husband initiate the religious greeting twice, in lines one and five, (Chester et al, 2014), the patient shifts to HAY talk in line seven. The patient initiates HAY talk three times, in lines seven, 15 and 18. In the first and third times the doctor replies with a ‘Hello’ greeting. In the second time, the doctor asks her to go ahead, as a reply, after an interruption from another patient. In this extract, as others in the present study, HAY pairs are initiated by patients in contrast with Chester et al (2014), Gafaranga and Britten (2003) and Heritage and Robinson (2006) who noticed that the open-ended HAY was controlled by the doctors. In this extract, I show that participants shift from greeting to HAY talk to make up longer sequences.

After analysing the opening phase of all the data, it was noticed that doctors and patients managed the interaction differently. Greeting occurred in most of the consultations except in
consultations 11, 13, 15, and 19 (see Appendix 4). Robinson (2012) noticed that the first pair in the opening sequence was a greeting held by doctors, patients, or a companion. In contrast, Chester et al (2014) found that doctors were the ones who initiated the greeting pairs. After that, HAY pairs occurred as the next step in the opening sequence but their occurrence did not take place in all consultations. Some of the consultations consisted of a greeting pair and then the sequence moved to the reason for the visit with a few exceptions as will be explained.

1) Consultations 3, 10 and 16
   a. Doctors began the sequence with a general greeting or with the word ‘?iTfad’al’.
   b. Patients or companions greeted the doctor and the latter replies
   c. with ‘hello’ and then the phase of soliciting the reason for the visit begins.
   d. The case in consultation 10 was slightly different because after greeting the patient, Doctor 1 asked Doctor 2 about the results of the patient’s tests. After a silence of four seconds, Doctor 1 asked about the patient’s latest news with his health problem.

2) Consultations 4, 9, 12, 14, 18, and 20
   a. Patients initiated the greeting pair.
   b. The doctors, in their turns as SPP, replied with a simple word and then shifted to ask about the reason for the visit.
   c. A slight difference occurred in consultation 14 when the doctor asked about the patient, who had already greeted the doctor.
   d. In consultations 18 and 20, a number of general questions were asked by the resident after replying to the patient’s greeting. The case in these two consultations is almost the same as the example that Robinson (2012) mentioned from his study in 1999. It was noticed that there were four ordered sequences before starting with the first topic, which were greeting, securing patients’ identity, reviewing patients’ records and embodying readiness.

3) The case was totally different in consultations 11, 13, 15 and 19.
The opening of the consultations began with the first topic which was asking about the reason for the visit without any greeting forms. In consultations 15 and 19, the doctors used the word ‘?iTfad’aly’ which means ‘go ahead please’ before asking about the reason for the visit. One more notable point in this set of consultations was in Extract 16 and will be discussed in detail later in this chapter under ‘Topicalied Small Talk’ (TST). Reciprocal ST occurred between the doctor and the companion before moving to the reason for the visit. Although the doctor began the first topic directly as in line one, the companion refused and began greeting the doctor instead of presenting the health problem and took the doctor towards ST before presenting the first topic in the consultation.

Comparing with the four ordered sequences that form the opening of a consultation: greeting the patients, introducing themselves, looking at their records or asking the patients about personal details, and embodying readiness are not exactly followed (Chester et al, 2014 and Robinson, 2012), greeting and HAY talk were the noticeable pairs in the opening phase of the present data.

4.1.3 Shifting to presenting the complaint phase

To shift from the opening phase to the next one, doctors ask questions, such as ‘what brings you today?’ to solicit the reason for the visit. This section discusses the shifting from the opening phase to the presenting the complaint phase in the medical consultations. In the present study, shifting to presenting the complaint phase occurred in different forms. In some cases, there was an occurrence of the word ‘?iTfad’aliy’ or ‘?iTfad’al’ that means ‘go ahead please’ to shift directly to presenting the complaint phase (as line one in Extract 6 that was discussed in the
invocation section). Also, there was an occurrence of what is termed a pre-sequence strategy to prepare for moving to the reason for the visit, such as the example in the extract below ‘What we can do! Keep silent, man you tired me’. The pre-sequence is considered important for effective negotiation of a request, as Bowels (2006) states, because it helps to avoid any kind of potential refusal. For example a pre-invitation sequence helps the invitee to make a hint instead of formulating the invitation directly. In telephone calls, these pre-sequences may connect with the difficulty in introducing a request (Aston, 1988 cited in Bowels, 2006); therefore, the request is needed to be introduced by the caller so as to help the receiver to prepare a response that is not rejected straight away. Sometimes, the request might be complex and the speaker might be unsure whether it will be satisfied by the receiver. So, a pre-sequence might be used by the speaker to make their request accessible.

**Extract 14 – [Abu El-Rob: JMT: C 8:2015]**

9. Dr.: ابي ما شاء الله
   ?ie::: maaʃa Allah
   ?ie::: willing God
   ?ie::: God willing

10. Pat.: كيف الحال؟
   Kiyf ?ilhaal?
   How is everything?

11. Dr.: Ramadan BiXaliyk ?imnawir
    Ramadan is making you your face bright

12. Pat.: hh

13. Dr.: شكل ما [يم]
    d?allak s?a[yim]
    Keep fasting

    [What] the person will do! Keep silent!
    ya zalamih ḳaluBTowniyi
man you tired me
What we will do! Keep silent, man you tired me!
15. Dr.: ٜٓٞ ً٤ق ثذى رٌغت زغ٘بد؟!
yalaBnaak ↑ Mahowa kiyf BiDDak TtikssaB hasanaaT?!
We tired you!↑ So how will you gain good deeds?!
We tired you!↑ So how will you gain good deeds?!
16. -- Pat.: يا ابن الحلال مش حولتوني؟.
Ya ?iBin ?ilhalal mij hawalTowniy?
My friend RIGHT YOU GAVE REFERRAL ME?
My friend, YOU GAVE REFERRAL ME, RIGHT?

It is clear that after the HAY question, the doctor tries to shift towards the reason for the visit by initiating a compliment about the patient’s case as in line 11. The patient, in line 14, moves towards preparing to present the reason for the visit and in line 16 he already begins with the next phase of the medical encounter. Contrastingly, it was noticed in a few cases that an open question is used to solicit the required information from the patient as in the next extract.


1. Pat.: ٣ؼي٤ي اُؼبك٣ٚ دًزٞس
yaat?yk ?ilaaafiyh DokTwor
Give you wellness doctor
God gives you wellness

2. → Dr.1: ٣؟
?yf?
What?
What?

3. Son: ب٩ٔنٔا بالنسبه ل----
BiDnaa BilnisBih la (name)
We want for for (name)
What about (name)

The doctor, in line two, asks an open question directly without replying to the patient’s greeting. He ignores the greeting sequence by shifting to ask about the reason for the visit directly. In other cases, there was no occurrence of the opening section at all and the first phase of the medical consultation is constituted by presenting the reason for the visit as in the following:
The doctor begins directly asking about the reason for the visit without initiating any greetings or HAY pairs and the patient in her turn begins explaining the reason for her visit without trying to return to the greeting pair. The next extract is slightly different because the patient ignores the doctor’s initiation of the consultation by asking about the reason for the visit.


1. 

Dr.: Pasha! Yes. Please come in.

2. Pat.: السلام عليكم

3. Dr.: Hello

4. Pat.: دكتر أنا الشب قلي اعمل ° استقبال° همسات [انا] 
"I am the young person told me to take °an appointment° now [ I am]"
Doctor! The young person told me to take an appointment. Now I am.

In this example, the doctor initiates soliciting the reason for the visit through asking a general open question followed by the word ‘?iTfad’al’ as in line one. The patient, in his turn, ignores this sequence and prefers to insert a greeting sequence to be his first turn, as in line two, that is generally considered a sequence of the opening phase of a consultation. The doctor accepts this sequence and replies before the patient’s shift towards answering the doctor’s question about the reason for the visit.

4.2 Side talk

In the literature review, ST is discussed and is described by Malinowski as ‘language used in free, aimless, social intercourse’ (Coupland, 2000, p. 476). It is seen as a space filling talk with a sociable primary function as opposed to the instrumental talk that focuses on information. Holmes (2000) states that small talk ranges from greeting exchanges to a more personally oriented talk; thus it must be defined in context and how the participants relates to the discourse. It is also considered as the ‘oil of the wheels’ because it helps in shifting smoothly from social or personal talk to a task-oriented one at the beginning of the consultation. At the end of a consultation, it helps in closing the talk positively by talking after discussing work for a period of time. Small talk in Drew and Chiton's (2000) article consisted of two types, which are ‘Oh-prefaced environmental noticing’ and ‘weather noticings’ as topics that were introduced in canonical and habitual phone calls. ‘Oh-prefaced environmental noticing’ takes the inserted sequences form in the opening sequence and often before the completion of a HAY pair. It
happens spontaneously and reports either aurally or visually. In the case of ‘weather noticings’, they occur when nothing is topicalised in an event before the anchor position and invite reciprocal talk that can touch more related topics.

In the case of HAY talk, Sacks (1975 cited in Coupland et al., 1992) provided an analysis from the CA viewpoint that HAY can be used as an exchange of greetings in ‘minimal proper conversations’ to solicit personal states, such as matters of mood and/or value states, such as’Ok’ and ‘would be great’. It was also proved to be an effective area to focus on an analysis of phatic communion in real time discourse events, as Coupland et al (1992) state.

ST may occur at transition points within an interaction. For example, Maynard and Hudak (2008) noticed that small talk occurs at the end of the physical examination sequence when the doctor complimented the patient’s husband before asking her to return back to her seat. It can also occur at the boundaries of formal and informal interaction (opening and closing) (Holmes, 2000; Hudak and Maynard, 2011 and Laver; 1975). Laver (1975) found that small talk was used at the boundaries of interaction (opening and closing phases) and added that there are three functions for its occurrence at the beginning: First, ‘propitiatory’ to reduce the possible hostility that silence can cause. It is impossible to communicate when we just have something to talk about; therefore it is an important function of speech to break silence and this might be by using phrases such as ‘Nice day today’. Secondly, ‘exploratory’ to direct participants towards agreement regarding the visit to establish solidarity. Finally, ‘initiatory’ to get a co-operative and comfortable interaction and this can be through using different signals of transition, such as actions as in moving the head slightly upwards or an abrupt head movement to establish eye
contact on a level gaze. Holmes (2000) argued that there is a connection between small talk and work talk in which small talk plays a role in facilitating the instrumental activities. In the opening of the medical encounters of the present study, there was an occurrence of ST in different forms:

4.2.1 HAY talk

Although the HAY pair has been previously discussed in this chapter, because of its occurrence in the opening sequence it is worth discussing again here as a ST form. The HAY pair has an efficient position to represent the discussion of phatic communion in real time discourse events, as it is stated by Coupland et al (1992). In Extract 17, an attempt from the patient to begin a HAY sequence occurs but the doctor avoids responding to the patient’s question and moves directly to the first topic in the consultation as it occurs in lines four and six.

**Extract 17 - [Abu El-Rob: JMT: C 17:2015]**

1. Pat.: السلام عليكم
   
   ?ilsalaam çalaykom
   Peace upon you
   Peace upon you

2. Dr.: هل أهلين مين -------؟
   
   Halaa ?ahlyn miyn (name)?
   Welcome welcome who (name)?
   Welcome, welcome. Who’s (name)?

3. -Pat.: بعطيك الهافيه دكتور كيف حالك؟ أنا:
   
   Yaçt’yk ?ilçaañyih DokTвор kiyf halak?
   grant you health Doctor how are you?
   ?anaa
   its me
   May God grant you health, Doctor! How are you? its me.

4. Dr.1: انفضل يا سيد----
   
   ?iTfad’ñal yaa sayID (name)
   Have a seat Mr. (name)
   Have a seat Mr. (name).
5. —Pat.: كيف حالك؟

Allah yirḍaā çaļiyk kiyf haaalak?
God be pleased with you how are you?
May God be pleased with you. How are you?

6. Dr.1:

Min jaan ?iyʃ fal marrah ?iBTiyd3y?
For what- first time? Come you?
For what- Is it the first time you come?

After the short greeting sequence, the patient attempts to open a sequence of ST with the doctor in line five with a HAY question but the doctor ignores this by shifting towards asking about the reason for the visit. In a similar case, Chester et al. (2014) discovered that doctors did not allow the patient to take part in ST and this happened in only few cases to talk about weather, directions and parking. Also, this relates to the result in Holmes’ (2003) article when she found that the close of the small talk is initiated by the superior in the interaction who has the authority in allowing small talk. In Extract 17, this refers to the doctor who shifts to ask about the reason for the visit. However, in other cases as in the following extract, the occurrence of the HAY pair is more elaborate. The participants, in Extract 17, have a reciprocal sequence of HAY pairs and an invocation for the doctor ‘May God grant you health’ that occur from line three to five after the greeting pairs. An attempt from the doctor to close it occurs in line four when he shifts to ask about the reason for the visit but the patient continues in his HAY pair and in praying for the doctor that God will be pleased with him before shifting to the reason for the visit sequence. The case in the next extract is different because the doctor replies to the patient's HAY questions in certain turns.

1. 

Peace upon you

2. Dr.1: 

[Ahl]  

[?ahleen]  

[H]  

Hello

3. -Pat: 

=Kiefak  

=How are you

4. Dr.1:  

[?ahleen]  

[Hi]  

Hello

5. Pat.:  

[?ow]  

[?axbaarak]=  

[What is] your latest news?=  

What is your latest news?=  

6. Dr.1:  

[?ahleen]  

[Hi]  

Hello. who is the patient?

7. Pat.:  

[Kol qaam] wa ?inta bixiir. ?anaa doktwor  

[every year] and you good I am doctor  

I am, Doctor hh;

Happy Ramadan. I am, Doctor hh;

8. Dr.1:  

?ah ma ?inti min zamaan?  

Oh You are since a long time?  

What's wrong with you?  

What's wrong with you?

9. Pat.:  

Zwodjiy  

my husband  

Doctor, this is my husband=

10. Dr.1:  

=?ahleen  

=?ahllan [wa sahllan]  

= Hello  

Hello. You are welcome

11. -Pat.:  

[Kiefak?]  

[?ow]  

[?axbaarak]  

[How are you?]  

What is your latest news?

How are you? What is your latest news?
In this extract, there is an initiation of HAY pairs by the patient after the greeting occurs in the first two lines. A reciprocal sequence of HAY talk occurs from line three to 15 when the doctor's first attempt to end this ST occurs in line six by asking who the patient is. The patient does not answer the doctor’s question. She wishes him a happy Ramadan and then answers his question that she is the patient and then laughs. The doctor, in line eight, asks her about the reason for the visit to initiate shifting to the next phase but the patient, in her turn, ignores the doctor’s question and continues with the ST pair by introducing her husband to the doctor and shifting to HAY pairs in line 11. An interruption occurs at this moment from another patient that gives the doctor the chance to invite the patient to talk about the reason for the visit in line 13. Again, the patient does not reply and shifts towards saying an invocation to the doctor ‘May God grant you health’ and then responds to the doctor's inquiry about the reason for the visit. The doctor’s behaviour in tending to close ST underlines what Holmes discovered in her study in 2003 in which the close of small talk is initiated by the superior in the interaction who has the authority to allow small
talk. In the present extract, the insistence of the patient to keep the doctor in the ST sequence is clear although the attempts of the doctor to close it do not materialise until line 16.

Complimenting, laughter, jokes and TST are other forms of ST that Hudak and Maynard (2008 and 2011) discussed in their studies. The next extract discusses one of these forms that occurs in the present study.

4.2.2 Complimenting

Extract 14 - [Abu El-Rob: JMT: C 8:2015]

6. Dr.: [مرحبا] كيف حالك؟
[marhaBa] kiyf ?ilhaal?
[Hello] How are you?
Hello. How are you?
7. ((It seems that they are shaking hands))
8. Pat.: يا هللا↑
Ya halaa↑
Hello↑
Hello ↑
9. → Dr. : ابي ما شاء الله
?ie:: maaʃa Allah
?ie:: willing God
?ie:: God willing
10. Pat.: كيف الحال ؟
Kiyf ?ilhaal?
How everything?
How is everything?
11. → Dr.: رمضان بخليك منور
Ramadan BiXaliyk ?imnawir
Ramadan is making you your face bright
Ramadan is making your face bright
12. → Pat.: hh
13. → Dr.: [شكو] الواحد بدو يساوي! اسكت يا زلمه غلبوني!
[What] the person will do! Keep silent↓
ya zalamih yalBTowniy↓
man you tired me
What we will do! Keep silent, man you tired me:

15. Dr.: غلبنك ؛ مهو كيف بيك تكسب حسنات؟
yalaBnaak; Mahowa kiyf BiDDak TzikssaB hasanaaT?!
We tired you!; So how will you gain good deeds?!

16. Pat.: يا ابن الحلال مش حولتوني؟
Ya ?iBin ?ilhalal miḥ hawalTowniy?
My friend RIGHT YOU GAVE REFERRAL ME?
My friend, YOU GAVE REFERRAL ME, RIGHT?

After greeting and HAY exchanges at the beginning of this consultation, there is an occurrence of complimenting which is one of the ST devices that Maynard and Hudak (2008) identified and this occurs when the doctor says:

11. Dr.: رمضان بخليك منور.
Ramadan BiXaliyk ?imnawir
Ramadan is making you your face bright

Here, ST comes under the ‘co-topical’ type which instrumentally relates to the ongoing medical talk. The occurrence of ST is purposive here because the patient himself shifts to present the reason for the visit without an invitation from the doctor as in line 16.

4.2.3 Laughter and Jokes

In the same extract, the patient’s laughter as a response to the doctor’s compliment in line 12 is another ST device that Maynard and Hudak (2008) identified in their data.

11. Dr.: رمضان بخليك منور.
Ramadan BiXaliyk ?imnawir
Ramadan is making you your face bright

12. Pat.:hh
This laughter is followed by a slot of joking from the doctor that Maynard and Hudak also identified as a form of ST. Joking can also come under ‘co-topical’ ST, which instrumentally relates to the ongoing medical talk (Hudak and Maynard, 2011).

11. Dr.:
Ramadan BiXaliyk ?imnawir
Ramadan is making you your face bright
Ramadan is making your face bright

12. Pat.:

13. Dr.:
d?allak s?aa[yim]
Keep fas[ting]
Keep fasting

In summary, in the opening of this consultation, three different forms of ST occurred: complimenting, laughter, and joking and all play a role in facilitating the interaction between the patient and the doctor. Two further types of ST occur in Extracts 16 and 17.

4.2.4 ‘Topicalised small talk’ (TST)

In the next extract, an independent talk from the institutional identities occurs that is worth discussing.

Extract 18 -[Abu El-Rob: JMT: C 7:2015]

11. Dr.: لا لا [فوت جاوي] [Laa laa] fwoT d3aay
No no come in
No, No. come in

12. Dr.: فوت يا بوي fwoT ya Bowy
Come in dad
Come in, dad

13. Fath.: تعال يا----- Ta?aal ya (name)
Come in (name)
Come in (name)
14. Dr.: خلي الولد هون
  Xaliy ?ilwalaD hown
  Let the boy sit here
  Let the boy sit here

15. Fath.: تعال تعال
  TaSaal TaSaal
  Come in come in
  Come in, come in

16. Dr.: انت دكتور وين؟
  ?iTa DokTowr wiyn?
  You doctor where?
  You are a doctor where?

17. Fath.: انا في الإمارات
  ?anaa fiy ?il?imaraaT
  I am in the United Arab Emirates
  I am in the United Arab Emirates

18. Dr.: دكتور طب؟
  Dwoktwor t?iB?
  Doctor of Medicine?

19. Fath.: لا↑
  La↑
  No↑

20. Dr.: ؟؟؟؟
  ?aah↑
  So what↑
  So what↑

21. Fath.: في التربية
  Fiy ?ilTarBiyih↓
  In Education↓

22. Dr.: كيف الأمور؟
  Kiyf ?il?omowr↓
  How everything↓
  How is everything↓

23. Fath.: تمام الجملة
  Tamaam ?ilhamdolilAllah
  Good Thank God.
  Good. Thank God.

24. Dr.: والأمارات كم؟
  ?iil?maaraaT ?ikwaysih↓
  And the United Arab Emirates good↓
  And is the UAE good↓

25. Fath.: مليحة
  ?mliyihah
  Good
Good

26. Dr.: =
	t?ayiB wa ?i∫aaB haDaa salamToh

Okay and the young boy this get well soon him

Okay and what about this young boy. Hope him to get well soon

27. Fath.: =

اُؾ٣خ

Okay and what about this young boy. Hope him to get well soon

28. Dr. to pat.: =

salaamTak

Get well soon

Get well soon

29. Pat.: =

م٤ذذ٢ ٝ رسذ ٓؼذر٢ ثؾٞ١ ك٢ اؽ٢ ثق٤ش ػِ٠ ٓؼذر٢ ٝ از٤بٗب

MiςDiTie wa TąiT miςDiTie Biʃway fie

Stomach my and under stomach my a little there is

?i∫ie Bųįer yi∫iD qłaa miςDiTie wa

something becomes press on my stomach and

?ąhyaan BasTafriy Bahis BiDie ?asTafriy

sometimes I vomit I feel I want to vomit

My stomach and a little under my stomach there is something

becomes pressing on my stomach and sometimes I vomit, I feel I

want to vomit

After the greeting and HAY reciprocal talk, the doctor proffers a topic in a question in line 16 to invite the patient towards beginning ST. This form of ST was discussed in 2011 article by Maynard and Hudak which focused on the ‘topicalised small talk’ (TST) that demonstrates the independence from institutional identities. Doctors tend to ask questions to invite the patient to talk about topics unrelated. The doctor in the present extract asks the father of the patient short questions about his work to receive short answers in order to uncover the father’s personal history. ST is also helpful in this example because it shifts the consultation smoothly towards the reason for the visit when the doctor asks about it in line 26. The case in Extract 19 also comes under TST when the doctor and the companion talk about something that they have in common.
Extract 19 –[Abu El-Rob: JMT: C 15:2015]

1. Dr.1 to Pat.:  افتحلي ست ---- شو لإيش محوله؟ .
   Come in please Miss (name) what why
   Come in please, Miss (name). What, why did you come here?

2. The Pat.’s Cousin:  مرحبا دكتور
   Marhabaa DokTwor
   Hello doctor

3. Dr.1:  أهلين هلا
   ?ahliyn hala
   Welcome welcome
   Welcome ,welcome

4. Cousin:  كيف حالك؟
   Kiyf haalak
   How are you?

5. Dr.1:  أهلين
   ?ahliyn
   Welcome
   Welcome

6. Cousin:  أنا اذا بتتذكرني أبي المرحوم-------
   I am if you remember me my father the deceased (name)
   (name)
   I am, if you remember me, my father is the deceased (name)

7. Dr.1:  آه انت قرابي [أبيبيبي]:1
   ?aah ?inta garaaBiT [?]e:::
   Yes you relative [?]ie::
   Yes. You are one of imm relatives

8. Cousin:  [؟em]
   [Yes]
   Yes

9. Dr.1:  آه انت جاي مع [ها؟]:1
   ?aah ?inTa daay maç[haa?]
   Okay you coming with[her?]
   Okay, are you coming with her?

10. Cousin:  [؟aah]
    [Yes]
    Yes

11. Dr.1:  آه افتحل:
Okay. Please go ahead.

Okay. Let me leave and

No, let me leave and

Okay. Please go ahead

12. Cousin:

Laa Xaliyiy [wa]

No, let me leave [and]

13. Dr.1:

[?in]Ta ?omak ?ilTorkiyih

Your mother is the Turkish.

14. Cousin:

?omiy ?ilTorkiyih [hh]

My mother the Turkish [hh]

15. Dr.1:

[hh] kief haalak?

[hh] how are you?

hh. How are you?

16. Cousin:

Thank God

17. Dr.1:

What is your relationship with (name)?

18. Cousin:

She is my cousin.

19. Dr.1:

Okay what wrong with her?

Okay. What’s wrong with her?

20. Cousin:

Imm let her she I am let [me]

21. Dr.1:

Okay, please go ahead Miss (name)

22. Pat.:

I know you consultant doc[tor]

I know that you are a consultant, doctor!
23.Dr.1:

آٙ
[?aah]
[okay]
okay

24.Pat.

ٛلا أثَ ع٘ز٤ٖ ىِغ دَٓ ك٢ اُق
Halaa   ?aBil      sanTiy٧ t?iliς     Dommal     fiy
well   before    2 years    occurred    furuncle    in
?ils٧Dir
the chest
Well, before 2 years, a furuncle occurred in the chest

In line 6, the companion opens a shared topic between him and the doctor directly after the greeting and HAY sequences. ST here comes under TST according to Maynard and Hudak (2011) who noticed that it is this talk that shows what participants share, such as prior history or similar interests. In this example, the doctor accepts engaging in ST that the companion opens and this contrasts with the results of Chester et al (2014) study that reported that doctors did not allow the patient to take part in ST. However, the occurrence of ST does not affect the patient while presenting her problem because in line 22 she began with an introduction that does not add any new information.

In short, ST occurred in only three consultations in the opening section (Appendix 5: Side talk), in line with Holmes (2000) and Laver (1975), who stated its occurrence at the edges of the conversation (the opening and closing sections). ST occurred in different forms in this phase, including the HAY utterances that has been proved to be an effective area to focus on an analysis of phatic communication in real time discourse events (Coupland et al, 1992). Complimenting, laughter and joking are other forms of ST (Maynard and Hudak, 2008) that occurred in this phase. ‘Topicalised small talk’ (TST) occurred in cases where the participants’ talk was independent from their institutional identities, as in Extracts 18 and 19. Finally, the function of
presenting ST in the opening section of the present data is initiatory to provide a comfortable and co-operative interaction as Laver (1975) stated.

4.3 Summary

The overall findings indicate that the opening phase includes two main stages; greetings and HAY talk that occurred before the doctors indicate willingness to shift to the next phase, which is the reason for the visit by the Jordanian spoken word ‘?itfad’al’ or ‘?itfad’aliy’. In the case of the greeting, there are three main pairs that work to construct this sequence:

1. A: Religious phrase  
   B: Hello  
2. A: Hello  
   B: Religious phrase  
3. A: Hello  
   B: An invocation

There is a notable use of the religious phrases either by doctors or patients to construct the greeting sequence. The use of the religious phrases occurs in the forms of religious greeting and invocations in addition to the occurrence of well-wishing and ‘Hello’ greetings. The occurrence of HAY talk in the opening of eight consultations was also noticeable. The occurrence of these pairs answers the research question on the elements through which the opening phase is constructed. In addition, the findings show how the designs of each participant’s turns make up those sequences, as well as the impact of religious greeting and invocations on the turn taking and sequences.
Furthermore, there was an occurrence of ST in various forms. Its occurrence at the beginning of the consultations supports the findings of Holmes (2000) and Laver (1975) on its occurrence at the boundaries of the conversation as in the opening section. ST occurred in the forms of HAY talk, complimenting, laughter and joking which are some of the ST devices that Maynard and Hudak (2008) identified in their study. In the case of ‘topicalised small talk’ (TST), it occurred in two cases in which the participants’ talk was independent from their institutional identities. Another type of ST is when doctors ask a question to invite the patient to talk about unrelated topics. Finally, sharing interests between the doctor and patients/ companions was also noticed in one consultation of the present data. All in all, the occurrence of ST in the opening phase provides the participants with a comfortable starting point to facilitate beginning the consultation. Laver (1975) claims that small talk in the opening section provides comfortable and cooperative interaction. Finally, the occurrence of ST caused the occurrence of side sequence (Jefferson, 1972) that might relate to the main topic of the consultation. Jefferson clarifies that side talk occurs as a break within an ongoing sequence. The occurrence of ST and its impact on the medical consultations answers the present research questions on where and how the participants depart from the explicit orientation of the medical agenda and its impact on the interaction. In addition to the effect of the designs of each participant’s turns at talk that make up those sequences, this chapter answers the research question on the impact of ST on the turn taking and sequences.
Chapter Five

Presenting the complaint and history-taking phases

This chapter consists of three main sections: 5.1 How presenting the complaint and history-taking phases are formed, 5.2 Side talk and 5.3 Summary. The first section is divided into three subsections: 5.1.1 Presenting the complaint phase, 5.1.2 History-taking phase and 5.1.3 Presenting a new concern. The section of presenting the complaint phase is divided into three parts: 5.1.1.1 Open questions, 5.1.1.2 Closed questions and 5.1.1.3 four types of open and closed questions section that includes: 5.1.1.3.1 General inquiry questions, 5.1.1.3.2 Yes-no questions, 5.1.1.3.3 Symptoms for confirmation and 5.1.1.3.4 ‘How are you?’ questions. The ST section also has two subsections: 5.2.1 The forms of side talk and 5.2.2 The effectiveness of side talk on the medical talk. The forms of side talk section includes: 5.2.1.1 Joking, 5.2.1.2 Laughter, 5.2.1.3 Side talk between doctors and 5.2.1.4 Personal biography. These sections and subsections answer the following research questions:

1. What recurrent sections in the Jordanian medical encounters can be identified?
2. What are the elements through which each phase of the medical encounter is constructed?
3. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

After the opening of the consultation, participants move to a new phase where the patient presents the reasons for visiting and the doctor takes the patient’s medical history. Presenting the complaint phase is characterised by different types of short answer questions which facilitate the presentation of the patient’s problem, such as ‘what brings you here…?’ The doctor encourages
the patient to start telling their story and the reason for visiting the clinic. Generally, patients accept this kind of invitation and start presenting their complaint by following two different practices; unmarked (presenting symptoms only) and marked (presenting a candidate diagnoses to indicate that the problem warrants treatment) Stivers (2002). Heritage and Robinson (2006) identified four different types of questions to initiate the presenting of the problem: general inquiry questions; gloss for confirmation; symptoms for confirmation, and HAY questions. These types will be discussed in detail later in this chapter.

After presenting the reason for the visit by the patient, the doctor begins to gather information about the patient and their history to make a diagnosis. History-taking follows presenting the complaint and this can be brought about by using different forms of questions. In addition to the four types of questions that Heritage and Robinson (2006) identified, history-taking questions are the fifth type of questions that they discuss in their article. They suggest that these questions come in the form of close-ended questions, such as ‘multiple choice’, ‘yes-no’, and ‘fill in the blanks’. These closed ended questions are what identify this phase from presenting the complaint phase in which different forms of general and open questions are used to gather the information about the reason for the visit.

In this chapter, different examples will be analysed to demonstrate the recurrent sequences, such as how a shift to presenting the complaint phase is managed and then how doctors move to the history-taking phase through using different forms of questions to gather the necessary information that help in making the diagnosis. Also, attention will be paid to the marked and unmarked practices in responding to the doctor’s questions. Finally, discussing ST is one of the
aims of the present study; therefore, it will be discussed in a separate section because of the clear occurrence of it in these two phases.

5.1 How presenting the complaint and history- taking sequences are formed

In this section, light will be shed on how shifting to presenting the complaint happens and who initiates this phase. Also, the type of questions or phrases that were used by participants to move to this phase will also be discussed in this section. In addition to presenting the complaint phase, the history- taking phase will also be discussed because these two phases are integrated with each other as analysis of the present data demonstrates. Attention will be paid to the different forms of questions that doctors use to gather the necessary information to make the diagnosis and to determine the suitable treatment for the problem. Extracts that show the most notable features are presented. Other features, such as the occurrence of ST and religious expressions will also be discussed in this section to show how the Jordanian consultations progress and what makes them different from other consultations. With regard to ST, it will be discussed in detail in a separate section because of the clear occurrence of this type of talk which shifts the talk away from the medical agenda throughout the interactions in these two phases.

5.1.1 Presenting the complaint phase

In the present data, presenting the complaint phase occurs in follow up visits as well as in first time visits. Shifting to this phase occurs in the form of either open or closed questions that doctors use to gather information about the reason for the visit. This section explains open and
closed questions in detail, and then the different forms of these two types of questions will be presented according to the Heritage and Robinson (2006) classification.

5.1.1.1 Open questions

Open questions were used by doctors to give patients the opportunity to express and explain their health problem (Chester et al, 2014; Gafaranga and Britten, 2003; and Robinson and Heritage, 2006). Robinson and Heritage (2006) noticed that open ended questions are introduced by doctors to claim a lack of knowledge of the patient’s health problem including general questions, such as ‘what can I do for you?’ In response, the patient in their turn begins describing the current medical problem. Also the HAY question is an example of the questions that physicians may ask at the beginning of the consultation but this kind of sequence might be either for phatic purposes as a greeting or for medical purposes to solicit information about the medical problem. They add that patients take a long time while presenting their problem when the doctor asks an open question. Humphreys (2002) and Xi (2015) agreed that doctors ask open questions to provide the patients with a trajectory to present their competence in providing the required information. Ibrahim (2001) found that the early stage of the consultations is associated with the open questions. These questions begin with ‘where’, ‘what’ and ‘how’, for example: ‘How does it start?’ that can be used to encourage patients telling their story. In the present data, open questions were also prevalent at the beginning of the complaint presentation phase. Here are some examples:

1. ‘What is your problem?’
2. ‘What, why did you come here?’
These examples present one kind of open question which is the general question: ‘What can I do for you today?’ and ‘What brings you in?’ that are mentioned in studies by Heritage and Robinson (2006) and Xi (2015). Other kinds of questions are also mentioned in their studies, such as ‘gloss for confirmation’ as in (Sounds like you’re uncomfortable), ‘symptoms for confirmation’ questions as in (So having headache, and sore throat and cough with phlegm for five days?) In the case of general questions that most of the examples in the present study focus on the use of wh-question ‘what’ in one consultation was different. In Extract 1, the doctor uses only the wh-question ‘what’ to ask about the reason for the visit without adding anything else to clarify the question.

**Extract 1 –[Abu El-Rob: JMT: C 12:2015]**

2. Dr.1: ايش؟
   
   What?
   
   What?

3. Son: بدنا بالنسبة ل----
   
   BiDnaa BilnisBih la (name)
   
   We want for (name)
   
   What about (name)

4. Dr.1: =دم.
   
   Dam=
   
   Yes, he did blood test=

5. Son: عمل فحص دم=
   
   ?aah. Cimil fahis’ Dam=
   
   Yes he did test blood=
   
   Yes, he did blood test=

5. Son: عمل عد=
   
   =?aah Cimil
   
   =yes did
   
   =yes he did
The doctor uses the wh-question ‘What?’ to be considered as an open and general question about the reason for the visit. The son understands the doctor’s question and tells him that the reason is to ask about the case of his father and then the doctor remembers the patient and asks if he had the test or not to indicate whether it is a follow up visit.

These open questions come at the end of the opening phase and manage a shift to the next phase which is soliciting the reason for the visit. Doctors present the complaint phase by asking an open question about the reason for the visit. These questions can be seen as an invitation to the patients to present the health problem that they came to the clinic for. In an example from Humphreys’ thesis (2002), the tendency of the doctors occurs towards using open questions, such as:

‘erm Ok(.) explain to me what you understand has been found in your breast… so not as a quiz but really just so that I know where to start.’

In this example, the doctor gives the patient the chance to provide him with the missing information that is needed in diagnosis. The doctor clarifies that the purpose of his question is to gather information to help him to know where to start. This kind of invitation occurs in Extract 2 below from the present study when the doctor initiates the consultation with a problem presenting question but without any opening sequences for the consultation.


1. → Dr.1: َٟٛ ِاٌٙااٌغت------؟
what maalhaa ilsiت (name)?

2. Son: =ٝالله دائٔب ػ٘ذٛب ٗبصٍ
Well always for her come down=

Wa Allah Da?iman ةئنDhaa nazil=

Well, her hemoglobin always comes down =

In this first time visit, the doctor begins with an open general question (Heritage and Robinson, 2006) which is ‘what’s wrong with Madam (name)?’ to indicate that it is the first visit for the patient. The son replies with ‘Well, her hemoglobin always comes down’ and here the son is telling the doctor that his mother is having a problem with her blood and he uses the Stivers’ (2002) unmarked practice to present the problem. Also, he begins the answer with ‘well’ to indicate a ‘non-straightforwardness in responding’ as Schegloff and Lerner (2009) stated in their study. The doctor directly asks the son another general question to begin collecting the necessary information. In Extract 3 below, the doctor begins presenting the problem sequence with a general open question before another specific question about the tests.

**Extract 3-[Abu El-Rob: JMT: C 6:2015]**

11. Dr.: .registration?
    - What is your news?
12. Pat.: 交通枢纽
    - Thank God. I had the tests.
13. Dr.: registration?
    - Have you had the tests?
14. Pat.: 交通枢纽
    - Yes. I had them.

In this follow up visit, the doctor begins with a very general open question in line 11 to which the patient’s response is about doing the tests that the doctor asked for in the previous visit. The doctor follows up the previous general open question with a more specific one about the tests in
line 13. According to Extract 4, the case is different because the doctor uses a phrase instead of a question to invite the patient to talk about the reason for the visit as in the following:

Extract 4-[Abu El-Rob: JMT: C 1:2015]

15. → Dr.: اه يا حجه °
     ?aah yaa ° Hajih °
     Yes ° Hajih °¡ °(an expression that is used to call an old lady)
     Yes, Hajih.
16. Pat.:  الله يسعدك. دكتور أنا كل عظامي بتوجعني! =
      Allah yisSidak. DokTwor ?anaa kol
      Allah makes happy you. Doctor I all
      ?iC°aamii BiTwdji’miy¡=
      bones my hurt me¡=
      May Allah make you happy ((thank you)). Doctor! All my
      bones hurt me¡=

In line 15, the doctor uses a phrase that means in the Jordanian culture to go ahead in presenting the reason for the visit and the patient, in her turn, accepts the invitation and begins telling the doctor about the reason. However, in Extract 5 below, the situation is different because the patient is the one who begins presenting the complaint phase as in the following.

Extract 5-[Abu El-Rob: JMT: C 8:2015]

11.Dr.: Ramadan BiXaliyk ?imnawir
      Ramadan BiXaliyk ?imnawir
      Ramadan is making you your face bright
      Ramadan is making your face bright
12.Pat.: hh
13.Dr.: ضلك ما [يم] :
     d°allak s°aa[yim]
     Keep fas[ting]
     Keep fasting
     [What] the person will do! Keep silent
     ya zalamih ɣalBtowniyi¡;
The patient closes the turn in line 16, with ‘right?’ to invite the doctor to participate. The doctor replies with the minimal response ‘yes’ to confirm and then the patient continues telling his story to the doctor for a period of time until the doctor in line 28 initiates with his first question to shift to the history-taking phase.
5.1.1.2 Closed questions

Different forms of closed questions also occur to indicate the doctor's willingness to hear from the patient about the reason for the visit. For example, in Extract 6, the doctor uses a closed question to begin a follow up visit as in line five.

Extract 6-[Abu El-Rob: JMT: C 19:2015]
2. Res.:------------------------------------------------------------
   (name) iyf? ismik? (name)?
   (name) what your name? (name)?
   (name) what is your name? (name)?
3. Pat.: (name)
4. ((The phone is ringing))
5. → Res.: تجدد علاج جايته؟
   Tad3DiyD šilaad3 d3aaBybih?
   Renew the treatment you come?
   Did you come to renew the treatment?
   I need see the results
   I need to see the results?

It is clear here that it is a follow up visit because the resident asks if the patient needs to renew the medication. The resident asks the patient a closed question that requires a yes-no answer but the patient provides the resident with a short sentence about the reason for the visit as in line six.

In Extract 7 below, it is a follow up visit because the participants move quickly to discuss the reason for the visit which is the results of the tests that were required by the doctor in the last visit. This shifting occurs when the doctor turns to the second doctor to ask him a closed question in line two about whether the test results of the patient were ready or not and Doctor 2 replies with ‘not yet’. After a silence for four seconds, Doctor 1 tells the patient that they are waiting for the results and then the doctor uses the token ‘okay’ with the patient’s name to indicate shifting
to another topic and continues by saying: ‘tell us about’ to indicate the beginning of history-taking phase.

Extract 7 -[Abu El-Rob: JMT: C 10:2015]

1. Dr.1: أهلين ------- اتصل: 
   ?ahleen (name) ?iTfad’al 
   Hello (name) come in 
   Hello (name), please come in

2. -Dr.1 to Dr. 2: طاعت نيجته؟: 2 
   (name) t’ilaṣaT naTiydʒToh?
   Is (name)’s result ready?

3. Dr.2: لسه
   Lisah
   Not yet
   Not yet

4. (0.4)

5. Dr.1 to pat.: ؛أحنا بنستنئ الفحوصات. من شان هيك:
   ?ihnaa ?iBnisTanaa ?ilfohows?aaT
   We waiting the tests
   for that;
   We are waiting for the tests’results. For that;

6. → (آ عه ---) سولفيننا عن (0.3) --
   ?aah (name)↑ swolifilnaa čan (0.3)
   Okay (name)↑ tell us about (0.3)
   Okay (name)↑, tell us about (0.3)

7. (0.3)

8. Pat.: عن ايش ?
   čan ?ie∫
   About what
   About what

9. Dr.: مار مك اشي جديد يعني ؟
   s?aar maṣak ḍi∫ie ?idʒieĐ yaṇçıny?
   Happened with you thing new I mean?
   I mean is there anything new?

10. Pat.: لا ولا اشي بروح وباجي و (0.1) اصلا مأتير على انه الصفائح:
    Laa wa laa ?iʃiy Barowh wa baadʒiy wa
    No and nothing thing go and come and
    (0.1) ?as?laan miʃ ?m?aʃir Clay ?inoh
    (0.1) anyway not affect on me that
    ?ils?afaəiḥ nazlih
    the platelets coming down.
    No nothing. I do my everyday activities normally and (0.1)
the coming down of platelets does not affect on me.

11. Dr.: Bas imm ?im?aθir Çaliyk ?ilkowrTizow[n
But imm affect you the cortiso[ne
nas?haan]
you became fat]
But imm the cortisone has affected you. You became
fat.

19. Pat.: انشاءالله (0.1) احسن حظه يعني عادي بسحب دم وبروح وياجي عادي:

?in?a Allah (0.1) ?ahssan hh ya?n?iy BashaB
willing God (0.1) better hh I mean I pull
Dam wa Barwoh wa Ba?jie çaDie
blood and go and Come normally
God willing. (0.1) its better hh. I mean, I pull
blood, I can do my life activities normally.

20. ((the doctors are asking the patient about his study and
this was for (1.37)))

21. Dr.1:

آه وبعدين شو بالخير صار ؟

Okay. and next what happened?!
Okay. What happened next?!

22. Pat.: بس وهاي[القصة ; ]:

Bas wa haay [?ilgis?ah?]
That’s it and this [the story]
That’s it and this is the story!.

23. Dr.1:

[Halaa ?ow] gaal DokTowr (name) ?an
[Now what] SAID doctor (name) about
jayliT ?il?idmaay?
the matter brain?
Now what did doctor (name) SAY about the issue with the brain?

24. Pat.: لا والله مش دكتور --- . من لما طلعت ما رجعت لعنده. دكتور --- . 

Laa wa Allah mi? DokTowr (name). Min lamma
No really not doctor (name). Since
I left not I return back to him.
Doctor (name) that I visit regularly
No. Really, it’s not doctor (name). Since I left, I
did not return back to him. Doctor (name) is whom I visit
regularly.

25. Dr.1: 

آه ؟

?aa?
All in all, closed questions seem to have been mostly used in follow up visits to ask about something that the patient was asked to do before the next visit. On the other hand, the use of general open questions occurs mostly in the first time visits or the ones that cannot be considered as follow up visits because the patients make appointments with the clinics after a long period.

5.1.1.3 Four types of open and closed questions

Heritage and Robinson (2006) identified four types of open and closed questions that will be discussed below.

5.1.1.3.1 General inquiry questions

These questions might be simply raised to find out about the patients’ reason for the visit, such as ‘What can I do for you today?’, ‘What are you here for?’, ‘How can I help?’ and ‘What brings you in?’ These general questions allow patients to ask for something other than discussing a
health issue, such as a request for a prescription. This form of general question occurs in presenting the complaint phase that has been discussed previously.

Some general questions include the existence of general, but unknown, health problems. Heritage and Robinson noticed that the doctor uses the present progressive ‘goin’ o:n.’ to gather information about a current health problem as in the following:

Extract 6: [P3:118:19]
01 a-> DOC: What=in thuh world’s goin’ o:n.
02 (0.2)
03 b-> PAT: W’ll (.) I ha:ve (.) da- ta back up ta thuh very
04 - beginning. I think I had like an upper respiratory flu:.
Heritage and Robinson (2006,p. 92)

They add that the patient’s answer begins with the present tense, as in line three, to start telling the doctor his problem. In the current study, Extract 4 (see section 5.1.1.1 Open questions) shows the same form of general questions.

15. Dr.: ـلا ٌبٌٍَ ـلا ٌبٌٍَ ٨٨٨٨
aah yaa °Hajih° Yes °Hajih°(an expression that is used to call an old lady)
yes, Hajih.
16. Pat.: ـلا ٌبٌٍَ ـلا ٌبٌٍَ ٨٨٨٨
Allah yisçiDak DokTwor. ?anaa kol
May Allah make you happy Doctor I all
bones my hurt me=
May Allah make you happy ((thank you)). Doctor! All my bones are hurt me=

In this extract, the doctor asks about an unknown problem in line one in the form of a phrase, ‘yes, Hajih’, and the patient begins presenting her problem to the doctor in line 16. The patient uses the present tense while presenting her problem.
Other general inquiry questions can imply certain problems, as in the example from the Heritage and Robinson article. The doctor asks about a specific symptom for a specific problem to which the patient replies.

Extract 7: [N:21:07]

01 a-> DOC: S:o (.) tell=me about this pain you’re getting.
02 (0.4)
03 b-> PAT: It (.) it (.) I thought (at=f:) initially it was
04 b-> uh (0.2) just my sciatica (.) acting up. … (P. 92)

‘Tell me about the pain you’re getting’ is similar to an example in the current study. Extract 7 (see section 5.1.1.2 Closed questions) shows that the doctor’s initiation a phrase, such as ‘tell us about’ in line six, that can be considered as a request for general information about a specific medical problem since it is a follow up visit. A pause of three seconds occurs and then the patient initiates repair by ‘about what?’ The doctor repairs in his turn by using the word ‘yacniy’ which means ‘I mean’ and then continues by asking if there is any new complaint. In line 11, the patient shows agreement that can be seen as unmarked practice to present the problem (Stivers, 2002). The patient here presents only the symptoms, without any candidate diagnosis to show that the problem needs a treatment.

In line 21, Doctor 1 initiates the new turn with an open and a general question with a low intonation ‘Okay. What happened then?’ Starting the turn with okay has a dual character because it closes a topic and shifts to a new one (Beach, 1995). The patient closes this turn by replying with ‘That’s it and this is the story’ with a low intonation.
After ST about the patient’s university study, the doctor returns to the topic of the visit by asking ‘What happened next?’, in line 21, but the patient does not have anything to add. Therefore, he replies with ‘that’s it and this is the story’ to indicate that there is no additional information and to close the current topic. So, the doctor overlaps him in line 23 to shift the attention to a new concern about the opinion of another doctor.

‘Now what did doctor (name) say about the issue with brain?’ This question considers a history-taking question which is the fifth type of the problem presenting questions that is identified by Heritage and Robinson (2006). He asks the patient an open and specified question about a matter that was discussed previously with another doctor. The patient’s reply in line 24 does not provide the doctor with any kind of information. This patient’s answer shows his difficulty in answering the question. This kind of answer may put pressure on the doctors to clarify his question. After providing the doctor with an answer to his question, the latter replies with ‘?aah’, in line 25, in a combination with a low intonation to show an understanding of the patient’s view. With regard to ‘?aah’, it can be described as an indication to a cognitive state, such as recognition as Heritage (1984) described the token ‘oh’ and the downtone indicates the affirmative statement. In line 26, the patient’s expansion of the answer can be seen as a marked practice that the patient follows to present the problem (Stivers, 2002). To answer this question, the patient presents a candidate diagnosis to indicate that the problem warrants treatment.
5.1.1.3.2 Yes–no questions

Heritage and Robinson classified yes–no questions as the questions that invite (dis)confirmations from the patients and they also invite as much detailing as possible, which can be shown in the following extract from their study:

Extract 8: [P3:49:09]
01 a-> DOC: Sounds like you’re uncomfortable.
02 (.)
03 b1>PAT: Yeah.
04 b2>PAT: My ear,=an’ my- s- one side=of my throat hurt(s). (p. 93)

In Extract 5 above (see section 5.1.1.1 Open questions), yes–no questions occurred in line 32 to get (dis)confirmation from the patient as in the following:

<table>
<thead>
<tr>
<th>Line</th>
<th>Arabic</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>آه اعطوك اعطوك علاج؟</td>
<td>Have they given you the medication?</td>
</tr>
<tr>
<td>33.</td>
<td>آه اعطوني للدواء اسمو :</td>
<td>Yes. They have given me for what is called</td>
</tr>
</tbody>
</table>

Here the doctor clearly asks the patient about getting the medication from the other doctors. The patient in line 33 confirms with ‘yes’ and tries to expand his answer a little. However, in Extract 8, the doctor asks the patient yes–no question but the response of the patient is different.

Extract 8-[Abu El-Rob: JMT: C 5:2015]

<table>
<thead>
<tr>
<th>Line</th>
<th>Arabic</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.</td>
<td>آه انت ملزمن بالعلاج كويس بتوخده؟</td>
<td>Have they given you the medication?</td>
</tr>
</tbody>
</table>
Okay. you committed to medication good?
?
you take it?
Okay. Are you committed to your medication? Do you take it in a good way?

40. Pat.:

Although the doctor asks a yes-no question, the patient prefers to reply with an expanded response instead of using a yes-no answer.

5.1.1.3.3 Symptoms for confirmation

This third type of question is similar to the second type in (dis)confirming the next appropriate action. However, the difference between these two types of questions is that the previous type of question requires confirmation of an explanation of patients’ problems, whereas this type of question requires confirmation of precise symptoms. These questions depend on information from the patients’ records; therefore such knowledge is displayed in this kind of questions. In the second type of questions, doctors claim that they have knowledge about the patients’ health problem. In the present data, Extract 9 shows the occurrence of different forms of questions in which the symptom for confirmation question is one of them as in the following:


15. Son:  

149
The doctor asks two closed questions at the same time in line 16. The first is ‘What does she have?’ and a yes/ no question ‘Is it splenomegaly? ’ The second question might be considered as a symptom for confirmation question (Heritage and Robinson, 2006). This is because the doctors depend on the patient’s report to get the information from it. The son, in, his turn, overlaps the doctor to hold the turn to agree with him by saying ‘Hepatitis’ and confirms it with the minimal response ‘yes’ and here the confirming for the problem can be seen as a marked practice for the problem presentation (Stivers, 2002).

5.1.1.3.4 ‘How are you?’ questions

By moving to the fourth type of the questions that Heritage and Robinson discussed, HAY questions occur to indicate a general evaluation rather than presenting the problem as the current object of response. The understanding of this type of question depends on the position of it, whether it is before or after the completion of the opening phase of the visit. If it comes at the end of the opening phase, its function is to gather information about the patients’ medical issue and in this section the focus will be on the occurrence of HAY questions in the problem presenting stage. This occurs in Extract 3 below.
In this extract, the doctor asks the patient a HAY question but in a different form at the end of the opening phase to indicate willingness to gather information about the medical problem and the patient, in his turn, understands the question correctly and begins telling the doctor about his tests. By comparing this example with an example from Heritage and Robinson article below, it is clear that there is a similarity.

Extract 17: [N:12:04]
01 a-> DOC: How you doin’.
02 b-> PAT: We:ll, pretty good. I- I just ha:d=uhm (1.0)
03 uh:: >I=had s’m<- funny symptoms, …

Extract 18: [P3:57:10]
01 a-> DOC: So how are you fee:ling.
02 b-> PAT: Well, () I- () I feel good now but=I can’t
03 get rid=of=this:=uh:m () conge:stion.
Heritage and Robinson (2006, p. 97)

In this example, the patient begins the response with an evaluation of the state of being: ‘We:ll, pretty good’ and then begins by explaining the symptoms. In Extract 3, the patient replies in line 12 in the same way as in the example from Heritage and Robinson’s article. The patient begins
with an evaluation of the state ‘thank God’ and then tells the doctor that he has had the tests that the doctor asked for in the previous visit. The HAY question in Extract 10 below, confused the patient because of its ambiguity.

Extract 10-[Abu El-Rob: JMT: C 8:2015]

الامور كويسه أنشاء الله. كيفك انتو [رمضان ؟]؟ 62. –Dr.: [؟سِضاْسِضاْالاِٛس وٛ٠غٗ أؾاءالله. و١فه أت ]

؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟？

63. Pat.: [ثؼذ٣٤٤٤ٖفر رٔبٗ٢ ر٘قس٘٢ ثبُ٘غجُِٚذعي

[؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟؟？

When the doctor asks the patient ‘How are you with Ramadan?’, the patient is confused because of the position of the question and whether it is a greeting question, inviting an evaluation or to ask about the patient health problem. So, the patient prefers to shift towards presenting a new health problem in line 63. Heritage and Robinson refer the potential for ambiguity to be between the sequential position of the question, which shows the relevance for the presented problem, and questions that invite evaluation. However, the patient in Extract 10 above could not recognise the position of this HAY question which helped him to shift towards presenting a new concern.

5.1.2 History- talking phase

In addition to the four types of questions that Heritage and Robinson identified in their article, history- taking questions are Type Five in the line of questions that occur in the form of closed
questions, as in yes–no, multiple choice and fill-in-the-blank. These questions occur after passing
the presenting the complaint phase to begin gathering information about the medical history of
the patient. For example, in Extract 11, different kinds of questions occurred in the history-
taking phase to collect information about the patient’s health problem.

3. Dr.1: مين حولها علينا؟
 = myn hawallhaa ئالننا؟
 =who referred here for us?
 =who referred you?
4. Son: والله احنا اخذنا الموعد مش تحويل يعني كنا بالأول ب----- فأخر اشي.
Wa Allah ئيذنا ئاXًناا ئولما٤$iD
Well we took the appointment
miʃ Tahwyl ya½ny konaa Bil?awal Bi
not referral I mean we were firstly in
( the name of the hospital) faaXir ?iʃy
(name of the hospital) so the last thing
Well, we took the appointment not referral. I mean we
firstly were in (the name of the hospital) – and the last
thing
5.(0.4)
6.Dr.2: The follow up visit with doctor (name) in 2013
?imoraqa$iD ئيند Doktwor (name) Bi 2013
The follow up visit with doctor (name) in 2013
The follow up visit with doctor (name) in 2013

The doctor begins this new sequence with a closed question ‘Who referred you?’ and then the
son prefaxes the answer of the question with ‘well’ to also be seen as an indicator to non-
straightforwardness in responding or dispreferred to answer (Schegloff and Lerner, 2009). In
Extract 12 below, the doctor initiates his first question to solicit the necessary information and
this occurs in line 28 when he asks ‘When have they seen you in the hospital?’

Extract 12- [Abu El-Rob: JMT: C 8:2015]
و بتصير كوبسه، مثي شافوك بالمستشفى؟
Wa BiTs?iyr ئikwaysih. maTaa jafwok
And it will be good. When have they seen you in the hospital?

And it will be good. When have they seen you in the hospital?

29. ((The patient could not hear the doctor.))

30. Dr.: متي شافوك؟
MaTaa ئافوک?
When have they seen you?
When have they seen you?

31. Pat.: الععملية ب ٦ الشهر .
?a:: ئلٌامالييىه ٦ ٦ ئٌفاٌٌ
Oh The surgery on ٦ the month
Oh. The surgery is on the 6th of the month

32. Dr.: آه اعطوك علاج؟
?aah ئافت؟ىوک ئافت؟ىوک
Okay have they given you have they given you
؟ىلآاژ?
the medication?
Okay. Have they given you, have they given you the medication?

33. Pat.: آه اعطوني للللكشو اسمو :
?aah ئافت؟ونىٌت ٌالٌىوک ئٌسموى
Yes They have given me for what is called
Yes. They have given me for what is called

The doctor asks the patient a yes-no question in line 32 and he begins it with the token ‘okay’ to indicate shifting to a new question which is ‘Have they given you, have they given you the medication?’ and the patient replies with the confirmation minimal response ‘yes’, expanding his answer a little to the doctor. In another example as in Extract 13 below, the doctor asks the patient a number of different historical questions, as in the following:

Extract 13 –[Abu El-Rob: JMT: C 7:2015]

32. Pat.: ومعدني و تحت معدني بشوي فى اشي بصير يشد على معدني و احيانا
MiçDiTie wa TaHiT içDiTie Bi\'way
Stomach my and under stomach my a little
fie ئىٌٌ ٌسٌٌٌٌر ٌىٌٌٌٌر ٌىٌٌٌٌر ٌسٌٌٌٌر ئىٌاا
there is something becomes press On
miçDiTie wa ئاٌٌٌااٌان BasTafriٌ Bahis
stomach my and sometimes I vomit I feel
BiDie ئاسٌٌااٌٌ

I want to vomit.
My stomach and a little under my stomach there is something becomes pressing on my stomach and sometimes I vomit, I feel I want to vomit.

30. Dr.: من متى هذا؟
Min maTaa ha∫aa?
Since when this?
Since when is this?

31. Pat.: من زمان؟
Min za[maman]
Since a long time

32. Dr.: تقرير قديش زمان؟
[Taq]reeBan gaDieʃ zamaan?
[Nea]rly how long?
Nearly, how long?

33. Pat.: يعني صار عمتري 3 أشهر بحس=
Ya∫niy s?arrlwo min 3 ?a∫hor Bahis=
This since 3 months I feel=
I feel this since 3 months=

34. Dr.: يعني نقول من سنة كنت كوبس؟
=3 ?a∫hwar . ya∫niy ?ingwol
=3 months. In other words lets say
min sanih konT ?kwayis?
since a year you were good?
=3 months. In other words, lets say since a year you were good?

35. Pat.: كنت يعني كان بوجعني بطني بس ما كان احساس بمدخله او استفراغ [اع]?
KonT ya∫niy kaan Biwaçiʃniy Bat?niy Bas
I was I mean it was pain me my belly but
maa kaan ?ahis BiDwoXah ?aw isTifr[aaʃ]
not was feel of dizziness or vomiting
I was I mean there was a pain in my belly but there was no feel of dizziness or vomiting

36. Dr.: أه وأي تستفراغ؟
[?aah] ?iBTisTafriʃ ?
[Okay] Do you vomit?
Okay. Do you vomit?

37. Pat.: لا
La?
No

38. Dr.: والعلم كل قديش بيجيك؟
Wa ?il?alam kol gaDiyʃ Biçiʃyk?
And the pain how often it comes to you?
And how often does the pain come?

39. Pat.: كل ما اكل كل ما مثل العب [بصير]...
Kol maa ?aakol kol maa maθalan ?alÇaB
When I eat when for example I play
[Bis’yir]
[it starts]
For example When I eat and play

40. Dr.:  لا نوكل ولا [لعب]
[Laa Twokil] wa laa [TilÇaB]
[Not eat] and not [play]
Do not eat and do not play

41. Fat.: [همهماه]

42. Dr.: بتصير كوبس ولا لا؟?
Bit’s?iyr ?ikwayis wila la??
You will be good or not?
Will you be good or not?

43. Fath. To son: مهما بتحري حالك وبتفرجنا
hh Bitrayih halak wa
hh you will help yourself and
Bitr[yhnaa]
you h[elp us]
hh. You will help yourself and you well help
us.

44. Dr.: اذا يتعرف السبب الكوبس اذا يتعرف السبب لامور كوبس ولا لا؟
[it is] If you know the reason the things
good If you know the reason the things
?ikwaysih wilaa la?↑
good or not↑
If you know the reason, the things are good. If you know
the reason, the things are good or not?

45. شو رأيك؟ بطل اكل وبطل تلعب؟
ROW ra?yak↑ Bat il ?okil wa Bat?il
What think you↑ stop eating and stop
TilÇaB?
playing
What do you think↑ of stopping the eating and stopping the
playing?

46. Pat.: ((there is a sound as a smile))

47. Dr.: مين بضايق أكثر الاكل ولا اللعب الي يعمل أكثر الم؟
Which bothers more eating or playing
?iliie Biçmal ?akθar ?alam↑
that cause more pain↑?
Which bothers more, eating or playing↑?
49. Pat.:

いました同じでしょう？

Dr.: والم، ما الذي تشير إليه؟

50. Wa ?il?alam lamaa yi3ie gaDie∫

And the pain when it comes how long

Bit?awil?

And how long does the pain stay when it comes?

51. Pat.

بطولش[كثير] [

Dr.:

TaqrieBan

Around

52. Pat.: يعنى بعض نص ساعه

Dr.: 

TaqrieBan

Around

53. Pat.: Nearly، it stays half an hour

Dr.: 

Half an hour. Then does it disappear by itself or not? Is it around the navel? Right?

54. ((The patient is nodding his head to mean yes))

55. Pat.: تقريبا

Dr.: 

TaqrieBan

Around

56. Pat.: احيانا

Dr.: 

TaqrieBan

Around

57. Dr.: في أسهن؟

Fie ?ishaal

Is there a diarrhea

58. Pat.: احيانا

Dr.: 

Fie?

Is there?

59. Fath.: في ؟

Dr.: 

Fi?
Fie ?ishaal?
Is there diarrhea?
Is there diarrhea?

61. Pat.: احیاناً
?ahyaanan
Sometimes
Sometimes

62. Dr.: احیاناً یعنی شو بالاسبوع مره بالیلوم مره. بعنی كيف؟
?ahyaanan yacniy ?ow Bi?isBwoɔ marrah
Sometimes I mean what in the week once
Bilywom marrah. Yacniy kief?
in a day once. I mean how?
Sometimes. I mean how many times within a week, a day?

63. Pat.: مثل ببیبیبی مثل كل يوم [مین ]:
Maθalan imm Maθalan kol ywo[mien]
For example imm for example every two d[ays]
For example imm for example every two days

64. Dr.: [؟ایوا] [؟ایوا]
[Okay]
Okay

65. Pat.: كل اس [بوع ]:
Kol ?os[Bwoɔ]
Every w[eeek]
Every week

66. -Dr.: [؟ایوا] اماسک ؟ في؟
[؟ایوا .] ?imsaak↑ die↓?
[Okay .] Constipation↑ there↓?
Okay.Is there↓ constipation↑?

67. Pat.: لا خلیف:
Laa Xafief
No it’s weak
No, not much

68. -Dr.: البول في حرق؟
?ilBwol fie haraqah?
The urine there is burning
Is there burning in the urine

69. Pat.: لا
Laa?
No
No

70. Dr.: طيب ایش ( )
t?ayiB ?ief ( )
Okay what ( )
Okay what ( )

71. Pat.: ایش؟
?ief??
In this extract, the doctor uses different forms of historical questions to gather information about the patient’s problem to help him in the diagnosis and treatment. After the patient presents his problem in line 29, the doctor begins asking him questions that require short answers, such as ‘Since when is this’ in line 30, ‘How often does the pain come’ in line 38, ‘How long does the pain stay when it comes?’ in line 50.
Also, there is an occurrence of multiple choice questions in which the patient has to choose an answer as in line 47 ‘Which bothers you more, eating or playing?’ to which the patient’s reply is both of them and in line 76 ‘Does your weight decrease, stable, or increase?’ in which the patient chooses ‘Sometimes it decreases’. Finally, yes-no questions also occurred in this example, as in lines 36, 57, 66, 68, and 72. The patient replies to some questions with yes/no, such as ‘Do you vomit?’, ‘Is there constipation?’ and ‘Is there burning in the urine?’ The patient replies with ‘sometimes’ to other questions, such as ‘Is there diarrhea?’ According to ‘Do you eat well?’, the patient prefers to expand his answer instead of replying with yes or no.

All in all, history-taking questions occur after passing presenting the complaint phase to gather information about the patient’s case to help in the diagnosis and treatment decisions. In the present study, different forms of historical questions occur, such as yes-no questions, multiple choice questions, and questions that require short answers.

5.1.3 Presenting a new concern

Although opening a new concern or unresolved topic usually occurs in the closing sequence (see Park, 2013) there was an occurrence, in one follow up consultation, for presenting a new topic. Park discussed examples from the Korean medical encounters to show how new topics can be raised during the last phase in a consultation. The present data of the closing phase support park’s results. However, although presenting new concerns in the history-taking phase only occurred in one consultation it is worth discussing here. In Extract 14, the doctor provides the patient with a summary of his case in a sentence ‘the things are good’, and then shifts to ask the
patient a HAY question. In line 63, the patient ignores replying to the HAY question and moves to present a new health problem to ask the doctor about as in the following:

Extract 14- [Abu El-Rob: JMT: C 8:2015]

62. Dr.: ؟یلومور ؟کواستیح ؟ینجا الله.  کیف ؟ینتا و
The things good willing God. How you with
[Ramadan?]
[Ramadan?]
God willing, the things are good. How are you with Ramadan?

63. Pat.: صح تمامی تخصصی بالینیه للدسك [بعضيبيين] :
[بایدیین] شثا حمیمی تامینی تنسآحیئی بیلنس بیه
[Also] right I am looking for advice for
lal Disk
for the herniated disc
Also, right, I am looking for your advice for the herniated disc

64. Dr.: ایوا
?ایواا
Okay
Okay

65. Pat.: الدسك معطیلی با خوی وذابختی من الوجع لا بنام لا بایل ولا نهار ان نعت الله وکیلما یتیرع
وان لنعت ما یتیرع ا
?یدیسک
؟یمحیمیتیلینی یاکوی وا یشایبینی
The herniated disc bothers me brother and hurts me
min? یلواستا یاا بانام یاا یشیبیلی یلاا
from the pain not sleep either at night or
؟ینااکر ینیو نیمت الله یشیلیاک یماا
at the day If I slept believe me not feel
بایتریحا ینیو یگادیت یماا
comfortable and If I sat not
The herniated disc bothers me, brother because of the pain I
cannot sleep either at night or at the day. If I slept believe me I do not feel comfortable and If I sat I do not

66. [ایپیپی]
[؟ییو:]
[؟یم]
imm

67. Dr.: [الله یعینک]
[God be with you]
May God be with you

68. Pat.: فشو رآیک بالعملیه؟ لناته أكثر من دسك على قولهم هانوا الي
صوره السو اسمو هانوا الرين
فایوو رایک بیل یمالییه
So what do you think of the surgery↓?
Li?anoh ?akθar min Disk ġalaa gowlhom
Because more than a disc as say they
haðˀaa ?ilii s?awaroh ?ilfow
that who have taken the photo this which
?ismoh haðˀaa ?ilraniy
called the magnetic resonance imaging

So what do you think of the surgery↓? Because they are more than one disc as they say that the one in the photo which is called the magnetic resonance imaging

After providing the patient with a summary about the first health problem, the doctor shifts to ask a HAY question in line 62. The patient presents a new topic to be discussed instead of answering the doctor’s HAY question to begin a new discussion introducing a new health problem. This kind of presenting a new concern usually occurs in the closing phase of a consultation but in this example it occurs at the end of the history-taking phase before shifting to the diagnosis phase to prove that presentation of a new concern can occur at the end of other consultation phases.

In general, different features are noticed after the analysis of presenting the complaint and history-taking phases in the Jordanian medical consultations. For example, it is noticed that doctors begin the problem presentation phase in all consultations except in two consultations. In Extract 5 (see section 5.1.1.1 Open questions) the patient begins the sequence, in line 16, when he says ‘What we will do! Keep silent, man! You tired me!’ After that the doctor tries to joke by saying ‘Did we tire you! So how will you gain good deeds?!’ Then, the patient begins presenting his problem by saying ‘you gave me a referral, right?’ In consultation (1) (see appendix 1) the patient’s son initiated talking about his mother’s health problem as a way to return back to presenting the complaint phase after the doctor shifted to history-taking phase and ST.
Robinson and Heritage (2005) noticed that presenting the problem was initiated by doctors and that was by asking questions, such as ‘What can I do for you today?’ but in the present study, doctors initiate this phase in different ways, such as:

1) Sometimes, doctors encouraged patients to explain the reason for the visit by using expressions instead of open or closed questions. For example, Doctors began the phase by using the word ‘?itfad'al’ which indicates ‘please go ahead’, or by using other general expressions, such as ‘yes, Hajih’ in Extract 4. In these examples, the patients understood the doctors’ invitations and presented the reason for the visit.

2) Using different forms of questions, such as open questions, general questions, historical questions, closed questions and HAY questions that occurred to solicit information about the reason for the visit, such as ‘Did you come to renew the treatment?’ in Extract 6, ‘How are you with Ramadan?’ in Extract 14, and ‘What does she have? Is it splenomegaly?’ in Extract 9.

3) Presenting more than one concern is noticed in one consultation in which the patient asked the doctor about more than one health problem. The patient used an expression to indicate shifting to a new topic, as in Extract 14 when the doctor asks the patient a HAY question which is one of the ST forms that will be discussed later. The patient shifts to ask about another health problem by saying: ‘Also, right, I am looking for your advice me regarding the herniated disc’

In addition to these general findings, similarities in the patterns occur among the data of the present study and the data of other studies. For example, in terms of the questions that doctors used to gather information about the reason for the visit, it was noticed that open general questions at the end of the opening phase were used to shift towards presenting the complaint sequence. This type of question is also identified in studies by Heritage and Robinson (2006) and Xi (2015). Other kinds of questions that Heritage and Robinson (2006) identified, such as gloss for confirmation and symptoms for confirmation questions are also identified in the present study but general questions occurred more than other types of question.
In the case of the history-taking phase, Heritage and Robinson (2006) identified questions that occur in the form of closed questions (yes/no, multiple choice and fill in the blank) to gather information about the medical history of the patient. In the present study, the occurrence of yes/no and multiple choice questions was noticeable. Furthermore, the present data includes short-answer questions as a form of history-taking question that is not discussed by Heritage and Robinson (2006). Short-answer questions are used by doctors in 15 consultations whereas patients or companions ask the doctors short-answer questions in two consultations (see Appendix 4).

Finally, the data of this study shows the occurrence of presenting a new concern in the history-taking phase which is not noticed in other studies. Opening a new concern or unresolved topic usually occurs in the closing phase (see Park, 2013). Park discussed examples from the Korean medical encounters to show how new topics can be raised during the last minutes in a consultation. Presenting a new concern in the history-taking phase only occurred in one consultation and this is worth mentioning because it makes this study different from others.

5.2 Side Talk

It was noticed that ST occur at the margins of formal and informal interaction (opening and closing) more than a central place, but it may also occur at transition points within an interaction (Holmes, 2000; Holmes, 2003 and Laver, 1975). In these two phases, there is an obvious occurrence of ST. Maynard and Hudak (2008) noticed that patients introduced small talk as a way to present pain resistance and/or manipulation. In the present study, ST occurs in different
degrees (long or short) and in divergent forms (joking, complimenting, HAY talk and others) as will be discussed in this section.

5.2.1 The forms of side talk

Different forms of ST occurred in these two phases: Joking, laughter and ST between doctors. All these forms will be presented and explained as follows:

5.2.1.1 Joking

Joking is one of the devices that can show social ties and affiliation between patients and doctor. The delivery and reception of a joke allows showing affiliation and a connection between the participants and this is what happened in Extract 15 below.

Extract 15 - [Abu El-Rob: JMT: C 8:2015]

32. Dr.: آه اعطوك علاج؟
   Okay have they given you the medication?
33. Pat.: اعطوني لللشو [اسمي].
   Yes. They have given me for what is called
34. Dr. to Res.: [اكتبني] اكتبني [كتب]
   Write, write
35. Pat.: اعطوني حديد
   They have given me iron
36. Dr.: آه هو حديد
   Okay iron
Yes It is iron
Yes. It is iron

43. Dr. to Res.: =
=؟OKTOBIY hown=
=Write here=
=Write here=

44. Dr. to pat.:
=الحديد غالبًا عادل ولا لا؟
=؟IHADEY yaliy taaDak wila la?
=The iron expensive by the way or not?
=By the way, the iron is expensive, is not it?

45. Pat.:
=0.1 (انداز[عنه؟])
=(0.1) ?inDaaray [؟انوه]
=(0.1) I do not know [about it]
=(0.1) I do not know about it

46. Dr.:
=الحديد ما ارتفع؟ ارتفع سعره؟
=The iron has not increased? Increase
=its price?
=The iron’s price has not increased? Has its price increased?

47. Pat.:
=ما بدريش؟
=Maa BaDriy;
=not I know;
=I do not know;

48. Dr.:
=لا يا [لمه !]
=Laa yaa za[lammih]
=No m[an]
=No, man!

49. Pat.:
=ما بدشي ريش؟ مهوانت
=[Ma BaDriy] ma hoa ?inTa
=[not I know]. Well you
=I do not know;. Well, you

50. Dr.:
=[

51. Pat.:
=[معي] هالقد [دارى؟]
=[Dariy?] halgaD [maʃiy]
=[Know?] This much [I have]
=You know? This much I have

52. Dr.:
=[يا زللمه]
=[Man]
=Man!

53. Pat.:
=[انا هيك] ثاني أجيب ثاني أجيب من هل الفحوصات؟
=[؟اناه hiyk] Taniy ?adjiyB Taniy
I like this till I bring
till
I bring from the tests:
I am like this till I bring, till I bring from the tests:

54. Dr.:
?aah
Yes
Yes

55. Pat.:
Allah wakilylak halgaD
Believe me this much
Believe me, this much

56. Dr. to Res.:
[( )] because of [( )]
Write ( ) because of [( )]
Write ( ) because of ( )

57. Pat.:
[Biʒiy] miyT
Biʒiy miyih
[About] hundred about hundred
About hundred about hundred

58. Dr.:
I say the iron that has been increased
Taaʕ ?ilBinaa ya zalamih
man the one which is use of building man
Man, I am talking about the iron which is used in building
that has been increased

59. Pat.:
?aah
Oh
Oh

60. Dr.:
Wall Allah ?ilGaʔiym↓ ?intα - jow BiDiy
Really↓ you - what can i
?asawiy [fiyk?!!]
do [with you?!!]
Really↓… you are- what can I do with you?!!

61. Pat.:
[waAllah] maa ?anaa ʕaarif
[Really] not I know
I really do not know

The doctor initiates the joke in line 44 but it is clear that the patient does not understand that the doctor is talking about the iron of the building not the iron pills. Therefore, the doctor clarifies to
the patient that he is talking about the building iron, as in line 58, because the patient does not catch the joke. The introduction of ST by the doctor supports what Maynard and Hudak (2011) noticed that doctors are the ones who proffer the small talk to invite the patient to engage. Presenting ST in a joking form also supports Maynard and Hudak (2008) who consider it as one of the small talk devices.

Drew and Chiton (2000) found that small talk was conducted between those who call for a particular purpose to keep in touch at the same time. They are not friends or part of a close family but they know each other. In this kind of relationships, the callers begin ST. The case in Drew and Chiton’s study relates to the context of the present study in the kind of the relationship between some patients and doctors. This might have an effect on the patient’s understanding of the doctor’s HAY question as a feature of life rather than as a question to solicit information about their health problem. In Extract 15 above, the patient visits the doctor regularly. Therefore, the doctor jokes with the patient.

5.2.1.2 Laughter

Laughter is another ST device that can present social ties and affiliation between patients and doctors to show accommodation and amusement (Haakana, 2010). An occurrence of laughter is noticed during ST as in the following example:

**Extract 16 - [Abu El-Rob: JMT: C 1:2015]**

17. Dr.: =قديش عمرك ؟ وهني، 64=  
=gaDieʃ ʕomrik? wagfie , 64=  
=How old are you? Wait, 64=  
=How old are you? Wait ((the doctor is looking at her
16. Pat. = 64 64 =

17. Dr. =

18. Pat. =

19. Dr. =

20. Pat. =

21. Dr. to the patient’s son:

22. Son:

23. Dr. =

24. Son:

25. Dr. =

26. Son:

27. Dr.:

28. Pat.:

29. Dr.:

30. Pat.:

What such a glory!
ST is initiated by the doctor, in line 19, after he asks the patient about her age. The function of ST in this example is labeled ‘initiatory’ by Laver (1975) because it helps in getting the interaction underway cooperatively and comfortably. The patient’s response to this question invites the doctor to shift to ST in line 19. This ST is followed by laughter from the patient which is also seen as one of the ST devices according to Maynard and Hudak (2008) and it occurs again when the son of the patient laughs in line 26 as a response to what the doctor says about the patient’s age in line 25. Hakkana (2010) finds that smiling and laughing have different functions. One of them is showing that the talk is delicate as in the extract above. In Wilkinson’s study (2007) on laughing by aphasic speakers, it is noticed that freestanding laughter do not receive laughter as a response. The freestanding laughter in lines 20 and 26 of the above example does not also receive laughter as response. Instead, the doctor shifts to ask a question after each laugh. The case in Extract 17 is different because ST is between the doctor and the resident as follows:

5.2.1.3 Sid talk between doctors

Extract 17 - [Abu El-Rob: JMT: C 6:2015]

13. Dr.: عملت الفحوصات؟
   ?aah ?icismilThaa
   Made you the tests?
   Have you had the tests?
14. Pat.: آه عملت[هأة] °
   ?aah °?icismilT[haa] °
   Yes ° I had th[em] °
   Yes. I had them°
15. Dr.: = [ آه]
   [=aah]=
   [Okay]=
   Okay=
16. Pat.: الاربعاء؟
   =?il?arbi?aa?
   =Wednesday
On Wednesday

17. Dr. to Resident: كيـن فحوصاتـه؟
   ?aah. kief fohwo s?aaToh?
   Okay. How are tests his?
   Okay. How are his tests?

18. Resident: ايبي؟ بفتح عليهم:
   ؟ie? BafTaħ ġaliehom
   What? I am opening on them.
   What? I am opening on them.

19. (0.1)

20. Dr.: lab ظعـلـش ظئـم على ال
     ?ilfoħwo s?aaT hwen ġalaa ?il lab
     The tests here on the lab
     The tests are here on the lab

21. Resident: lab ظئـم ظهـاي؟
     ?aah haay lab
     Okay. This is lab
     Okay. This is lab

22. Dr.: الاستلام. حطيتي استلام انت عليه؟
     Inquiry. have press you inquiry you
     ġalieh? on it? Inquiry. Have you pressed on inquiry?

23. Resident: ظئـم ظ؟؟؟؟ ظهـوي [ همو ]
     ?aah [ haywo]
     Yes [here it is]
     Yes. Here it is

24. Dr.: همو [ الفحوصات.
     [Haywo] ?ilfohwos?aaT.
     [here] the tests.
     Here are the tests.

25. Resident: هل بتحـ؟ lab ظئـم
     hala? Binhot? lab s?ah?
     Now we are pressing lab, right?
     Now, we are pressing lab, am I right?

26. Dr.: ظئـم ظهـ؟
     ?aah
     Yes

27. Resident: آه حطيت ! lab ظئـم ظـطي هامش طالعـي ظهـم عارفـه ايش هـلا:
     ?ah hat?eT lab (0.1) miʃ
     Yes I have pressed lab (0.1) is not
     t?aliċlie? miʃ ġarfih ?ieʃ hala?!
     opening! not know what now?!
     Yes. I have pressed lab (0.1) it is not opening!, I do
     not know what is now?!
In lines 18-28, ST occurs between the doctor and the resident relating to the hospital computer system. This kind of ST does not come under any one of Maynard and Hudak’s (2008, 2011) small talk devices but it can be classified under disattentiveness in sequence where a shift in talk from instrumental activities as a way of responding to an action the other has initiated (Maynard and Hudak, 2008). Also it comes under propitiatory, which is one of Laver’s (1975) small talk functions, where small talk can reduce the possible hostility that silence can cause and in this example, ST occurs after a second of silence in line 19. Nevertheless, the occurrence of ST in the next example is different because it presents a ST topic, personal biography.

5.2.1.4 Personal biography

Extract 18 - [Abu El-Rob: JMT: C 17:2015]
18. Dr.1: [انت و] [ین بیتشتغل؟] 1
   [?inta wi]  yn     ?iBTiʃTa’il?
   Where do you work?
19. Pat.: [انا في التربيه:]
   ?anaa  fiy   ?iTarBiyih
   I am in the education
   I am in education
20. Dr.1: [مدرس ايش؟]
   moDarris  ?iyʃ?
   teacher  what?
   What do you teach?
21. Pat.: [لغة عربيه]
   Loyah  ÇaraBiyih
   Arabic
In this extract, the occurrence of ST was different because the doctor asks the patient to provide something about his biography (Maynard and Hudak, 2011), in line 18. He asks him about his job and what is his specialist but this sequence is too short because the doctor returns back to discuss the medical issues that relate to the visit.

Generally, the occurrence of ST in the centre of the consultation was obvious and it occurred in the forms of joking, laughter and asking patients to present something about their biography. Also there was an occurrence of ST between the physicians themselves. Two of ST functions that Laver (1975) talked about occurred here: propitiatory and initiatory. Finally, doctors were the ones who initiated the ST and this contrasts with Maynard and Hudak (2008) who noticed that patients introduced ST in the presenting complaint phase as a way to present pain resistance and/or manipulation. All in all, the occurrence of ST in these two phases shows the positive impact of it as it will be illustrated in the next section.

5.2.2 The effectiveness of side talk on the medical talk

ST occurred in presenting the complaint phase in eight consultations and in the history- taking phase in 11 consultations (see Appendix 5: Side talk). Its occurrence positively affected the
processes of collecting the necessary information from the patients or companions in six consultations in presenting the complaint phase and in nine consultations in history-taking phase. This is demonstrated in different ways: in one consultation, the patient initiated talking about the reason for the visit. Patients replied to doctors’ initial questions without hesitation in four consultations. In one consultation and during the history-taking phase, the patient expressed his dislike for the medication because of its side effects. In one consultation, the benefit of ST was to gather information on the possibility of the patient to enter the hospital to have some necessary tests. As a support to the pivotal role of ST in the medical interaction, Macdonald’s (2016) study approves the beneficiary of small talk in nurse-patient interaction to ‘elicit large amounts of information, normalize unpleasant procedures, broach sensitive topics, and build therapeutic relationships’ (p. 7). The benefit of joking is underlined in Wilkinson’s article (2007). Some aphasic speakers shift to small jokes to highlight a speech error and to invite other participant to laugh. Wilkinson suggests that the shift might be helpful as they give themselves extra time to repair their speech error and he refers to it as ‘time-out’; therefore, jokes might be purposive. This supports the positive impact of ST, in general and jokes in particular, that is noticed in most of the present data. The following extract shows an example of this positive impact.

**Extract 19- [Abu El-Rob: JMT: C 1:2015]**

15. Dr.: اه يا حجي
   ?aah yaa ° Hajih↓ °
   Yes ° Hajih↓ °
   yes, Hajih↓.

16. Pat.: =
   Allah yisçiDak DokTwor. ?anaa kol
   May Allah make you happy Doctor I all
May Allah make you happy ((thank you)). Doctor! All my bones hurt me.=

17. Dr.: ـ قديش عمرك ؟ وقفي، 64 =
=QaDiyj چمريکی؟ wagfiy، 64=
=How old are you؟ wait، 64=
How old are you؟ Wait ((It seems that the doctor is looking at her file)), 64

18. Pat.: ـ 64 64 =

19. Dr.:= ٝهل٢،
= Wa Allah manowی ?imBayin.
=Really it not look like this.
Really you do not look in this age.

20. Pat.: هٔ hh

21. Dr. to the patient’s son: یمک؟
=?omak?
mother Your?
Your mother?

22. Son: امي.
=omiy
Mother my
My mother

23. Dr.:= ٝالله ٜٓٞ ٓج٤ٖ
=waAllah ٓيّ تیٖ 44=
really thought 44=
I really thought 44=

24. Son: ـ بعدين أنا أصغر واحد عندناا
=BaقDiyn ?ana ٝas?چyar waahI چٖDٓaa
=Also I the little one for her.
=Also, I am the little one of her sons and daughters

25. Dr.:= ٝ٣ٖ عبً٘ٚ اٗذ؟
Wiyn saknhی?
Where you live?
Where do you live?

26. Son: هٔ hh

27. Dr.:= ٞٛٚ ٛٗ
=Wiyn saknhی?
Where you live?
Where do you live?

28. Pat.:= مخيم سوف، بجرش
Bi Jarash. MoXayam swof.
In Jarash. camp swof.
In Jarash, Sowf camp.

29. Dr.:= ٝالله ٗ٤ز٢
walAllah ?inik imrafaха
really you live a luxury life.
You really live a luxury life.

30. Pat.:

عَز عَز
قیز قیز
glory glory
What such a glory!

31. -Son: هلاً احنا دکتور اجینا قبل هیک اجینا قبل هیک اه و عملنا فحوصات کامله واعطبتیتنا دوا وحکیتلنا بترجوو بعد ما توختدو الدوا

Hala: ?ihnaa DokTwor ?aʒiynaa gaBil hiyk
Now: we doctor come before this
?aʒiynaa gaBil hiyk ?aah wa ?içmilnaa
come we before this yes and have made we
foAwos’aAT kamlih wa ?aç’tiyTnaa dawaa
tests full and you have given us medicine
wa hakiyTilnaa ?iBiTirdʒaçwo BaçiD ma TwoXDwo
and told us came back you after taking
?ilDawa
the medicine
Ok:, doctor we visited you before and you have made full examinations and you have given us a medicine and you told us to come back once the medicine is over.

In this extract, the patient accepts the doctor’s invitation and begins talking about her problem in line 16. But the doctor shifts to ask her about her age, and then ST occurs in line 25 when the doctor tells the patient that she does not look as if she has 64 years old to indicate that she looks younger. This kind of compliment prompts the son to laugh. Also, the patient’s answer in line 28 about the place where she lives encourages the doctor to shift to ST when he says to her, ‘You really live a luxury life’. The impact of the doctor’s compliment at the end of the opening phase is obvious because in line 31 the son initiates presenting his mother’s problem and the reason for the visit without an invitation from the doctor. The son also begins with a high intonation that might indicate self-confidence or feeling relaxed while talking; therefore the occurrence of ST encourages the shift to presenting the complaint smoothly and also encourages the son to present his mother’s problem.
A difference is noticed when a comparison with examples where no occurrence of ST has been made. It can be said that in three consultations, patients or companions begin with hesitation markers or words in addition to the occurrence of low intonation to answer the doctors’ first questions. In two consultations, low intonation occurred alone at the end of their responses to the first questions. Staples (2015) states that doctors usually use low intonation to deliver bad news. This negative indication of low intonation in Staples’ book is also occurred in the present study. Low intonation might be caused by the disappointment of patients or because of feeling not relaxed or tense. The influence of the distinct lack of ST is obvious in the following extract.

1.Dr.1: ايش يا ايش انا اففضل
?ie∫ yaa Ba∫aa ?iTfad'al
Yes Pasha. come in.
Pasha! Yes. Come in.
2.Pat.: = السلام عليكم=
?asalaam çalaykom=
Peace upon you=
Peace upon you=
3.Dr.: هل=
=Hala
=Hello
=Hello
4.-Pat. : دكتر انا الشاب لي اعمل استقبال لعمل[
DwokTwor ?anna ?il∫aB galie ? açmal
Doctor I am the young person told me to take
°?istigBaal] ° hasaçiyaaT [?anaa]
° an appointment ] ° now [I am
Doctor! The young person t told me to take an appointment].
Now I am
5.Dr.1: [استقبال] ايش ؟ اعمل ؟
[?isTiqBaal] ?iy∫? ?içmiliT??
[AN APPOINTMENT] what? Did you do it?
What AN APPOINTMENT? Did you do it?
6.Pat. : لسه ما عملت
Lissah maa ?içmiliT
Not yet not I did
Not yet.
In lines four and eight, the low intonation occurs while the patient is answering, and he uses a hesitation mark ‘?ie::h’, in line 8, while answering. So, the role of ST is clear when Extract 19 is compared with Extract 20 in which the absence of ST might influence the patient’s presentation of answers. The occurrence of ST in the opening phase of Extract 19 may positively impact on the patient’s son who initiates talking about the reason for the visit without an invitation from the doctor and with a high intonation. In Extract 20, where there is no occurrence of ST, this may be seen to contribute towards the patient’s willingness to provide the doctor with the reason for the visit. The occurrence of low intonation in this extract may indicate that patient is not feeling relaxed or sufficiently confident enough to talk about his health problem. However, ST did not occur in a few consultations but patients presented their problem or answered the doctors’ questions without hesitation or low intonation as in the following example:

**Extract 21-[Abu El-Rob: JMT: C 4:2015]**

20.Dr.1:  كيفك يوم؟ =Kiefik ؟iływom ؟
=How are you; today?
=How are you; today?

21.Pat.:  الحمدلة كويسه دكتور
?iłhamDoll1Allah ?ikwaysih DokTwor
Thank God. Good Doctor
Thank God. I am good, Doctor

22.Dr.1:= كيف امورك؟
Kief ?omworik?
How are your matters?
How are you?

23.Pat.: تمام الحمد:=
=Tamaam ?ilhamDo lillAllah
=Good Thank God
=Good. Thank God

24.Dr.1: اليوم فحص الدم احسن:=
=؟ilywom fahs? ?ilDam ?ahsan
=Today test the blood better
=The blood test for today is better

25.Pat.: آه فحست:=
=؟ah fahs?iT
=Yes I did it
=Yes, I did it

26.(0.2) (the doctor is typing)

27.Dr.1: ابيبي العملية شو صار بالطحال?:
=Irm? ilcamaliyih jwos?aar Bil?it?haal
=Irm, the surgery what happened with the spleen
=Irm, what happened with the spleen surgery?

28.Pat.: ( )

29.Hus.: ما كان معاهما فجة يوميتها:
=Ma kaan ma?ahaa ga?ah ywomieThaa
=There was with her a cough that day
=She suffered from the cough that day

It is clear that the patient answers the doctor’s questions without hesitation or low intonation.

This shows that the non-occurrence of ST will not necessarily have a negative effect on presenting the problem.

All in all, the positive effects of ST in presenting the complaint and history-taking phases were more apparent in consultations. Therefore, ST can be considered as useful according to the frequency of its effectiveness in the data of the present study.
5.3 Summary

On the whole, presenting the problem phase in most of the consultations is initiated by doctors (Robinson and Heritage, 2005). This initiation occurs in the form of open questions, such as ‘What is your problem?’, ‘Why did you come here?’, ‘What is your news?’ and ‘Why are you here Mr. (name)?’ In addition, new forms to solicit the reason for the visit occur in the present study, such as doctors begin this sequence by using the word ‘?itf?d?al’ which indicates ‘please go ahead’. The use of closed questions or short answer questions is also noticed in the present study as another way to solicit information on the reason for the visit. Finally, general expressions were used by doctors in a few cases to invite the patient or the companion to present the problem. All these new elements, in addition to the use of open questions, helped the doctors to solicit the reason for the visit. Alternatively, two examples of the present data showed that patient and companion initiated presenting the problem.

In addition to these general findings, similarities in the patterns occur among the present data and the corpora of other studies. For example, in terms of the questions that doctors use to gather information about the reason for the visit. The use of open general questions was noticed at the end of the opening phase to shift towards presenting the complaint phase. This type of question is also identified in studies by Heritage and Robinson (2006) and Xi (2015).

In the case of the history-taking phase, yes-no and multiple choice questions are the forms of questions that occurred after presenting the complaint phase to gather information about the patients’ case to help in the diagnosis and treatment decisions. These two forms are identified in
Heritage and Robinson’s study (2006). The present data adds short-answer questions as a new form of history-taking questions.

Another unusual feature in the Jordanian medical interaction is presenting more than one concern. This occurred in Extract 14 when the patient asked the doctor about more than one health problem at the end of the history-taking phase and this was by using an expression to indicate shifting to a new topic. The occurrence of presenting a new concern in the middle of the consultation, history-taking phase, was notable despite its occurrence in only one consultation. Opening a new concern or unresolved topic usually occurs in the closing phase (Park, 2013). He discussed examples from the Korean medical encounters to show how new topics can be raised during the last phase of a consultation. The present data adds that presenting a new concern might occur in history-taking phase, not just in the closing phase.

Concerning ST, the occurrence of it in these two phases was notable because it occurred in six consultations in presenting the problem phase and in nine consultations in history-taking phase. It was represented in different forms (joking, laughter, and ST between doctors). Finally, doctors were the ones who initiated the ST and this contrasts with Maynard and Hudak (2008) who noticed that patients introduced ST in presenting complaint phase to present pain resistance and/or manipulation.
Chapter Six

Diagnosis and treatment phases

This chapter tackles diagnosis and treatment phases and is divided into five main sections: 6.1 Delivery of the diagnosis, 6.2 Treatment phase, 6.3 Patients’ responses, 6.4 Side talk and 6.5 Summary. Some sections involve a number of subsections. The section on diagnosis includes 6.1.1 straight factual assertion and 6.1.2 The evidence formality pattern. Patients’ responses section involves three subsections: 6.3.1 Acceptance, 6.3.2 Passive acceptance and 6.3.3 Active resistance. Concerning the ST, the section consists of two subsections: 6.4.1 the forms of side talk and 6.4.2 The effectiveness of side talk on the medical talk. The forms of side talk section includes: 6.4.1.1 Side talk between doctors, 6.4.1.2 Side talk that relates to the medical problem, 6.4.1.3 Introducing side talk through a proverb, laughter and a joke, 6.4.1.4 Introducing side talk through laughter, joking and compliment and 6.4.1.5 The patient’s/ companion’s biography. These sections and subsections answer the following research questions:

1. What recurrent sections in the Jordanian medical encounters can be identified?
2. What are the elements through which each phase of the medical encounter is constructed?
3. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

After the doctors gather the necessary information, diagnosis and treatment phases occur. Most of the research on the diagnosis phase focuses on the bad news and the resulting communication problems (see Maynard, 1991a). Analysing patients’ responses after the diagnosis was the concern of other studies (see Heath 1992). A few studies (Peraklya, 1997 and 1998) focused on
how the diagnosis is delivered and this chapter discusses this in detail by focusing on straight factual assertion (SFA) and the evidence formality patterns (EFP) (Perakyla, 1997 and 1998) in addition to the occurrence of perspective display series (PDS) (Maynard, 1991). Diagnosis can be presented either clearly by depending on the medical documents, such as reports, x-rays and physical examination, or by providing the patients with reasons for a diagnosis to convince them. Since the studies in this domain were few, the focus of this chapter will be more on how doctors present the diagnosis and treatment through investigating the elements or strategies that identify each one of these phases. Also, patients’ responses to diagnosis and treatment are discussed in this chapter to discover how the structure of each participant’s turns at talk make up those sequences. Finally, because of the occurrence of talk which is not immediately associated with the medical consultation agenda in these two phases, in addition to the previous phases, it is necessary to discuss its occurrence as a feature that influences the sequences and turn-taking design of the consultations. ST plays a role in conveying the diagnosis or treatment and in gathering information about the patient.

6.1 Delivery of the diagnosis

In this section, two strategies that doctors use to present the diagnosis to patients will be discussed. The first is the use of SFA where the diagnosis is presented when it is clear either from the physical examination or from the medical documents, such as X-ray. The second strategy is the EFP which provides the patients with reasons for the diagnosis (Peraklya, 1997 and 1998). In SFA, the doctor’s authority is obvious when a strong assertion from the doctor occurs while delivering the diagnosis (Peraklya, 1998). Doctors try to combine authority and
intersubjectivity as Peraklya (1997) claims. This combination occurs when doctors assert a diagnosis because they have evidence, such as medical reports or X-rays but not because of their authority. The following example from Peraklya’s study shows this blending.

1 (6.2) (Dr switches off the illuminated screen and returns to his seat. He holds the X-ray picture in his hand in front of him.)
2 Dr: Luckily the bone is quite intact,
3 P: Yeah,
4 Dr: So within a week it should get better
5 with that splint. (Peraklya, 1997, p. 206)

The doctor, in line 1, examines an X-ray and then delivers the diagnosis in lines 2, 4 and 5. The X-ray is in front of the participants as evidence for the diagnosis; therefore, the patient acknowledges that the X-ray is a medical source that patient cannot resist. In this way, the doctor combines between his authority and intersubjectivity.

In the case of EFD, doctors work to establish an understanding of some diagnostic process aspects between patients and them; therefore, the doctor deals with the patient as an awareness recipient of the medical explanation as in the following extract from Peraklya’s article:

(The doctor has just examined the patient’s foot)
1 Dr: Okay. h fine do put on your,
2 (.)
3 Dr: => The pulse [can be felt can be felt there in your foot, so
4 P: [Thank you.
5 Dr: => there in your foot so,
6 > there's no, in any case no real
7 > circulation proble[m
8 P: [Yes I don't understand then
9 > really I was wondering whether] I should

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In this extract, the patient complains about a pain in her foot that still worried her although it went away on its own, so the doctor examines the foot and checks the pulse and then tells the patient that there is no circulation problem as mentioned in lines six and seven. According to Peraklya, when the doctor, in line three, told the patient that ‘the pulse can be felt’ he provides evidence to the patient to show that it is possible to rule out the presence of a potentially worrying health problem. In general, the evidence formality pattern is used as a bridge between the examination process and the diagnosis phase that provides clear evidence for the diagnosis (Peraklya, 1997).

Peraklya (1998) discusses ‘diagnosis incorporating inexplicit references to the evidence’ as a type of diagnostic utterance in addition to SFA and ‘explicating the evidence’ of the diagnostic conclusion. The doctors may use evidential verbs, such as ‘seem, feel, and appear’ to be seen as ‘incorporating inexplicit references to the evidence’ to declare uncertainty of the diagnosis as in the example below from Peraklya’s article:

(Dgn 37 39B3) Dr: >Things like that but< no (0.5) bacterial infection -> seems to be there. (6)
(Dgn 1 5A2) Dr: -> Otherwise the prostate feels really perfectly normal<
(Peraklya, 1998, p. 305)

These verbs indicate that diagnosis arises from the available information for the doctor; therefore, the evidential verbs refer to the inferential and observational process. The present data includes several examples of these kinds of utterances. Therefore, this section is divided into subsections: ‘Straight factual assertion’ and ‘The evidence formality patterns’.

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6.1.1 Straight factual assertion (SFA)

In this subsection, the occurrence of SFA will be discussed through different examples from the present data as in the following:

Extract 1-[Abu El-Rob: JMT: C 20:2015]

16. \(\rightarrow\) (The Res. is reading the report again and this time for (0.8) seconds)

17. Res. طيب فحوصاتك اجمالا كليها منيحة ابي اس الدمئيات شوي على الحد العالي

\[\begin{align*}
\text{t'ayiB} & \quad \text{fohwos'aaT ik} & \quad \text{?igmaalan} & \quad \text{kolhaa} \\
\text{okay} & \quad \text{tests your} & \quad \text{in general} & \quad \text{all of them} \\
\text{minyhah} & \quad \text{?iee Bas} & \quad \text{?ilDohniyaaT} & \quad \text{?ifway} \\
\text{good} & \quad \text{Umm But the fats} & \quad \text{a little} \\
\text{?alaa} & \quad \text{?ilhaD} & \quad \text{?il?aaly} \\
\text{on rate the highest} \\
\text{Okay, your tests, in general, are all good. Umm but the fats are near the highest rate.}
\end{align*}\]

18. Pat. Immhm

19. Res.: ظيب بالزملها علاج ولا ما فش داعي؟

\[\begin{align*}
\text{?ilDohniyaaT} & \quad \text{Okay?} \\
\text{The fat} & \quad \text{Okay?} \\
\text{The fats. Okay?}
\end{align*}\]

20. Pat. طيب بالزملها علاج ولا ما فش داعي؟

\[\begin{align*}
\text{t'ayiB} & \quad \text{Bilzamhaa} & \quad \text{?ilaad} & \quad \text{wilaa maa fiyf} \\
\text{okay} & \quad \text{need it treatment or no there} \\
\text{Daa}=? & \quad \text{a need}? \\
\text{Okay Does it need treatment or no need for this}=?
\end{align*}\]

After spending eight seconds, reading the reports of the patient, the resident initiates her utterance in line 17 with ‘Okay’ then ‘your tests, in general, are all good’ and then she uses the hesitation marker ‘umm’ (Al-Harhsheh, 2015) then says ‘but the fats are near the highest rate’.

This strategy is called SFA in which the doctor uses the results of the tests to present the diagnosis (Peraklya, 1997). It is used when the doctor depends on sources from some medical
documents, such as test results as in the extract above or from a physical examination as will be seen in the next examples. In the next extract, the doctor uses two ways to present the diagnosis to the patient. In Extract 2, the case is a little different because the doctor uses the test results and X-ray report to present the diagnosis to the patient.

Extract 2- [Abu El-Rob: JMT: C 17:2015]

49. Dr.1:

بس هافلة هو. عندك انت في زيادة و في فحص طلبتاه بس المشكلة مش

(0.1) بقلك كمية الدم مش كافية مش ساحبين منه دم.

Bas haað'aa howa. CinDDak ?inTa fiy ?izyaaDih

just that it have you there increase

wa fiy fahis? t'alaBnaah Bas ?ilmojkilih mij -

and there test asked for him but the problem not-

(0.1) Bagwolak kamiyiT ilDam mij kafyih

(0.1) I am telling you amount blood not enough

mij saahBiyn minoh Dam

not they took from him blood

Just that’s it. There is an increase (in the platelet) and there is a test that we asked it for you not-n (0.1) I am telling you that the amount of the blood was not enough they did not take enough money.

50. 

عيونك لتصوٌه مصٌمرين؟

?iCyonak liyʃ hiyk mihmariyn

Your eyes why like this reddishness

Your eyes, why are they reddishness like this?

51. Pat.:

دايماٍ وهك دكتور.

Dayman hiyk DokTwor

Always like these Doctor

Always like this, Doctor!

52. Dr.1 to Dr.2:

قدش هو عندك الhemoglobin كان؟

qaDiyʃ hoa CinDoh ?il hemoglobin kaan?

How much it he has the Hemoglobin was?

How much his hemoglobin was?

53. Dr.1 to Pat.:

صادع عندك؟

s?oDaaʃ CinDak?

Headache you have?

Do you have headache?

54. Pat.:

لا لا دكتور يس ألم في الظهر.

La? La? DokTwor Bas ?alam fiy ?iðahir

No no doctor but pain in the back

No, no Doctor! Just a pain in the back.

55. (0.5)
66. احمرار في العيون.

?ihmiraar fiy ?ilçyw
Reddishness in the eyes
Reddishness is in the eyes.

57. Dr.1:

?ah
Yes
yes

58. Dr.2: Hemoglobin 13.5

آه عندك كمان قوة الدم عاليه:

?ah CinDDak kamaan qowiT ?ilDam
Yes you have also hemoglobin
Calałyih
high
Yes, the hemoglobin is also high

59. Dr.1:

قولة الدم آه عاليه:

qowiT ?iDam ?ah Calalyih
the hemoglobin yes high
yes, the hemoglobin is high

60. Pat.:

دكتور ما هو حالك?

konT Tis[haB?] did you gi[ve samples?
Did you give samples?

61. Dr.1:

مبارك سعيد وحدة دم:

[?imBaari]h sahaBiT wiDiT Dam
[yesterday]ay I gave unit blood
Yesterday, I gave a unit of blood

62. Pat.:

Bird Ow yišaBowliy waraa BaD?oh
Refuse they take blood all of them
DokTwor
Doctor
They refuse to take all the units at the same time, Doctor
.
.
.

63. (0.1)

64. Dr.2: ( ) graded?

65. Pat.:

برضوض يسحولي ورا بعضه دكتور:

Bird?ow? yishaBowliy waraa BaD?oh
Refuse they take blood all of them
DokTwor
Doctor
They refuse to take all the units at the same time, Doctor
.
.
.

66. Dr.1:

بنعطيك. خلينا نعملك فحص دم بالآول. في فحوصات بدننا انعيلنا:

[halaal] ?iBnaCl?iyk Xaliynaa niSmallak fahis?
[now] will give you let us do for you test
Dam Bil?awal. fiy fohows?aaT BiDnaa
Blood firstly there tests need we
?iT?iyDiylnaa ?iyaahaa
repeat them
We will give you now. Let us firstly do for you a blood test.
There are tests that we need you to repeat them.

70. Dr.1 to Dr.2:

There are CBC and BCR tests that we need you to repeat them. Dr.1 to Dr.2:

- CBC: Jack 2
- BCR: Jack 2

Dr.2 asks for the CBC of Jack 2 and Dr.1 needs BCR for him.

71. Dr.1 to Dr.2:

Do you need to check the x-ray picture?

Dr.1 asks Dr.2 to check the x-ray picture for Hemoglobin and for an X-ray picture. Dr.2 asks to look at the patient's report.

72. Pat.:

We see the report. You have splenomegaly from the disease.

The patient asks the doctor to look at the x-ray picture and the doctor replies that he has looked at the report and it was written that the patient has splenomegaly that is caused by the raised of hemoglobin.

In this extract, the doctor uses two different ways to provide the patient with a clear diagnosis. The first one is the test results that show the high percentage of the hemoglobin and the second is
the report of the X-ray that explains that the patient has splenomegaly. Using these two documents helps the doctors in providing the patient with a clear diagnosis that Peraklya (1997 and 1998) called SFA. Also, the doctor uses EFP, which is another way to deliver a diagnosis (Peraklya, 1997 and 1998), when he explains that the high percentage of hemoglobin causes the reddishness of the patient’s eyes as evidence for having a problem. The doctor here presents the observation first, in line 50, as evidence for his diagnosis (Peraklya, 1998).

Generally, reference to test results and X-ray reports occur in the present data as ways to support the doctors’ clear diagnosis (Perakyla, 1997 and 1998). These two ways are classified under SFA because they help in presenting the evidence for diagnosis clearly and straightforwardly by the doctor to convince the patient of the diagnosis. In some cases the doctor uses more than one way to support their diagnosis as in Extracts 2 above and Extract 3 below in which the physical examination occurred to support the diagnosis and in others only one way is used before declaring the diagnosis to the patient as in Extract 1 above.

6.1.2 The evidence formality pattern (EFP)

Doctors work to establish an understanding of some diagnostic aspects with the patients; therefore, they consider the patient aware of medical justification (Perakyla, 1997). The evidence formality pattern is used as a bridge between the examination process and the diagnosis phase to make everything clear for the patient. Since EFP is based on providing the patients with reasons for the diagnosis, doctors use methods, such as physical examination, as in Extract 2 from Peraklya’s article (199is 7,p. 206), to convince the patients of their diagnosis. This section
presents cases where the evidence formality is used to help in convincing the patients with
diagnosis through providing them of details that help in understanding the case.

**Extract 3- [Abu El-Rob: JMT: C 9:2015]**

106. Dr.: يعترفُنِو أسلوُب اًرهاق العلم Bas yaliban yaliban BiDiy ?ahkiylik
But oftenly oftenly I want to tell you hal jaylih hassah ?injaa? Allah rah acht?iykiy
something now willing God will recommend fohwos?aT kamaan, ?IBTi?rifiy jow ?asBaB
tests also, know you What the reasons
il?ihrqaq al?aaam?
fatigue general?
But often, often. I want to tell you something, now God
willing I will also recommend you tests; do you know
what the reasons for the general fatigue are?

٨٤٣٠٣١٣٢١١٢٤٣٨١١٣٢١١٢٤٣٠٣٠٣٠٢٠٣٠٢٠٣٠٢٠٣٠٣٠٢٠٣٠٣٠٢٠٣٠٢٠٣٠٢٠٣٠٢٠

107. جلالة أسباب الهالة؟ وادم الحكه.
And dizziness? The popular reasons for it?
And dizziness? The popular reasons for it?

108. Pat.: ما يعرفش.؟

؟ال 分

109. Dr.: يعنى اتوقع

ِإِنْتِيَ؟ي

110. Pat.: يعنى يتوقع أنه بحلكنا نكون قبل مع الدوره-ما الهاش خص؟

111. Dr.: لا لا الهال خص. واحد من الأسباب بس 50% من الأسباب نفسه.

لا لا ?ilhaaj xas? Wahid min ?il?asbaab
No no has a relation. One of the reasons
Bas 50% min ?il?asBaB nafsiyih.
but 50% of the reasons psychological.
No, no. There is a relation. It is one of the reasons. But 50%
of the reasons are psychological.
اضبا نفسيه. 

**Pat.**: nafsiyyih

**asBaaB**

Reasons

Psychological.

**Psychological reasons.**

مش نفسيه بمعنى مرض نفسي. أنا ما يسمي مرض نفسي. لا. الإرهاق

Dr.: نفسي، تمامًا الالتوتر نفسي. التفكير نفسي. فئة

Mich nafsiy bima\'naa nafsiy

Not psychology in the meaning of psychological

I not call it disease Psychology the fatigue

nafsiy Tamaam? ?ilTawaTor nafsiy ?ilTafkiyr

psychology Okay? The stress psychology Thinking

nafsiy gillT.

psychology Lack of

Not exactly a psychological disease. No. the fatigue is psychology. Okay? The stress is psychology. Thinking is psychology. Lack of

. .

اعراض أخرى. طبيعًا احياناً يصير عندهم خدر [باتدهم].

?a\'raad? ?oXraa t?aBqan ?ahyannan Bis?iyr

Symptoms other Of course sometimes there might be

çinDhom XaDar [ Bi?iDiyhom]

there numbness [hands]

Other symptoms. Of course, sometimes there might be numbness in their hands,

**Pat.**: [?aywaa]

[Exactly]

Exactly.

جديده لا سمح الله. اعرفتي شو علي؟

? id3diydh la samah Allah. ?i\'çrifTiy jow Galay?

New God forbid. understand you what?

A new, God forbid. Do you understand?

**Pat.**: اهم

mmhm

mmhm

. .

بعمل. نقص الدم يعمل. فيتامين دال يعمل. فيتامين ب 12 يعمل. مشاكل

العديد الدراسه بتعمل. هاي الاسباب الأكثر شيوعا.

Biçmal . naqs ?ildam biçmal. Vitamin daal biçmal
Causes. Lack of blood causes. Vitamin D causes
Vitamin B 12 causes Problems thyroid
Lack of blood causes. Vitamin D causes. These reasons the most popular causes them. Lack of blood causes them. Vitamin D causes them. These are the most popular reasons

The least popular are many because
Reasons about hundreds reasons. We always look

Shameful. If not exist, there is no need. Okay?

Pat.:

Dr.:

Pat.
the pain happens [with me]
May Allah reward you well. The pain is here, doctor ((it
seems she is pointing to her head))

131. Dr.: الم[ودخه ]
[?alam] wa dwoxah=
[Pain] and dizziness=
Pain and dizziness

132. - Pat.: =
=?aywa=
=Right=
=Right=

133. Dr.: وغباش بالعينون وقلة تركيز:
=Wa ḡabaaj bilQywon wa giliT Tarkiyz
=And Ghobash in eyes and lack of concentration
=And Achi sight and lack of concentration

This is a first time visit and the doctor asks the patient many different questions to gather
the necessary information that will help in diagnosis. In lines 106 and 107, the doctor shifts to
deliver the diagnosis through encouraging the patient to participate in the diagnosis. He asks the
patient about the reasons for the general fatigue and dizziness and this strategy will be discussed
later in this section. This pre-sequence question allows the doctor to initiate an announcement.
According to Schegloff (2007), there are two purposes for having pre-sequences: ‘It projects the
contingent possibility that a base FPP (e.g an invitation) will be produced; and it makes relevant
next the production of a second pair part, namely a response to the pre-invitation’ (p. 29). In this
extract, the doctor prepares for delivering the diagnosis through asking the patient about the
reasons for the general fatigue and dizziness. The patient’s response to the doctor’s question
shows the relevance that the FPP produces for SPP production. When the patient answers with ‘I
do not know’, he asks her in line 109 to try to guess. In line 110, the patient tries to answer and
the doctor encourages her in line 111, then he begins explaining and giving further information
across lines 111 -126 that can be seen as evidence for the doctor’s diagnosis to convince the patient of it by helping her to understand the causes of her health problem.

The doctor, in this extract, invites the patient to guess the reasons for her fatigue and dizziness in order to participate in the diagnosis. The patient first refuses to participate in the diagnosis when she replies ‘I do not know’ to the doctor’s question about the general fatigue. The encouragement of the doctor, in line 109, to the patient encourages her to accept the invitation and she participates. This kind of invitation is termed by Maynard (1991) as ‘The use of perspective display series’ (PDS) to present diagnosis. One of the ways to involve patients in the therapeutic decision is asking them their opinions and views of the problem. This occurred only in Extract 3 above in lines 106 and 107. After a number of questions used to gather information about her problem, the doctor shifts to delivering the diagnosis by using PDS to encourage the patient to participate in the diagnosis. He asks the patient about the reasons for the general fatigue and dizziness by saying ‘Do you know what the reasons for the general fatigue are? and dizziness? The popular reasons for it?’ This strategy is similar to a pre-sequence in ordinary conversations as is explained earlier in Extract 3.

In a similar example, Maynard (1991) describes this strategy in a study of a diagnostic meeting between the doctors and parents of children to give them bad news by asking them ‘what do you see as- as his difficulty?’ (p. 468). Maynard proposes a three- part modification of the PDS adjacency pair format: 1. An invitation from the doctor in the form of an enquiry. 2. Recipient’s assessment and 3. Doctor’s assessment. In an example from Maynard’s study, these three adjacency pair formats occur as in the following:
1. Dr. E: What do you see? as his difficulty.
2. Mrs C: Mainly his Uhm- the fact that he doesn’t understand everything and also the fact that his speech is very hard to understand what he’s saying, lots of time.
3. Dr. E: Right.
4. Dr. E: Do you have any ideas WHY it is? Are you – do?
5. Mrs C: No
6. Dr. E: Okay I you know I think we BASICALLY in some ways agree with you, insofar as we think that D’s MAIN problem, you know DOES involve you know LANGUAGE,
7. Mrs C: Mm hmm
8. Dr. E: You know both you know his- being able to (Maynard 1991: 468)

The question in line one is an invitation to offer an assessment on the health problem of the child to which the doctor can reply. So, this example supports the example in Extract 3 above in which the doctor also invites the patient to offer an assessment of her health problem. In general, this strategy helps matching the news delivery to the parents’ experience, knowledge and view. Maynard recognised these PDS parts while working on ‘bad news delivery’ in ordinary conversation and then applied them in the medical context. In general, these three sequential structure parts occur in Extract 3 when the doctor first invites the patient to guess the reasons for her general fatigue and dizziness, as in lines 106 and 107. The patient replies to the doctor’s question with ‘I do not know’ in line 108 and then the doctor re-invites her in line 109 to participate with her assessment. In line 110, the patient provides the doctor with her assessment which is the second step according to Maynard’s classification. Finally, the role of the doctor’s assessment occurs, in line 111, in the third adjacency pair format, as Maynard classified them, to support the patient in what she says. The doctor assures the patient that what she says is part of
the reason by saying ‘there is a relation. It is one of the reasons’, so in this way he supports the patient’s participation in the assessment process before adding his own assessment.

In a study by Collins et al. (2005), ‘bilateral’ strategy was used to make a treatment decision in which the doctor invites the patients to express their own views. This invitation occurs in the form of a question from the doctor to seek a specific answer by building on the answer from the patient. This also follows what Peraklya (1997) identified in which the doctor deals with the patient as a knowledgable recipient of medical context. This can be through explaining the evidence to the patient and making a part of the doctor’s medical reasoning available to the patient. In Extract 3, the doctor explicates the psychological reasons for the patient in detail to share with her the possible reasons for her fatigue and dizziness. Also, he discusses with her the most and least popular reasons for the fatigue. The patient shows an understanding of what the doctor explains for her by using a minimal response ‘mhm’, as in line 123 or ‘right’ as in line 132.

Moreover, the doctor, in this consultation, does not make any physical examination during the visit, he just asks the patient several questions to be able to deliver the diagnosis; therefore, the type the doctor follows here can be seen to be the EFP because he is depending on the patient’s responses and modifying his diagnosis according to the patient’s responses in the history-taking phase to deliver the diagnosis. This example is similar to the one in Peraklya’s collection (1997) in which the doctor describes his observation before delivering the diagnosis as a reason for the diagnostic conclusion. In Peraklya’s extract below, the doctor deals with his description of the pulse as in line three as evidence for the diagnosis that is nothing to worry about.
Extract 2

((The doctor has just examined the patient’s foot)

1 Dr: Okay. In fine do put on your,
2 (.)
3 Dr: => The pulse can be felt there in your foot, so
4 P: [Thank you.
5 Dr: => there in your foot so,
6 > there's no, in any case no real
7 > circulation problem
8 P: [Yes I don't understand then
9 [really I was wondering whether] I should
10 Dr: -> [is involved. (Peraklya, 1997, p. 206)

In Extract 3 from the present study, the doctor asks the patient several questions to gather information about her health problem. The doctor builds his observation from the patient’s responses and then invites her to participate in the diagnosis before delivering his diagnosis about the most and least popular reasons for fatigue. So, the similarity between this example and Peraklya’s example is that both doctors use their observations as a diagnostic evidence although the doctor in Peraklya’s example based his observation on the physical examination and the doctor in the current extract bases it on the patient’s responses to his questions. The doctor depends on his observation to deliver the diagnosis which assures that there is a need for such evidence to convince the patient with the diagnosis since there is no medical document, such as x-ray pictures or test results. The EFP also occurs in another consultation in a way that is somehow similar to Extract 3 above. The difference in Extract 4 below occurs when the resident depends on a physical examination for her observation whereas in Extract 3 the doctor uses the patient’s responses to the history-taking questions.
DokTowr BilnisBih lahah ?ilmaclomih fiy
Doctor according to the this information there
cinDhaa jaD ?al?iy fiy ?asfal ?ilBat?in
has she cramps muscle there Under the abdomen
Doctor! According to the this information, there is she
has a muscle cramps under the abdomen

ام (0.4) كيف يعني شد عضل في أسفل البدن؟:
?im (0.4) kief ya?niy jaD ?adal?y ?asfal
umm (0.4) what mean cramps muscle under
?ilBat?in?
the abdomen?
Umm (0.4) what do you mean by a muscle cramps under the
abdomen?

يعني لما فحصت عند الدكتوره بين عندها على الجهاز إنه في زي
عضلة ضاغطه
Ya?niy lamaa fahas?aT cinD
This means when examined she has by the
?ilDokTowrah Bayyan cinDhaa ?ala
doctor it was occurred she has on
?ilgihaaz ?inoih fiy zay ?adalih
the device that there as muscle
d?ayy?ah
pressing on
This means that when she has been examined by the
doctor, it was occurred on the device that she has as
a muscle which is pressing on

بس اتشوفيئنا بطنها:
Bas ?iTjowfiylnaa Bat?inhaa
Just to examine abdomen her
Just to examine her abdomen.

في دكتور اللال الالي بصير : extension
Fiy DokTowr ?il ?il extension ?iliy
There doctor the the extension that
Bisiy
happens
There is, doctor, the the extension that happens

آه يعني مش إنه شد عضل هاد مع كل ما كبر حجم الرحم يده [حوليه]
Bis هادا عادي لnormal
Bas haDa ?aDiy normal ?aah mij ?inoih
But this normal normal yes not that
jaD ?al haaD ma? kol maa
cramps muscles this with every time
yikBar ?aDiy ?ilrahim BiDoh yi/iD
becomes bigger size the womb will press on
In this consultation, the doctor and the husband of the patient discuss various issues either regarding the test results or symptoms that worry the patient and her husband. In this part, the focus will be on how the doctor deals with the symptoms that worry the patient and her husband.

In line 259, the husband begins explaining a problem that worries him and his wife about muscle
cramps under the abdomen. The doctor in line 260 asks the husband to explain more about the problem by asking him ‘what do you mean by muscle cramps?’ and the husband explains this to the doctor in line 261. The doctor, in line 263, asks the patient to go to the examining room to have her abdomen examined by the resident and then asks the resident to examine the patient’s abdomen. The resident, in line 264 describes the case as a normal one and in line 265 the doctor assures them of this by explaining the case. The husband overlaps the doctor in line 266 to talk about something that is discussed previously in the consultation, which is skin fungi, until the patient leaves with the resident for the physical examination in line 273 and the doctor reassures the husband that there is nothing to worry about. In line 277 the doctor asks the resident about the examination and she replies that nothing is there. After that the doctor begins explaining to the patient how the situation is normal and nothing to worry about.

The case in this extract is similar to Peraklya’s extract (1997) that was mentioned at the beginning of this chapter. In both extracts, the doctor and the resident could not find anything in the physical examination; therefore, they tend to describe their observations as a reason for their diagnosis. The doctors depend on their observations to tell the patients that there is nothing to worry about.

In general, doctors present diagnosis to the patients in two different ways: In some cases, they use the medical documents, such as x-ray reports and test results to deliver the diagnosis which is clear to both doctors and patients. In other cases, doctors use their own observation from the physical examination and their medical expertise to deliver the diagnosis to the patient and they
deal with the patients as understanding recipients of medical reasoning; therefore, they provided patients, in most of the cases, with an explanation to make everything understandable.

6.2 Treatment sequences

After delivering the diagnosis, treatment is also delivered if there is a need for it. Researchers, such as Angell and Bolden, 2015; Collins, 2005; Collins et al., 2005; and Ijas-Kallio, 2011, examined the treatment recommendation sequence. Angell and Bolden found that doctors tried to explain the reasons for recommending a treatment although they had the authority to make the decision, so they used ‘client attentive accounts’ to tell the patients that the treatment suits their need and one which is based on the doctor's medical expertise and authority, as in discussing the medical tests. Collins et al (2005) adds that the participation between doctor and patients in decision making ranged from ‘bilateral’ and ‘unilateral’ strategies. For a ‘bilateral’ strategy, the decision was performed as a negotiation between patients and doctor which depended partly on the patients’ contribution. Concerning a more ‘unilateral’ strategy, the doctors took the decision to some degree independently without input from the patients. Ijas-Kallio (2011) examined the ways that help patients and doctors to reach the decisions of treatment. The researcher noticed that even in the ‘unilateral’ decision making, where the decision is presented by doctors as something that needs to be done, doctors gave attention to the patients’ perspective to present the treatment decision as a response to the expectations of the patients rather than as a final medical decision. However, as a start, the analysis of Extract 5 below shows the use of a ‘unilateral’ strategy to deliver treatment. Before shifting to treatment, the doctor examines the patient after
asking him several questions to gather information about his case and then begins with the recommendations and the treatment as in the extract.

**Extract 5- [Abu El-Rob: JMT: C 3:2015]**

70. (((1.81) for physical examination.))
71. --Dr.1:

لا َّ أهم شيء أن تترك الدخان يا سيد: 1

Laa ?aham jiy ToTrok ?ilDoXaan ya said
No the most important thing to leave SMOKING sir
No. the most important thing is to leave SMOKING, Sir.

72. --Pat.: انشاء الله

inʃa Allah
inʃaAllah
inʃaAllah

73. Dr.1: الدخان [ يعني ]

?ilDoXaan [yaʕniy]
The smoking [ is what]
Smoking is what

77. Dr.1:

؟ie::h? la? † intTa ?ilDoXaan † ?imXariB † ilri?aTiyn
What? No † You the smoking † DESTROYED the lungs.
What? No † The smoking; DESTROYED your lungs.

78. ((The patient is coughing))
79. (0.1)
80. Dr.1: خليه يكتبلك الأدوية:

Xaliih yokToBlak ?il?aDwiyah
Let him write you the medications
Let him write the medications for you

81. --Pat.: انشاء الله

inʃaAllah
inʃaAllah
inʃaAllah

82. (0.8) ((the another doctor is writing the prescription))

In line 80, the doctor shifts to the treatment phase by telling the patient to wait until Doctor 2 writes the medications for him. The doctor presents his decision as something that needs to be done, thus it is a unilateral strategy (Collins et al, 2005). The patient shows acceptance of the
doctor’s treatment decision by replying with the religious expression 'inJaAllah' (this kind of responses will be discussed later in section 6.3.1 Acceptance). The following case shows the occurrence of a ‘unilateral’ strategy to present the treatment but the difference is that the doctor in the next extract depends on the test results to deliver treatment without giving the patient the chance to discuss it with him whereas in the previous extract the doctor depends on the physical examination.

**Extract 6-[Abu El-Rob: JMT: C 1:2015]**

46. Dr. to the nurse: '---شوف هسه فحوصاتك كاملة. على الشاشة، افتح لنا بالله

afaThiylnaa BaAllah la (name) ?inʃwof
Open for us please for (name) to see
hassah fohwosʔaaThaa kaamlhh. çalaa
now tests her accomplished on
alʃajih.
the screen
Please open for (name) to see now if her tests were accomplished. On the screen

108. → Dr. to the nurse: medication

afaThiylnaa la (name) medication
Open for us for (name) medicatin
Open for (name) medication

اُفّٞ وَٛ ك٣زب٣ٖ داٍ زجٛ ٣ّٞ ثؼذ ٣ّٞ ػ٤بس

?ilʔaan ?aham ?ijiy viTamiyn Daal ywom
Now the most important thing vitamin D day
BaʕiD Ywom ?iyyaar 5000
after day dose 5000
Now, the most important thing is vitamin D, day after another, titer 5000

126. → Pat.

Bas ?aXoD min haaD ?ilmosakin?
Well I take from this pain relief?
Well, shall I take from this pain relief?
In Extract 6, the doctor delivers the diagnosis by providing the patient with cited evidence from the results of the tests. After discussing the diagnosis with the patient and her son, the doctor delivers the treatment, in line 108, using the test results. Angell and Bolden (2015) called this way of delivering the treatment ‘account’ because it is based on the doctor medical expertise and authority to reach the patients’ acceptance of the treatment. This occurs when the doctor discusses the medical tests and prognostic projections with them. By using the patient’s test results and the percentages in her report, the doctor delivers his decision about the medication needed to solve or reduce the patient’s problems without discussing this with the patient. There is only one attempt at participation by the patient, in line 126, when she asks about continuing to take a particular kind of pain relief that she has already shown to the doctor previously in the consultation. The doctor cuts off the discussion and tells her about its bad effects on her kidneys in line 129. Thus, this kind of treatment delivery sequence is presented by the doctor to the
patients without an opportunity for any participation from the patient (Collins et al, 2005). However, the next extract presents an example of giving attention to the patients’ perspective to present the treatment decision that is called ‘bilateral’ strategy.

**Extract 7- [Abu El-Rob: JMT: C 10:2015]**

11. Dr.:

   Bees e'bebi Malaq al-kortezo (N Nashah):

   Bas imm ?im?a0ir Çaliyk ?ilkowrTizow[n nas?haan]  
   But imm affect on you the cortiso[ne you became fat]  
   But imm the cortisone has affected you. You became fat.

12. Pat.:

   [الكورتازون] المالي اصلاح [مش حابه]:

   [the cortisone] which any way [not I like it]  
   The cortisone which I do not like

13. Dr.2: [moon face]

14. Dr.1: ايش؟  
   ?ieJ?  
   What?  
   What?

15. Dr.2: moon face

16. Dr.1: آه وجه مدور: moon face  
   Moon face ?aah wid3ih ?imDawar  
   Moon face yes FACE ROUNDED  
   Moonface yes ROUNDED FACE

17. Pat.:

   يعنى هو الكورتزون -ималь مايدايني:  
   Yaçniy howa ?ilkorTizwon - ?as’lan ?imDaayigniy  
   i mean it is the cortisone - anyway bothers me  
   I mean it is the cortisone - which bothers me

18. Dr.1: ايه؟ يدنا تخففه لاحا بيشوف (0.1) يدنا تخففه:  
   ?ie:hi? BiDnaa ?inXafifoh.‡ halaa Binjwof (0.1)  
   What? We need to reduce it.‡ now we will see (0.1)  
   BiDnaa ?inXafifoh  
   we need to reduce it  
   What? We need to reduce it.‡ Now we will see (0.1) we need to reduce it

19. Pat.:

   انشاءالله (0.1) احسن مه يعنى عادي بسحب دم وبروح وباحي عادي:  
   ?inja Allah (0.1) ?ahsan hh yaçniy BashaB  
   willing God. (0.1) better hh I mean I pull  
   Dam wa Barwoh wa Baa3jie çaDie  
   blood and go and come normally  
   God willing. (0.1) its better hh. I mean, I pull  
   blood, I can do my life activities normally.

20. ((The doctors are asking the patient about his study and this was for (1.37)))
While collecting information about the patient’s problem in this follow up visit, Doctor 2 says in line 11 that the cortisone has affected the patient and caused him to put on weight and then uses the metaphor ‘moon face’ to describe his face becoming rounded. In line 12, the patient expresses his agreement with the doctor by saying that he does not like the cortisone. Doctor 1 tells the patient that they will reduce the dose for him and in line 58 in the treatment phase the doctor repeats that he will reduce the dose of the cortisone. In this part of discussing treatment, although it occurs in the history-taking phase, the patient participates in his perspective on the treatment. In Ijas-Kallio’s study (2011) that was conducted in Finland health centers, doctors gave attention to the patients’ perspective to present the treatment decision as a response to the expectations of the patients rather than as a final medical decision. Ijas-Kallio noticed that even in the ‘unilateral’ decision making in which doctors present their decisions as something that needs to be done, they gave attention to the patients’ perspective to present that decision. Nevertheless, the case in the next extract is different because the patient is the one who initiates the treatment section by asking if he needs any treatment.
20. Pat: okay need it treatment or no there
   Daa¿y?= a need?=
   Okay Does it need treatment or no need for this?=

21. Res.: لا طببا لوضعك انت. انت مدخن اشي؟:
   = laa t?abCan lawad?cik ?inta. ?inta
   =No of course for your case you. You
   moDaXin ?iʃy
   smoking thing
   = in your case, of course not. Are you a smoker?

22. Pat.: لا لا
   No no

23. Res.: لا. بتلعب رياضه بتمشي؟:
   La?. ?iBTil¿aB riyaaDah ?iBTimʃy
   No you play sport walk
   No. Do you do sport or walk?

24. Pat.: ولا هيهه بعمل اشي؟
   Wa laa hh Baʃmal ?iʃ[y]
   And not hh do thi[ng]
   I do not, hh, do anything

25. Res.: يعني كونك مافي عندك مشاكل صحيه عمرتك صغير ابي مش مدخن ابيبي:
   [؟aah] yaʃny kawnik mafy ɡinDak majaakil
   [okay] this means since no have you problems
   Healthy Age your little ?iʃe::h we give you chance
   that the style life
   Okay, this means that since you have health problems, you are
   young imm (?ieeh) we will give you the chance of life-style.

26. [؟iʃy] hoa ?il?akil
   [which] is the food

27. Pat.: [؟aah]
   [okay]
   Okay

28. Res. انرباضه الها تأثير كثير على مستوى الدهنيات في الجسم فالرياضة:
   انمشي السريع 3 أيام بالاسبوع أي نوع رياضه
The sport has a strong effect on the level of fats in the body. So the sport or jogging for 3 days in a week or any kind of sport, the sport has a strong effect on the level of fats in the body. The fats in the body so the sport.

The shift to discuss treatment was in line 20 when the patient asks about the need for any treatment following the test results. The resident, in lines 21 and 23, says that there is no need for any medical treatment. Instead, she advises him in lines 25-29 to follow the life-style treatment as a way to reduce the high fat percentage and suggests a repeat of the test after three months, using the pronoun ‘we’. The purpose of using ‘we’ is to create a treatment decision (Monzoni et al, 2011a). Although the patient is the one who initiates the treatment section, the resident is the one who makes the decision about the suitable treatment for the patient according to his test results; therefore, this is ‘unilateral’ because the doctor delivers the treatment depending on evidence from the medical documents.
In the present data, the ‘unilateral’ strategy is more commonly employed than the ‘bilateral’ one. This is because the doctors depend on the medical documents in addition to the physical examination to deliver the treatment. This type of delivery of treatment does not give the patients the opportunity to participate in treatment decisions as pointed out by Collins et al (2005). The occurrence of ‘unilateral’ strategy in the data does not mean that doctors do not include the patient in the treatment decision at all. There is an occurrence of sharing the treatment decision with the patients in some cases, as explained above. Doctors give attention to the patients’ perspective to present the treatment decision as a response to the expectations of the patients rather than as a final medical decision. Ijas-Kallio (2011) noticed that even in ‘unilateral’ decision making in which doctors present their decisions as something that needs to be done, they gave attention to the patients’ perspective to present the treatment decision. Therefore, the doctor’s decision is presented as a response to the patient’s expectation as well as the conclusion of the doctor’s medical opinion. The occurrence of these two strategies is supported by the patients’ responses to the doctors’ decisions. If patients negotiate the decision with the doctor by expressing their own perspective, this causes the occurrence of a ‘bilateral’ strategy which is the sharing of the decision with the doctor. In contrast, if the patient’s response to doctor’s decision is expressed by absent or minimal response combining with starting the next activity, this indicates the occurrence of a ‘unilateral’ strategy. In other examples as in extract 8, the pronoun ‘we’ is used by the doctor to indicate sharing the decision with the patient. Monzoni et al (2011a) support this point when they claim that the purpose of using ‘we’ is to create a treatment decision.
6.3 The patients’ responses

Patients’ interaction is worthy to be discussed in health service research fields. Researchers, such as Brody (1980) and Emanuel and Emanuel (1992) insist that patients should be given chances to participate in the treatment decisions whenever possible. Stivers (2005) mentioned that different medical organisations support that doctors overtly allow patients to participate in decision making process. This is because they have a right to participate in the decision and they have improved outcomes by participating in medical decision making. Patients’ acceptance of the diagnosis and the treatment decision has been discussed by researchers, such as Heath (1992), Perakyla (1998) and Stivres et al (2003). Patients use the minimal response ‘okay’ to signify acceptance of the treatment suggestions (Stivers et al, 2003) and absent responses to express not full acceptance of the diagnosis or the treatment recommendations (Heath, 1992 and Perakyla, 1998).

6.3.1 Acceptance

It is normal not to accept diagnosis and even not responding at all might also occur, as in the Heath (1992) and Perakyla (1998) studies. It was also noticed that doctors are not concerned with whether or not parents accept their diagnoses. On the other hand, treatment decisions are normally accepted by parents. Stivers (2005) added that doctors acknowledge that parents have the right to accept and reject the recommended treatment. In an example from Stivers’ study, a father expressed his acceptance of the treatment with ‘alright’ as in the following:

(1) 2002 (Dr. 6)
In this example, when the doctor proposed that the child would need antibiotics, the father accepted that by replying with ‘alright’ in line seven. In Extract 9 below from the present study, an acceptance of the doctor’s treatment occurs in the use of the religious expression ‘inʃa Allah’.

**Extract 9-[Abu El-Rob: JMT: C 3:2015]**

70. (((1.81) for physical examination.))
71. Dr.1: لا أْٛ ؽ٢ اٗي رزشى اُذخبٕ ٣ب ع٤ذ
    No the most important thing to give up SMOKING, sir
    No. the most important thing is to give up SMOKING, sir.
72. → Pat. : inʃa Allah
    God willing
    God willing
    .
    .
73. Dr.1: خِ٤ٚ ٣ٌزجِي الادٝ٣ٚ
    Let him write you the medications
    Let him write the medications for you
74. → Pat. : inʃa Allah
    God willing
    God willing
    .
    .
75. Dr.1: ماشي يا استاذ؟
    Okay Mr.?
Okay Mr.?

86. ((The patient is coughing))

87. – Pat.: انَّهَاءُكِ يَا دُكْتُورُ؟

88. Dr.1: اَذَا شُو بِدْكَ تَعَمَّلُ؟

89. – Pat.: انَّهَاءُ رَأَدَ

90. (0.5)

Previously in this chapter, the diagnosis of this consultation has been discussed in which the patient is suffering from an obstructive pulmonary. So, the doctor proposes that the most important thing is to give up smoking, as in line 71. The patient’s response occurs in line 72 ‘اَنَّهَاءُ الله’ to show acknowledgement of what the doctor proposes for treatment. He also uses the same expression in lines 81, 87 and 89 to indicate acceptance. The patient uses the religious expression ‘اَنَّهَاءُ الله’ to indicate his acknowledgment of the doctor’s recommendations and treatment. Clift and Helani (2010) proved that the using of the religious expression ‘اَنَّهَاءُ الله’ expresses acknowledgment. In lines 85 and 88, the doctor seeks acceptance of his recommendation by asking the patient ‘أَوَلاَيْ؟’ and ‘أَيَا، أَيَا؟’ to which the patient shows acceptance. Stivers (2005) stated that doctors seek patients’ acceptance in several ways, such as requests for acceptance as in ‘أَوَلَيْ؟’, rising the intonation at the end of TCUs, restating the recommendations and accounts for recommendations. In Extract 10 below, the acceptance of the treatment occurs in the form of answering the doctor’s questions in agreement with what he says, in addition to the use of the religious expression ‘اَنَّهَاءُ الله’.

213

آه] [آه] بذک ابناء عاملین لانه ال ال ال ال ئئ [ات ]
[?aah] BiDak[
[Yes] need you
?aBnaa? çaamilien
sons of members of faculty and staff at the university
li?annoh ?il?alDiniy[aaT]
because the fats
Yes you need sons of members of faculty and staff at the
university because the fats

57. Pat.: [ابهم ]
[Imhm]
[Imhm]
imhm

58. Dr.: ظى /way mirTafçah çinDak ؤ. ءاش- ءاش- iBTim?i?i؟
A little little have been risen for you. Yes- do you walk؟
They have been a little. Yes- do you walk؟

59. Pat.: waAllah mi؟ik8ier. Bas BaDieT
To be honest not much. But I already started
?am8ie
walking
To be honest, not much. But I already started walking

60. Dr.: لش ما تمشي ؤ؟ ف؟ ( ) [المشي ]
Lie؟ maa Tim?ie؟ waAllah ( ) [?ilma8ie]
Why not you walk؟ Really ( ) [the walk]
Why do not you walk؟ Really ( ) the walk

61. Pat.: waAllah hoa hassah ?il3aw monaasiB
Really it now the weather good
The weather is really good now

62. Dr.: ما ما لانه ( ) الى جابلنا الامراض شو هو؟
Maa maa li?annoh ( ) ?ilie 3aaBilnaa
It is it because ( ) what brought us
?il?amraad? jow hoa؟
diseases what is it؟
It is, it is because ( ) what are the causes of diseases,
what are they؟

63. Pat.: çaDam ?ilharakih؟
Not moving؟
Not moving؟

214
68. Dr.:
Maa kaaniʃ fie mard?aa laʔ. Mahoa
Not were not there sick people no. it is
?aham jie ?ilTaβiyir. hassah ?ilɣarB -
the most important thing the change. Now the western -
Bilsokar wa ?ldʔayt? saBagwanaa
in the sugar and the pressure they have gone before us
?akθar Bikθier ?ilsaBaB ?inoh hwa Bi
much more the reason that it is in
There were no sick people, no. The most important thing is the change. Now, the western - in the sugar and the pressure they have much gone before us. The reason is that in

69. Style of life
Tibuhem la ahtu ʃenem anhem bana laqtenem. F.
Tabaʔom laa ?iħnaa sʔirnaa miθilhom BiDnaa
Of them. No we became like them we want
?inilʔaghom. Fa
to follow them. So
Of them. We did not become like them, we want to follow them. So

70. Style of life
Style of life ?akieD mohim
Style of life surly important
Style of life is surly important

71. Style of life
Style of life ?akieD mohim
Style of life surly important
Style of life is surly important

72. Pat.:
Immhm
Immhm
immhm

73. Dr.:
Wa ?ilharakih? mohimmih ?ikθier. ?IBTiγraf ( )
And the move important so much:. you know ( )
?ilharakih. maʔ ?inoh kol ?ilmatlwoB
the move. Although all what is required
nosʔ saaʔah Taraa
half an hour by the way
And the move is so important:. Do you know ( ) the move.
Although all what is required is half an hour, by the way

74. Resident:
Nos ʃ saaʔah
half an hour
half an hour

75. Dr.:
Nos ʃ saaʔah ʃ maʔ ie sariεθ ʃ yawmiyan? ?aw
half an hour ʃ walking fast ʃ daily? or
ywom BaçiD ywom BiçaDillak ?ldʔayt?,
a day after day will control the pressure, the sugar, the beats of the heart, the fats, the weight, osteoporosis walking fast or half an hour, daily or a day after another, will control the pressure, the sugar, the beats of the heart, the fats, the weight, (osteoporosis)

76. [العظم] [?ilçiðˀaam]
[The bones (osteoarthritis)]
The bones (osteoarthritis)

77. -Pat.: اشعر حتى مشكله بالمشي لانو يمشيش يعني صرت لما امشي شوي اشعر لا وصت [Rajli] [Laa wa sˀirT] ?ajˈor haTaa moʃkillih [No and I became] I feel even problem Bilmaʃie liʔanwo Bamʃieʃ yaʃniy in the walking because I do not walk this means sʾirT lamaa ?amʃie ?iʃway ?aʃcor riʃlay I became when I walk a little I feel legs my No and I even became feel a problem in the walking because I do not walk. This means when I walk a little I feel my legs

78. Resident: [صح ] [sʾah]
[Right]
Right

79. -Pat.: تعاني Tocaaniy Suffer
Suffer

84. Dr.: نعطبك فرصه بعد شهر : naʃtjeʃk forsʾah BaçiD jahar We will give you a chance after a month
We will give you a chance after a month

85. Pat.: اهم
Immmhm
Immmhm
Immmhm

86. Dr.: ضبط الحملة : dʾABBiT? ?ilhimiyih Control the diet.
Control the diet.

87. Pat.: اهم
Immmhm
88. Dr.:

Dear Dr. Baalak, what do you think of the oils you use?

Take care of the fats in other words, what is the oil that you use?

96. Dr. to Pat.:

Please take care of the fats, in other words, what is the oil that you use?

97. Pat.:

Willing God

God willing

98. Dr.:

After Al Eid

99. Pat.:

After a month, we will see if it stays like this. We will give you medicine for the fats but the sugar, we will give you a chance.

100. Dr.:

After reviewing the results of the tests, the doctor notices that the patient has a problem with obesity in which the percentage was a little high. Therefore, the doctor asks the patient if he walks, in line 58, and the latter replies with ‘not too much’ and adds in the next line ‘but I have
already started’. The doctor advises him to walk, in line 60, but the patient overlaps him to express his acceptance of the doctor’s suggestion by saying ‘the weather is good’. Then, the doctor explains the importance of moving and walking and he begins his talk by asking the patient, in line 62, ‘what are the causes of diseases for us, what are they?’ and the patient replies ‘not moving’, in line 63, that also shows the acceptance of the doctor’s suggestion of walking as a treatment for his problem. Furthermore, the patient shows his acceptance when he acknowledges in lines 77 and 79 that the problem in his legs is because of not walking. After a long negotiation between the doctor and the patient about giving him the chance to follow what the doctor calls a lifestyle change, the patient, in line 97, replies with ‘God willing’ as an acceptance of what the doctor says.

Two different forms of acceptance occur in this extract in which the patient expresses his acceptance of the doctor’s recommendation through answering his questions in addition to the use of the religious expression ‘in∫a Allah’ to indicate acceptance of the doctor’s recommendations. In the next extract, the patient presents his acceptance in a way that shows strong acceptance of the doctor’s recommendation.

Extract 7 –[Abu El-Rob: JMT: C 10:2015]

58 Dr.1 to pat.: بَسُ بُدْنَا نَخْفَيُ الكُورِتُزُونُ يَا [يَاشَا ]
Bas BiDnaa ?inxafif ?ilkworTizwon [ya Bajaa]
But we need TO REDUCE the cortisone [sir]
But we need TO REDUCE the cortisone, sir

59. – Pat.: اَه [اَهْنَّ اَشَيّ ]
[Yes] The best thing
Yes. It is the best thing
The doctor suggests that he will reduce the dose of cortisone which the patient likes and accepts; therefore, he expresses strongly his acceptance in line 59. In another case as in Extract 3 (see section 6.1.2) The evidence formality pattern (EFP), the patient shows full acceptance, in line 118, by saying ‘exactly’ as a response to what the doctor explains about the psychological reasons.

**Extract 3- [Abu El-Rob: JMT: C 9:2015]**

اعراض اخرى. طبعا احيانا يصير عندهم خدر [بإيديهم].

117. جرررٛ ٔوٛ رٛ خٛٔ بٛٔ بٖٙٛ تٚٔٛ بٛٔ بٖٙٛ تٚٔٛ

Symptoms other Of course sometimes there might be

جٛٔ خٛٔ بٛٔ بٖٙٛ تٚٔٛ تٚٔٛ [ Bi?iDiyhom]

there Numbness [hands]

Other symptoms. Of course, sometimes there might be numbness in their hands,

118.← Pat.: [إٛٛا]

[?aywaa]

[Exactly]

Exactly

In general, acceptance of doctors’ decisions occurs in different forms in the Jordanian medical encounters; it might occur in saying ‘inٛا Allah’, or by showing the doctor that his treatment recommendations are right through providing him with the side effect of not doing what he suggests, as in Extract 10 above. Finally, acceptance occurs when the patient describes the doctor’s decision as the best thing, as in Extract 7 above, in line 59. Stivers (2005) describes the acceptance of doctors’ treatment recommendations as showing patients explicitly accepting the treatment recommendations rather than acknowledging them. Using the ways mentioned in extracts 3 and 7 are considered stronger than using ‘inٛa Allah or God willing’ because the patients show that they share the treatment decision. In addition to the occurrence of acceptance
of doctors’ decisions in the present study, not full acceptance occurs in other consultations and this will be discussed in the next section.

6.3.2 Passive resistance:

When patients use unmarked acknowledgments, such as ‘mmhm’ and ‘yeah’, they show resistance to doctors’ decisions or not full acceptance of it as advice or a recommendation. Heritage and Sefi (1992) found that mothers showed resistance to health visitors by using unmarked acknowledgment. In the present data, the patient, in Extract 10 above, offers a minimal acknowledgement ‘mmhm’ in line 72, 85 and 87. After each use of minimal acknowledgement by the patient, the doctor provides the patient with an explanation or advice to convince the patient with his treatment suggestions. A similar case is shown in Extract 3 above (see section 6.1.2 The evidence formality pattern (EFP)). In line 122, the doctor checks if the patient understands his point by asking her ‘Do you understand?’ The patient’s response occurs in the minimal acknowledgement ‘mmhm’ that lets the doctor expand across lines 124-127.

Stivers et al (2003) noticed that patients use the minimal response ‘okay’ to mean acceptance of the treatment suggestions. This means that the patient shows acceptance of what the doctors recommend but also indicates that they need more explanation from the doctors to fully accept the recommendations and this occurred in the present data as in Extract 10 above (see section 6.3.1 Acceptance) when the patient offers acknowledgment with ‘mhm’ in line 99 as a response to the doctor’s explanation of his recommendations across lines 88-96.
6.3.3 Active resistance

When doctors’ treatment suggestions are challenged, active resistance occurs in which an alternative treatment is recommended. For example, in the following extract, the father actively resists what the doctor recommends about not doing many tests for the son.

Extract 11- [Abu El-Rob: JMT: C 7:2015]

160. (0.1)

لا تعمل فحوصات كثير ولا تركضو من طبيب لطبيب لاته هيك [اته] : 161. Dr.:

[an advice] do not do you tests much and

lal Torkod?wo min t?aBieB la

not run from doctor to
t?aBieB li?annoh Bis?ier ?ilwalaD yiçor

doctor because he becomes the boy feel

[?inoh]

[ that]

An advice, do not do much tests and do not go from doctor to another because the boy becomes feel that

162.→ Fath.:

[اننا] بالصيف بهعمله عند دكتور ---- بالاختير :

[?anaa] Bils?ief Baçmalloh çinD DokTwor

[I am] in the summer do for him with doctor

(name) BilmoXTaBar

(name) in the laborator

In the summer I do for him in the laboratory with doctor

(name)

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After the doctor’s recommendations to not do so many tests for the child because there is no problem, the father tells the doctor, in line 162, about regular tests he does for his son every summer. The father explains to the doctor the reason for doing such regular tests is because his son keeps complaining, as in line 168. This response conveys the father’s active resistance to the doctor’s recommendations. The father tries to tell the doctor that his son has a problem and looks for a treatment for it because he keeps complaining about his abdomen area. In line 171, the doctor insists on not doing regular tests for the patient and explains the reason to the father.

These types of treatment resistance, either passive or active, show a kind of negotiation between the doctors and patients (Stivers, 2005). When the patients resist the doctors’ recommendations, the latter begin providing the patients with explanations to convince them of the treatment. Stivers (2005) states that doctors’ reaction to such resistance of non-antibiotic treatment plans occurs in a position of either providing the parent with the patient possible or actual alternative treatment or trying to convince a parent of the recommended treatment.
6.4 Side Talk

Maynard and Hudak (2008) noticed that patients exchange small talk in the medial phase including presenting the complaint, history-taking, physical examination, diagnosis and treatment. ST is noticed in consultations 2, 3, 5, 6, 7, 8, 10, 14 and 17. This section discusses the forms of ST that occurred in diagnosis and treatment phases: ST between doctors, ST that relates to the medical problem, introducing ST through laughter, joking and compliment, introducing ST through a proverb, laughter and a joke, and the patient’s/companion’s biography. This section closes with the effectiveness of ST on the medical talk.

6.4.1 The forms of side talk

ST occurs in these two phases in different ways as follows:

6.4.1.1 Side talk between doctors

In Extract 12, ST occurs between the doctors to talk about a patient related topic, as in the following:

**Extract 12 - [Abu El-Rob: JMT: C 2:2015]**

59.Hus.To Dr.1: هل أنتو بتبليغو الدكتوره ولا احنا شنو ولا كيف ؟
Halaa ?inTwo BiTBalywo ?ilDokTworah wala
Now you will tell the doctor or
?ihnaa safawiy walaal kiyf?
we orally or how?
Now, will you till the doctor or we do it orally or how?

60.Dr.1: [بعرض[فيفش]
Baçrifiʃ] [fiyʃ]
I do not know [There is not]
I do not know. There is not
61.Dr.2: انتو احكولها (لا)
[Laa laa]  ?inTwo  ?ihkwolhaa
[No no]  you  tell her.
No no. you tell her.
62. Hus.: لأنه(هم)
Li?anoh  [ hiyi]
Because [she is]
Because she is
63: -- Dr.2 to Dr.1: [لا]
[homaa]  hakwo  ma$sie  wa  galwo  ?i$daa
[They]  called  me  and  said  if
fiy  ma$aal  yied$wo  $ala$a?il$i[yaaDih]
there is a chance come to the clinic
They called me and said if there is a chance to come
to the clinic
64. Dr.1: [لا]
?a$hllan  wa  sa$h[l]lan;
Welco[me];
Welcome;
65.Dr.2: وقفت [لهم اح كليها تيجي اليوم ونشوف كيف امورها بس]
[Wa  golT]ilhom  ?aah  Xaleihaa  Tied$ie  ?ilywom
[So  I to]ld  them  yes  let  her  come  to  day
wa  ?in$jwo$ Kief  ?omorhaa  Bas
and  we  will  see  how  her  matters  but
So  I  told  them  yes  let  her  come  today  and  we  will  see  her
situation  but

In line 63, Doctor 2 overlaps the husband to begin ST that does not relate to what the husband is
talking about at that moment. But the case was different in Extract 13 because ST was in the
domain of the medical issue of the patients.

6.4.1.2 Side talk that relates to the medical problem

70. ((The resident is typing the prescription))
71. ((The doctor is coming back after he finished his call))
72. Pat. to Dr.: شايف صلاة التراويح بنزوح بالسياره.
*jayif  s'alat  ?iTaraawieh  Binrwoh  Bilsiyaarah
You  see  prayer  Taraaweeh  we  go  by  the  car
You  see,  we  go  to  Taraaweeh  pray  by  the  car
73. (0.14)
74. Dr.: نعم؟
   Naṣam?
   What?
   What?

75. Pat.: يقولك صلاة التراويح الجامع بعيد 400 متر بنروج بالس [ ياره]
   Bagwollak s’allaT ḏilTraweex ḏildʒamić ḏiBṣieD
   I say to you pray Taraweex the mosque far away
   400 mTer Binrwoh Bilsiy[aarah]
   400 meters we go by the c[ar]
   I say to you Taraweex prayer, the mosque is far away 4000 meters
   and we go by car

76. Dr.: بالس [ياره]
   [Bilsiy]yaarah
   [By the c]ar
   By the car

77. (0.1)
78. Dr.: والولاد ما بنشرو العجل ؟
   Wa ḏilawlaD maa Banjarwo ḏilṣadʒal?
   And the sons not flat the tires?
   And do not the sons flat the tires?

79. (0.2)
80. انا لواني جارك والله لننشر العجل.
   ?anaa law ?inie dʒaarak wa ?allah laban/jir
   I If I neighbor your really I will flat
   ḏilṣadʒal
   the tire
   If I were your neighbor, I will really flat the tire

81. (0.1)
82. Pat.: [ولله]
   [Wa Allah]
   [Really]
   Really

83. Dr.: [متر بالله [عليك]]
   [400] meTer Bil Allah [çaliek]
   [400] meters God [you]
   400 meters, Are you serious!

84. Pat.: [ما اننا [عارفك اس [يل]
   [Maa ?anaa] çaarfk ?a s[iel]
   [ I ] know you go[od person]
   I know that you are a good person

85. Dr.: [بالله [عليك وباله عليك 400 متر=
   [BiAllah] çaliek BiAllah çaliek 400 meter=
   [Are you] serious are you serious 400 meters=
   Are you serious! Are you serious! 400 meters=

86. Pat.: اقل من 400 هاي مع المبالغة
   =?agal min 400 haay maς ḏil moβaαlayah

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In this example, the patient initiates ST after a pause of 31 seconds while the resident is typing the prescription. This action is what Laver (1975) calls ‘propitiatory’ in which small talk can reduce the possible hostility that silence can cause. Furthermore, ST is in the domain of the medical agenda and this contrasts with Maynard and Hudak (2011) who stated that small talk might be in topics, such as weather and interests that practitioners share, jokes, laughter and
compliments. Moreover, relating small talk to the medical concern may help in getting the interaction cooperatively and this is called ‘initiatory’ by Laver (1975). However, the case in the next extract is a little different in which the doctor is the one who initiated ST that relates to the patient’s medical problem.

**Extract 14- [Abu El-Rob: JMT: C 3:2015]**

58. (0.1)
59. Dr.: يعنى قديش بتدفع بتشتري دخان بالشهر باليوم ؟

ِYağnie qaDiej ?iBTidfaç ?iBTiJTarie DoXaan

I mean how much you pay, you buy cigarettes

Biljahar Bilywom?

every month every week?

I mean how much do you pay, buy the cigarettes every month or every week?

60. Pat.: يعنى كنت بكيتين أفل [شي] ؟

ِYağnie kOnt BakeeTeen ?agal [?išie]

About I was 2 packets at least [thing]

About two packets at least

61. Dr.1: يعنى كل يوم بتدفع قديش بالشهر دخان ؟

ِYağnie kol ywom ?iBTidfaç qaDiej Bil

This mean per day you pay how much per

Jahar DoXaan?

month cigarettes?

This mean how much do you pay per day, per month for cigarettes?

62. Pat.: =ليهات=

=3 lieraaT=

=3 JD=

63. Dr.1: يعنى كل يوم بتدفع قديش بالشهر دخان ؟

ِYağnie kol ywom ?iBTidfaç qaDiej Bil

This mean per day you pay how much per

Jahar DoXaan?

month cigarettes?

This mean how much do you pay per day, per month for cigarettes?

64. Pat.: =مبلغ=

ِYağnie maBlay=

It is an amount=

It is an amount=

65. Dr.1: =100 دينار. كم سنه الملك؟
It is obvious here that the doctor is the one who initiates ST that relates to the patient’s health problem to be seen as a way to convince the patient of the smoking risk. However, the case in Extract 15 below is different in which the doctors create ST as in the following:

6.4.1.3 Introducing side talk through a proverb, laughter and a joke


42. Dr.: (0.1)


In The Name of Allah, Most Gracious Most Merciful. Of course,
as you sow, so will you reap or not £?
In The Name of Allah, Most Gracious Most Merciful. Of course, as you sow, so will you reap, or not £?

44. - Pat.

اکیبد مههمه

?akieD hh
Sure hh
Sure. hh

45. Dr.

اکید

?akieD
Sure
sure

53. Pat.

الی قیل کم؟ 7 7 7 4 یا 7.4 کان؟
?ilie gABil kam? 7? Wilaa 7.4 kaan?
The previous one how much? 7? Or 7.4 was?
How much was the previous one? 7 or it was 7.4?

54. - Dr.

الی قیل؟ هو 7 . 7.1 کویس یعین انت تدخل طب بس ابناه عاملین.
?ilie gaBloh? hoa 7. 7.1 ?ikwayis yaçnie ?inTa
The previous one? Is 7. 7.1 good this means you
ToDXol t'iB Bas. ?aBanaa?
study medical but as a son
çaamilien
of members of faculty and staff at the university
The previous one? It was 7. 7.1 it is good this means you
study medical but as a son of members of faculty and staff at
the university

55.- Pat.

مههمههمه بالواس [ظه]

hh Bilwaas[t'ah]
hh by crony[sim]
hh. By cronyism.

56. Dr.

[آه ] بدک ابناه عاملین لانه ال دینی [اک]
[?aah] BiDak ?aBnaa?
[Yes] need you sons of
çaamilien
members of faculty and staff at the university
li?annoh ?il?alDiniy[aaT]
because the fa[ts]
Yes you need sons of members of faculty and staff at the
university because the fats

In this extract, ST occurs in the form of a proverb, as in line 43, and as a joke, in line 54, (Maynard and Hudak, 2008). Also, there is an occurrence of laughter within a comment in lines 44 and 55. The laughter occurs as a response to the proverb introduced by the doctor and as a
response to a small joke from the doctor in line 54. In Wilkinson’s study (2007) of the use of laughter in prolong repair sequence by aphasic speakers, it is noticed that laughter occurred as a response to humor which is picked up on by aphasic speaker. In the present example, laughter occurs as a response to a joke or a proverb that might imply a joke. In Extract 16 below, the doctor introduces ST while discussing the medical concern. ST in this extract also relates to the medical topic of the visit which may play a role in ensuring that the interaction is comfortable as Holmes (2000) described.

6.4.1.4 Introducing side talk through laughter, joking and compliment

Extract 16 - [Abu El-Rob: JMT: C 8:2015]

62. Dr.:  {الامور كييه انشاءالله، كيفك انت ورمضاٌ}.
   The things good willing God How you
   wa Ramadan?
   with Ramadan?
   God willing, the things are good. How are you with
   Ramadan?
63. → Pat.:
   [BaςD]ie:::n s?ah Tamanni Tins’ahnie
   [ALS]O::: right I am looking for advice
   BillnisBih lal Disk
   for for the herniated disk
   ALSO, right, I am looking for your advice for the
   herniated disk

98. → Dr. to Res.
   [شياب] بتعرف شو الفلاسفه اختلفو بتعريف الشيخوخه؟ شباب:
   [JaBaaB] JaBaaB ?iBTiçraf Jow
   [Young] young. Do you know what
   ?ilflaasifh ?iXTalafwo
   the philosophers divergent opinions
   ?iBTaçrief ?il∫ayXwoXah?
   in the definition of aging?
   Young, young. Do you know what the philosophers
divergent opinions have been in the definition of aging?

105. Dr. to Res.: 什么是长者的定义？
haa? Taçrief ?iljayXooXah
What? The definition of aging
?ibTiçrafieh?
you know it?
What? Do you know the definition of aging?

106. Res.: 什么是长者的定义？
Ha?
No
No

They have been agreed that the philosophers have been agreed that aging from the age-
this man always comes with a smile

107. Dr.: 什么是长者的定义？
Taraa ?iTafagwo ?ilfalaasifih ?iljayXwoXah
They have been agreed the philosophers the aging
min çomor ?ilridjaal haad? Dayman yidjie
from age- this man this always come
hoa wa yid'hak
with a smile
The philosophers have been agreed that aging from the age-
this man always comes with a smile

108. Pat.: 什么是长者的定义？
?lihamDo lilAllah [ya]
Thank God [ya]
Thank God ya

109. Dr.: 什么是长者的定义？
[Haad?] [aB fie ?ilrwo[h]
[He] young in the soul

110. Dr.: 什么是长者的定义？
[haad?] [ab fii ?ilrwoh
[He] young in his soul
He is a young in his soul

111. Dr.: 什么是长者的定义？
الروح آه يتلاقى الواحد عمره 40 سنة بتطلع عليه- ختيار.
?ilrwoh ?aah BiTlagie ?ilwahaD çomroh 40 sanih
The soul yes you find a person his age 40 years
?iBTit'alaç çalieh - XiTy:_r. Wa wahaD
you look at him—old. And a person
who is 74 years old.
The soul. Yes. Once you look at a person who has 40 years, you will find him—very old. And a person who has 74 years is looking for a wife.

114. → Pat.: hh
115. → Dr.:

Mahiyie maraToh mij maṣaḥa wa liḥaẓaa that wife his not with him and for that
Bahkie I speak
His wife is not with him for that I speak like this

The doctor, as it is clear, initiates ST, in line 98, to talk about philosophers’ definitions of aging and this is in line with Maynard and Hudak (2011) who noticed in their study that doctors proffer small talk to invite patients to engage. However, this contrasts with their study that was conducted in 2008 where patients were the ones who introduced the small talk in a number of medical consultations, including the diagnosis phase. Also, there is an occurrence of joking in lines 113 and 115, laughter in line 114, and compliment in line 111 and all of them are considered by Maynard and Hudak (2008) as ways of employing small talk. On the other hand, ST in Extract 17 is not directly connected to the medical concern as in the following:

6.4.1.5 The patient’s/companion’s biography

Extract 17- [Abu El-Rob: JMT: C 17:2015]

90. Dr.1: [wiy]n BiDDris? Wiyn BiDDarris?
[whe]ere you teach? Where you teach?
Where do you teach?
91. ((The pat. is giving his school name))
92. Dr.1: WaAllah! šow BiDDaris?
Really what you teach?
Really, what do you teach?
In this extract, the doctor initiates ST to invite patients to engage (Maynard and Hudak, 2011).

The topic of ST can also combine to gather information about the patient’s biography ‘his work and what is his field of study’ (Maynard and Hudak, 2011). Answering the doctors’ questions indicates the acceptance of the doctor’s invitation.

To sum up, ST occurred in 12 consultations in the diagnosis and treatment phases and it was presented either by doctors as Maynard and Hudak (2011) also noticed in their study, or by patients, as Maynard and Hudak stated in their study (2008). Different forms of ST occurred, such as joking, laughter and compliments that Maynard and Hudak (2011) identified as ways of small talk. Finally, ST occurred between doctors themselves to discuss medical case of the patients.

6.4.2 The effectiveness of side talk on the medical talk

The effectiveness of ST in presenting the complaint and history-taking phases has been discussed in the previous chapter. The purposive of ST was discussed in Wilkinson’s (2007) study when some aphasic speakers shifted to a small joke, a type of ST, away from the main
topic to buy extra time to repair their speech. Also, the positive impact of ST on the clinical work is approved in Macdonald's (2016) study. The impact of ST on the procedure of delivering diagnosis and treatment is also noticed in the present study as in the following:

Extract 16-[Abu El-Rob: JMT: C 8:2015]

63.Pat.:
[بعديبيبين] صح تسائي تنصحني بالنسبة للدسك : 
[BaʔDiyn] sʔah Tamaniy Tinsʔahniy
[Also] right I looking for advice
BilnisBih lal Disk regarding for the herniated disk
Also, right, I am looking for your advice regarding the herniated disk.

68.Pat.:
فشو رأيك بالعملية ؟ لأنه أكثر من دسك على قولهم هافا الالي صوره. : 
Faʃow ra?yak Bil ʕamaliyyih? So what do you think of the surgery? Liʔanoh ?akθar min disk ʕalaa gowlhom Because more than disk on as they say haðʔaa ?ilii sʔawaroh ?iljow? that who have taken the photo this which ismoh haðʔaa ?ilraniyn called the magnetic resonance imaging
So what do you think of the surgery? Because more than one disk as they say that are found in the photo which is called the magnetic resonance imaging

82.Dr.:
٣ؼ٘٢ دا٣ٔب ثبُؼِٔ٤بد ٛب١ ازغٖ خز سأ١ اث٘٤ٖ اُ٢ ثوِي ساعي ٓؼ Yaʔniy Daymaan BilʕamaliyyaaT haay ?ahsaan I mean always in the surgeries these it is better Xoð ra?iy ?iʔniyn ?iliy Bigollak raasak take opinion two Who tells you your head mij ʕaliyk ?iTlammasoh is not on your body touch it(( it is a proverb )) I mean always in these surgeries it is better to take two opinions, to be sure
Controversial. Take more than one opinion.

89. Res.:

Na'am
Yes

Yes

90. Pat.:

Ya siedei Biţien Allah! Talei hal Comor
Sir be with us God! the rest of the age
[Brwoh;]
[will go;]
Sir! God! be with us, the rest of age will go.

91. Dr.:

[Laa laa] Ba'Dak [aBaaB ma ?iţnaa [ golnaa]
[No no] you still young We have [ said]
No, no! We have said that you still young.

92. Pat.:

[iţhamDolilAllah]
[Thank God]
Thank God

93. Dr.:

[Haďaa]
This is
This is

94. Pat.:

[iţhamDolilAllah]
Thank God
Thank God

95. Dr.:

[aBaaB [iBTiţraʃ]
Young [you know]
Young you know

96. Pat.:

[iţhamDolila Allah] ya DokTwor
[Thank God] Doctor
Thank God, Doctor

97. Res.:

Laa [mhm]
No [mhm]
No.mhm

98. Dr. to Res.:

[Young ] young. Do you know what
Young, young. Do you know what the philosophers divergent opinions have been in the definition of aging?

The soul. Yes. Once you look at a person who has 40 years, you will find him very old. And a person who has 74 years is looking for a wife. The soul. Yes. Once you look at a person who has 40 years, you will find him very old. And a person who has 74 years is looking for a wife.

ST occurs here as a response to the patient’s comment in line 90. The occurrence of ST can be considered purposive because it might help in encouraging the patient towards asking more than one doctor to find the suitable manipulation for disk. The doctor’s ST that begins from line 98 contrasts with the patient’s opinion, in line 90, but it supports the doctor’s compliment of the patient that he is still young, in line 91. ST also moves the talk away from the main topic in degrees. For example, in the next extract, the doctor shifts to ST after delivering the diagnosis as in the following:
Anta 'andaq anaqadd ranaa rizomin? Anta 'andaq bayni ma kaana ha wa min qandaq. Fidaa:

Dr. JMT: C 3:2015

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56. Dr. 1: (0.1) inTa giDak insiDaD ri?awiym mozmin. inTa
You have obstructive pulmonary CHRONICAL You
?ilDoxaan ya?niy ma kaan hawaa min
the smoking that not was air from
?ilDoxaan. haay i?lnatiydihi TaBa?oh;
cigarettes. This is the result of it
faBiDDak (0.1)
So you have (0.1)
You have CHRONICAL obstructive pulmonary I mean the
smoking was not an air from cigarettes. This is the
result of it. So you have (0.1)

57. inTa qiy Allah fi y naafsak min ?ilDoxaan
FEAR GOD in self you from smoking
FEAR OF GOD in yourself from smoking

58. (0.1)

59. inTa qiy Allah fi y naafsak min ?ilDoxaan
FEAR GOD in self you from smoking

60. Pat.: inTa qiy Allah fi y naafsak min ?ilDoxaan
FEAR GOD in self you from smoking

61. Dr. 1: (0.1) inTa qiy Allah fi y naafsak min ?ilDoxaan
FEAR GOD in self you from smoking

62. Pat.: = 3 liyraaT=
= 3 JD=

63. Dr. 1: (0.1) inTa qiy Allah fi y naafsak min ?ilDoxaan
FEAR GOD in self you from smoking

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cigarettes?

64.Pat.: 
"It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

65.Dr.: "It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

66.Pat.: "It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

67.Dr.: "It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

68.Pat.: "It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

69.Dr.: "It is an amount = 100 Dinar. Kam ?illak BiDDaXin? =100 JD. How long do you smoke? =100 JD. How long do you smoke?"

70. ((1.81) for physical examination.))

71.Dr.: "No the most important thing is to give up smoking sir."

72.Pat.: "No the most important thing is to give up, sir."

---

الله سيدنا

لا أهم شي الا ان ترك الدخان يا سيد

لا أْٛ ؽ٢ اٗي رزشى اُذخبٕ ٣ب ع٤ذ

Não aham jiy ToTrok ?ilDoXaan

No the most important thing to give up smoking sir

انشاء الله

infa Allah

willing God

God willing
In line 59, the doctor shifts to ask about the number of cigarettes that the patient smokes daily and monthly. At the beginning, the question looks unrelated to the diagnosis, but the doctor’s later questions clarify that he gradually connects between his questions and the main medical topic which is to recommend to give up smoking. The purpose of ST in this extract supports the doctor’s diagnosis that he delivered in a previous visit and reminds the patient of it in line 56. Also the physical examination, which took place after this ST, supports the doctor’s diagnosis because he tells the patient, in line 71, that ‘the most important thing is to give up’ and the patient did not resist and just replied with ‘God willing’. In other consultations the occurrence of ST was non-purposive, as in the following extract:

**Extract 19-[Abu El-Rob: JMT: C 14:2015]**

70.(( physical Examination for (0.52)seconds))

71.Dr.1: رد يا، يا انت عنك التهاب الكبد الوبائي ب. صح؟

But you you have Hepatitis B. Right? Reply Mr.

B. s?ah? roD ya

B. Right? Reply Mr.

But you have Hepatitis b, right? Reply Mr.

72.Friend to Pat.: رد عليه:

roD ġalyh

answer him

73.Pat.: نعم

naʕam

What?

What?

74.Dr.1: عندك التهاب الكبد الوبائي؟

عنك التهاب الكبد الوبائي؟

ţiinDak ġilTihaaB ġilkaBiD ?ilwaBaa?y

Do you have Hepatitis B?

75.Pat.: ما يعرف :

Maa Baʕrif

Not I know

I do not know

76.Friend: عندك التهاب الكبد؟

tiinDak ġilTihaaB ġilkaBiD?
have you Hepatitis?
Do you have Hepatitis?

ما يعرف والله ما يعرف ما جدا قلي شي :

Maa Baṣrif waAllah maa Baṣrif maa
Not I know really not I know not
haDaα?aly σy
anybody tell anything
I really do not know, I do not know

77.Pat.

78.Dr.1:

هما كاتبينه :
Hoomaa kaTbyn
They wrote
They wrote

79.Pat.

كاتبينه! بس ما حدآ أي :
kaTBynoh Bas maa haDaα?aly
they wrote it but not anybody told me
They wrote it! But nobody told me

80.Friend:

دكتور انت عارف بالعفري يعني :
DokTwor ?inta ġarif Bilmafrag ya∽ny
Doctor you know in Mafraq I mean
Doctor, you know doctor that in Mafrag I mean

81.Dr.1:

انا مش عارف بس مهو المشكله احنا مش القمه بين بدو يدفع :
?ana mif ġarif Bas mahoα?ilmojkilih
I am not know but well the problem
?ihnaa mif ?ilgis?ah miyn BiDwo yIdfa?/
we not the story who want pay
I do not know but, well, the problem, we - the story is not who wants to pay

82.Friend:

ايبي الدفع ما عندنا الدفع ما عندنا الدفع :
?e::h ?ilDafig maa ġinDnaa maa ġinDnaa
?e::h the payment not use not us
?ilDafig maa ġinDnaa ?ilDafi?/
The payment not us the payment /
?e::h the payment... we do not have... the payment... we do not have... the payment /

83.–Dr.1:

مین انتو؟:
Myn ?intwo? Who you? Who are you?

84.Friend:

حنا:
hina
We
we

85.Dr.:

حنا مین؟:
hina myn?
We whom?
Whom we?

86.Friend:

فاعلین الخير
After the physical examination and the discussion of a medical report, ST occurs across lines 83-86 in the middle of the talk. The doctor shifts to ST, in the form of a wh-question and ending with falling intonation, as a result of what the companion talked about in the previous turn. The doctor’s question to the companion about the people who will pay for the patient’s treatment does not relate to the medical case. Therefore, ST in this extract is not helpful for the medical purpose. All in all, ST was purposive in 11 consultations and non-purposive in one consultation.

6.5 Summary

In general, this chapter has been concerned with analysing the diagnosis and treatment phases. Two different turns to present the diagnosis and treatment are used by the doctor: Straight
Factual Assertion and Evidence Formality Patterns. SFA depends on the medical documents and the physical examination, and a strong orientation to the doctor's authority occurs in this turn in that the doctor indicates that the diagnosis must be taken for granted. The second way is EFP that provide patients with reasons for the diagnosis. In some consultations, there was an occurrence of the two strategies working alongside each other in one consultation. Furthermore, there was an occurrence of the ‘perspective display series’ in one consultation that the doctor used to encourage the patient to participate and to express her perspective on the diagnosis.

Concerning the treatment phase, treatment is presented in two different ways; ‘unilateral’ and ‘bilateral’. This supports what Collins et al (2005) found about the participation between doctors and patients in decision making and that ranged between ‘unilateral’ in presenting the results as medical facts, and ‘bilateral’ in presenting the results regarding the patients’ social situation in which patients will be invited to participate in choosing treatment options. Angell and Bolden (2015) found that doctors tried to explain the reasons for recommending a treatment although they had the authority to make the decision, so they used ‘client attentive accounts’ to tell the patients that the treatment is suited to their need and is based on the medical expertise and authority of the doctor, such as discussing the medical tests. In the present study, these two divergent strategies occurred to characterise the elements and strategies that identify the treatment phase.

Patient participation is considered crucial of discussion in the fields of health care research. Patients’ acceptance of the diagnosis and the treatment decision has been discussed by researchers, such as Heath, 1992; Perakyla, 1998 and Stivers et al, 2003. In the present study,
only one example showed the doctor inviting the patient to participate in the assessment of the reasons for the fatigue. The acceptance of the patient to participate helped the doctor to share with her the diagnosis that may make it easier for the patient to accept the doctor’s diagnosis because she had a part in the diagnosis phase.

Moreover, patients used the minimal response ‘okay’ to mean acceptance of the treatment suggestions (Stivers et al, 2003) and absent responses to express not full acceptance of the diagnosis or the treatment recommendations (Heath, 1992 and Perakyla, 1998). In the present study, patients’ acceptance of the diagnosis or treatment occurred in different forms. Some replied with the religious expression ‘God willing’ and others used stronger phrases to express their acceptance, such as ‘it is the best thing’ and ‘exactly’. Moreover, there was an occurrence of seeking patients’ acceptance by asking them questions, as in Extract 9 when the doctor asked the patient ‘okay Mr.?’ Furthermore, passive resistance occurred in all the consultations in which the unmarked acknowledgement ‘mmhm’ was used to express not full acceptance of the diagnosis or treatment. In some consultations, active resistance occurred to be seen as a challenge to the doctor’s treatment or to change the treatment recommendations. All these forms of expressing acceptance or resistance had a role in the design of the participants’ turns. This means that if patients show resistance, this indicates extra turns from the doctors to explain to the patients and to pursue them with the decision. In contrast, when patients show acceptance of the doctors’ decisions, this helps the doctors to shift to the next action without any further turns.

Concerning ST, it occurred in 12 consultations in the diagnosis and treatment phases and it presented its role in decision making in 11 consultations as it facilitates the process of delivering
and receiving information. Different forms of ST occurred in this part: joking, laughter and compliments (Maynard and Hudak, 2011). Moreover, the use of ST can be seen as a way to gather information about the patient’s biography. Furthermore, ST occurred between doctors themselves to discuss the medical case of a patient. Finally, ST shows how the side sequence takes part in the main sequence (Jefferson, 1972) and how it makes to increase the length of that sequence before returning back to the main topic of the sequence.
Chapter Seven

Closing phase

This chapter is on the last phase in the medical talk, the closing. It is divided into three main sections: the main parts of the closing phase, side talk and a summary of the findings. The first main heading includes three subsections: 7.1.1 Preclosing, 7.1.2 Opening new concerns or pre-mentioned topics and 7.1.3 closing. The pre-closing subsection involves a discussion of several types: 7.1.1.1 Prescription information, 7.1.1.2 Summary, 7.1.1.3 Summary and suggestions and 7.1.1.4 Future arrangements. The closing section also involves a number of subheading: 7.1.3.1 Thanking words, 7.1.3.2 Thanking words and ‘goodbye’, 7.1.3.3 An invocation, 7.1.3.4 Well wishes, an invocation and ‘goodbye’, 7.1.3.5 ‘in∫a Allah’, 7.1.3.6 Okay, 7.1.3.7 Well wishes and the religious greeting ‘peace upon you’, 7.1.3.8 A combination of well wishes, an invocation, thanking words and goodbye and 7.1.3.9 Asking the patient to wait in the waiting room. Finally, ST consists of two sections covering two types of it: 7.2.1 joking and 7.2.2 Side talk between doctors. The entire main and subsections will be discussed in relation to the following questions:

1. What recurrent sections in the Jordanian medical encounters can be identified?
2. What are the elements through which each phase of the medical encounter is constructed?
3. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

Closing is the last phase in a consultation, discussing certain points from current events to future affairs (White et al, 1994). In the closing phase, doctors and patients can initiate and prepare for the end of the consultation. In everyday interaction, the closing phase is divided into two main
parts: pre-closing; (e.g. okay/ okay) and closing; (e.g. goodbye/ goodbye) (Schegloff and Sacks, 1973). The same parts occur in medical talk as Huang (2012), Robinson (2001), West (2006) and others noticed. It was found that closing may include different component parts; for example, the pre-closing part may include a number of different ways of closing preparation, such as making future arrangements (Robinson, 2001), prescription information, giving health education and making a summary. Furthermore, the closing part includes terminal exchanges, such as ‘bye’ (Schegloff and Sacks, 1973) and thanking words (Huang, 2012). These components of the closing phase were analysed in the present study. This chapter begins with an investigation into the main parts of the closing phase.

7.1 The main parts of the closing phase

In this chapter, three parts of closing will be discussed: the pre-closing part that includes different ways to show willingness to close. Then, the part involving presenting an additional or unresolved topic. Finally, the closing segment which includes various forms, such as thanking words, invocations and ‘goodbye’. All these parts will be analysed with examples during this chapter.

7.1.1 Pre-closing

Schegloff and Sacks (1973) pointed out that pre-closing in informal conversation includes items, such as ‘okay’, ‘so’, or ‘well’ as a way to indicate that the speaker is about to close. In doctor-patient interaction, researchers including Huang (2012), Park (2013), Robinson (2001) and West (2006) found out that consultations have the same pre-closing sequence that doctors initiate with
a request for the patient’s acceptance. Arrangement-related sequences (Robinson, 2001) were also found in medical interactions. These arrangements include future-oriented sequences, such as instructions and discussions concerning the next visit or announcements of events that should occur at the end of the consultation (Park, 2013).

Moreover, Huang (2012) who conducted a study on the Taiwanese medical community arrived at a model for the pre-closing section which includes preparation; prescription information, future arrangement, health education, and summary and final notification. In this section the following examples illustrate the different forms of initiating a closing to demonstrate the similarities with the results of previous studies in relation to the Jordanian medical encounters.

7.1.1.1 Prescription information

The first strategy for preparing to close is presented in this section. The example will be shown first followed by the discussion.

Extract 1- [Abu El-Rob: JMT: C 1:2015]

106. Son: 
Hiyi Bas mojkilThaa Calaa ilmosakinaaT
It is just problem her on the pain killers
Her problem is just the use of the pain killers

107. ((Side talk for (0.26) seconds))
108. → Dr. to the nurse: medication
=?ifTahiylinaa la (name) medication
Open for us for (name) medication
Now the most important thing is vitamin D
ywom ba‘iD ywom ?i‘yar 5000
Now, the most important thing is vitamin D, every other Day, dose 5000
110. Nurse: نفس ادويتها دك [نور؟] 
Nafs ؟aDwiyaThaa Dok[Twor? ↑ ]
The same medicines doc[tor? ↑ ]
111. Son: [اعطيتها حبة أسبوعي] 
[?inTa] ؟aT?iyThaa haBih ؟isBwoCiyn
[You] have given her a pill weekly
You have given her a pill weekly.
112. Dr.: هداك عيار 50000↑ الى عندي هسه 5000↑
haDaak ?iCyar 5000↑ ؟iliy Cindiy hassah 5000↑
that dose 5000↑ that have I now 5000↑
That dose was 5000↑and that I have now is 5000↑
113. Son: خلص لععاد
Xalas? laGaaD
Okay so
So, okay
114. –Dr.: فيتوخده يوم بعد يوم يعني 3 حبات بالاسبوع. ماشي يا حجه؟
Fa ?ibToXDoh ywom Ba?siD ywom ya?niy
So take she day after day in other words
3 haBaaT Bil?isBwo. ma?ji yaa Hajih?
3 pills weekly. Okay Hajih?
So, she takes it a day after another. In other words, three
Pills weekly. Okay, Hajih?
115. Son: والضغط اي؟: غيرتنا الدوا ؟ كانت تؤخذ علاج وارجعت غيرته
Wa ?ild?yT ermm ?ayarTinaa
And the blood pressure ermm changed you for us
?ilDawaa? kanaT TowXiD ?ilaadʒ wa ?irʒiSiT
the medicine used to she take treatment and again you
?ayarToh changed it
And the blood pressure irm you have changed the medicine. She
used to take treatment and you have changed it again.
116. Dr.: هسا بشوفلك اياه :
Hassaa Bafoeflak ?iyaah
Now I will see it
I will see it now
117. son.: ?ah
Okay
Okay
118. ((The doctor is calling another patient and also talking to
the nurse for (0.16) seconds))
119. Dr.: بدنا لدهون
BiDnaa la?iDohwon
We need for the fats
We need for the fats
120. Cardisantan
121. lanzoprazol
In this extract, the son adds something in line 106. In line 107, there is ST that is unrelated to the main topic raised between the doctor and the son for about 26 seconds. In line 108, the doctor shifts to close the consultation by introducing prescription information. This is one of the ways of pre-closing identified by Huang (2012) in Taiwanese medical interactions. Huang adds that prescription information might also lead to future arrangements when the doctor provides instruction on how to use the medication and possible side effects. It seems, in the present study, that the doctor turns towards the nurse to ask her to open the medication page for the patient on the computer to start typing the medication. Turning away from the patient and gazing at something other than the patient are considered by Park (2013) as a way to indicate shifting towards the closing of the consultation.

In lines 109 and 119 to 127, the doctor tells the nurse all the required medication for the patient. In line 111, the son discusses the treatment decision with the doctor and the doctor explains the difference between the previous treatment and the new one in line 112. After the son expresses his acceptance of the doctor’s idea by saying ‘okay’, the doctor continues explaining to the patient how to take the medication as in the following:
’So, she takes it every other day. In other words, three pills weekly. Okay, Hajih?’

‘Okay Hajih?’ is a way that the doctor uses to close down the current topic and this is what Schegloff and Sacks (1973) called ‘topic shading’. When there is a move to develop the topic by closing a particular slot to shift to another one that relates to the same topic, this is known as ‘topic shading’. There is no attempt from the doctor to end the topic but it indicates the completion of the current sequence, providing the instructions for the medication, to shift to the next one which focuses on the other required medications (starting from line 119). The subject that the doctor shifts to relates to the same topic, which is the medication, but he indicates willingness to develop the topic by talking about the other medications. However, the son, in line 115, moves out of closing to open a new topic to ask about the blood pressure medication. The son's initiation can be seen as a ‘topic initial elicitors’ (Button, 1987, P. 114). Button states that a ‘topic initial elicitor’ does not provide a topic to discuss. The speaker indicates to the next speaker that there might be a topic worthy of discussion. However, the son in the present example determines the topic that he thinks could be developed. The doctor replies with a short answer in line 116 and the son accepts the answer. Then the doctor shifts to call another patient, before coming back to the current patient, and talks to the nurse for 16 seconds. As a comparable example from Park’s study (2013), the doctor prepares for the closing by talking about the prescription as in the following:

Doc: As for medication, ( I will prescribe) this spray medication, the one (you) usually use. Okay? [I will only be prescribing this.
Pat:              [(nods her head while shifting her body)]
Doc: [yes do so ::. Yes
      [((The patient shifts her body toward the door))]

250
Pat.: Good bye

(( The patient leaves the room and closes the door behind her while the doctor gazes toward the screen)) (Park, 2013, p. 179)

It is clear that the doctor shifts towards discussing the prescription which is accepted by the patient by nodding her head and then she shifts her body towards the door and ends the consultation with the terminal exchange ‘goodbye’.

7.1.1.2 Summary

The second pre-closing indicator involves providing a summary of the medical case as in the following example:

**Extract 2- [Abu El-Rob: JMT: C 20:2015]**

طبيب فحوصاتك اجمالا كلها مبكيه ابي بس الدهنات شوي على الحد العالي

t?ayiB fohwos?aaT ik ?igmaalan kolhaa
okay tests your in general all of them
good Imm But the fats a little on
?ilhaD ?ilCaaly
rate the highest
Okay, your tests, in general, are all good. Umm but the fats are near the highest rate.

بعني كونك مافي عندك مشاكل صحية عمري صغير ابي مش مدخن ابيبي :)

[okay] this means since no have you problems healthy
Age your little ?ie::h we give you chance
that style the life
Okay, this means that since you have health problems, you are
young imm (?ieeh) we will give you the chance of life-style.

26. [؟یلی] hoa ?یل؟کیل [؟یلی] Which is the food

27. Pat.: [؟یه] [آه]

Okay


The sport has a strong effect on the level of fats in the body.
So the sport or jogging for 3 days in a week or any kind of sport

29. Pat.: [؟یه]

Okay

30. Res.
The summary occurs in line 80 when the resident summarises the patient’s first chance to improve his health. Preparing for closing by using a summary was also noticed by Newman et al. (2010) who found that doctors used a summary as a way to close the topic.

A similar example from Huang’s thesis (2012) shows how the doctor provides the patient with a summary as a way to shift towards closing the consultation.

D: Yes, so we are making sure if the heart and lungs are ok. And then we will compare to the x-ray to see if the head have any problem.
P: Oh
D: hmm. Yeah, it needs time to heal the muscle. And if you have issues on kidneys, you may need to be careful when he (the patient) takes a pain killer. (Huang, 2012, p. 44)

In this example, the doctor summarises the patient’s case and what he is planning to do a check that everything is okay. The same occurs in Extract 2 above when the resident provided the patient with a summary of his case and the future plans.
7.1.1.3 Summary and advice

Extract 3 shows that a summary might occur along with suggestions, which was not the case in the example above.

**Extract 3- [Abu El-Rob: JMT: C 7:2015]**

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Dr.:

لا الولد كميس برضو يقول نصيحة لا تروحو لاطباء كثير لا تعملوا عملا

Extract 3 - [Abu El-Rob: JMT: C 7:2015]

Laa ?lwalad ?kwayis BarDwo Baqwol nasiyah laa

No the boy good also I say an advice do not


go to doctors too much do not do

fósito?aaT ?ik?iyr
tests too much

No. the boy is good but I say it again do not go to too much
doctors and do not do too much tests

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186. Fath. to pat.:

هی اسمع. سامع؟ مش تقولي بطني بوجعني ان شرتبامي؟:

Hay ?isma? samif? mij

Listen Did you hear? Do not

tell me belly my hurts me if drank you

[may]

[water.]

Listen. Did you hear him? Do not tell me that my

belly hurts me if you drank water.

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187. Dr.:

لا لا خلي بيصروكنك وحج بطن. وحج البطن ما رح يسوي شي. رح بروح

[Laa] laa Xaliyh yis?iyr ?ínDak wa3a??

[No] no let happen for you pain

Bat?in. Wjad3a? ?ilBat?in maa rah yisawiy

belly. Pain belly not will do

ji. rah yirwoh

thing. It will go

No, no. let it happen. Belly pain will not do anything. It

will go

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188. Pat.:

مرشي يعني هو وحج البطن عندك موجود بس مش

Ya?niy hoa wad3a?? ?ilBat?in ?innDak

In other words, that pain belly for you

mawod3woD Bas mij marad?iy

there but it not a disease

In other words, that belly pain is there but it is not a disease

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189. Pat.:

?imhm
The intestines are normal but they move more that it is supposed to be. So the pain happens with you.

Extract 3, above, is a different example of presenting a summary as a way to prepare for the closing of the consultation. The doctor prepares for the closing by presenting a general summary combined with advice for the patient, in line 185. The father (in line 186) tells his son (the patient) to listen to the doctor’s words. Then the doctor overlaps the father and tells the patient ‘No, no. Let it happen. Belly pain will not do anything. It will go’, to convince him that he does not have any health problem. The patient responds with a minimal response ‘imhm’ which indicates a lack of full acceptance of the doctor’s explanation. So, the doctor uses the self-repair expression ‘Yaςniy’ which means ‘in other words’ and then expands his illustration in line 188. Again, the patient uses the minimal response ‘imhm’ to indicate a lack of full acceptance of the explanation. And the doctor again adds some more information in line 190 to convince the patient.

7.1.1.4 Future arrangements

Arrangements for future occur in Extract 4 as in the following:

Extract 4- [Abu El-Rob: JMT: C 12:2015]

Akm ḥiya kornzon ntuw? 1
?akam  habiT kworTizwon  ?iBTwoXið
How many cortisone pills do you take?

123. Son: [6]
125. Dr.: Nazilhom

Reduce them to imm

126. Pat.: Four?

127. → Dr.: La 4 ?aah kol ?osBwoç nagis? haBih wa

To 4 yes every week reduce a pill and

Bin∫wofak BaçiD BaçiD ?ilçyD

we will see you after after El-Eid

Yes to four. Every week reduce a pill and we will see you after El-Eid

128. Pat.: Allah yird?aa [çalyk]

God pleased [with you]

May God be pleased with you

129. Dr.: [Xalas] maa∫y

[okay] done

Okay, done

Before moving to the closing sequence, the doctor tells the patient to reduce the Cortisone pills to four then shifts to future arrangements in line 127 with ‘and we will see you after El-Eid’ to prepare for closing (Button; 1987, Huang; 2012 and Robinson; 2001). Button states that presenting arrangements in closing may indicate that there is a relationship between the current encounter and one in the future. He adds that future arrangements might indicate the end of the current encounter and a future topic will be discussed in the next visit. Huang explains that future arrangements help participants to shift to thinking of the future rather than the current state of affairs. Participants will also understand that the visit is almost done and this supports Button’s argument who stated that arrangements might indicate the end of the current encounter. In line 128, the patient replies with a religious phrase to indicate the acceptance. Robinson (2001) found
that patients usually reply with ‘okay’ or ‘alright’ to indicate acceptance of a future arrangement and to close the current sequence. He adds that the acceptance of the arrangement may also indicate the cooperation of the patients in closing the consultation. In the next extract, a visit to another doctor is arranged after the consultation ends.

Extract 5- [Abu El-Rob: JMT: C 15:2015]

168. Dr.2: Ofloxacin?
آه. ايا 3 أيام كل يوم كبسوله وينشوف كيف؟
169. Dr.1: Yes right 3 days every day a capsule
wa Binjowf kief
and We will see how it will be
Yes, right. 3 days a capsule for everyday and we will see
The effect of it

170. Dr.1 to Pat.: وهلا بنخيل دكتور ------ (0.2) أو إذا بتحبي اتشوفي الدكتور ------ لحتى تطلع الفحوصات

Wa hala BinXaliy DokTowr (name)(0.2)
And now we will let doctor (name)(0.2)
or if like you to see doctor
(name) lahaTaa Titˀlaç ?ilfohowsˀaaT
(name) until come out the tests
and now we will see doctor (name) (0.2) or if you
like to see doctor (name) now while waiting for the
tests.

171. Dr.2: I need another one to take from each side
I need another one to take from each side

172. Dr.1: ?ie::h?
What?

173. Dr.2: ايه؟
What?

174. Dr.1: من وين بنا نجيبهم ؟
[min wien Bidnaa ?indʒiyBhom?]
[from where we will bring the]
Before starting the closing sequence, Doctor 2 asks Doctor 1 a closed question about a treatment and Doctor 1 confirms with ‘yes’ and supports his answer with ‘right’ to show agreement with him (He, 2010) and then provides the instructions for the medicine in line 169. Then Doctor 1 tells the patient about the future arrangements ‘and now we will see doctor (name) (0.2) or if you like to see doctor (name) until the tests come out’. However, the patient does not reply or give any comment, so the turn shifts to Doctor 2 in line 171 who asks the nurse about the tool he needs to perform the smear test for the patient. After a silence of 10 seconds in line 177, Doctor 1 initiates the closing section with ‘tayiB’ (which means ‘okay’) to indicate shifting towards a new topic. Nielsen (2012) claims that the token ‘okay’ is used by patients to confirm the doctor’s suggestion and to directly move towards the announcement of a new concern. This continues by asking the patient to wait in another room until the tools become ready for taking the sample.
Future arrangements also occur in other cultures. For example, they occur in Taiwanese medical encounters as follows:

D: So, let’s make an appointment two weeks later.
D: Bring the report from X Hospital of yours to me also, we may update your medical history, so we don’t have to do physical exams. (Huang, 2012, p. 53)

Robinson (2001) also came across such examples, which were collected from South California practices, of the arrangement sequence to prepare for closing the consultation:

Doc: hhh. They’ll contact you. Uh: with the appointment for the dermatologist
(·)
Pat: Okay
Doc: Should hear within a couple weeks
Pat: Alright
Doc: Okay,
Pat: Uh [huh,
Doc: [I’ll see you again in a month.
Pat: Oka[y.
Doc: [Get a sugar again before-right be[forehand.
Pat: [Yeah i-well I
Pat: better remember to take the – (·) this thing back. I didn’t last time.
Doc: O(h) k(h)ay
(3.4)
Doc: Bye now.
Pat: By:e. (Robinson, 2001, p. 644)

The occurrence of ‘Future arrangements’ may be considered as a cross cultural similarity because it occurs in the above two examples which are from different cultural backgrounds, in addition to the examples from the present data.
7.1.2 Opening new concerns or pre-mentioned topics

Presenting a new concern during the minutes of closing also featured in Button’s (1987) and Park’s (2013) studies. Park focused on how participants, especially the doctor, cooperate to manage presenting these concerns in the closing phase. He explained that Korean doctors work to have an acceptable relationship with patients through listening to the raised concern by the current patient and, at the same time, trying not to let the another patient wait longer because s/he might have been waiting outside for a period of time. In the present study, a new topic or an unresolved topic was opened during the last minutes of most consultations. For example, in Extract 6 below, presenting an unresolved topic occurs in line 128 as in the following:

Extract 6-[Abu El-Rob: JMT: C 1:2015]

Pat. : \( \text{I have been treated by a private doctor and he has given me this medicine, but} \)

81. Dr. : 

Pat. : 

82. Pat. : 

ah mosakin
Yes pain relief
Yes. Pain relief

\( T \)
83. Son: معنى المشكلة يتوجه الجبهة طبيعي بعدد [راجع]
Mahiyi ?iimoJkilih ?iBTiwXid ?ilhaBih t?aBiyciy;
The problem she takes the pill normal↑
BačDiyyaha [?iBTirzač]
after that [she starts again]
the problem that once she takes the pill, she is normal↑.
After that she starts complaining again.

86. Dr.: اه وهاظا؟ (يقرأ المكتوب على الدواء):=
=?ah wa haaðʔaa↑ -(reading what is written on the tablet)
=Yes and this↑ -(reading what is written on the tablet)
=Yes and this↑ -(reading what is written on the tablet)

89. Oral F
90. شو هاظا؟
\[
\begin{align*}
&\text{What} \quad \text{this!} \\
&\text{What is this?}
\end{align*}
\]

91. Pat.: ما يعرف ؟
Ma Bačrif↓
I do not know↓
I do not know↓

92. Dr.: Orameed
خلص فينلي ايه، مسكن برضو.
A pain relief also, that’s enough put a side it
It is also a pain relief. That’s enough, put it aside.

128. – Pat.: بين أخذ من ماه المسكن ؟
Bas ?aXoD min haaD ?ilmosakin?
Well I take from this pain relief?
Well, shall I take from this pain relief?

129. Dr.: خالص خلص انت ردي علي!
Xaala? Xalas? ?inTi roDiy ġalay↓
Aunt that’s enough you answer me↓
Aunt! That’s enough, do as I told you↓

130. Pat.: تولكننا على الله
Tawakkalnaa ġalaa Allah
Entrusting ones soul to Allah
We trust in Allah

131. Dr.: لوحلو. هاظ وانت توجه: يه يضربلك كلاك ؟ يخبرلك دمك :}
COME ON this and you taking it affect badly kidneys on your; destroy blood your COME ON. While you are taking this, it is affecting badly on our kidneys; and destroying your blood.

132. Son: maa ?iñnaa haað ʔiliʔ BiDnaʕ ʔiyaah ʔiBTiʕrif That we this what do not want it you know ʔayaam [ʔayaam] some [times] This is what we do not want it. You know, sometimes


134. Son: BiTsʔiyr min ʔiʕaʔaʕ Bitsʔiyr TiBiγγ She starts from the pain she starts crying She starts, from the pain, she starts crying.

135. Dr.: لا تسبح بالعقبة في سمك قرش: Laa tisBahiyʕ Bil ʕagaBih fiy samak qirʕ Not swimming no in Aqaba there sharks Do not swim in Aqaba, there are sharks.

136. Pat.: Laa laa baʕrif wa laa ʕinaa Really not know swimming↑ and not have sea Really, I do not know swimming↑ and we do not have sea.

137. Dr.: لا تخافيش بتجيبيك ببحر: Laa ?iTXaafiyʕ binjiyBlik Bahar No afraid we will bring you sea Do not be afraid. We will bring you sea.

In line 129, the doctor tells the patient to listen to what he said to indicate rejection of taking the pain relief and a closing for this topic. The patient accepts the closing of the newly raised topic by using a religious expression ‘We trust in Allah’. In line 131, the doctor explains his rejection of taking the pain relief and the son agrees with the doctor in the next turn. But the doctor overlaps him to summarise what he has discussed in a figurative expression in line 133. Drew and Holt (1998) noticed that figurative expressions might participate in indicating the close of
the current topic; the figurative expression may produce a summary to indicate that there is nothing more to add. The example above shows that the doctor summarises his insistence of not taking the pain relief in a figurative expression. Also, the expression indicates willingness to close the topic and the closing occurs after joking with the patient from lines 133-135.

In this example, unresolved and new topics were raised in the closing minutes. After the doctor indicates willingness to end the consultation through beginning with the prescription information, the unresolved topic is raised by the patient, in line 128, and a new topic is raised by her son in line 132.

Huang (2012), Park (2013), Robinson (2001) and West (2006) found that new or unresolved topics can be raised by doctors. This occurs in different ways, such as asking patients ‘Do you have something else to talk about?’ gazing at patients or shifting their bodies towards them. The speaker who initiates questions, such as ‘Is there anything else?’ or ‘How are things going?’ is known as ‘topic initial elicitor’ (Button, 1987, p. 112) because s/he provides a topic that might lead to further discussion. However, in the above example as well as in the next one, the patient or the companion is the one who initiates the move.

In Extract 7- [Abu El-Rob: JMT: C 7:2015], the father of the patient presents a new topic to be discussed after a pause for 2 seconds as in line 192.
will go
No, no. let it happen. Belly pain is not dangerous. It will go

In other words, that pain belly for you
mawod3woD Bas mij marad?iy
there but not a disease
In other words, belly pain is there but it is not a disease.

189.Pat.: 
?imhm
Imhm
imhm

190.Dr.: 
الامعاء طبيعيه ليس يتحرك أكثر من اللازم. بصير الالم معك: :
?il?amÇaa? t?aBiýCiýih Bas ?iBTiTharrak ?ak9ar
The intestines normal but it moves more
min ?ilaazim Bis?iyr ?ilalam maÇak
than it is supposed to be happens pain with you
The intestines are normal but they move more that it is
supposed to be. So the pain happens with you

191. (0.2)

192. → Fath.:
و الميلان شو دكتور، شو[بتنصحنا؟ ]:
Wa ?il mayalaan jow DokTwor, jow
And the slanted foot what Doctor, what
[?iBTinsˀahnaa?]
[you advise us?]
And the slanted foot, Doctor. what do you advise us?

193. → Dr.: 
الميلان [شو دكتور عظام ما يعرف انا]
[?ilmayalaan] jwof DokTwor ?ið?aam maa BaÇrif
[The slanted foot] see doctor bones not know
?anaa
I See orthopedic doctor for slanted foot, I do not know

194. Fath.: دكتور---------؟
Doktwor (name)?
Doktowr (name)?
Doctor (name)?

195. → Dr.: آه دكتور------- شو؟
?aah DokTwor (name) jwofoh
Yes doctor (name) See him
Yes. See doctor (name)

196. Fath.: عنا احنا تحت بسکنا مغلق فهو مبدع [ياضه ]:
?inna ?ihnaa TahT Bisakanna compound
For us We under our accommodation compound
moylaq fa hoa moBDiÇ Bilri[yaad?ah]
closed so he an ath[lete]
We have under our accommodation in a closed compound, so he
The father shifts the consultation towards a new concern to ask about another health problem that his son suffers from. The new topic is introduced by the father of the patient. As in Extract 6 above, a new concern is presented during the closing minutes. After providing the patient with a summary of his belly pain, a silence of two seconds occurs. As discussed earlier in this chapter, summary is one of the techniques that indicates willingness to close. However, the father shifted to open a new concern in line 192. The doctor overlaps the father in line 193 to tell him to see an orthopedic doctor as a way to close this topic (Schegloff and Sacks, 1973). In this example, the doctor rejects going on with this new concern because it is not his specialization; therefore, he told the father to see a specialist and confirmed that he does not know anything about the presented health problem. But the father asks the doctor a closed question about a specific orthopedic doctor as in line 194 and the doctor confirms visiting that orthopedic doctor. After that, the father shifts the sequence towards a topic that is not directly related to the topic of the consultation, as
in line 196. The doctor, in the next turn, uses the word ‘tˀayiB’ which means ‘okay’ followed by an invocation ‘God willing/ inʃa Allah’ and continues ‘A person, a person who is an athlete, being sick! And he, who plays sport let him bear a little of the pain’, as a joke to encourage the patient that he is not sick. The father and the patient laugh and then the doctor wishes the patient speedy recovery.

In Extract 8- [Abu El-Rob: JMT: C 12:2015], the case is a little different because the patient reopens a topic that was already discussed earlier in the closing minutes when the doctor told the patient about the new medicine. The doctor replies with the minimal response ‘yes’, in line 142, as another way to close this topic.

122.Dr.1: أًْ زجخ ًٞسرضٕٝ ثزٞخز؟
?akam haBiT kworTizwon ?iBTwiXið?
How may pills cortisone you take?
How many Cortisone pills do you take?
123.Son:[6]
124.Pat.:[6]
125.Dr.: نزلهم ل ابيي:
Nziałhom la ?iiiiii
Reduce them to imm
126.Pat.: ء4
127.Dr.: ل 4 آه. كل أسبوع نفس حبه ونشوفك بعد العيد.
La 4 ?aah kol ?osBwoç nagis? haBih wa
To 4 yes every week reduce a pill and
Binʃwofak BaçiD ?ilcyD
we will see you after El-Eid
Yes to 4. Every week reduce a pill and we will see you after El-Eid
128.Pat.: ج الله يرضي [عليك]
Allah yird?aa [çalyk]
God pleased [with you]
May God be pleased with you
129. Dr.1: خلص [ماشي]
[Xalas] maaʃy
[okay] done
Okay, done

130. Pat.: Okay, done

131. Dr.1 to Son: If a bleeding occurs, come to the hospital

132. Son: No, I am happy

133. Dr.1: Because it is a must

134. Pat.: I mean, is an appointment a must?

135. Dr.1: Without any appointment man. Why you are like this!

136. Son: Without an appointment just a visit. On Sunday.

137. Pat.: Without an appointment

138. Dr.1: Yes. You come to tell you this and this

139. Pat.: Okay

140. Son: [ywom ?ahiD Bikwon?]
Will it be Sunday?

141. → Pat.

Doctor, now if I take them with the sunset (the time of breaking the fast), can I instead take them to the pre-dawn meal?

142. → Dr. 1:

You can, you can yes yes

143. Pat.

Okay, May God give you wellness

In line 122, the doctor initiates talking about the medicine and in line 131 re-opens a topic to add that ‘If bleeding occurs, come to the hospital’ and the son closes this topic by ‘No. All will be good’ then adds ‘?inʕa Allah’. Clift and Helani (2010) discovered that ‘?inʕa Allah’ is used to present a secure topic closure. In line 133, the doctor re-opens the topic to assert the importance of it but the son overlaps him by asking the doctor ‘I mean, is an appointment a must?’. Al-Harahsheh (2015) claims that ‘yaʕniy’, which means ‘I mean’ or ‘in other words’, is a self-repair expression in the Jordanian spoken language which is used for expansion. He underlines that it is a very common phenomenon among Jordanians in everyday interaction. He adds that when a speaker needs to correct, clarify something and to hold the turn, s/he uses ‘yaʕniy’.

After talking about the day of the next visit and the purpose of it, the patient re-opens the topic of medicine in line 141 to ask about taking his medicine in Ramadan. The doctor affirms what the patient asks about. The doctor’s reply indicates that this is the question’s answer and there is no
more to add. Therefore, the patient accepts the answer as a way to close and replies with an invocation in line 143.

All in all, opening a new or unresolved topic by patients in the minutes of closing occurs in most of the data. Doctors’ acceptance of this turn varied. In some examples, doctors rejected the topic but discussed the reasons with patients, as in Extract 6. Doctors’ rejection of the additional topic occurs clearly in other examples, as in Extract 7. Sometimes, patients may present an additional topic in a question form that needs a short answer from the doctor, as in Extract 8. In this example, the acceptance and the closing of the topic occurs in the same turn because the doctor provided the patient with a short completed answer. In a similar case, Park presents examples from Korean medical encounters to demonstrate how new topics can be raised during the last sequence in a consultation.

Doc: so first go down to the lower floor and  
Pat: Yes  
Doc: Take a picture and come straight up now. =  
Pat: =And  
Doc: Yes. ((Doctor gazes at the computer screen.))  
Pat: Here right below  
Doc: < Yes yes.> ((Doctor turns his gaze toward patient))  
Pat: Here it’s very umm:: if (I) drink alcohol, if I sit down on these type of chairs it’s less (painful) but,  
Doc: (are you talking about the area) below your rib bone?  
Pat: [ Yes  
Doc: [And it’s not above your rib bone]  
Pat: [no no  
Doc: But below that, that’s where the liver is?  
Pat: That place, how should I put it, it aches and  
Doc: Mm:: (Park, 2013, p. 182)
In this example, the patient opens a new topic with the doctor who tells the patient where to go to take a picture to indicate willingness to close the consultation. At that time, the patient begins telling the doctor about the place of pain and the doctor accepts discussing that with the patient. Nevertheless, the initiation of the doctor to ask the patient about any further things to be discussed before closing was not noticed in the present study. On the other hand, Robinson (2001) found that doctors ask if there are any further questions from the patient after preparing for closing as in the following:

Doc: Anything else.
Pat: Okay. Now shou(ld)- could you-if: this seems to be working, [alr-
Doc: [If this seems to be working I would like to measure your kidney function in about three months. 
((53 lines omitted-discussion of blood test and drugs))
(0.8) ((physician writing in records))
Doc: Anything else
Pat: Yes just don’t move- (0.8) Just don’t leave here.= hhh
(.)
Doc: I won’t. As [long as there’s surf
Pat: [hnh hnh hah hah hah. hhh hhh (h) okay
(1.0)
Doc: very goo:ld
Pat: thank you. =
Doc: Have a nice day (Robinson, 2001, p. 650)

In this example, the doctor asks twice if there is anything else that the patient would like to discuss before closing the consultation and the patient shifts towards discussing a new concern with the doctor which was not the case in the data of the present study.
7.1.3 Closing

Schegloff and Sacks (1973) noticed that the terminal exchange ‘goodbye’ is used to close an ordinary conversation. Park (2013) and West (2006) noticed the occurrence of a closing sequence in medical consultations. Huang (2012) adds that thanking words are part of the closing in Taiwanese medical encounters. In the present data, the following forms of closing have been noticed:

7.1.3.1 Thanking words

In Extract 9, the patient shifts towards ending the consultation by thanking the doctor in line 132:

Extract 9- [Abu El-Rob: JMT: C 17:2015]

130. Pat.: أعملهم و أرد أرجع عليك؟
   I shall to do them and again again come back
   Çaliyk?
to you?
   Shall I do them and to come back again again to you?
131. Dr.1: آه، آه
   ?aah ?aah
   Yes yes
   Yes, yes
132. → Pat.: يسلمو دكتور
   Yislamow DocTwor
   Thanks doctor
133. Dr.1: هل
   Ḥalaat
   Any time
   Any time
134. Pat.: أشكركم
   ?aʃkorak
   Thanks
   Thanks
135. (The patient leaves the room)
In line 131, the doctor answers the patient’s question. Thanking the doctor for his answer also occurs as a way to close the consultation. The doctor, in his turn, accepts the closing and replies with ‘any time’ and then the patient thanks him again and leaves the room. The occurrence of thanking word supports Huang (2012) who noticed its occurrence in the Taiwanese medical consultations. Also, thanking exchanges occur in Extract 10 below where the patient thanks the doctor in line 81.

Extract 10- [Abu El-Rob: JMT: C 20:2015]

Momkin ?ilDohniyaaT Bas ?aah haawil ?izaa
May be the fats but yes try if
Binzil ?ilwazin Ti difícil riyaaDah
Comes down the weight to do sport
?il?omwor BiTsˀyr ?ahsaan
the matters becomes better
May be the fats. But, yes, try if your weight becomes down, do sport, the matters becomes better.

It is also clear that the patient initiates the thanking words in this example. After providing the patient with a summary, he thanks the resident to close the consultation. The resident, in her turn, accepts the closing.

In these two examples, patients initiate the closing with thanking words. In an example of a Taiwanese consultation analysed by Huang (2012), the case was different.
C: ok ok, thanks
P: Thanks
D: No problem (P. 58)

The difference in this example is that both patient and companion participate in closing the consultation. The companion initiates the token ‘okay’ as a closing and then the patient thanks the doctor to close the consultation.

7.1.3.2 Thanking words and ‘goodbye’

Thanking words and ‘goodbye’ function here as terminal exchanges. For example, in Extract 11 below, the husband initiates the closing twice in lines 306 and 309.

**Extract 11- [Abu El-Rob: JMT: C 18:2015]**

305. Dr.:

306. Hus.:

307. (0.1)

308. Dr.:

309. Hus.:

310. Dr.:

311. Hus.:
Give you health Doctor
May God give you health, Doctor

السلام عليه: 312.
لا غا غلاِٗ ماς ٌغلاِٗ
لاسلام
Welcome goodbye
You are welcome, goodbye

The first thanking word is to express gratitude for the entire consultation and the second one is because the doctor gives the husband his business card. In both cases, the husband is the one who initiates willingness to close and the doctor replies with ‘goodbye’. Thanking and ‘goodbye’ occur as terminal exchanges in the closing part. This example resembles, to a certain extent, an example in Huang’s study (2012) in which a combination of thanking and goodbye occur in a sample from the Taiwanese medical consultations:

D: So, that is it for today, ok?
P: /that is?????/,
D: =ah:.
P: Oh Ok,
D: Let’s see how rehabilitation treatment is going,
D: if there is any problem:.
D: we will make a transaction for you.
N: = he is no. 12.
C: Ok,
D: Ok,
P: Ok,
D: =no problem=
P: Thanks
P: Good bye, =
D: = Good bye
P: Good bye (P. 59-60)

In this extract from Huang’s study, the doctor tells the patient ‘that is it for today. Ok?’ to indicate willingness to close but the patient does not accept this and replies with ‘that is?????’ Therefore, the doctor summarises what they will do for the patient. Huang explained that the
patient expresses his gratitude by thanking and initiates the closing by saying ‘goodbye’. Although ‘thanks’ and ‘goodbye’ occur in the closing part, as in Extract 11 above, the difference occurs in the ways in which these are used. In Extract 11, they were used as a terminal exchange, but in Huang’s study they are both used by the patient for two different purposes and then the doctor replies with ‘goodbye’.

7.1.3.3 An invocation

In the extract below, the closing pair occurs in the form of an invocation.

Extract 12- [Abu El-Rob: JMT: C 14:2015]

106. Dr.1: 

The floor the first beside the stair
hiyk hyik

The first floor beside the stairs. Go up stairs. In front of you, there is (name). Tell him this and this

107.→ Pat.: 

ya=t?ykaafiyah
give you wellness

may God give you wellness

108. ((They leave the room))

After directing the patient to the lab, the patient closes with an invocation to the doctor in line 107 but the doctor does not reply to the patient’s closing.
7.1.3.4 Well wishes, an invocation and ‘goodbye’

Invocations occur here for the purpose of closing but this time they occur along with ‘goodbye’ and wishes for a speedy recovery to function as a terminal exchange. In Extract 13 below, the doctor closes the encounter in line 201 by wishing the patient a speedy recovery.

Extract 13-[Abu El-Rob: JMT: C 7:2015]

In line 199, the doctor provides the patient and his father with a summary, which forms the preclosing pair along with the father’s reply in line 200. Then, the doctor initiates the closing pair by wishing the patient a speedy recovery. The occurrence of wishing in the closing stage contrasts with Huang (2012) who mentioned that wishing does not occur in the closing phase in medical talk, as well as in the ordinary conversations, because it is task oriented until the last moment of
consultation. The father accepts the closing and replies with an invocation and then the doctor replies with ‘goodbye’. In this example, the terminal exchange occurs through three steps: wishing the patient a speedy recovery, an invocation and ‘goodbye’. In the next extract, the pair of invocation and ‘goodbye’ occurs in addition to thanking words as in the following:

**Extract 14- [Abu El-Rob: JMT: C 9:2015]**

201. Son:

MaTaa TaqrieBan Bit’laCin DokTwor?
When nearly available doctor?
When do they be nearly available, doctor?

202. Dr.:

Hinie Bit’laCin Bokrah Bas ?anaa
They will be available tomorrow but I
clinic my Thursday next. You will need
ToXiD mawCiD
to book an appointment.
They will be available tomorrow but my clinic will be
Next Thursday. You will need to book an appointment.

203. Son:

?aaah ?ilθolaaθaa?
Oh Thursday

204. Dr.:

Laazim TiDfaC TwoXiD mawCiD ?ah
have You pay make an appointment yes
Çafaan faiTh ?il system
to open the system
You have to pay to make an appointment, yes, to open the system

205. Son:

Imhm. willing God gives you good health.

206. Dr.:

?iTwakaliy çalaA Allah wa laa yihimik.
Entrusting your soul to Allah. And not worry.
Halaa maç ?ilsalaamih
Okay Goodbye
Entrusting your soul to Allah. And do not worry. Okay, Goodbye

207. Pat.: 

شكراً الله.
Thanks for you

208. (They leave the room)

In this extract the son initiates the closing part with an invocation for the doctor. The doctor accepts by saying ‘goodbye’, after telling the son to trust in God and then the patient thanks the doctor in her turn and they both leave. So, ‘goodbye’ and thanking words occur in the terminal position in this example.

7.1.3.5 ‘in∫a Allah’

There is an occurrence of the use of ‘in∫a Allah’ as a closing of the consultation as in the next example:

86. Dr.1: انفقنا

?iTafagnaa (name)?
Okay (name)?
Okay (name)?

87. Pat.: إنشاء الله

?in∫a Allah
God willing

88. (leaving the room))

In this extract, the patient’s use of ‘in∫a Allah’ occurs as an acceptance of what the doctor discusses and as an acceptance of the closing that the doctor initiates in line 86 when he uses the token ‘okay’ in a question form.
7.1.3.6 ‘Okay’

Only in Extract 16- [Abu El-Rob: JMT: C 4:2015], does the token ‘okay’ occur as a way to close the consultation, as in the following:

93. Dr.1: [بعد] العيد يبتسم علي وتعمل [فحوصات] 1
[Bağı]: DičieBi Tmor çlay wa BiTıçmmal
[After] AlEid she stops by me and do
[fohwos?aaT]
(tests)
After Al Eid, she stops by me and does tests
[Doctor] I am my family not allow me to
?as?wom
fast.
Doctor! My family does not allow me to fast.
95. Dr.1: ايش؟
?ieʃ?
What?
What?
96. Pat.: يعني يفطرونني خصب [عني]
Yaçiιy Bifat’rwonie γas?iB [çanieʃ]
I mean they break my fast force [meʃ]
I mean they force me to break my fast
97. Dr.1: إذا إذا إذا ما تحملت يفطروني . خلس أنا يفلك صومي. إذا ما تحملتي يفطروني
?ðaa ðaa ðaa maa iTıçamalTiıy ðiBiTıts?riy.
If if if not bear you break your fast.
Xalas? ðaan Bagoliık s?owmiy. ðaa ma iThamalTiy
Okay I tell you to fast. If not bear you
?iBiTıts?riy
break it
If if if you could not bear, break your fast. Okay, I
tell you to fast. If you could not bear, break it
98. Pat.: إذا حسيت بدو [خه]
?ðaa hasiyT Bi Dow[Xah]
If I felt of dizz[ess]
If I felt of dizziness
99. Dr.1: [بفطروني] 1
[?ah] ðiBiTıts?riy
[Yes] Break it
Yes. Break it
100. Pat.: ماشي
Maaʃiıy
The token ‘okay’ occurs as a terminal pair of acceptance to what the doctor tells her about fasting. In this pre-closing part, the patient opens an additional topic in line 94 about her family who do not let her fast during Ramadan; therefore she asks the doctor whether she can fast or not. After discussing the topic with the doctor, she closes the pre-closing part with ‘okay’ then leaves the room. Although the token ‘okay’ functions as a terminal pair in the pre-closing part, it can also be considered as a part of the closing of the entire consultation because the patient is leaving without adding anything else.

7.1.3.7 Well wishes and the religious greeting ‘peace upon you’

In Extract 17 below, the doctor initiates the closing by wishing her a speedy recovery, as in the following:

Extract 17- [Abu El-Rob: JMT: C 16:2015]

124. Fath.:
[naʕam] ?inʃa Allah ʕalaa raasiy. jokran
[yes] willing God on my head thanks
DokTowr
Doctor
Yes, God willing. I agree thanks, Doctor.

125. →Dr.1:
Hala salaamiThaa
Welcome wish her to get well soon
You are welcome. Wish her to get well soon

126. Fath.:
Allah yiXaliyk
God protect you
May God protect you

127. →Dr.1:
salaamTik yaa BinT
wish you to get well soon girl
Wish you to get well soon, Girl
The doctor wishes the patient a speedy recovery in line 125 and her father replies with an invocation. No response occurs from the girl to the doctor’s wish in line 127. Instead, the father closes with ‘okay’ and the religious greeting ‘Peace upon you’ in line 128, which gives the same meaning as the terminal exchange ‘good bye’ to close this consultation and the doctor ends with ‘welcome’ before the father and the patient leave (Schegloff and Sacks, 1973). However, in Extract 18 below, the case is a little different because the doctor responds to the patient’s religious greeting that appears in line 210 with wishing the patient a speedy recovery, as in the following:

**Extract 18-[Abu El-Rob: JMT: C 6:2015]**

210. Pat.: 
Yalaā ?islāam ṣālaykum
Okay peace upon you
Okay, peace upon you

211. Dr.: 
أَهْلِينِ؟
Welcome
Welcome

الف سلامه عليك. سلامتك انشاء الله.
Thousands getting well soon. Wish to get well soon
Get well soon a thousand times. Wish you a speedy
Recovery, God willing.

It is obvious, that the patient is the one who begins with the religious greeting and the response to this kind of closing occurs in the form of wishing the patient a speedy recovery as in line 211.
7.1.3.8 A combination of well wishes, an invocation, thanking words and goodbye

In extract 19 below, the closing part begins from line 143 when the doctor wishes the patient a speedy recovery. Then a series of terminal exchanges occur.

Extract 19-[Abu El-Rob: JMT: C 5:2015]

143. Dr.: الف سلامه عليك انشآء الله

Get well soon a thousand times, God willing

144. ((The doctor is giving the patient the prescription))


147. Pat.: =يسلمو اديك =Yislamwo ?iDiyk =Thanks hands your =Thank you

148. Dr.: كل عام وانت بخير =Kol ʕaam wa ?inTa ?iBXiyr Every year and you good

May every year to be good for you / Ramadan Kareem

149. Pat.: كل عام وانت بالف خير [حياك الله] =Kol ʕaam wa ?inTa bi?alf Xiyr Every year and you in thousands of good

May every year to be so good for you. God bless you.

150. Dr.: [هلا هلا] [Hala hala] [Thank you thank you] Thank you, thank you.

151. Pat.: شكرا الله يعطيك العافية =Jokran Allah yaʕt?iyk ?ilʕaafyih Thank you God gives you the good health Thank you. May God give you good health.
In line 143, the doctor demonstrates an acceptance of the close implicative turn and replies with, ‘Get well soon a thousand times, in۹a Allah’/ God willing and then gives the prescription to the patient. The latter replies with an invocation ‘May God protect you’, and the doctor overlaps another invocation ‘May God give you good health’. Thanking the doctor in line 147 can be considered as also close implicative. The doctor moves on to well-wishing in line 148 and the patient replies with the same well-wishing in line 149 in combination with an invocation ‘God bless you’. Finally, this reciprocal closing is finished with a thanking word from the doctor which the patient responds to with another thanking word, leaving after the doctor says ‘goodbye’. All these forms of closing occur as a terminal exchange in one closing pair.

### 7.1.3.9 Asking the patient to wait in the waiting room

After Doctor 1 re-opens the previously discussed topic, in line 179 in Extract 20 below, he requests that the patient wait in the waiting room as a final notification (Huang, 2012).

**Extract 20-[Abu El-Rob: JMT: C 15:2015]**

176.(0.10)

باب استراحه مون

Okay please Madam go inside until they bring us the

Okay madam. Please go inside until they bring us the

177. Dr.

In room waiting here

In the waiting room, here
179. Dr. 1: Because it is a must to take from the both sides.

180. (The patient is going to the another room)

181. ((The patient is talking with other 2 patients for (6.16) minutes))

The patient does not reply to what the doctor says in lines 179 and 180. She leaves the room without a clear closing of the consultation. In this example, the doctor’s request to wait in the waiting room might be a way of closing, but there is no terminal exchange of this closing from the patient.

Generally, the closing phase consists of two main parts; preparing for closing and the closing of the conversation as Huang (2012), Newman et al (2010), Schegloff and Sacks (1973) and West (2006) state. In the case of preparing for closing, different forms occurred to indicate willingness to close the consultation, such as future arrangements, providing the patient with a prescription,
summary, or suggestions. In some cases, presenting a new concern or unresolved topic occurred after showing willingness to close the consultation either by doctors or patients/companions which is in line with Huang (2012), Humphreys (2002), Park (2013), Robinson (2001) and West (2006). The shift towards closing the consultation appeared either directly after preparing for closing or after presenting a new or unresolved topic. Nielsen (2012) adds that patients asked questions, such as ‘Can I ask something?’ as a response to the doctor’s shift to announce the possible closure, but in the present study patients did not ask such preliminary questions. They directly introduced the new concern or the unresolved topic without any kind of preliminary questions. To close the consultation, many different closing sequences occurred in the present study, such as thanking, well wishing, invocations and the terminal exchange ‘goodbye’ together with the religious greeting ‘peace upon you’. Also in a few consultations, a combination of more than two strategies occurred in one consultation, such as well-wishing, invocations and thanking words. Moreover, there was an occurrence of the token ‘okay’ to close in one consultation. Also, the expression ‘in∫a Allah’ was used as the final expression for the consultation. Finally, asking the patient to wait in the waiting room occurred in one consultation as a way of closing. To sum up, the closing section of the Jordanian medical encounters can be simplified in the following figure:

Pre-closing:
(Summary, future arrangements, prescription information)

↓
New concerns or reopening a pre-discussed topic

↓

285
Closing:
- Thanking words
- Wishes for speedy recovery
- Invocations
- Okay
- Goodbye/ peace upon you

Quantitatively, the closing part clearly occurred in 19 consultations (see Appendix 4). Thanking words occurred in five consultations and the response varied from ‘thank you’ and ‘welcome’, to the terminal exchange ‘goodbye’. In one of these consultations, the occurrence of thanking words combined with other forms of closing. In the case of well-wishing, it occurred in six consultations and the responses varied between thanking words and invocations. Initiating the closing with invocations occurred in five consultations and doctors’ responses varied from ‘thank you’ and ‘okay’, to ‘goodbye’. In two consultations, doctors did not reply to the patients’/companions’ invocation. In one of these two consultations, invocation occurred twice and the doctors did not reply to the companion’s invocation in the second time. ‘Okay’ occurred in two consultations, once initiated by the doctor in the form of a question, to which the patient replied with ‘?inʃa Allah’ and on another occasion it was initiated by the patient but there was no response from the doctor. Finally, the religious greeting occurred as a response to the doctor’s initiation of closing in one consultation.

7.2 Side talk

The occurrence of ST in the closing phase was only in two consultations and to different degrees. Holmes (2000) and Laver (1975) noticed that small talk can come at the boundaries of the
conversation, as in the opening and closing sections. Although the occurrence of ST was rare in this phase, it did occur in two different forms:

7.2.1 Joking

**Extract 21- [Abu El-Rob: JMT: C 1:2015]**

131. Dr.:

COME ON this and you taking it affect badly
kilaakiy Damik
on your kidneys destroy blood your
COME ON. While you are taking this, it is affecting badly on your kidneys and destroying your blood.

133. Dr.:

Stay on the beach. In the peace aunt
Aunt! Stay on the beach, in the peace.

134. Son:

She starts from the pain she starts crying
She starts from the pain, she starts crying.

135. Dr.:

Not swimming no in Aqaba there sharks
Do not swim in Aqaba, there are sharks.

136. Pat.:

Really not know swimming and not

137. Dr.:

Really, I do not even know swimming and we do not have sea.

Because of the side effects of an antibiotic, the doctor, in line 133, advises the patient to avoid taking it in the form of figurative speech, ‘staying on the beach to keep safe’, and then shifts to
joke with her about swimming in line 135. Maynard and Hudak (2008) noticed how doctors initiate jokes and how this is followed by laughter from patients. They identified jokes and laughter as parts of the small talk sequences. The difference in the present example occurs in the structure of ST. The structure consists of a joke and more ST. However, there is no laughter to form the structure that Maynard and Hudak mentioned in their study.

Holmes (2000) states that small talk at the end of conversations provides a way to finish on a positive note by referring to personal components of the relationship after discussing work for a period of time. This example, above, supports Holmes’ view because ST includes figurative expression that summarises the doctor’s point of view in the pain relief. This summary indicates willingness to close, as discussed above (Drew and Holt, 1998). So, ST might function as a facilitator to close the consultation. In another example below, chat between doctors might be classified as a form of ST:

7.2.2 Side talk between doctors

The following example shows a different form of ST.

Extract 22- [Abu El-Rob: JMT: C 15:2015]

179. Dr.1: لأنه لازم نخدم علي الجهتين. افصلي هون بالغرفه. هلا بس تيجي: 1
عسان نوخدها و يبدا تكتبك كمان احتيااط دوا فطريات عشان
Li?anoh laazim nowXiD šalaa ?il3ihatiyn
Because it is a must to take from the both sides
?iTfad’aliy hown Biliyorfih hala Bas Ti3iy
please go here in the room now just comes
غااان noXiDhaa wa BiDnnaa nokToBlik kamaan
to take it and we need write for you also
?ihTiyaat? Dawaa fit’riyaaT غااان
just in case a medicine fungies to
because we have to take from the both sides. Please go here to
the room. Now once it comes to take it and we will also write for
A short interval of ST occurs between the doctors after they ask the patient to wait in the waiting room. After closing the consultation by asking the patient to wait in the waiting room and explaining to her what they are planning to do, Doctor 1 talks to two other patients. After that, in
line 183, Doctor 2 initiates ST with Doctor 1 to discuss what they will do for the patient who is waiting outside. This ST is closed when Doctor 1 talks to another patient in line 185.

This form of ST relates to the main topic of the consultation because they talk about performing the smear test for the patient. Therefore, this ST supports the main topic which is performing the smear test for the patient. This ST occurs after Doctor 1 finishes talking to two more patients while waiting for the nurse to bring the blades. The occurrence of ST in this context might be to make an excuse for Doctor 1 to leave the clinic but, at the same time, the reason for leaving relates the case for the patient who is waiting outside.

In general, the occurrence of ST in the closing phase was in two consultations (see Appendix 5: Side talk). Joking occurred in one of them. Maynard and Hudak (2008) mentioned joking as one of the devices of small talk. Also, ST occurred between the doctors who were discussing the patient’s case after the latter left to the waiting room. In the example above, the doctor initiated ST. Hudak and Maynard (2011) noticed that doctors invited patients to talk about a topic unrelated to the medical concern by asking them a question.

7.3 Summary

This chapter has discussed the closing phase with its two main components; preparing for closing and the closing of the consultation. Researchers, such as Huang (2012), Newman et al (2010), Schegloff and Sacks (1973) and West (2006) showed that closing a conversation includes preparing for closing and ending it either in everyday interactions or the medical consultations. In the present study, different forms occurred to indicate willingness to close the consultation,
such as future arrangements, providing the patient with a prescription, summary or suggestions that researchers, such as Huang (2012), Robinson (2001) have found in their studies. The use of several forms to indicate willingness to close the consultation answers the research question identifying the elements that construct closing in the Jordanian medical talk.

In some cases, presenting a new concern or unresolved topic occurred after showing willingness to close the consultation either by doctors or patients/companions which supports Huang (2012), Humphreys (2002), Park (2013), Robinson (2001) and West (2006). Nielsen (2012) adds that patients asked questions, such as ‘Can I ask something?’ as a response to the doctor’s shift to announce the possible closure. In contrast, patients, in the present study did not ask such preliminary questions. They directly introduced their new concerns or the unresolved topics without any kind of preliminary questions.

To close the consultation, many different forms were used by participants in this study, such as thanking words, well wishing, invocations, ‘in ula Allah’, ‘okay’ and the terminal exchange ‘goodbye’ or the religious greeting ‘peace upon you’. Also, a combination of more than two forms occurred in one consultation. The occurrence of all these forms to end the consultation answers a part of the research question on identifying the elements that construct the closing section.

In terms of ST in the closing phase, it occurred in a joking form and as ST between doctors. The use of joking in ST is also discussed by Maynard and Hudak (2008). Furthermore, ST occurred between doctors while discussing the patient’s case. The examples that showed the participants
departing from the medical talk answers another aspect of the research question focusing on where and how participants depart from the medical talk. Finally, ST occurrence in the closing phase has the effect of driving those consultations towards smoothly closing and this answers the second part of the same research question on the impact of departing from the medical talk and the impact it has on the interaction.
Chapter Eight

Conclusion: implications, limitations and suggestions

This study aimed to investigate the medical interaction at a Jordanian university hospital to identify the recurrent sequences through which the medical consultations are organized. It also aimed to investigate the elements that constructed each medical phase. Furthermore, the present study aimed to explore how and where the participants depart from explicit orientation to the medical agenda and what impact this has on the interaction. To answer these questions, an investigation was done into the design of participants’ turns at talk that formed those sequences. This study is the first to study Jordanian medical encounters in a hospital, and unique in conducting detailed analysis of consultations in Arabic. An in-depth analysis of the participants’ talk is also provided which may prove useful in helping to improve doctors’ communication skills. The CA approach was crucial in analysing the strategies that doctors follow in that it provides for the analysis of naturally occurring data. The CA approach is adopted in the current study in order to show the way participants shift from one stage to another and how the shift occurs.

8.1 The Findings

This study shows what makes up the phases of the encounters, how the participants move away from orientation to the medical agenda and what implications that has for the relationship between them and the nature of the ongoing talk. Also, this study shows the levels of doctors’
authority in delivering diagnosis and treatment and what implication that has for the outcomes of the medical visit and for the quality of the medical care. Finally, the analysis of the sequences gives insight into the impact of the recurrent patterns in structuring the consultation and how that can impact its success. For example, whether patients feel included in the decision making process, and whether rapport has been established between the participants.

In this section, each of the research questions will be discussed in terms of the findings of the study.

1. **How are medical consultations organized in this Jordanian hospital?**
   A. What recurrent sections in the Jordanian medical encounters can be identified?

   The findings show that the Jordanian medical talk consists of opening, presenting the complaint, history-taking, physical examination and/or test, diagnosis, treatment and/or advice, and closing. They converge the findings of other studies, such as Have (2002) and Heritage and Maynard (2006). Although the occurrence of a physical examination was rare in the data, it still exists as a phase of the Jordanian medical structure.

   This study presents a comprehensive analysis of all phases in comparison with the studies that were discussed in the literature review. For example, the opening phase has been discussed by Robinson (2012); presenting the complaint and the history-taking phases have been investigated by Robinson and Heritage (2006); the diagnosis phase has been analysed by Perakyla (1997); the treatment phase has been studied by Collins et al (2005) and the closing phase has been analysed by Park (2013). Although Chester et al study (2014) investigated all the medical phases, it was not in any detail.
B. What are the elements through which each phase of the medical encounter is constructed?

Each phase has a different set of elements. Some of them are similar to ones identified in data from other cultures whereas others are culturally specific. The overall findings indicate that the opening phase includes two main stages; greetings and ‘HAY’ talk that occurred before the doctors showed willingness to shift to presenting the complaint phase by the Jordanian spoken word ‘?itfadˀal’ or ‘?itfadˀaliy’. In the case of the greeting pairs, there are different ways of constructing the sequence:

1. A: Religious phrase  
   B: Hello
2. A: Hello  
   B: Religious phrase
3. A: Hello  
   B: An invocation

The use of religious phrases is notable to contribute to the greeting sequence. These phrases take the form of a religious greeting and invocations in addition to well-wishing and greeting.

Quantitatively, the opening phase occurred in 16 consultations in which the religious greeting ‘peace upon you’ appeared in 12 consultations, whereas invocations appeared in three consultations. One of them is presented by a patient but no response occurred from the doctor, whereas the rest occurred as a response to the doctors’ greetings. A ‘hello’ greeting initiated by doctors in two consultations was met with the response of an invocation and a religious greeting. Finally, wishing the patient a happy Eid occurred in one consultation and the response to it was an invocation. These religious expressions and well-wishes are the elements that differentiate Jordanian data from previous research studies that reported the ‘Hello’ greeting sequence.
The absence of the opening phase in four consultations may affect negatively on doctors and patients relationship and on the outcome of the visit. When a doctor begins with an opening including greetings, asking patient a few general questions and introducing themselves, stress and shyness of patients might be reduced or disappear and patients might have the feeling of having a good relationship with the doctor. Initiating the consultation by soliciting the reason for the visit might give the indication that the doctor’s concern is the disease more than the patients themselves that might let patients feel stressed and unsatisfied. The reason for beginning with soliciting the reason for the visit might be the limited time of the consultation and the increasing number of patients who are waiting outside. McCabe and Healey, (2018) state that shifting the focus to patients’ concerns including social, biological and psychological characteristics rather than focusing on a disease affects positively the relationship between patients and doctors. In a few examples of the present data, patients or companions worked to shift back to greeting doctors at the time the latter began the consultation by asking about the reason for the visit. Apart from simply delaying, this might indicate that patients know the importance of starting with greeting and some HAY talk and side talk before shifting to the main topic of the medical agenda.

HAY talk was also notable since it occurred in the opening phase of eight consultations. HAY talk occurs as a part of the greeting sequence and also is considered as a form of ST (Laver, 1975) because it represents the communication in a real discourse. HAY talk occurs in two stages: The first is to invite talk and it is used by doctors and patients. The second is to ask for an update on a known issue and it is used by doctors. The occurrence of ST more in the middle of
consultations was restricted to these Jordanian consultations; it was not reported in the previous studies discussed in the literature review.

Presenting the problem phase is initiated by doctors in 19 consultations (Robinson and Heritage, 2005). This initiation occurs in the form of open questions, such as ‘What is your problem?’, ‘Why did you come here?’, ‘What is your news?’, ‘Why are you here Mr. (name)?’ and others. In the case of closed questions, they mostly occurred in follow up visits.

This study discovered culturally specific forms to solicit the reason for the visit; for example, starting the sequence with the word ‘?itfad’al’ which indicates ‘please go ahead’ in most of the consultations. Also, general expressions were used by doctors in a few cases to invite the patient or the companion to present the problem. All these elements helped the doctors to solicit the reason for the visit. The occurrence of ‘?itfad’al’ and other forms of general expressions to solicit the reason for the visit is what distinguished the Jordanian data from other studies.

In the case of the history-taking phase, different forms of questions were used, such as yes-no and multiple choice questions. This form of question occurs after presenting the complaint phase to gather information about the patients’ case to help in the diagnosis and treatment decisions. These two forms of questions support Heritage and Robinson (2006). However, short answer questions appeared in the present data as a new form of history-taking questions.

An unusual feature occurs in the middle of the Jordanian medical interaction which is presenting more than one concern. This only occurred in one consultation in the data of this study, but it is
worth noting since other research has identified this feature as occurring in the closing phase (Park, 2013).

Two turns are recurrently used to present the diagnosis and treatment phases. Straight factual assertion is one way that doctors depend on physical examination and medical documents, such as reports to deliver diagnosis. In SFA, a strong orientation to the authority of the doctor appears to indicate that diagnosis must be taken for granted. The evidence formality pattern (EFP) is the second way that provides patients with reasons for the diagnosis. At the treatment phase, treatment is presented in unilateral or bilateral ways. This supports the findings by Collins et al (2005) who found that the communication between patients and doctors in decision making ranged from unilateral, by presenting the results as medical facts, and bilateral, by inviting patients to participate in choosing between the options of the treatment. However, the occurrence of a unilateral strategy is presented more in the current data than a bilateral. Doctors generally delivered treatment or tests as things that patients are obliged to take or have, whereas the bilateral strategy was used in a few consultations, such as in ‘proposals’. Doctors invite patients to collaborate in treatment in a way that treatment recommendation does not appear as entirely up to the patients nor as entirely up to the doctor. Proposals usually engage with the inclusive ‘we’, such as ‘we want to reduce the cortisone’ and ‘it’s one of the important tests that we have to have it’. Stivers et al (2018) state that doctors reduce epistemic and deontic authority in proposals as in ‘we can give you some of that to try’. They show that doctors share the deontic authority that indicates the treatment decision is not yet settled and patients can participate with their opinion. The above two examples from the present data show that here too doctors engage
patients in the treatment decision. This case is similar to one of Kushida and Yamakawa’s (2015) findings that relates to the use of the inclusive ‘we’ form. They relate the use of this form to help in generating the decision moment when the sequential environment is ready for decision making. Stivers et al (2018) also noticed that another reason beyond using proposals might be to highlight the uncertainty of the effectiveness of the recommended treatment. This case occurred in only one example when the doctor gives the patient the chance to take a particular treatment until he gets the test results to check if the patient needs to continue on the same treatment or not as in the following:

151.Dr.1: 
Okay there was a patient she case her rare min saBaB haaðʔaa maraaT fitʔriyaaT wa ?aXDaT because of imm sometimes fungus and she took çilaaʔaT medication
Okay there was a patient and her case was rare because of imm fungus sometimes and she took medication
152.Pat.: 
imm
imm
imm
153.Dr.1: 
اتحسن :1
iThasanaT She became better
She became better
154.(0.1) 
اذًا بدب توكدي يعني عين ما تطبع النتائج حيوب فطريات مضاد للفطريات ويشوف كيف.
155. 
?iða BiDiθ ToXDiy yaçniy çaBily maa Titʔlaç If need you take I mean until come out
?ilnaTaaʔi3 ?ihBowB fitʔriyaaT midʔaaD lal fitʔriyaaT the results the pills fungus antibiotic for fungus wa Bin∫owf kief and will see how
If you need to take, I mean until the results come out, fungus pills antibiotic for fungus and we will see how they will affect
The doctor mentions in line 151 that a previous patient took the same treatment and she became better but the doctor is not sure if the current patient will get benefit from it; therefore, he gives her the right to decide. This coheres with Landmark et al (2015) who noticed in a Norwegian teaching hospital that doctors give patients the right to decide although they show their preference of one proposal over another. But, in line 157, the physician shows the patient his preference to start the medication till the test results become ready and in line 166 asks Doctor 2 to write the prescription for the treatment to start.
In the other two consultations, doctors use an ‘offers’ strategy in the treatment section, but they offered the amount of treatment that the patient wants as in ‘is it enough to give you 10 tablets… I wrote 60 tablets. Is it good?’ or if the patient wants to collect more of the treatment from the hospital pharmacy or not as in ‘do you have Cortisone or shall I write for you? ’. This indicates that the deontic authority of the doctor is abdicated in the case of the availability of treatment for patients or in the amount that the patient needs. The use of ‘offers’ strategy in these two examples of the present data is different from the one discussed in Stivers et al (2018). In their study, doctors imply that beyond the recommendation, the power belongs to the patients. They highlight the role of preference rather than providing patients with the final treatment decision. This indicates that the deontic authority of doctors is abdicated. However, doctor's deontic and epistemic authority was dominant in the present data because doctors delivered treatment or asked for certain tests as something that patients are obliged to take or have. The use of authority by doctors ranges between delivering treatment without explaining to the patients the reasons for it and between providing patients with an account for insisting on a particular treatment or a certain dose of treatment but this case occurred in only a few examples. The data shows that there is no orientation to patient-centered health care despite the shifting to this approach in other cultures (see Kushida and Yamakawa, 2015; Landmark et al, 2015; Lindstrom and Weatherall, 2015 and Stivers et al, 2018). All these studies show how doctors engage patients in the final treatment decision through using different ways, such as proposals, offers, suggestions and declarative evaluation. They all agree that patients share the deontic authority with doctors in divergent levels and a combination between ‘epistemics of experience’ and ‘epistemics of
expertise’ also occurs. Despite patients’ participation in making treatment decisions, doctors keep their right in delivering treatment according to their epistemic expertise. In the present study, doctors keep their deontic and epistemic authority to deliver treatment and they do not give patients the chance to participate in the treatment decision. In some cases where patients or companions show resistance, doctors tried to convince them by explaining the reason beyond insisting on a certain treatment recommendation or beyond asking for certain tests. Patients in the present data were not allowed to participate except in determining the time of an operation or in determining whether they needed more of a certain medication or not. However, patients showed their full acceptance or passive acceptance as well as resistance to diagnosis and treatment decisions.

Doctors in the present data used their authority in delivering diagnosis and treatment and they did not differentiate between the two phases in terms of the use of authority. Heritage and Maynard (2006) mentioned that doctors deliver diagnosis without waiting for acceptance or acknowledgment from patients which may reduce the chance of resisting diagnosis. This might be because they depend on their epistemic expertise and on the medical documents. Patients in their turn may withhold their verbal responses and remain silent. Although doctors’ authority is obvious in the present study, a doctor used the perspective display series (PDS) in only one consultation to engage patients in the diagnosis decision and to give patients the chance to assess the case and to accept the diagnosis decision (Maynard, 1991). In the case of treatment, Heritage and Maynard state that acceptance and acknowledgement is received from patients and this may increase the chance of resisting treatment recommendations. Reverting to the present study,
patients did not resist either diagnosis or treatment except in a few examples and doctors tended to convince patients of their decision through explaining the medical reasons beyond it or through starting ST with them.

In a few cases, patients were noticed to direct the consultation according to their concerns. They tended to ask doctors questions to gather information which directed the consultation as they wanted, as follows:


20. Pat.: طيب بالزميلها علاج ولا ما فيش داعي؟ = okay need it treatment or no there a need? = Okay? Does it need treatment or no need for this?

21. Res.: لا طبعا لوضعك انت مدخن اشي؟ = No of course not. Are you smoking?

30. هما مش كثير عاليين بس إجنا ما ينفصل يكونو هيك خاصه إنه انت صغير. They are not too high but we do not prefer.

a little    [?ie::h]
Excellent. Okay? But it might be that if you slightly followed the
rules imm
32.Pat.:          [معل] ش في هاي ال
  [ma"lili] fiy fiy haay  i low
(execute) me there is the low
Excuse me, this one is low.
33.((The Pat. is looking at his report))
34.Pat.:          [ماي fis:]
Haay hiyi hiyi haay?
This what it this?
Which one?
35.Res.:          لا 1 هدول إنه مش يعني الي هما هدول كريات الدم البيضاء :
La?↑ haDwol ?inoh mij ya\"ny ?ily homaa haDwol
No↑ these that not I mean that they these
korayaaT ilDam ilBayd?aa?
cells blood White
No↑. These are not, I mean, that they are the white blood cells
36.Pat.:          [ام]
  ?im=
  ?im=
  Imm=
  .
  .
  .
طبيب معمل فيتامينات كنت بدي [B 12] مش عاملين :
  t'ayiB ma"lili VitamiynaT konT Bidy [B12]
okay please vitamins I was want [B12]
mij Camlyn
not they did
Okay. Please vitamins. I want B12. They did not do it for me.
37.Res.:          [B 12]
38.Res.:          مش عاملينك الف[حس؟]
  mij Camlynnak ilfa[his?]
not did they the tes[t]
Did not they do the test?
39.Pat.:          [آه] على أساس إلي طببت بس ( )
  [?ah] Calaa ?asaas ?iny t'alaBiT Bas ( )
  [yes] for that I asked but ( )
Yes. For that, I asked but ( )
40.Res.:          هلا بطلبك اياه بس فيتامين دال مش موجود :
Halla? Bat?loBlak iyaah Bas vitaamyn
Now I will ask for you it but vitamin
Daal mij mawjwoD
D not there
I will ask it for you now but vitamin D is not there
41.Pat.:          [مش مشكله]
The patient in line 20 asks the resident if he needs any medication to direct the topic towards treatment and in line 32 the patient comes back to the test results to ask about one of the results. In line 40, the patient asks about a Vitamin B 12 test and directs the resident to look for the result of the test because it was not in the report that he had. In this example, the patient directs the consultation by asking about the upshot of the results of the tests and if he needs any treatment. This case occurred in a few other consultations and this indicates that patients have authority and they can use it whenever they want and without an invitation from doctors. But the question is why doctors do not encourage patients to express their fears and symptoms without the need for them to ask?
The orientation towards doctors’ authority over sharing treatment decisions with patients might negatively affect the quality of patient-doctor clinician relationships. Sharing treatment decisions shows participants’ understanding of both illness and treatment (McCabe and Healey, 2018). Levenson, Roter, Mullooly, Dull and Frankel (1997) state that better treatment support, less patient litigation and higher satisfaction are associated with better physician-patient relationships. Therefore, shifting towards patient centeredness indicates shifting the focus away from a disease towards patients’ concerns including social, biological and psychological characteristics of disease (McCabe and Healey, 2018). Deploying this model in the interaction between patients and doctors may allow for the sharing and understanding of patient’s health problems and treatment through paying attention to patient’s values (Epstein and Street, 2007).

Returning to the present study, doctors oriented away from patient centeredness in most of the consultations which may affect the level of patient satisfaction. Also, when a doctor shows more interest in a patient’s disease than their concern and leaves them feeling poorly understood, this might affect the relationship between participants. This might occur when doctors tend to deliver treatment without sharing the decision with patients or checking their acceptance of the treatment.

In the Introduction (see section 1.5 Statement of the problem), I mentioned that a Jordanian newspaper relates the reason for the increasing violent behavior between doctors and patients to the miscommunication between participants that was caused by the focus of doctors on patient diseases and not showing the willingness to listen to them. The detailed analysis of the present
data supports this point in which doctors’ authority is dominant and patients did not have the chance to participate in treatment decisions except in a few cases.

Patient participation is an important issue to be discussed in health services research fields. In the present data, only one example demonstrated the doctor’s invitation to the patient to participate in the assessment of the reasons of the patient’s fatigue. The acceptance of participation helped the doctor to share with her the diagnosis of her fatigue and appeared to make it easier for the patient to accept the doctor’s diagnosis because she had a part in the diagnosis sequence.

In the present data, patients’ acceptance of the diagnosis or treatment was expressed in different ways. Some replied with the religious expression ‘God willing’ and others used stronger phrases to express their acceptance, such as ‘it is the best thing’ and ‘exactly’. In other examples, doctors seek patient acceptance by using phases, such as ‘okay Mr.?’. Passive patient resistance occurred in most of the consultations in which the unmarked acknowledgement ‘mmhm’ was used to express a less than firm acceptance of the diagnosis or treatment. In some consultations, active patient resistance clearly occurred towards the doctor’s treatment recommendations. All these forms of expressing acceptance or resistance had a role in the design of participants’ turns and the ongoing sequence. If patients showed resistance, this resulted in extra turns from the doctors to explain the decision. In contrast, when patients showed acceptance of the doctors’ decisions, the doctors shifted to the next action without any further turns.

Finally, the closing phase is formed by two main parts: preparing for closing and the closing of the consultation (Huang, 2012; Newman et al, 2010; Schegloff and Sacks, 1973 and West, 2006).
In the present study, different routes were followed to indicate a willingness to close the consultation, such as future arrangements, providing the patient with a prescription, summary and suggestions (Huang, 2012 and Robinson, 2001).

In some cases, presenting a new concern or raising an unresolved topic occurred after indicating willingness to close the consultation either by doctors, patients or companions which supports researchers, such as Huang (2012), Humphreys (2002), Park (2013) and West (2006). Patients may also ask preliminary questions, such as ‘Can I ask something?’ as a response to the doctor’s shift to announce the possible closure Nielsen (2012). Patients, in the present data, however, did not ask such preliminary questions. They directly introduced their new concerns or the unresolved topics without any kind of preliminary questions. This is different from

Several ways were followed by participants to end the consultation: thanking words in six consultations, well-wishing in six consultations, invocations in five consultations and ‘okay’ in two consultations. Also in a few consultations, there were examples of a combination of items, such as well-wishing, invocations and thanking words. Also, ‘in∫a Allah’ was used in one consultation as a response to a doctor’s question to close the consultation. Finally, ‘goodbye’ and ‘peace upon you’ appeared as an acceptance of closing. Alongside other differences mentioned earlier, there are well-wishes, invocations, ‘peace upon you’ and ‘in∫aAllah’, that only occurred in these Jordanian consultations in contrast with other countries, such as Korea and Taiwan where the use of thanking words and the terminal exchange ‘goodbye’ occurred.
2. Where and how do the participants depart from explicit orientation to the medical agenda and what impact does this have on the interaction?

Another notable feature in the present data is the departure of the participants from the medical talk to ST. The occurrence of ST is generally noticeable at the boundaries of conversations (Holmes, 2000 and Laver, 1975). However, in the present data the occurrence of ST tended to be positioned in the middle of the consultations more than at the boundaries; it occurred in three consultations in the opening phase, in eight consultations in presenting the complaint phase and in 11 consultations in the history-taking phase, in 12 consultations in diagnosis and treatment phases and in two consultations in the closing phase. On the whole, ST occurs in different ways in the medical talk; HAY talk, complimenting, laughter and joking (Maynard and Hudak, 2008). Complimenting and joking can also come under ‘co-topical’ small talk, which relates to the ongoing medical talk (Hudak and Maynard, 2011). Another type of ST in these consultations occurs when doctors ask a question to invite the patient to talk about unrelated topics.

ST and medical talk play a role in facilitating the instrumental activities involved in medical encounters. At the beginning, it helps in the transition from social talk to work. At the end it provides a way to finish smoothly by referring to personal components of the relationship after a period of time when the main subject of the conversation was the dominant part of the interaction (Holmes, 2000). ST is not always a complete departure from the agenda; there are occasions where it may support the medical situation and the present data proves that ST might be helpful in situations other than the transition points. At the beginning, the listener might think that ST is unrelated to the medical agenda but the speaker begins to gradually present the connection
between the presented ST and the medical agenda. The different degrees of presenting ST, starting with what initially appears to be unrelated and then pulling the conversation back to the medical agenda, help with a range of different purposes: convincing them of diagnosis and treatment, and collecting necessary information from patients (see section 6.4.2 The effectiveness of side talk on the medical talk).

One more result of these ST sequences is the creation of rapport and the present data shows the association between ST and rapport. In most of the examples, participants accept ST invitations; therefore, a reciprocation of ST occurs and engaging in ST might help establish a relationship between the participants. This rapport can result in facilitating the communication in the medical agenda. For example, due to the establishment of a good level of rapport patients may feel encouraged to provide the required information without hesitation and without feeling shy and embarrassed. Patients may also provide the reason for the visit without an invitation from the doctor.

In a few examples of the present data, participants used ST in the opening phase without any purpose except establishing a good relationship. For example; a companion opens ST about his father to remind the doctor of himself as follows:

1. Dr. 1 to Pat.: اتفضلي ست ——— هو لابش محوله؟
   ṭifadˤaliy sIT (name) jow laʔiyʔ ?imhawlih?
   Come in please Miss (name) what why come here?
   Come in please, Miss (name). What, why did you come here?

2. The Pat. Cousin: مرحبا دكتور
   Marhabaa dokTwor
   Hello doctor
   Hello doctor
6. Cousin: أنا إذا كنت تذكرني أبي المرجوم——: 
   ?anaa ?iðaa ?aBowy ?ilmarhowm (name)
   I am if you remember me my father the deceased (name)
   I am, if you remember me, my father is the deceased (name)

7. Dr.1: آه انت فرانت [ابيه] : 
   ?aah ?inta garaaBiT [?e:::] 
   Okay you relative [imm]
   Okay, you are one of imm relatives

8. Cousin: [ام] 
   [?em] 
   [Yes] 
   Yes

9. Dr.1: ت أمك التركيه:1 
   [?in]Ta ?omak ?ilTorkiyih 
   [yo]ur mother the Turkish
   Your mother is the Turkish.

10. Cousin: أمي التركيه [مهه] : 
    ?omiy ?ilTorkiyih [hh] 
    My mother the Turkish [hh]
    My mother is the Turkish one hh

11. Dr.1: كيف حالك؟ 
    [hh] kief haalak? 
    [hh] how are you? 
    hh. How are you?

12. Cousin: الحمد لله 
    ?ilhamdolilAllah 
    Thank God 
    Thank God

13. Dr.1: شو بتقربلك------؟ 
    ?ow ?iBTigraBlak (name)? 
    What the relationship with (name)? 
    What is your relationship with (name)?

14. Cousin: يتكون ابي بنت عمى 
    BiTkown ?ie:: BinT çamiy 
    She is my cousin 
    She is my cousin.

15. Dr.1: آه شو حالها؟ 
    ?aah ?ow malhaa? 
    Okay what wrong with her? 
    Okay. what’s wrong with her?
Despite the preference of Doctor 1 to begin the consultation by asking about the reason for the visit, the companion shifts back to the opening phase and to include ST that helps to establish a relationship with the doctor before talking about the reason for the visit. Holmes (2003) clarifies that this kind of talk warms up the social relationships between participants and enhances the likelihood of talk beginning on a positive note. ST, in this example, supports the building of rapport in which participants deal with each other as equal conversational partners. In another example (see section 5.2.1.1 Joking), the doctor opens ST with the patient that does not support the main topic of the medical agenda. This talk plays a role in maintaining a good relationship with the patient. Holmes (2003) supports this point by explaining how this talk might have a positive impact on the quality and quantity of work. In the medical context, the role of ST might be positive in terms of helping to gather the required information smoothly from patients, normalize unpleasant procedures or to reduce the sensitivity of certain topics (Macdonald, 2016).

One of the ST forms that was discussed in the present study is laughter. The association between laughter and rapport occurred in the findings by Lavin and Maynard (2001) when the interviewers maintained rapport by showing quasi laugh or smile voice as a reaction to respondents’ laughter. One of the questions that their study raised for future research is how these sequences might affect the substance of respondents’ answers. The present study contributes in presenting how ST is associated with rapport to affect the medical agenda in different ways, such as receiving the necessary information from patients that might help, in addition to physical examination and medical documents, in diagnosis and treatment decisions.
This result might answer a part of Lavin and Maynard's question but in relation to the doctor-patient setting.

**8.2 Implications**

This section introduces the contribution of the present study to Conversation Analysis (CA) and the empirical contribution.

**8.2.1 Contribution to Conversation Analysis**

The use of the CA approach provides analysis of naturalistic and empirical data together with a detailed description of how medical interaction develops, instead of relying on reports that are generated through surveys and interviews (Webb, 2009). The current thesis contributes to the field of knowledge by adding analysis of new data from Arabic language consultations at a Jordanian university hospital. The detailed analysis of all the medical phases reveals the recurrent patterns and practices through which medical consultations are constructed in this Jordanian hospital. This detailed analysis adds a significant contribution to the small amount of literature that has looked at the sequences within medical consultations in other countries.

In addition, the detailed analysis explores the talk that orients to the medical agenda and the talk that departs from it. The analysis presents how these sequences occur by discussing the different types of side talk (ST) occurrence. The findings of the impact of ST may be relevant to medical practitioners as ST can positively impact the nature of the interaction. This contrasts with Malinowski (cited in Coupland et al, 1992) who claims that small talk is a space filler and
purposeless. It was noticed in most of the present data that ST facilitates doctors’ procedures for collecting the needed information and helps patients in providing doctors with the required information. This information, in turn, helps doctors with making diagnosis and treatment decisions. In the patients’ case, ST impacts on their replies to doctors’ questions; for example, they replied without hesitation and low intonation which can indicate that they did not feel embarrassed while talking.

Furthermore, ST might be presented intentionally by participants although it is not stated explicitly in the interaction. For example, doctors may collect information on patient’s biography that does not directly relate to the medical orientation by asking about the patient’s job and specialization and where they live. At a time when there is pressure to reduce the time of consultations because of the increasing number of patients and when medical services are increasingly overburdened, the findings indicate that ST is not superfluous.

The theoretical contribution lies in the detailed sequential analysis that helps to explore the role of a doctor’s authority in delivering treatment and its effect on the relationship between patients and doctors. Although there is a negative effect of showing complete authority on the final treatment decision as discussed earlier in this chapter, the findings show the role of ST in most of the consultations. In addition to the positive effect of ST to the main topic of the medical agenda as noticed in the present data, ST has a pivotal role in establishing the relationship between participants (see Holmes, 2003; Macdonald, 2016; Valencia, 2009 and Walsh, 2007). Despite the establishment of a good relationship ST does not relate to the core of the medical agenda, it
facilitates the communication between participants and establishes a relaxed atmosphere to patients especially on sensitive topics and during unpleasant procedures (Macdonald, 2016).

The study shows cautious orientation towards patient centeredness. Doctors tried to strike a balance between using authority to deliver treatment and engaging with patients in ST. The use of the unilateral strategy was more frequent in the present data than the bilateral strategy. However, ST occurred in most of the consultations either to support the main topic of the medical agenda or to oil the relationship between participants to begin talk on a positive note. Steer, Makoul, Arora and Epstein (2009) state that ‘talk can be therapeutic’ because it helps in reducing the anxiety of patients and in providing comfort. Participants might use ST to influence the behavior of each other (Holmes, 2003). However, doctors keep their right to open ST and to close it or to accept patients’ invitation to be engaged in ST. This supports Holmes (2003) who states that participants who are in the position of power generally allow small talk or cut it short. Valencia (2009) also supports the point that in Hong Kong, a boss has the power position to shift the talk of meeting from small talk to business talk. All these examples including the present data demonstrate how participants who are in the leading position ‘use small talk to do power’ (Holmes and Stubbe, 2003) and how it may occur as a power marker in workplace interaction (Valencia, 2009).

All in all, allowing patients to participate in ST either to support the core of the medical agenda or to establish interpersonal relationships is found to have a pivotal role in the quality of health care and health outcomes. ST in the workplace might help in providing a relaxed atmosphere and
achieving social goals, such as building trust with one another, so that this will be reflected in the quality of the medical care.

8.2.2 Empirical contribution

This study also contributes to assessing the various strategies that doctors use to gather information from patients and how they are willing to listen to patients. The present research helps the hospital in improving the performance of the doctors if necessary through presenting a detailed analysis of turns and sequences. Also, the recurrent use of certain patterns provides the hospital with information on the style of doctors in communicating with patients. Drew, Chatwin and Collins (2001) highlight that CA helps in documenting how doctors communicate with patients and how this can be reflected to the success of the use of different styles of communication. Therefore, CA could contribute to the design of workshops aimed at developing doctors’ communication skills with patients and on how to employ side talk (ST) purposefully in the medical agenda.

Doctors have authority in a medical visit as in initiating a consultation with a question about the reason for the visit and in making treatment recommendation decisions. The positive occurrence of ST in most of the consultations underlines the value of developing training workshops for doctors. The training may focus on several points: Firstly, understanding the importance of introducing all the medical phases and not dismissing anyone of them. For example, because of the absence of the opening phase in a few consultations, it is worth explaining the importance of beginning the consultation with greetings, a general introduction and sometimes ST to warm up
the consultation and to oil and normalize the interactional process. Secondly, involving patients in treatment decisions and paying attention to their responses to avoid forcing them towards accepting a particular treatment without explaining the necessity of the medication to their health problem. Thirdly, engaging ST in the medical context for two reasons: to support the main topic of the medical agenda as in convincing patients of diagnosis or treatment, and to establish a good interpersonal relationships that will affect the procedure of gathering information from patients, in normalizing unpleasant procedures and to reduce the sensitivity of certain topics (Macdonald, 2016). Moreover, it is noticed in the present data that doctors sometimes ignore patients’ greetings or HAY talk and shift to asking about the reason for the visit instead. Therefore, fourthly, replying to patients’ greetings and HAY talk even with one word will be reflected in the patients’ satisfaction that doctors do not ignore patients and use their authority to direct the consultation as they want in indirect way.

This study offers insights of how workshops may play a role in improving the relationship between participants and in developing the communication techniques that doctors may use. McCabe and Healey (2018) state that such training is not to change the belief of patients but to let them feel that they are understood. Doctors may improve their skills in how to pay attention to patients themselves in addition to focusing on the disease. In this way patients might be more satisfied because they will have part in decision making even if doctors preferred their choice of medication in the final decision. Also patients may be more satisfied if doctors tried to use new techniques to improve patients’ understanding of a diagnosis or the importance of treatment through including ST that might occur as a shift from the medical agenda but at the same time
supports the core of the medical agenda. Drew et al (2001) make this point when they mention the importance of discussing treatment options with patients to improve patients’ commitment and understating of treatment. Furthermore, doctors can open up the talk to patients in the diagnosis phase to explain the symptoms they have and to express what they fear might be incorrect. In addition, employing the use of ‘perspective display series’ while delivering diagnosis will let patients feel more satisfied and accept the diagnosis more readily especially in the case of bad news. Patients’ satisfaction along with doctors’ divergent communication techniques will positively improve the quality of the health care. When doctors give patients the chance to talk over their symptoms and show care of patients’ understanding of the necessity of treatment, they contribute to the patients’ participation in the assessment and to their satisfaction in the medical visit. This can also contribute to the success of the medical care (Drew et al, 2001). Drew el at found that the positive impact of the different strategies of communication reassures patients that seek medical help but do not require treatment which was reflected in reducing the number of unnecessary antibiotic prescriptions.

In the present data, if doctors listen to patients’ fears or additional symptoms and if they share with patients the reasons for certain medication in all consultations and without a request from patients, this might reduce the resistance to treatment decisions and raise the degree of patients’ satisfaction thus improving the quality of the medical care. The communication between doctors and patients might influence health outcomes in indirect way (Steer et al, 2009). The proximal outcomes including ‘patients’ trust, understanding, agreement with doctors, satisfaction, motivation, rapport, feeling known and involved’ (Steer et al, p. 297) will affect ‘emotional
managements, self-care skills, social support, the quality of medical decision and access to care’ (Steer et al, p. 297). All these proximal and intermediate outcomes will be reflected in health outcomes. They clarify that there are seven pathways of communication that can improve the quality of health care: higher quality decisions, patient knowledge and shared understanding, access to care, improving family and social support, enhancing the ability of patients to manage emotions, enhancing the therapeutic alliance and enhancing patient empowerment and agency. Therefore, doctors can choose among the courses of action that might help in achieving the goals of interaction (Drew et al, 2001).

8.3 Limitations and recommendations for future studies

It should be noted that this study has been based on audio recorded data only. Video recording was difficult to conduct. Participants refused to be video recorded because they did not like the idea of being recognised by others while discussing a medical issue. Audio recording only presents the verbal behaviour of the participants but misses other elements of communication; therefore, the researcher’s evaluation of participants’ reaction could have been more precise if video recording had been available. In order to possibly increase the likelihood of using video recording, it may be useful to target a younger audience and discuss ethical strategies which ensure anonymity.

Also, the study provides evidence on the phases that recurrently make up consultations (opening, presenting the complaint, history-taking, diagnosis, treatment, physical examination and closing), which would enable future researchers to conduct a more detailed and focused analysis of
specific phases. Moreover, different forms of ST were investigated in the present study as well as the effect of ST on the medical agenda, which would also enable future researchers to conduct more focused analysis through considering the following questions: Is there a gender effect on the engagement of ST?, can the relationship between a doctor and a patient affect the consultation in terms of the occurrence of ST, the occurrence of all the medical phases, or the length of the consultation? Finally, a comparative study could be conducted between two different medical encounters in two different countries to investigate the frequency of ST occurrence and its effect on the medical agenda.
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Appendices

Appendix 1: The transcription symbols and the analysed consultations

A. The transcription symbols that used in the present study (Jefferson, 2004)

They are cited in in G.H. Lerner (Ed.), Conversation analysis: Studies from the first generation (pp.13–31). Amsterdam: John Benjamins.

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(h)</td>
<td>Shows that there is laughter</td>
</tr>
<tr>
<td>(0.2)</td>
<td>Timed pause shows timed pause</td>
</tr>
<tr>
<td>( )</td>
<td>Double parentheses show the researcher’s comment</td>
</tr>
<tr>
<td>( )</td>
<td>Empty parentheses show inaudibility</td>
</tr>
<tr>
<td>[ ]</td>
<td>Square brackets show overlapping</td>
</tr>
<tr>
<td>::::</td>
<td>Colons indicate a stretch in sound</td>
</tr>
<tr>
<td>=</td>
<td>It appears at the end of a sentence and at the beginning of the next sentence to indicate that there is no pause between them.</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>↑</td>
<td>Rise pitch</td>
</tr>
<tr>
<td>↓</td>
<td>Low pitch</td>
</tr>
<tr>
<td>°</td>
<td>The degree symbol means reduced volume speech or whisper</td>
</tr>
<tr>
<td><strong>CAPITALS</strong></td>
<td>indicates that a speech is louder than surrounding.</td>
</tr>
<tr>
<td>£</td>
<td>indicates a smile while speaking</td>
</tr>
<tr>
<td>_</td>
<td>indicates that the underlined word is stressed</td>
</tr>
<tr>
<td>-</td>
<td>a hyphen after a word indicates self interruption</td>
</tr>
</tbody>
</table>
The following are the abbreviations that the researcher used in the transcription:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.1</td>
<td>Indicates that there are two doctors in the room and this is doctor #1</td>
</tr>
<tr>
<td>Dr.2</td>
<td>Doctor #2</td>
</tr>
<tr>
<td>Pat.</td>
<td>Patient</td>
</tr>
<tr>
<td>Fath</td>
<td>Father</td>
</tr>
<tr>
<td>Hus</td>
<td>Husband</td>
</tr>
<tr>
<td>Res</td>
<td>Resident</td>
</tr>
</tbody>
</table>
B. The analysed consultataions

[Abu El-Rob: JMT: C 1:2015]

The duration: 20: 5

1. Nurse:----
   Haay hajih (name)((the nurse called her by a wrong name))
   This Hajih (name)((the nurse called her by a wrong name))
   This is Hajih (name)((the nurse called her by a wrong name))

2. Pat.: (name)

3. ((The patient is correcting her name))

4. Dr. : ------ ?------
   (name) wila (name)?
   (name) or (name)?

5. ((The doctor is not sure of the correct name of the patient, so he is making sure of which name is the correct?))

6. Pat.: = ↑----- ↑-----
   (name)↑   (name)↑=
   ((The patient is answering the correct name by repeating it twice.))

7. Dr.: =
   Kol câam wa ?inti ?iBixi::r
   Every year and you goo::d
   Happy Eid

8. Pat.:  الله يسعدك دكتور. الله يخليلك.
   Allah↑ yisciDak DokTwor. Allah yiXaliek.
   Allah↑ makes you happy Doctor Allah protects you
   May Allah↑ make you happy ((Thank you)),Doctor. May Allah protect you

9. Dr.:  شلوتك؟العيد الحاج وانتو جاين من عرف [ات]?
   How are:: you? Al Eid next and you coming from çaraf[aaT.]
   How are you? Wish you next year to be coming from Al Haj.

10. Pat.:  انشا [الله ]
    [In]a ] Allah
    [willing ]God
    God willing

11. Dr.: افاضلني ↑ يختني
    ?iTfad'aly↑ yaXTiy.
    Come in↑ sister
    Come in↑sister

13. Pat.: £ £ £ £ £

14. Dr.: ?aah yaa Hajih↓

15. Pat.: = Allah yisçiDak DokTwor. ?anaa kol ?icçi’aamiy BiTwadziçiçi niy↓=

16. Dr.: =QaDiy↓ cómrik↓? wafgiy , 64=

17. Pat.: =64 64 =

18. Dr.: = Wa Allah mahowi ?imBayin.

19. Pat.: = Heh

20. Dr. to the patient’s son: امك؟


22. Dr.: waAllah niyTiy 44=

23. Son: بعدين أنا أصغر واحد عندها

Also I the little one for her.
Also, I am the little one of her sons and daughters

24. Dr.: waAllah mahwi ?imBayin.
   Really it not obvious.
   It is really not obvious.

25. Son:  
   hh

26. Dr.: Wiyn saknih?
   Where you live?
   Where do you live?

   In Jarash. camp swof.
   In Jarash, Sowf camp.

28. Dr.: walAllah ?inik imrafaha
   You really live a luxury life.

29. Pat.: ṣiz ṣiz
   What such a glory!

30. Son: Hala↑ ?iħnaa DokTwor ?aʒiynaa gaBil hiyk?
    Now↑ we doctor come before this come we before this
    ?aah wa ?iςmilnaa fohwosˀaaT kamlih wa ?aʃṭiyTnaa dawaa
    yes and have made we tests full and you have given us medicine
    wa hakiyTilnaa ?iBĩTirdʒaʔco BaciD ma Two XDwo ?ilDawa
    and told us came back you after taking the medicine
    Ok↑, doctor we visited you before and you have made full examinations and you have
    given us a medicine and you told us to come back once the medicine is over.

31. Dr.: çalaa rasiy↓ çalaa rasiy↑
    Okay↓ okay↑
    Okay↓, okay↑.

32. A lot of noise in the clinic (nurses are talking with each other and the doctor is taking with
another patient) for a minute and 59 seconds

33. Dr. to the nurse: tʃaʔiB ?iʃTahiylnaa fohwosˀaaT (name) kamlaaT↑? ?ilmarah
    Okay open for us tests (name) available↑? Time
Okay, open for us on (name)’s tests, are all of them available↑? Last time, she has come and has made tests here.

34. ((The doctor is taking with another new patient for 48 seconds))

35. The son: 3ayi::B ermm kamlly laDokTwor kolfiy Bis'iyr maçakiy ?intiy
Oka::y ermm continue to the doctor everything happens with you. You gwolTiiylwo Bas ?icz'amiy BiTwadziçniy!
told him just bones my hurt me!
Okay ermm continue to the doctor everything happens with you. You just told him that my bones hurt me.

36. Pat.: هه
hh

37. Dr.: النسوان مشكنتين النصاح↓
  ?ilniswaan mo'kilThin ?ilnas'aah↓.
The women problem the fat↓
The problem of the women is the fat↓.

38. Son: لا↑ أنا - دكتور احنا الدكتور مشكلتنا [معها]
  La↑ ?anaa- DokTwor ?ihnaa DokTwor mo'kilTnaa [maçhaa]
No↑ I - Doctor we doctor problem our [with her]
No↑. I- doctor, we doctor our problem with her

39. Dr.: زيادة [الوزن [الضغط]
  [ZiyaaDiT] ?ilwazin lal [d'ayt']
  [Gaining] weight for [the pressure]
Gaining weight for the pressure

40. Son: نزل [Nizil]
  [lost]
lost

41. Dr.: للضغط
  lald'ayt'
For pressure
For pressure

42. Son: نزل وزنها بفتره قصيرة كبر بسيطه كثير
  Nizil nizil wazinhaa BifaTrah gas'iyrh ?ik0iyr Basiyt'ah ?ik0iyr
lost lost weight her within a period short very simple too much
Lost, lost her weight within a very short and simple period of time.

43. ((The doctor is taking with another new patient for 48 seconds))

44. Son: اه دكتور؟
Okay doctor?
Okay, doctor?

Dr. to the nurse:
ifTaḥiylnaa BaAllah la (name) ʔin_ipv wof hassah fohwos’aaThaa
Open for us please for (name) to see now tests her
kaamlih. ʔalaa ʔal[ajih.
accomplished on the screen
Please open for (name) to see now if her tests were accomplished. On the
screen

Dr. to the pat.:
t’ayiB sokarik t’abi’yį̃iy gwoliy ʔilhamDo[lilAllah]  
Okay. Sugar normal, say thank [God]  
Okay. Sugar is normal, say thank God

Pat.: [ʔilhamD] lilAllah↓  
[Thank] God↓  
Thank God↓

Dr.:
?ilooDih ?ilDoraqiyyih t’abi’yį̃iy qinDhaa ?ilDohniyaaT ʔalayi̇i̇ ʔilDohniyaaT  
Glandula thyroidea normal has she the acylglycero high  the acylglycero  
ʔiñoçiyn wa ?ilθolaαštii̇y wa DohwOn ?ilkolIsTrw ol=  
the two kinds of acylglycero and the triacylglycerol and the cholesterol=  
Glandula thyroidea is normal. The acylglycero is high. The two kinds of acylglycero  
and the triacylglycerol and the cholesterol=

Son: = اه =  
=ʔah=  
=Oh=  

Dr.:  
=Wa ʔilkolIsTrw ol ʔilXabiyyθ ʔilXaam  
=And the cholesterol malignant worst  
=And the malignant worst cholesterol

Pat.:  
Tamaam  
Got it  
Got it

Dr.:  
Fahwa ʔiıntıiy ʔiBTwokli̇y wa ʔiBTog̦SoDi̇y ʔiBTg[Tyli̇y?  
So you are eating and setting. work?  
So, you are eating and setting. Do you work?
54. Pat.: لا لا?
No

55. Dr.: و ماليداص ملع جليص: ك و بث: ك ال وم و جاجا كلا كنس ولحمنا نسس. الذهينيا بالمنشف والسمنه والرخية.
Wa maja? Allah ?iJaBaB Bija:Bo:lik wa ?iBiTwo:kliy wa ça:awamih
And without envy the youngs bringing for you and eating you and sweat
wa 3a: nnaa koloh Dasam wa lahimnaa Disim.
and chicken our all of it full of fats. And meat our full of fats
?iDohniyaaT Bi Imanasaif wa ?ilsamnih wa ?ilzIBDih
The acylglycerol in Almansaf and ghee and butter.
And, without envy, the youngs are bringing for you and you are eating sweat, our
chicken and the meat that all of it full of fats. The acylglycerol is in Al mansif, a
Jordanian dish that consist of yougert, meat and rice, ghee and butter.

56. Dr. to the son: تعال شوف بعييك
Come see in your eyes
Come and see by yourself

57. انت شو بتشغل؟
You What is your job?

58. Son: أنا أسذاذ
I am a teacher

59. Dr.: أه يا أسذاذ - شو هاظ السهم لوين؟
Okay teacher - what this arrow where?
Okay, teacher!- where is the direction of this arrow?

60. Son: أه فوق عالي
Yes above high
Yes. Above, high.

61. Dr.: عاليات هدول يدا للذهينيا ولن تخاف يكون عندها نقص. وين بالله ذيقيقه. ك هاذ هاذ بالله في نقصا.
calya:T haDwol BiDhaa Dawa la IDohniyaaT wila ?iTXaaf yikwon
High these need treatment for acylglycerol or frightening to be
çinDhaa nogros? Diyr Baalak ha Dagiygah haa? haa? BiDil
has gout take care okay Just a minute this this means
?inoh fiy nogros?=
that there gout=
They are high and need a treatment for the acylglycerol or it would be frightening that
she has gout. Take care okay, just a second, this, this means that there is gout=

62. Son:  = أه=
=؟=أ=
=أ=
=أ=

63. Dr.: دلاله. (0.3) و دال عندها بالحضيض واطي 3:
=Dalalih. (0.3) وا Daal 6inDhaa Bilhad'iyd? wat'iy 3
=Connotation. (0.3) and vitamine D for her too low low 3
=Connotation. (0.3) and Vitamine D is too low, low 3

64. Son: فياتيم دال
ViTamyn Daal
Vitamine D
Vitamine D

65. Dr.: لطبيعي لازم يكون 30. هاظ روع المفاصل (ينظر الي المريضه):)
The normal must be 30. This the arthritis
The normal must be 30. This is the arthritis.

66. Son: أه
?ah
Oh
Oh

67. Dr.: above دال عندها 3 (0.2) من 30 الطبيعي فوق
Daal 6inDhaa 3 (0.2) min 30 ?i?l'tabiçiy fwog above
Vitamine D is 3 (0.2) from 30 the normal above above
Vitamine D is 3 (0.2). The normal is from 30 above, above.

68. Son:طب
?i?l?ah
Okay† doctor does affect vitamine D on the memory? Because
Sometimes she forgets even the pray that prayed or not↓
Okay†. Doctor! Does Vitamine D affect on the memory? Because, sometimes, she
forgets that she prayed or not↓.

69. Dr.: للا هاي شبقة - الذاكره استاذ زمان واحنا قد ولاذكو نراق ودروج وببالي نتفض هابر وانام ما حدا يفكر.
No no this thing - the memory Mr in the past when we in the age
?wlaaDkwo nigraa wa ?inrwi?h wa biliyl ?in?fiy hal
kids your reading and returning back and at night turning off the
Banworah wa ?inaam ma ?hadaa yifakir
lantern and sleeping nobody thinking
No, no this this – of memory, Mr. In the past, when we were in the age of your kids,
we were reading, returning back home and at night we were turning off the lantern
and sleeping. Nobody was thinking
اليوم ليل نهار، ابدأ في الشارع بتبكيك، وانت تبتوضي بتبكيك، وانت يتذكّر بتبكيك، وتبكيك لستك. الناس ليل نهار

?iıywom liyl ?inhaar wa ?inTaa ma'lîy Bil'ariç BiTfakir wa ?inTaa
Today, night day and you walking in the street thinking and you
BiTiTwad'aa Bitfakir wa ?inTaa ?iBiTwokil BiTfakir wa
the ritual ablution thinking and you eating thinking and
?iBiTogrot'? ?ilsanak. ?inyaas liyl ?inhaar
you bite tongue your People. night day
Today, all the time, you are thinking while walking in the street, doing the ritual ablution, and
while eating and you bite your tongue. All the time, People

محمّله مما أكثر من طاقتها

?imḥamlîh ?iDMAyhaa ?akθar min ?aqi'ıhha
Put their mind more from capability
Put in their minds more that their capability.

حسن: بين يحَى أن الموضوع الموضع بدنسش
Bas yaqniy 'anaa ?ilmawd'woç 'ilmawd'woç BiD[naa]
But I mean I the point the point n[ot]
But I mean, I, the point, the point does not

لا لا لا تخافش. لا لا تخافش
[Laal laal] laa ?iTXafï laa laa laa ?iTXafï
[No no] no don't be afraid no no no don't be afraid
No, no, no, do not be afraid. No, no, no, do not be afraid.

لا أنه عنها ب12 منيح عالي متيين 228 دمها
Li?anoh çinDhaa B12 ?imniyy aliyy miyTiy 228 Damhaa
Because she has B12 good high 200 228 blood her
Because her B12 is good, high 200. 228. Her blood

عندها زواد بالدم. او نقص. عندها زواد ونقص بالحديد صامحة؟ أنت اليوم؟
çinDhaa ?izwaaDih BilDaM ?ah wa naqis' çinDhaa ?izwaaDih BilDaM wa
Has she high in blood and anemia. Has she high in blood and
naqis' BilhaDaYD s'aaymî ?inTiy ?iıywom?
anemia fast† you today?
She has high blood and anemia. She has high blood and anemia. Are you fast† today?

حسن:
?ah
Yes

يا اعمالها فحص اطليبي بالله

BiDiy açmalilhaa fahis' ?t'loBiY BaAllah la (incorrect name)?
I will to make for her test ask please for (incorrect name)?
(Correct name)=
(Correct name)=
I will ask for her a test please ask for the patient’s name)?:

شف هاد بالله دكتور انتجة عند دكتور خاص اعطماني هاد الدو [بس]
Look this please, doctor. I have been treated by a private doctor and he has given me this medicine, but

79. Nurse: [آله شو أكتبلي؟]

اطل بحبي? اكتبلي؟

(I am waiting) what should I write for her?

80. Dr.: هاظ للعظم مسكن بسكن انتهي مفعوله وبعدين؟

This for the arthritis pain relief. Its effect is gone and then?

81. Pat.: اه مسكن

Yes pain relief

82. Son: [ترجم]

مهي المشكله بترود الحيب طبيعي بعد؟

المشكله بترود الحيب طبيعي بعد؟

83. Dr.: [السبب]

السبب عندي نقطه فيتامين د خاله!

The reason the reason that you have shortage in vitamin D, aunt!

84. Pat.: 

دين تابي ب داء

This is from a private doctor.

85. Dr.: 

عدد طبيب خاص هاظ =

The reason you have shortage in vitamin D, aunt!

86. Pat.: 

12 اخذت 3 كورسات (0.1)

And I have taken 3 courses of B12 (0.3)

87. Dr.: 

يمعنى القطي من ذله؟

This means the cat from tail it’s (a Jordanian proverb)
This means ‘it’s the same↓’.

88. Oral F
89. !
   ِّٖٔٓ ث٤وٖٓ؟ ث ٤ٖو ؽٔبه ك٤ٜٖ؟
   Riʒliykiy ?as’aaBiʒ riʒliykiy min goDaam Biyramin? Bis’yir
   feet your toes your from front swollen becomes
   hamaar fiyhin?
   redishness in them?
   Your feet, the front of your toes become swollen, is there red color in them?
90. Pat.: ↓
   ما يعرف ↓
   Ma Baẓrif↓
   I don’t know↓
   I don’t know↓
91. Dr.:. Orameed
   خلص ضبليلي اياه. مسکن برضو.
   Mosakin Bard’wo, Xalas’ d’oBiyliy ?iyaah
   A pain relief also, that’s enough put a side it
   It is also a pain relief. That’s enough, put it aside.
92. Dr. to the nurse: ↓
   حطيلنا بالله للمهج ---- اطلبيلي اليوم احتط عينه
   hoṭ’iylnaa BaAllah la ?ilHajih (name) ?ot’loBiy ?ilywom
   Write please for Al-Hajih (name) ask today
   ?iThot’ çayinih
   to leave a sample
   Please write for Al-Hajih (name) to leave a sample today.
93. Dr. to the pat.: ↓
   و اتركها لبعد شهر
   Wa ?oTrokiyhaa laBaςiD 记者了解
   And leave it for a month
   And leave for a month
94. Dr. to the nurse: ↓
   فحص نقرص
   fahis’ nogros’
   Test gout
   Gout test
95. Urine acid
96. Dr. to the pat.: ↓
   رجليكي اصابع رجليكي من قدم بيرس؟ بيصر حمار فيهين؟
   Riʒliykiy ?as’aaBiʒ riʒliykiy min goDaam Biyramin? Bis’yir
   feet your toes your from front swollen becomes
   hamaar fiyhin?
   redishness in them?
   Your feet, the front of your toes become swollen, is there red color in them?
97. Dr. to the nurse: ↓
   جبيلنا جهاز الضغط
   dʒiBiylna ʒihaaz ?ild’ayt’
   Bring for us device the pressure
   Bring for us the pressure device.
98. Nurse: ↓
   هير
   Haeo

345
Here it is

Dr.: Here it is.

Dr. to the son: What is medication she takes for pressure?

Son: From you. You have prescribed it.

Dr. to the son: Okay, if it's here okay now we will see it on the screen.

Son: It's just the uses of the pain relief.

Dr. to the nurse: medication Open for (name) medication.

Nurse: Open for us for (name) medication.

Dr. to the son: You gave her a pill weekly.

Son: The same medicines, doctor.

Nurse: Is this medication you prescribed it?

Son: The same medicines, doctor.

Dr.: What is medication she takes for pressure?

Son: What is medication she takes for pressure?

Pat.: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.

Dr.: Dawaa d'ayt'

Son: Dawaa d'ayt'etyaDiya.
You have given her a pill weekly.

111. Dr.: 

هذاك عيار 50000 آلی عندي هسه 5000↑
haDaak ٞišyaar 50000↑ ٞišiy šindiy hassah 5000↑
that dose 50000↑ that have I now 5000↑
that dose was 50000↑ and that I have now is 5000↑

112. Son: 

خلاص لعاد
Xalaš' lašaaD
Okay so
So, okay

113. Dr.: 

فيتودأه يوم بعد يوم عن حبات بالاسبوع، ماثي يا حجه؟
Fa ٞišToXDoh ywom baššiD ywom yašniy ٞ3 haBaaT Bil?isBwoʃ.
So take she day after day in other words 3 pills weekly.
maʃiy yaa Hajih?
Okay Hajih?
So, she take every other day. In other words, 3 pills weekly. Okay, Hajih?

114. Son: 

والضغط أي:... لا تخد علاج وارجعت غيرته
Wa ٞiššTarmac ermm yyarTinaa ٞišDawaa? kanaT
And the blood pressure ermm changed you for us the medicine used to
TowXiD šilaadʒ wa ٞišjiT yyarToh
she take Treatment and gain you changed it
And the blood pressure irmm you have changed the medicine. She used to take
treatment and you have changed it again.

115. Dr.: 

هسا بشوفلك اهاء
Hassaa Baʃoeflak ٞiyaah
Now I will see it
I will see it now

116. Son.: ٞah
Okay
Okay

117. ((The doctor is calling another patient and also talking to the nurse for (0.16) seconds))

118. Dr.: 

بندا للدهون
BiDnaa la?iDohwon
We need for the fats
We need for the fats

119. Cardisantan
120. Neprzal
121. Folic Acid
122. حديد قيمه لا تحطيروش
hadiy gijmToh laa ٞiThwofšiyoʃf
Iron I removed it not add it
I removed the iron, do not add it.
123. Cardisantan
124. Hydrochloric
125. Paracetamol
126. والدال 5000
   Wa ?iDal 5000
   And vitamin D 5000
   And vitamin D, 5000
127. Pat.: بس اخد من هاد المسكن؟
    Bas ?aXoD min haaD ?ilmosakin?
    Well I take from this pain relief?
128. Dr.: خالة خلص انت ردي علي!
    Xaalah Xalas? ?inTi roDiy  $alay↓
    Aunt that’s enough you answer me↓
    Aunt! That’s enough, do as I told you↓((the intonation of the doctor was not serious, it
    was normal))
129. Pat.: توكلكنا على الله
    Tawakkalnaa $alaa Allah
    We trust in Allah
    We trust in Allah
130. Dr.: لرحلو. هاظ وانت تخذبه يضر بلك كلاك↑ يخر بلك دملك ↓
    lawahwolew. haað′ wa ?inTi ToXðiyh yid’roBlik kilaakiy↑ yiXariBlik
    COME ON this and you taking it affect badly on kidneys your↑ destroy Damik
    blood your
    COME ON. While you are taking this, it is affecting badly on your kidneys↑ and
    destroying your blood.
131. Son: ما احنا هاظ اللي يدناش ايه بتعرف اياه [ايام]
    maa ?i$hnaa haað′ ?ily BiDnaaj $iyaah ?BTi$rif ?ayaam [?ayaam]
    That we this what do not want it you know some[times]
132. Dr.: على الأماكن يا خالة على الشط
    [Xaliykyi] $alaal $il$aj′ $alaa ?il?amaan yaa Xaalah
    [Stay] on the beach In the peace aunt
    Aunt! Stay on the beach, in the peace.
133. Son: ينصير من الرفع ينصير تبكي
    BiTs′iyr min ?ilwa$af′ Bits′iyr TiBkiy
    She starts from the pain she starts crying
    She starts, from the pain, she starts crying.
134. Dr.: لا تسبحين بالعقبه في سمك فرش
    Laa tisBahiyyf′ Bil $agaBi$h fiy samak qirf′
    Not swimming no in Aqaba there sharks
    Do not swim in Aqaba, there are sharks.
135. Pat.: Allah la a'raf ish'ī wa laa šinna bahar

Really, I do not know swimming and we do not have sea.

136. Dr.: Laa ?itXaafiy∫ binʒiyBlik Bahar

Do not be afraid. We will bring you sea.

137. slamTik

Wish you to get well soon

138. Dr. to the nurse: ?okToBilhaa mawçiD jahar

Write her an appointment after a month

139. Pat.: Allah yisalmak

Thank you

140. ((The patient and the son leave.))
Duration: 7: 98

1. Hus.: 
   ?asalaam ça laykom
   Peace upon you
   Peace upon you

2. Dr. 1: 
   ?ahlleen  hala
   Hi    hello
   hello

3. Hus.: 
   دكّتور ----؟
   Doktwor (name)?
   Doctor (name)?
   Doctor (name)?

4. ((The patient enters the room))

5. Pat.: 
   السّلام عليكم [كم]
   ?ilsalaam  çalay[kom]
   Peace upon[ you]
   Peace upon you

6. Dr. 1: = اَلِين  هلا ]
   [?ahl] een hal=
   [Hi] heloo=
   Hello=

7. Pat.: = كّيفك دكتّور تور ؟
   = Kiyfak    doc[twor?]
   =How are you    doc[tor?]
   =How are you, doctor?

8. Dr. 1: = اَلِين  هلا ]
   [?ahl]iyn  [ hala]
   [Hel]lo    [hello]
   Hello

9. Pat.: = شو [أخبارك؟]
   [Jow]    ?aXBaarak?= 
   [What]     your latest news?= 
   What is your latest news?=

10. Dr. 1: = اَلِين  هلا مين[المرض؟ ]
    =ahl[iyn  hala miyn     [?ilmariyd”?]
    =Hi    hello    Who    [the patient?]
    =Hello. How is the patient?
11. Pat.: كل عام وانتم بخير. أنا دكتورٍ هنديٍّ.
Kol çaam wa ?inTa ?iBiXyr. ?anaa Doktwor↑ hh=
every year and you good. I am doctor↑ hh
May every year to be good/ Happy Ramadan. I am, Doctor↑ hh=

12. Dr.1: ؛ه ماتني من زمان؟: £ £ ؛مايكل؟;
=؟ah↑ ma ?inTi min zamaan↑ ؛£ ؛iy∫ malik?
=Oh↑ You since a long time↑ ؛£ what problem your?
=Oh↑. It is a long time↑. What is your problem?

13. Pat.: زوجي دكتور =
zowdʒiy doktwor =
my husband doctor=
Doctor, this is my husband=

14. Dr.1: اهلين. اهل و [سهلا] =
=؟ahlyn ؛ahllan wa [sahllan]
=Hello You are well[come]
=Hello. You are welcome

15. Pat.: كيفك؟] شو أخبارك؟
[Kiyfak?] جو ؛aXBaarak?
[How are you?] What your latest news?
How are you? What is your latest news?

16. ((the doctor taking with another patient for 4 seconds))

17. Dr.1: ام انقضيلي:
?ah. ؛iTfadˀaliy
Yes please go ahead
Yes please go ahead

18. Pat.: يعطيك العافية. كيفك دكتور؟
Yaçtiyk ؛ilçafyih Kiyfak doktowr?= May God grant you health. How are you doctor?= May God grant you health. How are you doctor?=

19. Dr.1: اهلين هلآ =
=?ahleen hala
=Hi Hello
=hello

20. Pat.: دكتور أنا زوجت، واجبيت
Doktwor ?ana ?Tzawadʒ iT wa ?a dʒiyT
Doctor I got married and came
Doctor I got married and came

21. Dr.1: [أه]
[?aah]
[Okay]
Okay

22. Pat.: [علي اساس انه كانت الصفائح عددٍ 70] 80
On the basis the platelets were for me 70 and 80

Dr.1: [أه! طبيب!
[?aah] [tayiiB!]
Okay] [then!]
Okay. Then!

24.Pat.: [هيك استقرت الأمور. بعدين سافرتنا على

[Hiik] [isTaqarrahT ?il?mwor BaDyin safarnaa ]
Like this settled the things then we travelled to
The things settled like this. Then we travelled to

25. [40000] Suadi Arabia and did blood test there and it was [40000]
Suadi Arabia and did blood test there and it was 40000

26. Dr.1: [هل حامل إيشي؟

[Hallaa] haamil ?ijiy?
[Now] pregnant something like that?
Are you pregnant now?

27. Pat.: [أنا حلا بالشهر بداية السابع

?anaa halaa BiLaahar BiDaayiT ?ilsaa[Big↑]
I now in month at the beginning the seventh month

28. Dr.1: [أه]
[?aah]
[Oh]

29. Pat.: [مبارك عملت فحص بالملك عبد الله طلع

?imBarith ?icmiliT fahish? Bil malik AbdALLah t'ilig 63 [?alf]
Yesterday I had test it at king AbduAllah it was 63 [thousands]
Yesterday I had it at king AbduAllah university hospital and it was 63 thousands

30. Dr.1: [أه بدنا

[?aah] BiDnaa
[Oh] We need
Oh, we need

31. [أيه بلقيه بعد الفحص يعني انت مش رح تعمل شيء غير المرافقه لأنه على 50 [لف]

?inraqBoh Bas XaliYh yiçiyD ?ifahis' yaçniy ?intiy mi' rah Tiçmaliy ?ijiy
Wach it but let him repeat the test I mean you will not do anything
yir ?ilmoraqaBih li' annoh 50 [?alf]
except watching because it’s 50 [thousand]
Wach it but let him repeat the test. I mean you will not do anything except watching because it’s 50 thousand
32. Pat.: [المريض] [الدكتور]
[?mBaarih] [?iDokTworah]
[Yesterday] [الدكتور]
Yesterday the doctor

33. Dr.1: [الطبيب]
[?imnaçiyyiyy] [Kwortizwon]
[We will give you] [Cortisone]
We will give you Cortisone

34. Pat.: [المريض]
[?iDwokTworah]
[The doctor]
The doctor

35. ما رضيت تعمل ولا اشي. حكك لازم اتشوف في دكتور [-----] [؟]
Maa riḍiyyaT Tiṭmaliy wałaa ?i̇iy hakaT laazim ?iT̲wofiy DikTwor [(name)]
not She accept do nothing said she have see doctor [(name)]
She did not accept to do anything. She said I have to see Doctor (name)

36. Dr.1: [الدكتور]
[My uncle] okay Welcome but necessary to complicated! We
Okay dear. You are welcome but is it necessary to complicated! we

37. كل مرة لازم نفس المشكلة.
Kol marrah laazim nafs ?ilmokilih
Every time it’s necessary the same problem
It is the same problem every time.

38. Dr.2: [الدكتور]
Mīj mojkilīh
No problem
No problem

39. ازا تحت حاوظ فوق 50 ما ينعمل اشي بس مراقبة:
?zaa TahT haaḏ fwog 50 ma nižmil ?i̇iy Bas moraaqaBih
If less I mean above 50 we do not do anything except watching
If less I mean above 50 we do not do anything except watching

40. Pat.: [المريض]
Bas moraaqaBih? Yȧniy fiy ?ihTimar DokTwor yiroD yinzil?
Just watching? This means it might be a possible doctor again come down?
Just watching? This means that it might be possible to come down again?

41. Dr.1: [الدكتور]
?aḍaa nižil maₐ ?inTi̇y BiTs/i̇riy Tiṭmaliy fohos’aat kol ?osBwoṣiy
If it came down you will do tests every two week
marrah ?aḍaa nižil
once If it came down
If it came down, you will do tests once every two weeks. If it came down

42. BiDik ToxDiy kworTizone
You have to take cortisone

43. Pat.: لیش دک ؟ تووژ؟
Why doc[tor]?

44. Hus. : [حايفة دكتور ]
[Hiyi] Xayfih DokTwor
[She] afraid doctor
She is afraid, Doctor.

45. Dr.1: من ايها؟
Min ?ih[?]
From what[?]
From what[?]

46. Hus.: ما يعرف.
Ma Ba[gif]
I do not know
I do not know

47. Dr.1: لا ما فيش اشي يخوف:
Laa ma fy[i] ?iy yiXawif
No there is nothing to be afraid of
No. there is nothing to be afraid of

48. Hus.:
طول الوقت وهي يتحسب
 t'wol ?ilwagiT wa hiyi ?iBTihsiB
All the time and she counting
She is counting all the time

49. Dr.1: لا ما فيش اشي يخوف:
No there is nothing We usually above the 50 thousands not do anything
Bas moraqBih ?i[iy TahaT ?il 50 ?alf ?iBnaç[iyh korTizwon
except watching which is less than the 50 thousands we gave him Cortisone
No. there is nothing to do. We usually do not do anything except watching if it is above
50 thousands. We gave cortisone to which is less than 50 thousands

50. Hus.: اهم
?imhim
Mhm
mhm

51. Pat.: طبيب هل شي يوصي دكتور؟
t'ayiB halaa Jow BiTwas'iy DokTwor?
Okay now what do you advice doctor?
Okay. What is your advice now, doctor?

52. Dr.1: [ماراكه [بس] ]
MoraqaBih [Bas]
Watching [just]
Just watching

53. Pat.: [الله]
[?aah]
[?aah]
?aah

54. Dr.1: [مش رح نعمل اشي غير مراكه ]:
Mi∫ raḥ niċmil ?i’y yir moraaqaBih
Will not we do anything except watching
We will not do anything except watching

55. Pat.: [عيد الفحص كمان مر؟ ]
?aciyD ?ilfahis? kamaan marrah?
repeat the test another time?
Shall I repeat the test again?

56. Dr.1: [كل أسبوعين ]:
[Kol ?osBwoçiyn]
[Every two weeks]
Every two weeks

57. Pat.: [عشان اخلص ]
[ça[aan ?aXllas?]
[To be free]
To be free

58. Hus.: [مش اليوم. كمان أسبوعين ]:
Mi∫ ?il ywom Kamaan ?isBwoçiyn
Not today after two weeks
Not today. After two weeks

59. Hus. To Dr.: [هلا انتو بتبلغو الدكتور ولا احملن شغوي ولا كيف ؟ ]
Halaa ?inTwo BiTBaiwo ?ilDokTworah wala ?iḥnaa ?afawiy walaa kiyf?
Now you will tell the doctor or we orally or how?
Now, will you till the doctor or we do it orally or how?

60. Dr.1: [يعرفش [فيفش ]]
Baḥrif[i iyi[
I don’t know [There is not]
I don’t know. There is not

61. Dr.2: [لاا انتو احولنها ]:
[Laa laa] ?inTwo ?ikhwolhaa
[No no] you tell her.
No no. you tell her.

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62. Hus.: [ليثانُح ]

Li?anoh [hiyi]
Because [she is]

Because she is

63. Dr.2 to Dr.1:

[hakwo maʃie wa galwo iðaa Fiy maʃaal yiedzyo
They called me and said if there is a chance come
?alaa ilʃi[yaDih]
to the c[inic]

They call me and said if there is a chance to come to the clinic

64. Dr.1:

[؟احلل وا ساحلل
[Welcome

65. Dr.2:

So I tol]ld them yes let her come to day and we will see how
?omorhaa Bas
her matters but
So I told them let her come today and we will see her situation but

66. I told them that the possibility biggest just watching not more and
laa?aqal madam iʃil safaa?iDih ?akθar min 50 ?alf
not less since the Platelets more than 50 thousands
I told them that the biggest possibility is just watching no more no less since the Platelets are
more than 50 thousands

67. Dr.1:

[iDih hiek
God forbid↓. I mean
this is the rule

68. Dr.2:

[Halaa iðaa BiDhwom yiDaXlwo ki marrah Taaniyah wa laa ?ifiy saʃiyThaa
Now if they will enter you another time nothing at that time
BisTaʃyrwonaan isTifaarah rasmiyih
They ask us for consultation officially

Now If they will enter you again then nothing will not be do at that time. They just
officially ask for our consultation.

69. Dr.1:

نفس الحكَّي مَشْ رَحْ نغَيْه ب١بًل فحوصات. أصَلًا إذاَا نزل:
Nafs ?iḥākiyy miṣr raḥ ?iynāyū biṭi ṣmil ṣfawwosʾaṯ ?aṣʾlaan
the same talk not be changed we make tests it is
?iḏaa nizil
if came down
It is the same nothing will be changed. We will do tests. If it is less

70. Hus.:
Marah [Marah]
?iṃBaariḥ [iṃBaariḥ]
Yesterday [yesterday]
Yesterday yesterday

71. Dr.1:
[بس] ألف بنوخد كورتزون [ عن 50 ]
[fan 50] ?alf ?iBnwoXiD kworTizon [bas]
[Than 50] thousand we will take cortisone [just]
Than 50 thousand we will take cortisone. Just

72. Hus.:
[كتبو] لى دخول]
[KaTaBwo] lhaa DXwol
[They wro] te here entry
They wrote for her to enter the hospital

73. Dr.1:
Hiyk ḥiBniṣmil
This is what we do
This is what we do

74. Hus.:
خير انشاء [الله]
Xiyr infa [Allah]
good willing [ God]
good God willing

75. Pat.:
الكور [تزن بيش [يمنى؟]
[iṭlkwor]Tizwon BiBaliṣ [iymTaa?]
[The cor] tisone starts [when?]
When did we start with the cortisone?

76. Dr.1:
[اذًا نزل اذا] [نزل اذا]
[iḏaa] nizill [iḏaa nizil]
[If it came down if] it came down if
If it came down if it came down

77. Pat.:
[بالسابع؟]
[Bil saaBīṣ?] [In the seventh?]
In the seventh?

78. Dr.1:
[أكثر من 50 ألف]
?akθar min 50 ?alf
More than 50 thousand
More than 50 thousand
Bas?
Just?
Just?

80.Dr.1: نعم=
Naṣam=
Yes=
Yes=

81.Pat.: اما هيك الوضع طبيعي؟
=?ammaa hiik ?ilwaDi§ t'abiyyiy?
=So this the situation normal?
=So, is this normal?

82.Dr.1: بس مراق [به]
Bas moraqa[Bih]
Just watch[ing]
Just watching

83.Pat.: ما ! [قيس داعي يعني]
[Ma] fiyâ da'iyy ya'niyy!
[N]o need you mean!
You mean there is no need!

84.Dr.1: بفضل مراقكه:
Bi'd'd'alhaa moraqaBih
just watching
85.Pat.: بارك الله فيك يا دكتور تسليم يا ربي إنشاءالله
Baarak Allah fiyk yaa DokTwor Tisllam ya rabiy ?infa® Allah
God bless you doctor Thank you willing God
God bless you doctor. Thank you,God willing

86.Dr.1: الله يخلّيكى هلى
Allah yiXaliykiy hala
God bless you Thank you
God bless you. Thank you

87.Pat.: الله يبارك فيك تسلم دكتور [؟]
Allah yiBaarik fiyk Tisllam [DokTwor↑]
God bless you Thank you [doctor↑]
God bless you. Thank you doctor↑

88.Dr.1: انت؟ [؟] قدش رقمك أصلا؟
[?inTiy] gaDiy' raqamik?
[you] What I number your?
What is your number?

89.Dr.2: رقم المستشفى تعرفه؟
Raqam ?ilmosTañfaa ?iBTi'râfiyyah?
The number hospital you know it?
Do you know the hospital number?

90.Pat.: لا
La?
No
No

91.Dr.1: [KA]

92.Pat.: والله [ما يعرف]
[Wa Allah] ma Baṣrif
[I really] I do not know.
I really do not know.

93.Dr.2:
طبيب شو الاسم بالضبط؟
t'ayitb jow ?il ischem Bild'abīt?
Okay what the name exactly?
Okay. What is your exact name?

94.Pat: أعطني الاسم
((The patient gives him her name.))

95.Dr.2:
((The doctor repeats her first and second to be sure of it.))

96.Pat.: 
((The patient repeats her family name.))

97.((Telephone is ringing but the doctor does not reply))

98.Dr.1 to Hus.: 
أنت وبين بالسعودية؟ أنت هنا بالسعودية؟
You where in Saudi Arabia? You now in Saudi Arabia?
Where do you live in Saudi Arabia? Are you now in Saudi Arabia?

99.Hus.: 
آنا رجع[رجع] 
?anaa rah ?ar[dʒaf]
I will return [back]
I will return back

100.Pat.: [أاهم رجع هو؟ بس [زوجي]
[?aah] rah ?ardʒaf hwon Bas [zwoj]y
[Yes] will return back here But [my husband]
Yes I will return back here. But my husband

101.Hus.: [جامعة الملك سعود]
[3aamiʃaT] ?Imalik Saud
[University] King Saud
King Saud University

102.Dr.1:
انت تركتي يعني هون؟
?inTi TarakTi yasniy hwon?
You left this means here?
Is this mean you left here?

103.Pat.: [لا أخذت اجازه [سته]
Laa ?aXaDiT ?i3aazih [sanih]
No I took a leave [a year]
No. I took a one year leave

104. Dr.1: [آه آم]
[?aah? aah]
[Oh yes]

105. Pat.: راجعه ان شاءالله على الوضيفه، راجعه
rad3aah ?in3a Allah 3ala ilwaqiyfi rad3aah
I will return back willing God to the Job I will return back
God willing, I will return back to my Job. I will return back

106. (0.2)
107. Dr.1 to Hus.: وين باي جامع؟
Wiyn bi?ay zaami3aah?
Where which university?
Where? which university?

108. Hus.: جامعة الملك سعود
zaami3aT ?ilmalik Saud
University King Saud
King Saud University

109. Dr.1: بانه! وين هاي بالرياض؟
BaAllah! Wien haay Bil Riyadh?
Really! Where is it In Riyadh?
Really? Where is it? In Riyadh?

110. Hus.: بالرياض
Bil Riyadh
In Riyadh
In Riyadh

111. (0.6) ((the second doctor looking for the patient’s results and the first doctor is waiting for it.))

112. Pat.: كيف صحتك دكتور أنشاءالله تمام؟
Kief s?ihTak DokTwor ?in3a?Allah Tamaam?
How are you doctor Hope fine?
How are you doctor? Hope you are fine?

113. Dr.1: Bin koronoz, bin hik yi bani – kouis wali kouis. melik aomark kouis? ang eman thi a safah nzw?i
Good really good the important your matters good? you
the most important just thing if the platelet came down Just cortisone
Bas hiek hiyi ya3niy-
like this I mean-
Good I am really good. The important point is are you okay? The most important is that
if the platelet came down, just take cortisone. I mean it is just like this

114. إذا صار فيش [زنيف] 
iðaa s’aar fiyʃ [naziyʃ]
If there is no [ bleeding]
If there is no bleeding
115.Hus.: [ يعني] على النبي يعني في اي مشاكل مستقبل؟ [ ناتر ] [Bi?aθir] ʃala withBaBie yaʃniy fie moʃkilih mosTaqBalaan?
[Does it affect] on the baby I mean is there problem in the future?
[ Yaʃniy?]
[ I mean]
Does it affect on the baby? I mean is there any problem in the future?
116.Dr.1: [النبي؟] ممكن ممكن بس يعني ممكن بس ما حدد 1:
[?ilBaBy?!] momkin momkin Bas yaʃniy mommkin Bas ma haDiʃ
[The baby?] May be may be but I mean may be but nobody
The baby? May be may be but nobody
117. يفكر هيك يعني خلص عاد هيهه
Bifakir hiek Yaʃniy Xalas? ʃaad hh
thinks like this I mean that’s enough hh
thinks in this way.i mean that’s enough. hh
118.Hus.: اممهم
imhm
imhm
imhm
119.Dr.1: ممكن وممكن لا بس يعني مهو بعمل فحص لل珹[قائع]:
Mommkin wa mommkin laa bas Yaʃniy mahwo Biʃmalwo fahis?
May be and may be no but I mean that they do test
lals’a[faa?ih]
for pl[atelet]
It might be but I mean they do test for the platelet
120.Hus.: [ هاي] مخارفها=
[Haay] maXawifhaa=
[These are] her fears=
These are her fears=
121.Dr.1: لا ما بصيرش هيك مهو الي يخاف من اشي [بطلعه]:
=Laa ma Biʃ’iyriʃ hiek mahwa ?iliy BiXaaʃ min ?iʃy [bit’laʃloh]
=No it cannot be like this well Alk of the devil, and he is sure to [appear]
=No it cannot be like this. Alk of the devil, and he is
sure to appear
122.Hus.: [ هيهه]
[hh]
123.Dr.1: خلص توكلي على الله↑
Xalasʃ? Twakaliy ʃala ?Allah↑
Okay  Trust in Allah
Okay. Trust in Allah

والنعم بالله دكتور

Wa ?iniṣim Bi Allah DokTowr↓
Blessing God Doctor↓
Blessing God. Doctor↓

124. Pat.: مهو المشكله التي يفضل يخفف من شي سيحان الله. خلاص↑

Mahoa ?ilmokilih ?iliy Diḍ'al yiXaaf min fiy  soBhaan Allah↓
That the point who keep afraid of something Glory be to Allah↓
Xalas'↑
that’s it↑
The point is that who keep afraid of something, Glory be to Allah↓, that’s it↑

126. (0.9) ((waiting for the result of the test))

127. Pat.: دكتر يشعف انه ان نتيجة الاستعراض والحمل وجهي هذه نخير احمر تمهيره من طبيبه يعين

DokTowr ?iBticraf ?inoh ?anaa naTiy3iṭ il?isTifraa wa ?alhamil
Doctor you know that I am because of the vomiting and the pregnancy
my face suddenly become red in a way not normal I mean
You know doctor, my face suddenly becomes red in an unnormal way because of the
vomiting and pregnancy

128. Dr.2: النتيجة 60

?alnaTiy3iṭ 60
The result 60
The result is 60

129. Dr.1: أنماه الأمور طيب كويسه مافيحي اشي. يعني ما في اشي ايببي كويسه الأمور. بس مراقبه. ماشي؟

What?, yes the things okay good no there thing. I mean
maa fiy ḳi;y ?ie:: ḳi;kwaysih ?il?omworr. Bas moraqaBih. Maalįy?
not there thing ?ie:: good the things Just watching. Okay?
What?, Okay the things are good. Nothing is there. I mean there is nothing imm the
things are good. Just watching.Okay?

130. Hus.: خیر انشاء الله

Xier ?ina Allah
Good willing God
Good God willing

131. Pat.: يعني اخذ موعد عند الدكتوره كل اسبوعين؟

Yaṣniy ?aaxoD mawçiD čiD ?ilDwokTworah kol ?osBwočiën?
This means to take an appointment with the doctor every two weeks?
Is this mean to take an appointment with the doctor every twoweeks?

132. Dr.1: لكل اسبوعين اعطيي فحص دم. حالا انت امي مسافره؟

Every two weeks have test blood. Now you when will you travel?

133. Dr.1 to Husband: 
راجع على السعودية؟
Returning back to Saudi Arabia?

134. Hus.: لا ل 8
La lissah la 1-8
No till 1 August

135. Dr.1: طبيب 
Okay
Okay. Okay

136. Hus.: هي 
[Hiyi]ذاالسح [ذاالسح
[she] will stay will stay
she will stay will stay

137. Dr.1: ماشي اعملية كل أسبوعين مرة؟ أو كل أسبوع. الى بريكك:
Okay Do it every two weeks once↑ or every week↑
?iliy Birayhik
As you like
Okay. Do it once↑every two weeks. Or every week↑. As you like.

138. Hus.: انشاء الله
?in[厂区 Allah↓
Willing God↓
God willing↓

139. Pat.: يعني كل أسبوعين↓
Yaçniy kol ?osBwoçiyn↓
This means every two weeks↓
This means every two weeks↓

140. Dr.1: CBC أه
?aah CBC
Yes CBC
Yes CBC

141. Dr.2: أو إذا بشتني تلاحظي طفح جلدي أو شوية [نزيف↑]
Or if started you notice rash or little [bleeding↑]
Or is you started notice rash or little bleeding↑

142. Dr.1: إذا صار نزيف تبنيجي علينا:
[Iɔaa] PixelFormat nazief ?iBTieʒie çalienaa
If a bleeding is happened, come to us.

Okay? Like this come directly to the hospital. Firstly every week or two weeks.

Okay? in this case come directly to the hospital. Firstly check every week or two weeks.

Okay, God willing. Okay, is everything good?

Thank you so much and Happy Ramadan.

You are welcome.
1. Dr.1: ايش يا باشا اتفصل؟
   yaa Balaa ?iTfad'al
   Yes Pasha. come in.
   Pasha! Yes. Come in.

2. Pat.: السلام عليكم=
   asalaam zalaykom=
   Peace upon you=
   Peace upon you=

3. Dr.:=ـلا=
   Hala
   Hello
   Hello

4. Pat.: دكتور انا الشب قلي اعمل استقباله=
   Doctor I am the young person told me to take o an appointment o now
   [?anaa]
   [I am]
   Doctor! The young person told me to take an appointment. Now I am

5. Dr.1: [استقبال ايش اعملت؟]
   [?isTiqBaal]
   [?iy?]
   [içmiliT]
   [AN APPOINTMENT] what? Did you do it?
   What AN APPOINTMENT? Did you do it?

6. Pat.: لسه ما عملت
   Lissah maa ?içmiliT
   Not yet not I did
   Not yet.

7. Dr.1: اه
   ?aah
   Okay
   Okay

8. Pat.: معما اعملت دكتور إبيبي لو اجيت الاثنين الجاي؟
   Please be patient with me doctor. Imm if I come Monday next clinic your
   ?il?i0niy ?iD3aay Dok[Twor?]
   Monday next doc[tor?]
   Please doctor be patient. Imm, if I come next Monday, your clinic is next Monday, doctor?

9. Dr.1: مهو [خلبي يطلبك فحص سودي
   [Mahoa] Xalieh yit?íoBlak fahs' sieDie
   [Well] let him he ask for you a test sir
Well, let him ask for you a test, sir

10. [ما احنا لازم نشوف فحص الد] [Maa ?ihnaa lazim ?in|wof fahs? ?ilDa[m]
Well we have we see the bloo[d]
Well, we have to see the blood test

11. Pat.: [ما] [Maa] kaTaBi] BiDoh laazim ?isTiBaal min hwon=
[No] he wrote not need He must an appointment from here=
No. he did not write. He needs, it’s a must, an appointment from here=

12. Dr.1: =؟اَّه. لازم =
=؟aah laazim
=Yes must
=Yes. It is a must

13. Pat.: [لازم ل. ابيبشي خطتي يعني اني مش شابل فوس. لو عملت [cbc ووجهني لازم ل. ابيبشي خطتي يعني اني مش شابل فوس. لو عملت [cbc ووجهني
Laazim↓ ئiii Xat’a?iya Yačniy ?inie mi Jáyil ?iflwos. law ?igmilit
Must↓ Imm fault my that I not bring money. If I did
CBC [ wa ʒiBToh]
CBC [ and bring it]
It is a must↓. Imm, it is my fault that I did not bring money. If I did CBC and bring it

14. Dr.1: [ بالرضا ]
[Bil Romθa?↑]
[In Romtha?↑]
In Romtha↑?

15. Dr.2: [ بره؟ ]
[Barrah↑]
[Outside?]↑
Outside↑

16. Dr.1: بصير آه. جيهه بين اشروه. اعمل و بين ما بدت:
Bis’iyr ً؟aah ʒieBoh Bas ?in|wofōh. ?igmālwo wien ma BiDDak
IT’S OKAY yes Bring it just we see it. Do it where ever you want.
IT’S OKAY, you can. Just bring it with you to see it. Do it where ever you want.

17. Pat.: [ آه واجيهه الأثنين الجاني =
?aah wa ʒieBoh ?il?i0niyn ?iD3aay=
Yes. And I bring it Monday next=
Yes. And bring it next Monday=

18. Dr.1: اهلا وسهلا↑ فيك يا ز [لهم] =
=?ahllan wa sahllan↑ fiek yaa za[lamih]
=Welcome and welcome↑ in you m[an]
=You are welcome↑, man

19. Pat.: [فاذ] [Fabi]Dhom ً؟a?ażil ?ilmawçiD wa galwo BaçiD ʃahirien Law
So they want i delay the appointment and told they after 2 months If
So they want me to deny the appointment 2 months later. If I deny it

20.Dr.1:
[?innoh] ça[aan çinDiy ?anaa?=
[That is] because with me I am?=
That is because it is with me?

21.Pat.:
=?inTa çaarif DokTwor ?adʒalwoliy [?iyaah]
=You know doctor they denied for e [ it]
=You know doctor, they denied it

22.Dr.:
[ M]an what I told you?↑ Bring test the blood the week next and
Xalas'naa
We have finished.
Man! What did I tell you↑? Bring the blood test next↑ week and that’s all.

23.Pat.:
Laα laa ?anaa maçak MawçiDak DokTwor bi [24-8] No No I am agree with you appointment your doctor on [24th August] No.No. I agree with you. Doctor! Your appointment is on August 24

24.Dr.1:
[?insaa] ?al mawçiD halaa
[Forget] the appointment now
Forget the appointment now

25.Pat.:
أه القصد أنه ذكر------- موعد ضروري بسوفتي؟
?aah ?iłqas'D ?inoh DokTwor (name) mawçiDoh d'aroriy ?iłwofniy?
Okay. the meaning that doctor (name) appointment his necessary he sees me?
Okay. What I mean is that is it necessary that doctor (name)to see me?

26.Dr.1:
أه لأنه عندك انت- عفوا مش فاهم انت شو الي كنت تسكي منه؟
Yes because have you you - sorry not understand you what that was
Tiği� minoh?
complained from?
Yes because you have- sorry I can’t understand what did you complain from?

27.Pat.:
أنا كان عندي نقص بالصفائح؟
?anna kaan çinDiy naqs' Bils'afaa[?ih]
I am there was with me lack of platelets
I had lack of platelets

28.Dr.1:
[Forget] the platelets↓ What that you complain of not the platelets=

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Forget the platelets. What do you complain of? Not the platelets=

29. Pat.:=كآن عـندي الم هو ك( يـشير ـلي صدره)
=Kaan چـinDiy ىalam hwon
=There was ـwith me ـa pain here.
=There was a pain here. ((Pointing to his chest))

30. Dr.1: و ـغير ـاللهـم ـمن ـشـو ـكـنت ـتشـكي؟=
=Wa يـيـر ؟i؟alam min ـow konT ـىـjـkie؟=
=And ـother ـthan ـthe ـpain ـfrom ـwhat ـwas ـyou ـcomplain?=
=From ـwhat ـdid ـyou ـcomplain ـother ـthan ـthe ـpain؟=

31. Pat.: ايـيـبيـيـنـى ـالـتهـاب ـالـرـنهـ وـ[الـفـحـة]=
=؟iiii ؟i؟TihaaB ؟i؟ri؟ah wa ـ[gahah]
=Imm ـthe ـpneumonia ـand ـ[cough]
=Imm, ـthe ـpneumonia ـand ـcough

32. Dr.1: [الـفـحـة] ـ[gahah]
[gahah]
[cough]
[cough]

33. Pat.: وـالـصدـاعـ
=Wa ؟i؟l s'odaacz
=And ـthe ـheadache
=And ـthe ـheadache

34. Dr.1: [الـفـحـة]
?ilgahah
The cough
The cough

35. Pat.: اـلـفـحـةـ هي ـآـي ـذـبحـتي
?ilgahah ـhiyi ؟i؟lie ـى؟aBhaTnie
The cough ـis ـwhat ـhurt ـme
The cough ـis ـwhat ـhurt ـme

36. Dr.1: اـكـتـر ـأيـشيـنـى ـالـفـحـةـ=
?ak؟ar ؟i؟jـie ؟ilgahah =
The most ـthing ـthe ـcough=
The most ـhurting ـthing ـis ـthe ـcough=

37. Pat.:=آـدـ=
=?aah=
=Yes=
=Yes=

38. Dr.1: ـهـلـاـلـفـحـةـ اـنـتـ ـعـنـدك ـشـو ـحـكـمـاـاـاـاـيـنـى ـسـبـبـ؟ـعـنـدك ـمـن ـالـدخـان ـحساسـيـةـ ـعنـدك ـحساسـيـةـ قـصـبـت؟
=halaa ؟ilgahah ؟i?nTa ظـinDak ـow hakienaa il؟aBaT؟ ئـcinDak ـmin
=now ـthe ـcough ـyou ـhave ـwhat ـwe ـsaid ـthe ـreason؟
=have ـYou ـfrom
=?i؟DoXaan ـhasasiyih ـqasـaBaT↑ wa ؟i؟Daliel
=the ـsmoking ـallergy ـbronchitis↑ ـand ـthe ـevidence
Now what did we say about the reason↑ for your cough? It’s because of smoking that caused an allergy, you have bronchitis↑ and the evidence

39. On that when you took the cortisone what happened? is there a cough↑? now fei gahah↑?
so what happened when you took the Cortisone? Is there a cough? Is there a cough, Now?

40. Pat.: [ ولها ]
[ At its beginning↑ ]
At its beginning↑

41. Dr.1: [ هسه في قمه؟ ]
"Hassah" fei gahah?
[Now] there is a cough?
Is there a cough, now?

42. Pat.: [ هسه في قمه ]
hassah fei gahah
Now there is a cough.
There is a cough now.

43. Dr.1: [ ولا شديده ]
خفيه↑ willa [aDieDih↑]
Weak↑ or strong↑?
Is it weak↑ or strong↑?

44. Pat.: [ لا والله ولا شديده. لاني الصريح ارجعت ادخن من↑ ]
Laa wa Allah [aDieDih]. Li?anie ?ls’ahieh ?irziciT ?aDaXin min
No really strong because I the truth I returned back smoke from
[ ?awal]
[the beginning]
No, it’s strong because, to tell you the truth, I returned back to smoking from the beginning.

45. Dr.1: [ معناته ]
[?aah] maçaToh
[Yes] This means
Yes. This means

46. Pat.: [ يعني [كون صادق [معك ]]
[YaSniy] ?akwon s’aadig [ maśak]
[That] to be honest [ with you]
That to be honest with you

47. Dr.1: [ عندي مشكله من التدخين. ]
[Fa?inTa] sindak moqkilih min ?ilDoXaan
[So you] have a problem from smoking
So you have a problem from smoking

48. Pat.: آنأ أٍٝ ب٘٢٘٢ ٢٘٢٘٢ د٘٢٘٢

anna ?awwal ya científico BilmosTa?faa DaXanniT

I am in the past mean in the hospital I smoked
In the past, I smoked in the hospital

49. Dr. 1: جذٍ١ ٢١ٝ٢٣٢١٠ ٜ٢٘٢٢٢١٠ ٖٜ٢١٠ ٜ٢٢٢١٠

[Yaa siydiy] ?inTa ٣٘د¿٠ ٖ١ٝ١٢٠ ٖ٢١٠ ٖ١١٠ fa?inTa qad?iyTak
[Sir] You have a problem from cigarette. So you case your
Sir! you have a problem from cigarettes. So your case is the smoking which is more important than anything else.

50. Pat.: [طبيب (0.1)]

[t?ayiB] fa?anaa (0.1)

[Okay] So I am(0.1)

Okay. So I am(0.1)

51. Dr. 1: جذٍ١ ٢١ٝ٢٢٠ ٜ٢١٢٠ ٜ٢٢١٠ ٖ١٢٠ ٜ١٢٠

Faa ?inTa mod¿BBar wa molzzam ?itraad¿i¿ ?ilDokTowr TaBa¿-
So you have to and you have to you see the doctor of course-
?ilgahah Ba¿diyn ?ilDoXaan ?im?a?bir ¿a¿laa ?ilqas¿aBaa¿T ¿a¿laa ¿a¿laa
the cough also the cigarettes affected on the bronchitis on on
Bal Allah haaT ¿ilsama¿aaT
please give the headset
So you have to and you have to see the doctor for the cough. So, the cigarettes affected
the bronchitis, please give me the headset

52.
finDoh
He has
He has

53. Dr. 2: ( )

54. Dr. 1: جذٍ١ ٢١١٠ ٜ١١٠ ٜ١٢٠ ٖ١٢٠ ٜ١٢٠

Bidaa ?samaa¿ah yaa sit
We need the head set, Mrs
We need the head set, Mrs

55. (0.5) (physical examination)

56. Dr. 1: (0.1)

فت عنك مشكلة من الدخان؟. فت قد شربت كمية كبيرة من السجائر أي شربت

So you have (0.1)
You have CHRONICAL↑ obstructive pulmonary↑. I mean the smoking was not an air from cigarettes. This is the result↓ of it↓. So you have(0.1)

57. تَتقَلُ اللَّهُ فِي نَفْسِكَ↑ من الدَّخَانِ↓

58. (0.1) من الدَّخَانِ↓

59. Ya'sni qadiyj↑ ?iBTiDfaa'↑ ?iBTi'Tary DoXaan Bil jahar Bilyowm?

60. Pat.: Ya'sni konT BakiyTiyn ?agal [?iʃy]

61. Dr.1: [BakiyTiyn] Bil yowm? jow ?ibTiTyil had'irTak? gaDiyf

62. Pat.: Ya'sni maBlay= It is an amount= It is an amount=

63. Dr.1: =Ya'sni kol yowm ?iBTiDfaa' aDiyf Bil jahar DoXaan?

64. Pat.: =Ya'sni maBlay= It is an amount= It is an amount=

65. Dr.1: =100 Dinaar. Kam ?illak BiDDaXin?

66. Pat.: Ya'sni zamaan ?iliy BaDaXin Its long time that I smoke I smoke since a long time

67. Dr.: [ قدِشِ؟ ]
68. Pat.: 

"How long?"

"It’s about more than 25 years"

69. Dr.1: 

"It’s about more than 25 years"

"It’s about more than 25 years"

"It’s about more than 25 years"

70. (1.81 for physical examination.)

71. Dr.1: 

"No, the most important thing is to give up SMOKING, sir.

72. Pat.: 

"God willing"

73. Dr.1: 

"God willing"

74. Pat.: 

"Any way, We suffered till reaching you"

75. Dr.1: 

"Man, tell him that this is the smoking as the doctor told me."

76. Pat.: 

"The point is being I and the wife sitting talking I and her the same talk"
The point that I talk with my wife about the same thing↓

77.Dr.1: أبي؟ لا انت الدخان↓ مخرب الرئتين↓
؟ie::h؟ la↑ intTa↑ ilDoXaan↑ ?imXariB↑ ?ili?aTiyn↓
What? No↑ You the smoking↑ DESTROYED the lungs↓
What? No↑ The smoking↑ DESTROYED your lungs↓.

78. ((The patient is coughing))

79. (0.1)

80.Dr.1: خليه يكتبلك الادوية: Xalih  yokToBlak  ?il?aDwiyyih
Let him  write you  the medications
Let him write the medications for you

81.Pat.: انشاءالله
injأ Allah
willing God
God willing

82.(0.8) ((the another doctor is writing the prescription))

83.Dr.1: افضل يا باشا: iTfadˀal  yaa Ba∫aa
Please  pasha
Please, pasha

84.Pat.: شكرا
∫okran
Thanks
Thanks

85.Dr.1: ماذي يا استاذ؟ Malîj  yaa ?osTaa Ø?
Okay  Mr.?
Okay Mr.?

86.((the patient coughs))

87.Pat.: انشاءالله  يا دكتور
?injأ Allah↑ DokTowr
willing God↑  Doctor
God willing↑, Doctor.

88.Dr.1: اذا شو بذك تعمل؟؟؟ iðan  ʃow  BiDDak  Tiçmal Ø?
So  what  have you  do?
So, what do you have to do?

89.Pat.: انشاءالله  اذا الله راد
?injأ Allah↓. ?iðaa Allah raad
willing God↓. If  God wants
God willing↓. God willing

90. (0.5)
1.ドクターサー、検診はありますか？

[ этъ Онлайном ]

Do for us test blood and give up smoking if [you do not mind]
Do blood test and if you do not mind give up smoking

2.病者：

[ إنشاء الله ]

[ willing God ]

God willing

3.ドクター１

[ٍٔؾذ ثزؼِ٘ب كؾٔ كّ. اُلفبٕ اما ]

The smoking affected on the lungs and caused for you hardening
[اراةيِٖين. ياقِٖيُٖ اٗذ ا٘٣ٌ ػٖ ؽ٤بري ]

The smoking affected on the lungs and caused hardening of the arteries. This means if you do not care about your life↑, keep smoking, we say it to you as this↓.

4.病者：

[ٓب ىُٔٚ. ا٣ٔز٠ ٓب ثلى رؼبٍ ]

It's okay, man. Whenever you want, you can come=

5.ドクター１

[بتعملنا فحص دم. ويتوقف الدخان اذا ]

[ أمحت؟ ]

The smoking affected on the lungs and caused for you hardening

[اراةيِٖين. ]

The smoking affected on the lungs and caused hardening of the arteries. This means if you do not care about your life↑, keep smoking, we say it to you as this↓.

6.病者：

[ٓب ىُٔٚ. ا٣ٔز٠ ٓب ثلى رؼبٍ ]

It's okay, man. Whenever you want, you can come=

7.ドクター１

[ لع عملت دكتور موعد ابيبيي للدكتور ]

If I take doctor an appointment imm for doctor (name) [with it]

If I take an appointment with it for doctor (name)

8.ドクター１

[ بصير ]

It’s okay, man. Whenever you want, you can come=

9.病者：

[أم. الأثاثين الجاي مداوم دكتور؟ ]

Doctor Monday next you be here Doctor?

=Okay. Will you be here next Monday, Doctor?

10.ドクター１

[ ولا في عيادي قبل الأثاثين؟ ]

Doctor Monday next↑ or there is a clinic before Monday?
Doctor! is it next Monday or do you have a clinic before Monday?

102. Dr. 1: تعال يوم الاثنين:
Taçaal ywom ?il?iðniyn
Come day Monday
Come on Monday

103. Pat.: انشاء الله. شكراً دكتور:
?in? a Allah Ñokran DoKTwor
Willing God. Thank s Doctor
God willing. Thanks Doctor

104. Dr. 1: يا هلا=
Yaa halaa=
Welcome=
You are welcome=

105. Pat.: الله يعطيك العافية=
=Allah yaq?iiek ?ilçaaфyih
=God gives you a wellness
=God gives you a wellness
[Abu El-Rob: JMT: C 4:2015]

Duration: 8:26
1. Hus.: 
   ?aslaam zeigen 
   Peace upon you 
   Peace upon you 

2. Dr.1: 
   ?ahlien Taqala ?ow ?ilmalat fahis? Dam (name) 
   Hello. Come what did she do test blood (name) 
   Hello. Come. Did (name) do the blood test?

3. Hus.: 
   ?ilmalat ?ilamom Bas ma ?adre t'ilca? ?ilanaTiidzih wilaa ma t'ilca= 
   She did today but not know available the result or not available= 
   She did but I don’t know if the result is available or not=

4. Dr.1: 
   =What why that time- come here let’s see her. 
   =What? Why that time- come here and let’s see her.

5. ((the doctor is using the computer to find the patient’s test result))
6. (0.4)

7. Dr.1: 
   Lisah mi? t'alca?↓ wa laa hiyi t'alca?↑ min hwoon Taanwof 
   Not yet not available↓ and not this available↑ from here Let me see 
   ?iwa Taalca? ?aw la? 
   if available or not? 
   Not available yet↓. And this is also not available↑. Let me see if it is available or not

8. ((the doctor is trying to find the result on the computer for (0.8)seconds))

9. Dr.1: 
   Hayhaa t'alca? 
   It is available 
   It is available 

10. ((The doctor is reading the results for (0.3) seconds))

11. Dr.1: [Nadinan aya[ha]:] 
   NaDielna ?iwa[ha] 
   Call h[er] 
   Call her

12. Hus.: [Yalla] 
   [Yalla] 
   [Okay] 
   Okay

13. Dr.1: 
   وَالله فحوصات ----اليوم-ممتازة:

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Wa Allah fohos’aaT (name) ?ilywom – momTaazih really tests (name) today – excellent

Really that today’s (name) tests are excellent

14.(( The husband went to call his wife for 21 seconds))
15.(( the patient and her husband are entering the room))
16. Hus.: 
   ?aslaam  çaalekom
   Peace upon you
   Peace upon you

17.(0.6) the doctor is typing
18. Dr.1:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

19. Pat.:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT (name)
   Really that today’s (name) tests are excellent

20. Dr.1:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

21. Pat.:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

22. Dr.1:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

23. Pat.:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

24. Dr.1:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better

25. Pat.:  
   اَُلاّ ػِ٤ٌْ
   ?ilywom faħsˀaaT
   The blood test for today is better
26.(0.2) (the doctor is typing)

27.Dr.1: إبيبي العثلية شو صار بالحصال:
Irmām ?il'camaliyih ʃwosʔaar Bilʔtaḥal
Irmām the surgery what happened with the spleen
Irmām, what happened with the spleen surgery?

28.Pat.: ( )

29.Hus.: ما كان معانا قحة يوميتها:
Ma kaan maçaahaa gahah ywomieThaa
There was with her a cough that day
She suffered from the cough that day

30.Dr.1: أه هلا كيف أمورك؟[
?aah ?aah halaa kief ?omwo[rik?]
Yes Yes Now how are your mat[ers?]
Yes, yes. How are you now?

31.Pat.: [ لا ]
[Laa] al hamDo lillAllah
[No] Thank God
Thank God

32.Dr.1: ultrasound تاع الحصال
Bat'nik Bas BiDnaa ?inʃieD ultrasound Taaẓ ?iltʔhaal
your belly just we need to repeat ultrasound for the spleen
your belly- we just need to repeat the ultrasound for the spleen

33.Hus.: نعم؟
Naʃam?
What?
What?

34.Dr.1: انعید الليبيبي خلینا نشوف الحصال كبران ولا صغران:
?inʃieD ?liiiii Xalienaα ?inʃwof ?iltʔhaal kaBraan wa la' sʔayraan
We repeat irmm lets see the spleen became bigger or smaller
We need to repeat irmm lets see if the spleen became bigger or smaller

35.Pat.: [ ماشي ذكر ]
Maʃie Dok[Twor↓]
Okay doc[tor↓]
Okay Doctor

36.Hus.: [ ماشي مشكله ]
Maʃie moʃkili↓
No there problem↓
There is no problem↓

37.Dr.1: دمك اليوم احسن أمورك =
Damik ?ilywom ?ahsan ?omworik=
Your blood today better matters your=
Today your blood and matters are better=
38. Hus.: 
=قديش؟
=What is it?
=How much?
39. Dr.1: 
اليوم دمها 10.9
?ilywom Damhaa 10.9
Today blood her is 10.9
Today her blood is 10.9
40. Hus.: 
Maa faa? Allah
As Allah wills
As Allah wills
41. Dr.1: 
يعني أنا اليوم يعني احكي الخبر [أخيه]
I mean I am today I mean I tell the truth
I mean, today, I mean to tell you the truth
42. Pat.: 
[?anaa] haasih wad?ie ?ahsan min [?awal]
[I feel] situation my better than [before]
I feel my situation is better than before
43. Dr.1: 
[I mean] tests [blood her]
I mean her blood tests
44. Pat.: 
[?ilhamDoliAllah]
[Thank God]
Thank God
45. Dr.1: 
شو اليوم أشي هيه
{jow} ?ilywom ?jie hh
What today super hh
What super is today! hh
46. Hus.: 
?ilmamaacah DokTwor?
The immune Doctor?
The immune, Doctor?
47. Dr.1: 
المانعة أحسن 380
?ilmamaacah ?ahssan 380=
The immune better 380=
The immune is better 380=
48. Pat.: 
=والله راحت كمان يا دكتور
=Wa ?ilgahah raahaT kamaan ya DokTwor
And the cough disappeared also, doctor.
And the cough has also disappeared, Doctor.

49. Dr.: 
؟أَ
Yes

50. Pat.: 
الحمدلة والشكر
?أٌَُْو lilAllah wa al∫okor
Thank God and the thank
Thank God

51. Dr.1: [Wail:::] [And imm]
And immm

52. Hus.: [و اللل][?ils'afaa?ih?] [The platelets?]
The platelets?

53. Dr.1: 
الدم 10.9 و الصفائح أحسن 64 ألف:
?iDam 10.9 wa ?ils'afaa?ih ?ahssan 64 ?alf=
The blood 10.9 and the platelets better 64 thousand=
The blood is 10.9 and the platelets are better they are 64 thousand=

54. Hus.: 
=؟kwayis    majie ?ilhaal
=Good Not bad.
=Good. Not bad.

55. Dr.1: 
هلا بفضل الطحال?
Hala Bid'al ?ilt'haal
Now still the spleen
Now we still have the spleen

56. Hus.: 
منحسن كثير
miThassin ?ikθier
better much
It is much better

57. Dr.1: ultrasound
?aah. Bas Bis'ier nifhas' Bat'inhaa Bas yit'laç hal maried'? (0.1) wa
Okay but can we test belly her once leave this patient? (0.1) and
?ibniçaα̌milhaa ultrasound
asked for her ultrasound
Okay, but can we test her belly once this patient leaves? (0.1) and asked for her the ultrasound

58.(( the doctor is talking with the another patient in the room for (0.5) seconds))
59. Dr.1: 

When the surgery said the doctor? – but before the surgery let him check from the spleen size it=

When did the doctor said the surgery would be? – but let him check the size of the spleen before the surgery =

60. Hus.: 

She has an appointment [today]

She has an appointment today

61. Dr.1: 

Okay done=

62. Hus.: 

With doctor (name)

We delay it after Al Eid? Okay?

63. Dr.1: 

Let’s delay it after Al Eid? Okay?

64. Dr.2: 

Delay it

65. Hus.: 

Really

66. Pat.: 

Really! If the situation is good, yes.

67. Hus.: 

If he has a space

If he has a space

68. Dr.1: 

Yes. Let’s deny it yes
Yes. Let’s deny it, yes.

69. Pat.: طبيب دكتور ما تعملها انتت 
تُاَيْيِب دُوك تْوْر مَا لِكْمُا ُّالْيْلْحَا ْادَّىَنْت
Okay doctor you do you
Okay you do it, doctor.

70. Dr.1: ابيبيبي بانلله ما يحب على العيد و رمضان والناس ابيبيبي
Irmم بِآلاَه مَا بَابي يَلِ يُيْه و رَمَضان وَالْنَّاس ابيبيبي
Irmم، حقاً لا يُحِبُ على الْأَيْد و الرَّمَضان وَالْنَّاس ایمِم
Irmم، I swear I don’t like in Al Eid and Ramadan and the people irmm

71. Dr.2: شو بده؟
Íwo بٍدّها؟
What want she?
What does she want?

72. Dr.1: ultrasound طلبتليها
تْلَالْتْحَا عُلْسَر
I asked for her ultrasound
I asked for her ultrasound

73. Dr.1 is talking with a patient standing in front of the room: بَس بِآلاَه بَذِنَا ُّالْيْلْحَا ْادَّىَنْت
Bas بِآلاَه بِذِنَا ُّالْيْلْحَا ْادَّىَنْت
Just please we need we close the door. Excuse me. We close the door.
Just need to close the door. Excuse me. We need to close the door.

74. عشان نفحص المريضه
مَا مِنْحْا نِفْحْا ْاٍمَيْدْحَا
To examine the patient
To examine the patient

75. Dr.1: To examine the patient
بَس بِذِنَا اشْتَرْف بطْنَك (0.2) قدِش (0.2)
Bas بِذِنَا اشْتَرْف بطْنَك (0.2) قدِش (0.2)
Just need to see belly your ( ) how much (0.2)
We just need to see your belly ( ) how much (0.2)

76. Dr.1 to pat.: بالله اذا سمحتي نشوف بطنك؟
بَآَلِه اوَا سمحتي نشوف بطنك؟
BaAllah اوا سمحتي نشوف بطنك?
Please if mind you we see Belly your?
Please, If you do not mind to see your belly?

77.(( (0.14) seconds for physical examination and for signing the required test paper ))

78. Dr.1: افضللي ابي خلينا نشوف حجه
ئِتْفَذَا لِي َيَبِغْي رَخلِيْنَا ْيِفْوْك حَجِيْه
Please let’s see you Hajih

79. Pat.: مَلِي
Okay
Okay
80. Dr.1 to Hus.: 
أه خدلها موعد للصوره
؟آه XoDihaa mawṣiD lals'orah
أه take her an appointment for the photo
Oh, take her an appointment for the photo

81. Hus.: [يعني؟]
ماشي. موعد
Maļie MawṣiD [yaçniy?]
Okay. An appointment [mean?]
Okay. an appointment you mean?

82. Dr.1:
أه آه موعد. و هاي فحص الدم للهر الحادي تشجيعنا
[?aah ?aah] mawṣiD wa haay fahis' ?Dam lalmarrah ?ildżaaay
[Yes Yes] An appointment And this test blood for the time next
BiTjiebielnaa
You come to us
Yes. Yes. An appointment. And this a blood test for the next time. you come

83. Dr.1 to Hus.: 
خلبها تعمل الليبيبيبيب تشوف الليببيبيب دم الدم. بعد العيد
Let her have the irmm we see irmm test the blood. After Al Eid
Let her have the irmm we see irmm the blood test. After Al Eid

84. Hus.: [الدكتور]
[?iDikTwor]
The doctor

85. Dr.1: [بعد العيد]
BaċiD ?ilEid
After Al Eid
After Al Eid

86. Hus.: 
اذا دخلت اليوم تشجع؟
?daa DaXlaT ?ilywom BiT[đzić?
If entered she today you support?
If she entered today, do you support this?

87. Dr.1:
والله شوف اناا والله ما بحب برمضان حدا يعمل اشي
Wa Allah ñwof ?anaa wa ?al Allah maa BahiB biRamadan hadaa yiçmmal
Really look I really not like in Ramadan anybody have
?içiie
anything
I really, look I really don’t like anybody to have anything in Ramadan

88. Hus.: [طبيب]
[t?ayiB]
[Okay]
Okay

89. Dr.1:
انام] ش من انصار هالشي
[?anaa mi ] ñ min ?ans?aar halſie
[I am not] from the supporters for this
I am not one of supporters for this?

90. Pat.: خلص
Xalas?
Okay
Okay

91. Dr.1: لأنه الواحد بلاش تتشكل أموره ماتمشي الناس معه، وهو أفضل بحسبني أنا بحب:
Li?anoh ?ilwaahaD Balaa| TiTma|kal ?omworoh maa Tim|ie ?ilnaas
Because the person no need complicated his matters not becoming good people
?imçayDih wa hoa ?e::h BilmosTa|faa. ?anaa BahiB
celebrate Al Eid and he irmm in the hospital. I like
Because no need complicate anyone’s matters, not becoming good while others are
celebrating Al Eid and he is irmm in the hospital. I like

92. Hus.: إلى تشوفه [مناسب]
?ilie ?iT|wofoh [monaasiB]
As see you [suitable]
As you see

93. Dr.1: بعد [اليوم ينشر على وتتعلم [ Forgivenss ]]
[BaçiD] ?ilçi|eD BiTmor çay wa ?iBiTç|mmal [fohwos'aaT]
[After] AlEid she stops by me and has [tests]
After Al Eid, she stops by me and has tests

94. Pat.: [دكتور] [أنا أهلي مصلي اصوص]
[Doctor] I am my family not allow me to fast.
Doctor! My family does not allow me to fast.

95. Dr.1: أيش؟
?ief?
What?
What?

96. Pat.: يعني بفطروني خصب [عني]
Yaçñiy Bifa't'rwonie yas'iB [çanje]\]
I mean they break my fast force [me]\]
I mean they force me\] to break my fast

97. Dr.1: إذا انا ما تتحملن بعطري خلص لا يتقبل صومي. أنا ما اتحملن بعطري:
If if if you could not bear you break your fast. Okay I tell you
s'owmiy. ?ðaa ma ?iThamalTiy ?iBiTiff'riy.
to fast. If not bear you break it
If if if you could not bear, break your fast. Okay, I tell you to fast. If you could not bear, break it

98. Pat.: إذا حسيت بدو [خه]
?ðaa hasiyT Bi Dow[Xah]
If I feel dizzy
If I feel dizzy

99. Dr. 1: 
[؟اه] ْبِتَفْتِرُي
[Yes] break it
Yes. Break it

100. Pat.: ْبَنَفطَر١
Maa∫iy
Okay
Okay

101.((The patient and her husband leave))
1. Pat.:

اَُلاّ ػِ٤ٌْ
asalaam ςalaykom
Peace upon you

2. Dr.:

لاٝ ػِ٤ٌْ اَُلاّ ٛلا ٛ
Wa ςalaykom ?ilsalaam hala hala↑
And be upon you peace. Welcome welcome↑
Peace be upon you. You are welcome↑

3. Pat.:

سلامات↑ سيدي
SalamaT↑ siedie
How are you ↑ sir
How are you↑, sir?

4. ((It seems that they are shaking hands))

5. Dr.:

هلا تحياتي
Halaa TahiyaaTiy
Hello greetings my
Hello. My greetings for you

6. Pat.:

كيف الحال
Kief haalak?
How are you?
How are you?

7. Dr.:

كل عام وانت بخير :
Kol çaam wa ?inTa ?iBiXier
Every year and you good
Many Happy returns (Ramadan Kareem)

8. Pat.:

كل عام وانت بالغ خير :
Kol çaam wa ?inTa ?iBiXier
Every year and you good
Many Happy returns (Ramadan Kareem)

9. Dr.:

كيف حالك؟
Kiif haalak?
How are you?
How are you?

10. Pat. ↓

الله يخليك ↓
Allah yiXaliek↓
My God protect you↓
May God protect you↓

11. Dr.:

شو اخبارك؟
Jaow ?aXBaarak?
What is your latest news?
What is your latest news?

12. ((A telephone rings))

13. Pat.: ↓الحمد الله↓
?ilhamDo↓ lillAllah↓
Thank↓ God↓
Thank God↓

14. Dr.: ↓الأمور تمام إنشاء الله؟↓
↓?in'a Allah↓?
The things good willing God↓
The things are good? God willing↓

15. Pat.: ((nodding his head to mean yes.))

16. Dr.: ↓يا ربي لك الحمد كيف رمضان ماعك؟↓
Yaa raBiy lak↓ ?ilhamD↓ kief↓ Ramadan↓ ma?ak?
Oh↓ God↓ for you the thanks. How is↓ Ramadan↓ with you?
Oh↓ God↓ thanks for you. How is↓ Ramadan↓ with you?

17. Pat.: ↓و الله كويس ↓لكي بخلص↓
Wa↓ Allah↓ ↓?ikwayies↓ Xilis↓ Koljie BiXlas?
really↓ it's↓ good↓. It's↓ finished↓. Everything↓ ends
It↓ is↓ really↓ good↓. It's↓ finished↓. Everything↓ ends

18. Dr.: ↓يا الله↓
Yaa↓ Allah↓
Oh↓ my↓ God↓
Oh↓ my↓ God↓

19. (0.2)

20. مين رفع ضغطك؟
Miyn↓ rafa'?↓ d'ayt'ak?
Who↑ raised↑ pressure↑ your↑?
Who↑ caused↑ the↑ raising↑ of↑ your↑ pressure↑?

21. Pat.: ↓كثار↓
?ikthaar
Too many
Too many

22. Dr.: ↓كثار↓
?ikthaar
Too many
Too many

23. Pat.: hh

24. Dr.: ↓منو أكثر واحد؟↓
Manwo↓ ?akhar↓ wahaD?
Who↓ is↓ the↓ most↓ one?
Who↓ is↓ the↓ most↓ one?
25. (0.1)
26. Pat.: ↑ أٗب
?anaa↑
I am↑
I am↑
27. Dr.: اٗنت؟
?inTa?
You?
You?
28. Pat.: آه انو الي يرفع البيبيبي ضغط الإنسان↑ نفسه هيهيه
Yes. That who raises imm pressure the human↑ himself hh
Yes. Who raises imm pressure, the human↑ himself hh
29. Dr.: الإنسان نفسه
?il?insaan nafsoh
The human himself
The human himself
30. Pat.: [ هيهيه]
[hh]
31. Dr.: [لیش؟]
[Lief?]
[Why?]
Why?
32. Pat.: والله ما أنا عارف بجوز عاش من المحاضره
Wa Allah maa ?anaa ظااريف Bi3woz ظااان ظىay
Really not I know May be because I was coming
I swear I do not know. May be because I was coming
33.((interruption from another patient asking about changing the medication but the first patient keep talking with the doctor))
34. Pat.: بجوز عاش من المحاضره
Bi3woz ظااان ظااييك min ظilmohaad’arah
May be because I was coming to you from the lecture
May be because I was coming to you from the lecture
35.((The doctor is changing the medication for the patient.))
36. Dr.: أٗوا
?aywaa↑
Oh↑
Oh↑
37. Pat.: آه والله أنا استغربت
?aah wa Allah ?anaa ظisTayraBiT
Yes really I got surprised
Yes. I really got surprised
38. Dr.: آه أنت متزم بالعلاج كوبس توحد؟
      ?aah ?inTa molTazim Bil ſilaaž ?kwayis ?iBTwo XDoh?
      Okay. you committed to medication good you take it?
      Okay. Are you committed to your medication? Do you take it in a good way?
39. Pat.: يعني هسعيات الي 14 ساعه ماخذ العلاج أنا بأخذه على الأفكار يعني
      Yašniy hassaSiyyaaT ?iily 14 saašah maXID ?anaa BaXDoh ſalaa
      I mean now since 14 hours took I take it on
      ?il?f’taar ?išilaaz yašniy
      the time of breaking the fast the medication I mean
      I mean I have taken the medication since 14 hours. I mean I take it once I break the fast
40. Dr.: أيا نعم نعم كيف أنت والحركة؟
      ?aywaa našam našm kief ?inTa wa ?ilharakih?
      Okay yes yes↓ How are you and moving?
      Okay. Yes, yes↓. How are you with moving?
41.(0.2)
42. Pat.: closed to zero
43. Dr.: طليب ليش؟
      t’ayiB lieʃ?
      So why?
      So why?
44. Pat.: والله ما بدرني ليش.
      Wa Allah maa BaDrir lieʃ
      really do not I know
      I really do not know
45. Dr.: [؟  ]
      [Ha?]  [What?]  What?
46. Pat.: (   )
      [Kaan] (   )  [was] (   )  Was (   )
47. Dr.: (   )
      Yaa zalamih (   )  Man (   )  Man (   )
48. Pat.: هل يعني الحركة مش كبير
      Ha? Yašniy ?ilharakih miʃ ?ikθier
      What? I mean the moving not much
      What? I mean the moving is not much
49. Dr.: يعني إذا الضغط ضبط حاصل مع دوا الضغط مع السكر ودقات القلب:
      Yašn ?iwa ?aB’ayt’ d’aB’hlaal maʃ Dawaa ?iwa ayt’ maʃ
I mean if the pressure, control yourself with medication the pressure with ilsokar wa d'agaaT ilgalB
the sugar and beat heart
I mean if the pressure, control yourself with the pressure medication, the sugar and heart beat

50.((The doctor’s phone is ringing))

51.الدهنيات الوزن هشاشة [العظام]
?ilDohniyaaT ?ilwazin ha'[aa]iT [?ilXi'daami]
Fats waight osteopo[rosis]
Fats, waight, and osteoporosis

52.Pat.: المشكله [مش واللله ما هي [هيك ]
[?ilmo'kilih] miʃ wa Allah maa hiyi [hiek]
[The problem] is not really it is not [like this]
Really, the problem is not like this

53.Dr.: [شو ][ذ] [ب] [هيك أحسن من [هيك ]
[jow] BiDak ?ahsan min [ hiek]
[What] want you better than [ this]
Nothing is better than this!

54.Pat.: المشكله [مش معرفه أو قاعده المشكله مع (0.1)
[?ilmo'kilih] miʃ ma'srifih ?aw qanaa'ah ?ilmo'kilih maʃ (0.1)
[The problem] is not knowledge or contentment the problem with (0.1)
The problem is not knowledge or contentment, the problem is with (0.1)

55.قوة العاده هرهبه
QowiT ?ilSaaDih hh
The power the habit hh
The power of the habit. hh

56.Res.: فيش عاده- للمشي والحركه
Fieʃ ʃaadih- lilmajie wa ?ilharakih
No habit- for walking and the moving
No habit- for walking and the moving

57.Pat.: كأنه هيك ألع. بنخرع وساعل من من شاهم [تمشي]
It seems like this yes↓ we invent means for not [walking]
Yes↓.It seems like this. We invent means for not walking

58.Res.: [صح
[s'ah]
[Right]
Right

59.Pat.: يقولك فيش وقت مع انه في وقت للمسللات [إلى]
Bigwolak fieʃ wagT maʃ ?inoh fie wagT ilmosalsalaʃT [lal]
He tells you no time although there is time for series [ for]
He tells you there is no time except for series, for
60. Res.: [Bild']aBt\°
   [Exac]tly

61. Pat.: مش محبوب والله - في برنامج
   Miʃ mahBwoB wa 3ll- fie Barnaamiʒ↓
   Not beloved and the- there is a program↓
   It is unbeloved and the- there is a program↓

62. Resident: salaamTak ʔinʃa Allah↓
   Get well soon willing God↓
   Get well soon God willing↓

63. ((The resident is typing on the computer))
64. (0.16)

65. Pat.: إذا ( ) الأردني بلاش متو
   ?iðaa ( ) ?il?orDonie Balaaʃ minwo
   If ( ) the Jordanian no need for it
   If ( ) it is the Jordanian, there is no need for it

66. Res.: BiDDak TaʒDieD ʔilaʔaʒ ʔamwo?
   need you to renew the medication uncle?
   Uncle! Do you need to renew the medication?

67. Pat.: إذا ( ) الأردني عندي (0.16) إذا مش الأردني اعتيبي
   ?aah ?aah TaʒDieD ʔilaʔaʒ ( ) ?il?orDonie ʔinDie ?iðaa miʃ
   Yes yes. Renewing medication ( ) The Jordanian I have it if not
   ?orDonie ʔaʃʔienie
   the Jordanian give me
   Yes, yes. Renewing medication. I have the Jordanian ( ) I will take it if it is not the
   Jordanian

68. Res.: ( )
69. ((The resident is typing the prescription)) (0.31)
70. ((the doctor is coming back after he finished his call))
71. Pat. to Dr.: شايف صلاة التراويح بتروح بالسياره
   ʔaayif ʔalaT ʔiTaraawieh Binrwoh Bilsyaarah
   You see prayer Taraaweeh we go by the car
   You see, we go to Taraaweeh prayer by the car
72. (0.14)
73. Dr.: نعم؟
   Naçam?
   What?
   What?

74. Pat.: يفولك صلاة التراويح الجامع بعد 400 متر بنروح بالس[ياره]: [iarah]
Bagwollak s’allaT ?i’lTraweeh ?ildɔamič ?iBɕieD 400 meTer Binrwoh
I say to you prayer Taraweeh the mosque far away 400 meters we go
Bilsiy[aarah]
by the c[ar]
I say to you Taraweeh prayer, the mosque is far away 4000 meters and we go by car

75. Dr.: [بالس [يازه ]
[Bilsiy]yaarah
[By th]e car
By the car

76.(0.1)
ٞالواد ما يبئشروا العجل؟
Wa ?il?awlaaD maa Banʃarwo ?ilɔdʒal?
And the sons not flat the tires?
And do not the sons flat the tires?

77. Dr.: [ٞالله 
Waa law ?inie dɔaarak wa ?allah laBanʃir ?ilɔdʒal
If I were your neighbor really I will flat the tire
If I were your neighbor, I will really flat the tire

78.(0.2)
انا لو أني جارك والله لينشر العجل؟
If I were your neighbor really I will flat the tire
If I were your neighbor, I will really flat the tire

80.(0.1)
81. Pat.: [ٞالله 
[Wa Allah]
[Really]
Really

82. Dr.: [ٞالله [ٞالله]
[400] meTer Bil Allah [çaliek]
[400] meters God [you]
400 meters, Are you serious!

83. Pat.: [ٞالله 
[I] know you go[od person]
I know that you are a good person

84. Dr.: [ٞالله [ٞالله]
[BiAllah] çaliik BiAllah çaliik 400 meter=
[Are you] serious are you serious 400 meters=
Are you serious! Are you serious!400 meters=

85. Pat.: = أقل من 400 هاي مع المبالغة
=?agal min 400 haay maç ?il mوباالayah
=Less than 400 this is with the exaggeration
=Less than 400 this is with the exaggeration

86. Dr.:= بتحتاج انك تنشر العجل ولا لا؟ صدقة
he needs you flat the tire or not?=
Does he need to flat the tire or not?

87.Resident: عنده دوام تانى يوم=
=قيندوه دواام تانى يووم
=He has to go work next day
=He has to go work next day

88.(0.1)
89. البشیر=
( )؟یلبانار= 
( )The flat=
( )The flat=

90.Dr.: وا آلله ما الهاش علاأ٦له= 
=Wa Allah maa ؟یلهاه ؟یلهاه= 
=really no connect[ion] 
= There really is no connection

91.Pat. To the Res.: uestion ] 
[Allah] یبیارک fieک 
[God] bless you 
God bless you

92.Res.:hh

93.Dr.: فکک من هالسوالم اچی تا یکحلها اعورها. شهر قال ایش عندن دوام: 
Fikak min hal sawaalif ؟یدژآ تاا یکاهلها ؟یچوارها. یلوو گاه ؟یی ؟یندود 
Forget from these talks gild the lily.
Forget these talks, gild the lily. It is what ! He has to 
Dawam
to go to work 

94.(0.2)

95. لا لا الله يرضع عليك والله بفيد 
Laa laa Allah yird’aa یلیوک وا Allah Bifiید 
No no God may bless you. really it’s useful 
No no may God bless you. It’s really useful

96.Pat.: انشاء الله انشاء الله=
؟ینجا الله ینجا Allah= 
willing God willing God=
God willing. God willing=

97.Dr.: بعدن اول اشي انت بعذك)[شب= 
=بیاتی بیالت جدوك [یاB 
=Also the first thing you still [young] 
=Also, the first thing, you still young

98.Pat.: جیب پخاخترک= 
[Allah] ییبیزی بیکاتیرک= 
[God] forcing your mind as sums my mind=
God forcing your mind as sums my mind=

99.Dr.: (بدناء يسير عندك سكر ولا أشي قادح) ( )

=BiDnaaʃ yis'ier çinDak sokar waa ?iʃie faa haay ( )

=We don’t want to have you sugar and something so this ( )

=We don’t want you to have sugar or something else so this

100.Pat.: (إنشاء الله)

?inʃa Allah=

willing God=

God willing=

101.Dr.: (شياء؟ المرء الجأت بينا شو الآن مثل رحل اشي بالضغط، المرء الجأت لما تحكي بكون رمضان انت مش غفل) :


=You see? time next we will - what now time not we are

niʃmil ?iʃie Bildʔayt? ?ilʒaay lamaa Tʔie BiTkwn

do anything with pressure next when you come it will be

Ramadan ?inTa miʃ yalat'

Ramadan you not a mistake

=You see? Next time what we will - now we are not going to do anything with pressure.

Next time when you come it will be Ramadan so it is not a mistake

102.Pat.: (إنشاء الله)

?inʃa [ Allah]

willing[ God]

God willing

103.Dr.: (أول [شي]

[?awaal] ?iʃie

[The first] thing

The first thing

ما يتكوين ماهي مشوار طويل وانت بدخ [نش]

Maa BiTkwniʃ maʃie miʃwar ťawiʃ waa ?inTa BiDDaXi[niʃ]

not not be walking walking for a long distance and you do not sm[oke]

is not walking for a long distance and you are not smoking.

105.Pat.: (لا [دخنش]

[La?] BaDaXiniʃ

[No] I do not smoke

No. I do not smoke

106.Dr.: (دخنش؟

BiDaXin?

you smoke?

Do you smoke?

107.Pat.: (لا لا

La? La?

No no

No, no
Dr.: Laa. Lamaa Ti'ie ?iBTogçoDDlak hiek nos' saaçah wa BaçDien No. when you come sit for half an hour and then BiTXaliehom Yiqieswo d'ayt'ak wa ?iBTi'ie ?inaa Allah↓ let them measure pressure your and come willing God↓ No. when you come, sit for half an hour and then let them measure your pressure and come, God willing↓

Pat.: ?inaa Allah willing God God willing

Dr.: Okay?

Pat.: Momkin momkin Taç'ti'eniyy karTak? Can you give me your card? Can you, can you give me your card?

Dr.: [ayaah] [?'ilaayt?iyy] Which one? [The pressure?] Which one? Do you mean the pressure?

Pat.: [?'ilθanie] [The second] The second

Dr.: [?'ilθanie] The second? Do you mean the second?

Pat.: 100
The pressure the second is 100

Dr.: اُٚـٜ اُضبٗ١ ٛٞ 100
The second pressure is 100
Pat.: 100

Dr.: 100 naς çaalie=
100 yes I high=
100 yes it is high=
Pat.: =

Dr.: 90=؟?iħnaa BiDnaa ئiyaah 90
=We want it 90
=We want it 90

(( the doctor’s telephone is ringing))

Res.: اٗذ اُلٝا ثزبفلٙ ٓوٙ
Do you take the medicine once a day? The pressure?
Pat.: [هٓٚبٕ آٙ آٙ ًِٜٖ ٓوٙ ٝؽلٙ ٓغ]
Yes, yes once. With Ramadan, all of them are once for all.

Res.: [اٗذ اُلٝا ثزبفلٙ ٓوٙ]
imhm
imhm
imhm

Pat.: [اٗذ اُلٝا ثزبفلٙ ٓوٙ]
I became all of them once for all (0.1) more comfortable as you

Res.: [اٗذ اُلٝا ثزبفلٙ ٓوٙ]
imhm
imhm
imhm

Pat.: ?iBTinsaa]=
You not forget=
You will not forget=
133.Res.:
= صح= صح
=سًًًًً=سًًًًً
=Right=Right
=ليٓن=ليٓن

134.Pat.: بعد الإفطار ↓. (0.2) حتى بغير رمضان كنت أخدهم مرة واحدة:
BašD ?il?ft?aar↓ (0.2) hataa Biyiir Ramadan konT ?aaXoDhin
After breaking the fast ↓ (0.2) even not in Ramadan I was taken them
marah waDiēh once for all
After breaking the fast ↓. (0.2) Even in the days other than Ramadan, I was taken them
once for all.

135.(0.3)
136.(( The doctor is coming back))
137.Dr.: إذا أختنا إنشاء الله المره الجاي:
So we willing God time [next]
So, God willing, next time we

138.Pat.: [إنشاء الله] [إنشاء الله]
[?in?a Allah] [ ?in?a? Allah]
[willing God] [ willing God]
God willing, God willing

139.Dr.: [يتكون] [أي الأعمال إنشاء الله أحسن]
[It will be] what the things willing God better
The things will be what, God willing, better

140.Pat.: [إنشاء الله] [إنشاء الله]
Willing God willing God
God willing, God willing

141.(0.2)
142.Dr.: ألف سلامه عليك إنشاء الله
Thousands health for you willing God
Get well soon a thousand times, God willing

143.((The doctor is giving the patient the prescription ))
144.Pat.: الله [يسلمك]
God [Protect you]
May God protect you

145.Dr.: ويعطيك [الصحة والعافية إنشاء الله ]
[And give you] the health and good health willing God
May God give you the good health

146. Pat.: = Yislamwo ?iDiyk
= Thanks hands your
= Thank you

147. Dr.: كل عام وانت بخير:
Kol ئ้าام wa ئيTa ئيBXiyr
Every year and you good
Ramadan Kareem

148. Pat.: كل عام وانت بالف خير [حياك الله]
Kol ئأام wa ئيTa bi ئيalf Xiyr [hayaak Allah]
Every year and you in thousands of good [Welcome you God]
Many happy returns (Ramadan Kareem) you are welcome.

149. Dr.: [هلا هلا]
[Thank you thank you]
Thank you, thank you.

150. Pat.: شكرا الله يعطيك الخالص
?okran Allah yaç'iyk ?ilçafyih
Thank you God gives you the good health
Thank you. May God give you good health.

151. Dr.: مع السلامه:
Maç ?ilsalaamih
Good bye
Good bye
1. Dr.:

اِٛ٣ٖ لَإ٥٠ . اِٛ٣ٖ لإ٥٠

Come in please↑ come in please↑

2. Dr.:

( (it seems that they are shaking hands))

3. Dr.:

هَلَإٔ٥٠ اُٛ٤ٖ اِٛ٣ٖ

hello↑ hello↓=
Hello↑, hello↓=

4. Pat.:

= يَاٞ٥٠ اِٛ٣ٖ حَلَإٔ٥٠ اِٛ٣ٖ

=grant you health↓
=May God grant you health↓

5. Dr.:

؟ تَحْيَاتِي. كِيف حَالَك؟

Hallo↑ ?ahli↓=
Hello↑, hello↓=

6. Pat.:

= الله يَرْضَى عَلَيْك. اِٛ٣ٖ

=grant you health↓
=May God grant you health↓

7. Dr.:

=有的人 صّلية. اِٛ٣ٖ

=God bless you. welcome=
=God bless you. You are welcome

8. Pat.:

= حَيَاك اِللَّه=

=Allah preserve your life Allah=
=May Allah preserve your life=

9. Dr.:

= اِٛ٣ٖ اِٛ٣ٖ كِيف حَالَك؟

=welcome.Come in please. How are you?
=You are welcome. Come in please. How are you?

10. Pat.:

= الله يَرْضَى عَلَيْك. اِٛ٣ٖ

=grant you health↓
=May God grant you health↓

11. Dr.:

= شَوْء أَخْبَارك؟ اِٛ٣ٖ

=What news your↑?
=What is your news↑?

12. Pat.:

.
Thank God. I had the tests.

Dr.: Made you the tests? Have you had the tests?

Pat.: Yes. I had them.

Dr.: [Okay]

Pat.: = Wednesday

Dr. to Resident: Okay. How are his tests?


Dr.: The tests are here on the lab

Res.: Okay. This is lab

Dr.: The inquiry. have you pressed on inquiry?

Res.: [Haywo]
Yes [here it is]
Yes. Here it is

24.Dr.: [الفحوصات]
[Haywo] طبيب (0.4) ليش ما فيش حب
[This is] the tests.
This is the tests.

25.Res.: هللا بنخط حب صاحب؟
hala? Binhot' lab s'ah?
Now we are pressing lab, right?
Now, we are pressing lab, am I right?

26.Dr.: aah
?aah
Yes
Yes

27.Res.: آه حطبت (0.1) lab حش طالبلي حش عارفه ايش هلا !
?ah ha t'eT lab (0.1) mij' tali'sliej mij' $arfi$h ?ief hala?!
Yes, I have pressed lab (0.1) is not opening↓ not know what now?!
Yes, I have pressed lab (0.1) it is not opening↓, I do not know what is now?!

28.Dr.:  هحوف هيك حش طالبلك؟
?a$wof heik lief mij' Tali'l$ik↓?
Let me see this why is not opening with you↓?
Let me see why it is not opening with you↓?

29.Dr. to Pat.: يووم الأربعة عملتها؟
Ywom $il'arbi$aa? $i $mil$tha$?
Day Wednesday I had them?
Have you had them on Wednesday?

30.Pat.: aah
?ah
Yes
Yes

31.Dr.: يعني قبل أسبوع؟
Ya$n$iy gaBil $osBwo$↑?
this before a week↑?
This before a week↑?

32.Pat.: aah
?ah
Yes
Yes

33.Dr. while looking at the computer screen: كأحاح (0.1) طبيب (0.4) ليش ما فيش حب
[jow (0.1) t'aiyB ( ) (0.4) lief maa fief lab?
What (0.1) okay ( ) (0.4) why no there lab?
What (0.1) okay ( ) (0.4) why there is no lab?

401
Okay. May God be with you.

[Yes] What?

Okay now. May God give you health.

You are welcome

May God give you health.

In The Name of Allah, Most Gracious Most Merciful. Of course, as you sow, so will you reap, or not?

بسم الله الرحمن الرحيم. طبعاً الي ينزعر وهو يتصدرو ولا لاً؟

In The Name of Allah, Most Gracious Most Merciful. Of course, as you sow, so will you reap, or not £?
Sure hh
Sure. hh

45. Dr.: اكيد
?akieD
Sure
Sure

46. Dr.: بتزرع بتحصد. فانتشاء الله تكون الزراعه كوبسه.
As you sow, so will you reap And willing God will be the sow good
As you sow, so will you reap. And, God willing, the sow will be good.

47. Pat.: انشاءالله
?infa Allah↓
willing God↓
God willing

48. (0.4) (It seems that the doctor is reading the results)

49. Pat.: يعني التراكمي 7.1 هو التراكمي بجوز ألم.
Ya cànie ?iTarakomie 7.1 hiyi hoa ?iTarakomie Didwoz ?aham
This means the total 7.1 it is it is the total may be the most important
This means that the total 7.1, it is the total which is may be the most important

50. Dr.: [نعم]
[Naçam]
[Yes]
Yes

51. Pat.: اشي عندي ؟
[?ilie] çinDie?
[Thing] for me?
Thing for me?

52. (0.2)

53. Pat.: إلى قيل كم ؟ 7.4 ولا 7.4 كان ∩ ؟
?ilie gaBil kam? 7↑? Wilaa 7.4
The previous one how much? 7↑? Or 7.4
kaan↓?
was↓?
How much was the previous one? 7↑or it was↓ 7.4?

54. Dr.: إلى قلة؟ هو 7.1 كوس يعني انت تدخل طب با بناء عاملين.
?ilie gaBloh? hoa 7. 7.1 ?ikwaysi çәncie ?inTa ToDXol t’ib
The previous one? Is 7. 7.1 good this means you study medical
Bas. ?aBanaa? çaamilien
but as a son of members of faculty and staff at the university
The previous one? It was 7. 7.1 it is good this means you study medical but as a son of
members of faculty and staff at the university

55. Pat.: [له]
hh Bilwaas[t?ah]
hh by crony[sim]

hh. By cronyism.

56.Dr.: [آه ] بدك ابناء عاملين لانه آل الذيين [آت ]
[?aah] BiDak ?aBnaa?  çaamilien
[Yes] need you sons of members of faculty and staff at the university
li?an noh ?il?alDiniy[aaT]
because the fats

Yes you need sons of members of faculty and staff at the university because the fats

57.Pat.: [اًهيم]
[Imhm]
[Imhm]
imhm

A little have been risen for you. Yes- do you walk?
They have been risen a little. Yes- do you walk?

59.Pat.: [و الله مش كثير. سينديه امشي]
To be honest not much. But I already started walking
To be honest, not much. But I already started walking

60.Dr.: [ليش ما تمشي ل. و الله ( ) المشي]
Lief maa Tim?ie? . waAllah ( ) [ilma?ie]
Why not you walk? Really ( ) [the walk]
Why do you not walk? Really ( ) the walk

61.Pat.: [و الله] هو هسه الجو مناسب
[waAllah] hoa hassah ?ilzaw monaasib
[Really] it now the weather good
I really the weather is good now

62.Dr.: [ما ما لأنه الي جابليا الأمرين شو هو؟ ( )]
It is it is because ( ) what causes us diseases what are they?
It is it is because ( ) what are the causes of diseases, what are they?

63.Pat.: [عدم الحركة]
çaDam ?ilharakih
Not moving
Not moving

64.Dr.: [الحركة ] و الأكل ترى قبل 40 سنة ما كان [هيك.]
Moving. And the eating by the way before 40 years not was [like this]
Moving and the eating. By the way, before 40 years it was not like this

65.Res.: [صح]
Dr.: Bigwolwo li?anoh maa kanij fie fohos'aaT. Mi? maa kanij
They say because no were not there tests. It is not were not
there tests=
They say because there were no tests. It is not because there were no tests=
Pat.: =
= Maa kanij fie mard'aa=
= Not were not there sick people=
= There were no sick people=

Dr.: Maa kaani? fie mard'aa la?. Mahoa ?aham fie
Not were not there sick people no. it is the most important thing
?ilTayyir. hassah ?ilyarB - Bilsokar wa ?ld'ayt is
the the change. Now the western – in the sugar and the pressure
saBagwonaa?akhar Bik?ier ?ilasaBaB ?inoh hwa Bi
they have gone before us much more the reason There were that in
No sick people, no. The most important thing is the change. Now, the western – in the sugar
and the pressure they have much gone before us. The reason is that in

Style of life

TaBa?hom laa ?ihnaa s'?irnaa mi?ilhom BiDnaa ?inilhaghom. Fa
Of them. No we became like them we want to follow them. So
Of them. We did not become like them, we want to follow them. So

Pat.: ?akieD mohim
Style of life surly important
Style of life is surly important

And the move↑ important so much↓. you know ( ) the move. Although all
?ilmat'?wob nos? saaqah Taraa
what is required half an hour by the way
And the move↑ is so↓ important. Do you know ( ) the move. Although all what is required
is half an hour, by the way

Res.: نص ساعه
Nosς saaςah
half an hour
half an hour

75. Dr.: نص ساعة \(^{2}\) مشي سريع؟ يومي؟ او يوم بعد يومين؟ مشكلة الضغط، السكر، ذات الدهون، الوزن، هشاشة

Nosς saaςah\(^{\uparrow}\) ma\(^{\uparrow}\) ie sarieς\(^{\uparrow}\) yawmiyan\(^{\uparrow}\) ?aw ywom BaΞiD ywom
half an hour\(^{\uparrow}\) walking fast\(^{\uparrow}\) daily \(^{\uparrow}\) or a day after day
BiΞaDillak\(^{\uparrow}\) il\(^{\uparrow}\) ayt\(^{\uparrow}\) , \(^{\uparrow}\) ilso\(^{\uparrow}\) kar, DagaςT \(^{\uparrow}\) ilgalB, \(^{\uparrow}\) ilDohniyaςT, \(^{\uparrow}\) ilwazin,
will control the pressure, the sugar, the beats the heart, the fats, the weight, the
osteoporosis
walking fast\(^{\uparrow}\) for half an hour\(^{\uparrow}\), daily\(^{\uparrow}\) or a day after another, will control the pressure,
the sugar, the beats of the heart, the fats, the weight, (osteoporosis)

76. [العظام]
[?ilq\(^{\uparrow}\) id\(^{\uparrow}\) aam]
[The bones (osteoporosis)]
The bones (osteoporosis)

77. Pat.: لا روصرت [ لفرع جم مشكلة المشي لاو بميشو يغني صرت لما مشي اشرعر جمل]

[Laa wa s\(^{\uparrow}\) irT] \(^{\uparrow}\) a\(^{\uparrow}\) or ha\(^{\uparrow}\) Taа mo\(^{\uparrow}\) killih Bilma\(^{\uparrow}\) ie l\(^{\uparrow}\) anwo Bam\(^{\uparrow}\) ie]
[No and I became I feel even problem in the walking because I do not walk
ya\(^{\uparrow}\) niy s\(^{\uparrow}\) irT lamaа \(^{\uparrow}\) am\(^{\uparrow}\) ie \(^{\uparrow}\) si\(^{\uparrow}\) way \(^{\uparrow}\) a\(^{\uparrow}\) илиor ri\(^{\uparrow}\) lay
this means I became when I walk a little I feel legs my
No and I even became feel a problem in the walking because I do not walk. This means
when I walk a little I feel my legs

78. Res.: [صح]
[s\(^{\uparrow}\) ah]
[Right]

79. Pat.: تعاني
Tocaanyi
Suffer

80. Dr.: كويرن؟ فهي مشكلة الهاي. إذا اتجال شو عليلة؟ ما ما يوخد تود خور دهينات؟

?i\(^{\uparrow}\) kw\(^{\uparrow}\) ayis? fa hiy\(^{\uparrow}\) [ay\(^{\uparrow}\) liT ?ilha\(^{\uparrow}\) ay. \(^{\uparrow}\) id\(^{\uparrow}\) an ?ihnaa \(^{\uparrow}\) low ca\(^{\uparrow}\) liek? \(^{\uparrow}\) inTaa
Good? So it is thing of this. so we what you have to do? You
maa \(^{\uparrow}\) i\(^{\uparrow}\) Bi\(^{\uparrow}\) Two\(^{\uparrow}\) XiD Dawaa DohniyaςT?
not take medication the fats?
Is it good? So what have you to do? Haven’t you take a medication for the fats?

81. Pat.: لا . كله (٠) للكولسترول
Laa\(^{\uparrow}\). Kolloh (٠) alakol\(^{\uparrow}\) is\(^{\uparrow}\) Trwol
No\(^{\uparrow}\). all of it (٠) for cholesterol
No\(^{\uparrow}\). all of it (٠) for cholesterol

82. Dr.: خلينا نعمل بفرصة.
Xalienaa naq’iek fors’ah
Let us give you a chance
Let us give you a chance

83. Pat.: ؟
Ha?
What?
What?

84. Dr.: نعطيك فرصة بعد شهر
naq’iek fors’ah BaçıD jähar
We will give you a chance after a month
We will give you a chance after a month

85. Pat.: امهم
Imhm
Imhm
Imhm

86. Dr.: ضبط الحمية
d’aBBit? ?ilhimyih
Control the diet.
Control the diet.

87. Pat.: امهم
imhm
imhm
imhm

88. Dr.: دير بالك على الدهنيات يعني شو الزيوت التي تستعملوها?
Dier Baalak çalaa ?ilDohniyaat yaçniy jow ?ilziywoT ?ilie
Take care of the fats in other words what the oil that
?iBisTaçmilwohaa?
you use it?
Take care of the fats in other words what is the oil that you use?

89. Pat.: زيوت نباتية كلها والسمنه و
[؟ilsamnih wa]
ZiywoT naBaaTiyy koloh [wa ?ilsamnih wa]
oil vegetable all of it [and ghee and]
All of it vegetable oil, ghee and

90. Dr.: السمنه و
[؟ilsamnih wa]
[Ghee and]
Ghee and

91. Pat.: السمنه وشوية حالاكل و اللحم
?ilsamnih wa ?iwayiT hal?akil wa ?illahim
Ghee and little of the food and the meet
Ghee and few of the food and the meet

92. Dr.: هاي كله خليها للجنة
Leave all of this to the paradise.

Leaves all of this to the paradise.

93. Pat.:

94. Dr.:

95. Dr. to Res.:

96. Dr. to Pat.:

97. Pat.:

98. Dr.:

99. Pat.:

100. Dr.:

101. Pat.:
Okay?
Okay?

102.Dr.: أه لا ممتازو [كويس]
؟ااح لا؟ مومتاز وا فاستن [؟كويس]
Yes no excellent and the fasten [ good]
Yes no excellent and the fasten sugar is good

103.Pat.: [وعيدي] مشكله جديد دكتور أنا شهر تقريباً هو الإمساك (0.1)
Wa ظندي] ميئكيلح ئيزنديه دوكتور ئاناا (0.1) هار تاركيه بن
[And I have] problem new doctor I am (0.1) a month nearly
?إليه هو؟ إيمساساك
it is the constipation
Doctor, and I have a new problem I am (0.1) nearly a month is the constipation

104.Dr.: الإماساك
؟اليم ساك
The constipation
The constipation

105.Pat.: [عندني إمساك شديد كان وحتى اضطرابات رحت يعنى على المستشفى:]
ظندي ئيمساساك ئالهد دكاك وا هاتا ئيدتاريه روه تراني
I have constipation strong it was and even I had to went this means
قلاا ئيلموساتفا
to the hospital
I have a strong constipation, it was, I mean I even had to go to the hospital

106.Dr.: اوا
؟ايوا
Okay
Okay

107.Pat.: اعتزوني حقنه ئشر [جيه] 
؟ أمتشونيه هونين ئلارجييه
They gave me enema
They gave me enema

108.Dr.: [أه أه]
؟أيه ئايه]
[Yes yes]
Yes, yes

109.Pat.: اخذت كل الحبوب وكله ما زبط.
؟اكسيدت كول ئيلبو أو كولو ماه زيبي
I have taken all the pills and all of it not work
I have taken all the pills and they had not work

110.Dr.: أه
؟ايه
Okay
Okay
And I went. Since a month ( ) till before 3 days it came back
the constipation time again
And I went. Since a month ( ) till before 3 days the constipation came back again

Amem
imhm
imhm

And the constipation, in other words, how often do you go to the toilet?

I am since 3 days not go. [But]
I did not go since 3 days. But

Dr.: [؟ااه]
[؟ااه]
[Okay]
Okay

Pat.: آه بس الصح الج اليوم
Yes But morning today
Yes. But today morning

Dr.: طبيب قبل شهرين ثلاثين؟ قبل (یعنی) 
[؟ااه]
Okay before two months three? before ( ) [ in other words ]
Okay before 2 or 3 months? before ( ) in other words

Pat.: [؟ااه] كان نفس الاحي ، كنت كل 3 ايام بروح من [یعنی]
[؟ااه] ?aah ?aah ؟يل؟يلie, konT kol 3 ？ayaam Barwoh marah
[Yes yes] it was the same thing, I was every 3 days I go once
[ یاىښى]
[I mean]
Yes, yes it was the same thing, I mean I was going once every 3 days

Dr.: [؟ااه] یعني هيك عادتك؟
[؟ااه] یاىښى hiek çaaDTak?
[Okay] you mean this is your habit?
Okay do you me that this is your habit?

Pat.: لا لا هاد كلهم ظوجانیات[من]
Laa laa haad kolloh fo3aa?iyaaT [ min]
No no this all suddenly [since]
No, no all of this happens suddenly since

Dr.: [ ？ من ?]
[Min?]
[since?]
Since?

Pat.: من شهر و
Min یاىhaven wa
since a month and
Since a month and

Dr.: من شهر .
Min یاىhaven
Since a month
Since a month

طبيب بنقرر نقول قبل 6 أشهر كنت كوبس؟
Dr.: t'ayiB یبسNigDar یینغوl gabi 6 یاىىى?hor konT یکوايىس?
Okay can we say before 6 months you were good?
Okay, can we say before 6 months you were good?

130.Pat.: عادي حتى قبل شهرين.
çaadie ḥaTTaa↑ gaBil ʃahr_iein
Normal even↑ before 2 months
Normal even↑before 2 months

131.Dr.: آه يعني يوميا كنت تروح على الحمام؟
?aah yaทำไมยann ya込めyan konT ?iTrwoh ɔlala ?iלחםם?
Okay this means you daily were you going to the bathroom?

Okay. Does this mean you were going daily to the bathroom?

132.Pat.: آه يوميا عادي. و الاختصار طبيعي.
?aah yawmiyan çaadie. Wa ?ilXiraaʒ t’aBiegie.
Yes daily normal. And the foul normal
Yes, daily, normal. And the foul was normal

133.Dr.: آه
?aah
Okay
Okay

134.Pat.: يس من شهر وشوي يعني انووزو.
Bas min jahar wi ?iway yaছniy ?inwo
But since a month and a few I mean that
But since a month and a few I mean that

135.Dr.: نعم
Naçaam
Go ahead
Go a head

It happened with me constipation twice three frequently.
?aXaDiT?ihBwoB ?aXaDiT kaذا wa Bil?aXier maa riđ’ie yt’ilαց=
I took Pills I took something and finally nothing came out=
Constipation happened with me twice or three times frequently.I took pills, I took
something and finally nothing came out==

137.Dr.: طبيب في المستشفى عملتكم فحص ولا ما عملتكم فحص؟
t’ayiB fie ?ilmọςTaʔaa çimlwolak fahit’ wila maa çimlwolak
Okay In the hospital have they done for you a test or not they did you
fahit’?
a test?
Okay. In the hospital, have they done you a test or not?

138.Pat.: معاي عملو اشعه قالو فيك تليك او.
Maa či- çimlo Ϫaiğiα galwo fie TalaBok ?aw
not have done x-ray they said there is intestinal Altabak or
They have not made x-ray they said there is intestinal Altabak or

139. Dr.: اشعه؟
?اليث؟
x-ray?
x-ray?

140. Pat.: أو
?aah
Yes
Yes

141. Dr.: طبيب عملو ماظار؟
t'ayiB ؟صملو miðaar?
Okay have they made gastroscope?
Okay. Have they made gastroscope?

142. Pat.: لا
Laa
No
No

143. Dr.: وانت نشيط بشكل عام يعني مش اصل قاعد. ايدك على [ذكرى]
Wa ?inTa نجيت? Bi؟akil çam yaچniy mi؟id'd'al gaاچID.
And you active in general in other words not you keep sitting.
?ieDak çalaа [kaðaa]
Hand your on [something]
And in general you are active! In other words, you do not keep sitting. Your hand is on something

144. Pat.: اتتحرك [؟ثح?] ]
[?aah] Ba؟harrak
[Yes] I move
Yes. I move

145. Dr.: اه
?aah
Okay
Okay

146. Pat.: اه شوبيه
?aah ?aah ؟شواه
Yes yes a little
Yes, yes a little

147. Dr.: واكلك فيه الياف؟ في اشي؟
Wa ؟اكلاك fieh ؟ايااف؟ fie ؟شياه?
And your food there fiber? There anything?
And is there fiber in your food? Is there anything in it?

148. Pat.: Bil؟اكس ؟انآا ياشني يوچTa؟ار ؟اكله fieh mo؟الا؟اه Bil
The opposite I am mean consider my food there is exaggeration in fibers. In other words I eat tomato and cucumber – and vegetables and fruits too much. This means much more than:

It is the opposite. I mean there is an exaggeration in fibers in my food. I mean I eat tomato and cucumber – and vegetables and fruits too much. This means much more than-

149.Dr.: شوف علي هو مش غلط مش غلط ان مشطة الجراح.
[wof çalay hoa miʃ yalat' miʃ yalatș ?iT/]wof  ?ilʒaraah
Look at me it is not a wrong not wrong to see the surgeon
Look it is not wrong, it is not wrong to see a surgeon

150.Pat.: اه
?ah
Okay
Okay

151.Dr.: شابيف علي. يس للطمأنين عملك منظار بسيط يعني مش
[jayif çaly. Bas lil?it'mi?naan Biςmillak minđaar Bas?iet yaςniy
You see. Just to reassure he will makes you gastroscope simple this means
miʃ ( )
not ( )
You see. Just to reassure he will make a simple gastroscope. This means it is not

152.Pat.: أميم
imhm
imhm

153.Dr.: يس الاكل- ما قييض ما قييض انشاءالله
Bas ?il?akil- maafiesʃ maa fieʃ ?inʃa Allah
But the food- there is no there is no willing God
But the food- there is no, there is no willing God

154.Pat.: انا ارتحلت الإسبوع الماضي. حاي[يعني]
I relaxed week last. This [means]
I relaxed last week. This means

155.Dr.: آه آه هو السكر [يعمل] [هاء آه هو السكر [يعمل]
[Yes yes] it is the sugar [makes]
Yes. Yes it is the sugar which makes

156.Pat.: يعني) صار في استجابه:
[Yaςniy] s'aar fie ?isTi3aaBih
[This means] it became there a response
This means there became a response

157.Dr.: السكر يعمل عمل اسهل وعمل امساك. والذ عندك امساك. يس يقول مش غلط الواحد يشوف جراح. ((يبييضي عملك:}}
"?ilsokar Biςmal Biςmal ?ishaal wa Biςmal ?imsaak wa ?inTa çinDak
The sugar causes causes diarrhea and causes constipation. And you have
constipation. I say not wrong the person to see a surgeon. But imm
Biςmalla$k
he makes for you
The sugar causes, causes diarrhea and constipation. And you have constipation. But I say
it is not wrong that the person to see a surgeon. Imm he makes for you

منطار. منطار يعني بنفس الوقت فيتاكذمته

158. minðˀaar. minðˀaar yaçniy Binafs ?ilwaqT fa ?iBTiT?akkaD
gastroscope. Gastroscope this means at the same time so you will be sure
minoh
of it
gastroscope. Gastroscope this means at the same time so you will be sure of it

159. Dr. to Res. Regarding the computer system:
Hassah Balwofoh
Now I will see it
I will see it now

160. Dr. to pat.:
و سلامتك انشاءالله
Wa salamTak inʃa? Allah
And get well soon willing God
And get well soon, willing God

161. Pat.:
الله يسالمك يا سيدي
Allah yisallmak ya sieDie
God protect you sir
God protect you, sir

162. Dr.: [الامور انا شايفها كوبه. في فحص بالنسبة للغدة الدر [قه
The things I see it good. There is a test regarding
la?ilyoDih ?iDora[qiyyih]
thy[roid]
I see the things are good. There is a test regarding thyroid

163. Pat.: [أهم]
[imhm]
[imhm]
imhm

164. Dr.: [الغدة الدرقية فحص طبيعي
?yoDih ?ilDoraqiyiyih fahis? t?abiecie
Thyroid test normal
Thyroid’s test is normal

165. Pat.: [أهم]
imhm
imhm
imhm

166.Dr.: Bas garieB lawahāD min ?iqoDoraaT ?ilmonXafidah činDak fa
But near to one of the capabilities the low for you so
I say this test you repeat it after 4 months
But it is near to one of the low capabilities so I say repeat this test after 4 months

167.Pat.: اه
aah
Okay
Okay

168.Dr.: اه إذا الغد الندر [قيقه] [نأي؟]
?aah ʔiðan ʔilyoDih ʔiDora[qiyiyih]
Okay so thyr[oid]
Okay, so thyroid

169.Pat.: [امهم ]
[imhm]
[imhm]
imhm

170.Dr.: بتعدها بعد 4 أشهر
BiTcieiDhaa BačiD 4 ?aḥhor
repeat it after 4 months
Repeat it after 4 months

171.Pat.: [شي]
TokToB činDak ʔaw [هي]
Write there or [something]
Write there or something

172.Dr.: اه [أي؟]
[ʔieh?] aah
[What?] Okay
What? okay

173.Pat.: لانو ما يكون متنذكرانا مش رح انتذكر هيهية
Li?anwo maa Bakwon miTðakkir ?anaa miiḥ raḥ ?aTðakar hh
Because not remember I not will remember hh
Because I will not remember at that time, I will not remember hh

174.Dr. to Res: ايوه حطي نجمه حطي نجمه
?aywaa hothie hotie niẓmih
Right put put a star
Right put, put a star

175.Res.: امهم
imhm
imhm
imhm
176.Dr.: FSH to be repeated after 4 months
?aywaa. FSH to be repeated after 4 months
Okay. FSH to be repeated after 4 months
Okay. FSH to be repeated after 4 months

177.(0.3)
178.Pat.: يبس الادوية بس الادوية دكتور تكتيلي
Bas ?il?aDwiyih Bas ?il?aDwiyih DokTwor TokToblie
But the medications but the medications doctor write to me
Doctor! But the medications, but the medications, write to me

179.Dr.: اه
?aaah
Okay
Okay

180.Pat.: 10:30
Li?anoh ?anaa čalaa 10:30 čindie moahd'arah
Because I am on 10:30 I have a lecture
Because I have a lecture at 10:30

181.Dr.: اه لا يهملك اه بسرعه بسرعه الادوية اكتبب الادوية
Okay not worry okay hurry up hurry up the medications write for him
?il?aDwiyih
the medications
Okay do not worry hurry up hurry up, the medications, write the medications for him.

182.Res.: نفس آل
Nasf ?ill
the same of
Is it the same of

183.Dr.: نفس
Nafs
The same
The same

184.Pat.: اه نفس الادوية
?aah nafs ?il?aDwiyih
Yes The same medications
Yes. The same medications

185.Dr. to Res.: نفس الادوية الادوية موجودة
Nafs ?il?aDwiyih ?il?aDwiyih maw3woDih
The same medications medications are there
The same medications, medications are there

انت عندك ورقه زي هاي؟
?inTa çinDak waraqah zay haay?
You have a paper like this?
Do you have a paper like this?

187. Dr. to Pat.: انت تتوخده من عنا؟
?inTa ?iTTwoXiD min çinaa?
You take from us?
Do you take from us?

188. Pat.: اه بأخذه منك
?aah BaXDoh minnak.
Yes I take it from you.
Yes. I take it from you.

189. Dr.:
imhm
imhm
imhm

190. (the doctor is writing the prescription for (0.26 seconds))

191. Dr.: حاول تمشي انشاء الله يعني المشي كُويس ترى
haawil Timişe ?ina Allah yāqniy ?ilmāfie ?ikwayis Tara
Try to walk willing God I mean the walking good by the way
Try to walk. God willing. By the way walking is good.

192. Pat.: تااع الأمساك هذا أعطاني أبا عيدا عيدة الجامعة مبارح
The one for constipation this given to me it the clinic university
?imBaarih
yesterday
The one for constipation is given to me yesterday by the clinic of university

193. Dr.:
?aywaa
Okay

194. Pat.: الطبيب العام كتبلي أبااه
?ilt’aβieB ?ilsaam kTaBlie ?iyaah
The doctor general wrote for me it
The general doctor wrote it for me

195. Dr.:
؟اه نعم. إجنا بنحبش تستعمل كثره ادوية الأمساك
Okay yes. We don’t like you to use much constipation medications
Okay yes. We don’t like you to use much of constipation medications

196. Pat.:
imhm
imhm
imhm
197.(0.7) ((the doctor is continuing writing the prescription))

198.Pat.: اروح على المستشفى أسوي


I go to the hospital to do the surgery immm to do

Shall I go to the hospital to do the surgery immm to do

199.Dr.: المنظار. مس غلط أنا يقول مش غلط

?ilminðaar. miʃ ya-lat? ?anaa Bagwol mish ya-lat?

the gastroscope. Not wrong I say not wrong

the gastroscope. It is not wrong, I say it is not wrong.

واللف سلامه عليك إنشاءالله

Waa ?alf salamih çaliek ?inʃa Allah

And thousands getting well soon willing God

And thousands of getting well soon, God willing

200.Pat.: الله يسالمك

Allah yisallmak

God protect you

God protect you

201.(0.11)

202.Dr.: إبيبي هاي الأدوية - إنشاءالله رينا يسهل عليك

?i::: haay ?il?aDwiyih - wa ?inʃa Allah raBnaa yisahil çaliek

immm these the medications- and willing God our God make it easy for you

immm, these are the medications- and God willing may our God make it easy for you

203.Pat.: وشكرنا الله يا سيدي ويعطبك العافية

Wa Ṣokran ?ilak yaa sieDie wa yacṭiiek ?ilçafiyih

And thanks for you sir and give you health

And thanks for you, sir. And May God give you good health

204.Dr.: وخبرنا شو بصير معك اه؟

Wa XaBirnaa Ṣow Bisˀier maṣak. ?aah?

And tell us what will happen with you okay?

And tell us what will happen with you, okay?

205.Pat.: ( ) يعني بعد شهر أنا

Yaçniy BaçID Ṣahar ?anaa

In other words after a month I

In other words, after a month I

206.Dr.: [؟ه]

[?aah]

[Yes]

Yes

207.Pat.: [؟أنا] تقريبا

[؟anaa] TaqrieBan

[I am] about

I am about
209. Dr.: انشاءالله انشاءالله
  \( \text{?in}^{\text{a}} \text{ Allah} \quad \text{?in}^{\text{a}} \text{ Allah} \)
  willing God willing God
  God willing, God willing

210. Pat.: يلا السلام عليكم
  يلاا ?ilsalaamo  نlaykom
  Okay Peace upon you
  Okay. Peace upon you

211. Dr.: الف سلامه عليك سلامتك انشاءالله
  \( \text{?alf salamih caliyk. SalamTak} \quad \text{?in}^{\text{a}} \text{ Allah} \)
  Thousands getting well soon. Wish to get well soon willing God
  Get well soon a thousand times. Wish you a speedy recovery
Duration: 29: 72
1.Fath.: السلام عليكم
      ?asalaam wa alaykum
      Peace upon you
      Peace upon you
2.Dr.: هلا وعليكم السلام
      Hala wa alaykum asalaam
      Welcome Peace be upon you
      Peace be upon you
3.(( It seems they are shaking hands))
4.Fath.: كيف الحال؟
        Kief ?ilhaal
        How are you?
        How are you?
5.Dr.: تحياتي هلا بيك
       Tahiyaatie hala Biek
       my greeting welcome of you
       my greeting. You are welcome
6.Fath.: الله يسلمك
      Allah yisallmak
      God bless you
      God bless you
7.Dr.: افتح بابي
       ?itfad'al
       Come in please
       Come in please
8.Fath.: افضلت كنت بدي استشيرك من شهر
        ?Tfd'alT konT BiDie ?asTa?i?er min ?aan (name) min ?aan
        Thank you. Was need to consult for (name) for
        Thank you. I needed your consultation for,(name)
9.Dr.: طيب افتح باب
        ?ayiB ?itfad'al
        Okay come in please
        Okay come in please
10.Fath.: افضلت. انت مشغول؟ بنين؟
         ?af'd'alT. ?inTwo ma?ywo[lien?]
         Thank you. you busy [you?]
         Thank you. Are you busy?
11.Dr.: لا لا [Fort Gai]
        [Laa laa] fwoT dzaay
[No no] come in
No, No. come in

Fath.:

12. Come in, dad

13. Fath.:

14. Dr.:

15. Fath.:

16. Dr.:

17. Fath.:

18. Dr.:

19. Fath.:

20. Dr.:

21. Fath.:
22. Kief? il?omwor↓?
   How is everything↓?
23. Fath.:
   Tamaam? ilhamdolilAllah
   Good Thank God.
   Good. Thank God.
24. Dr.:
   وللأمانات كويست؟
   And the United Arab Emirates good↓?
   And is the United Arab Emirates good↓?
25. Fath.:
   ملحة
   ?mliyah
   Good
   Good
26. Dr.:
   طبيب و الشباب هنا سلامته= 
   t'ayiB wa ?i'aaB haDaa salamToh
   Okay and the young boy this get well soon him
   Okay and what about this young boy. Hope him to get well soon
27. Fath.:
   الشيخ------ احكي بابا شي مالك؟
   ?il'ieX (name)- ?i'kie BaBa ñow maalak?
   Mr. (name)- speak dad what up?
   Mr. (name)! Speak dad what’s up?
28. Dr. to pat.:
   سلامتك:
   salaamTak
   wish you a speedy recovery
   Wish you a speedy recovery
29. Pat.:
   MiçDiTie wa TahiT miçDiTie Bi'way fie ìifiie Bis'i'er yiìD
   Stomach my and under stomach my a little there is something becomes press
   çlaa miçDiTie wa ?ahyaanan BasTafriq Bahis BiDie ?asTafriq
   on my stomach and sometimes I vomit I feel I want to vomit
   My stomach and a little under my stomach there is something becomes pressing on my
   stomach and sometimes I vomit, I feel I want to vomit
30. Dr.:
   من متى هذا؟
   Min maTaa ha'daa?
   Since when this?
   Since when is this?
31. Pat.:
   من زمان[
   Min za[maan]
   Since a lon[g time]
Since a long time

32. Dr.: 
[Qa][reeBan gaDieʃ zamaan?]
[Near]ly how long?

Nearly, how long?

33. Pat.: 
[Yaʃniy s'arrlwo min 3 ?aʃhor Bahis=]
This since 3 months I feel=
I feel this since 3 months=

34. Dr.: = 3 months. In other words, let’s say since a year you were good?
= 3 months. In other words, let’s say since a year you were good?

35. Pat.: 
[KonT yaʃniy kaan Biwaʃciy Bat'niy Bas maa kaan ?ahis BiDwoXah]
I was I mean it was pain me my belly but not was feel of dizziness
?aw ?isTifr[aaʃ]
or vomiting
I was I mean there was a pain in my belly but there was no feel of dizziness or vomiting

36. Dr.: 
[Okay]
[Do you vomit?]
Okay, Do you vomit?

37. Pat.: 
[No]
No

38. Dr.: 
[wa laa?iBTisTafriy?]
[Okay]
Do you vomit?

39. Pat.: 
[Kol maa ?aakol kol maa maθalan ?alSaB [ Bis'yar]
When I eat when for example I play [it starts]
For example When I eat and play

40. Dr.: 
[wa laa?Laa Twokil wa laa [TilSaB]
[Not eat] and not [play]
Do not eat and do not play

41. Pat.: 
[hh]

42. Dr.: 
[hh]
BiTs'iyr  ?ikwayis wila la??
You will be good or not?

Will you be good or not?

43.Fath. To son:

hh BiTrayih halak wa BiTra[yñnaa]

hh you will help yourself and you h[elp us]

hh. You will help yourself and you well help us.


[it is] If you know the reason the things good  If you know


the reason? the things good↑ or not?

If you know the reason, the things are good↑. If you know the reason, the things are good or not?

45.ow ra?yak↑ Bat'iil ?okil wa Bat'iil TilçäB?

What think you↑ stop eating and stop playing

What do you think↑ of stopping the eating and stopping the playing?

46.Pat.: £


Which bothers more eating or playing that cause more pain↓?

Which bothers↓ more eating or playing?

48.(0.1)

49.Pat.: [ii  nafs  ?il'iîie]

Imm the same thing

The same thing

50.Dr.: [wǐlæl  l mà  yíyí,  q'dàš  b tôl?]

Wa  ?il?alam lamaa yiçie gaDieʃ  Bit'awil?

And the pain when it comes how long it stays?

And how long does the pain stay when it comes?

51.Pat.: [Bît'awiliʃ  [?ikTeer]

not stay  [too much]

Not too much

52.Dr.: [TaqrieBan]

[TaqrieBan]
[around]

Around

53.Pat.: [yaañiy  Bid'al  nos?  saaçah]
Nearly it stays half an hour

Nearly, it stays half an hour

54. Dr.: نَص سَاعَة وَيَخْتَفِي مَنِهِ لَحَالَة وَلَا حَوْيِلا السَّرَء؟
nos′ saaçah. wa BiXTafie minoh laхааaloh wila la? ḥawielaa ?isorräh?
Half an hour. And then it disappears by itself or not? Around the navel?
Right? Half an hour. Then does it disappear by itself or not? Is it around the navel? Right?

55. ((the patient is nodding his head to mean yes))

56. Pat.: تْقْرِيْبًا

TaqrieBan
Around
Around

57. Dr.: في أسِهَال؟
Fie ?ishaal
Is there a diarrhea
Is there a diarrhea

58. Pat.: احيانا

?ahyaanan
Sometimes
Sometimes

59. Fath.: في؟
Fie?
Is there?
Is there?

60. Dr.: في أسِهَال؟
Fie ?ishaal?
Is there diarrhea?
Is there diarrhea?

61. Pat.: احيانا

?ahyaanan
Sometimes
Sometimes

62. Dr.: احيانا يعنى شو بالاسبوع مره باليوم مره. يعنى كيف؟

?ahyaanan yaçniy low Bi?isBwoç marrah Bilywom marrah. Yaçniy kief?
Sometimes I mean what in the week once in a day once. I mean how?
Sometimes. I mean how many times within a week, a day?

63. Pat.: مثلًا يبيبيبي مثلًا كل يوم [مِئن]

Maθalan imm Maθalan kol ywo[mien]
For example imm for example every two d[ays]
For example imm for example every two days

64. Dr.: [أَوَا]
[?aywaa]
[Okay]

426
Okay

Pat.: كل اس [بوع]
Kol ؟os[Bwoς]
Every w[eeK]
Every week

Dr.: ایوا] امسالك↑ في ↓؟
[؟aywaa.] ؟imsaak↑ fie↓?
[Okay.] Constipation↑ there ↓?
Okay. Is there ↓ Constipation↑?

Pat.: لا خفيف.
Laa Xafief
No it’s weak
No, not much

Dr.: البول في حرقه؟
?ilBwol fie ḥaraqah?
The urine there is burning
Is there burning in the urine

Pat.: لا
La?
No
No

Dr.: طبيب ايش ( )
tˀayiB ؟i∫ ( )
Okay what ( )
Okay what ( )

Pat.: ايش؟
?ie∫?
What?
What?

Dr.: بتوكيل كيوس ؟
?ibTwokil ؟ikwayis?
You eat well?
Do you eat well?

Pat.: بقدرش اكمل اكل يعني باكل شوي وعدين بصير بطني وجعلني =
BagDarǐ? akamil akil yaċniy Bakol ?įway wa BaċDien Bis'iier
I can’t continue eating I mean I eat a little and then it starts
Ba'tnīe ?iywajįnie=
my belly hurt me=
I can’t continue eating I mean I eat a little and then my Belly starts hurting me=

Pat.: =
=?aah wa Bawagif
=Yes and I stop
Yes and I stop

75. ((it seems that the patient is nodding with yes))

76. Dr.: وزنك بنقص ولا ثابت ولا يزيد؟
Waznnak Bingos? willa θaBiT willa BizieD?
weight your decreases or stable or increases?
Does your weight decrease, stable or increase?

77. Pat.: احيانا بنقص
?ahyanan Bingos?
Sometimes it decreases
Sometimes it decreases

78. Dr.: بتلعب رياضه كois انت? لعيب رياضه؟
you play sports very well you? Masterful in sport?
Do you play sports very well? Are you masterful in sport?

79. ((patient is nodding with yes))

80. Dr.: بالدرسه انت مش هيك؟
BilmaDDrasih ?inTa miʃ hiek?
at school you right?
You are at school, right?

81. ((the patient is nodding with yes))

82. Dr.: أي صف؟
?ay s?af?
Which grade?
Which grade are you?

83. Pat.: ثامن
θamin
Eight
Eight

84. Dr.: ثامن. هون ولا هناك؟
θamin. Hwon wilaa honaak?
Eight. Here or there?
Grade eight. Here or there?

85. Pat.: هناك؟
Honaak
There
There

86. Dr.: كيفك انت والمدرسه؟ اصحاب؟ (0.1) بتحبها؟
Kief ?inTa wa ?ilmaDrasih? ?shaab? (0.1) BiThiBhaa?
How are you with school? friends? (0.1) like it?
How are you with school? Are you friends? (0.1) Do you like it?

87. Pat.: £

88. Fath.: هيهه لا دريس
hh laa Darrees
hh no he is a hard worker.
hh. No, he is a hard worker.

89.(0.1)

90.Dr.: Shou bethkhaf? Shou bethkhaf min al'ahmehanat?
low BiTXaaf? low BiTXaaf min al'imTihanaaT?
What you are being afraid? What you are being afraid of the exams?
What? Are you being afraid? What? Are you being afraid of the exams?

91.Fath.: [؟أه هاي]
?aah haay [?aah]
Yes this is [right]
Yes. This is right

92.Pat.: = مش [ كثير ]
[M] ?ikthier=
[Not] too much=
not too much=

93.Fath.: لا لا هاي عامليين قصمه:
Laa laa haay çamilien çaliehaa gis'ah
No no this we are making on it story
No. we are making a story of this.

94.Dr.: جبان يعني؟
åBaan yaçniy
You are coward in other words
In other words, you are coward

95.Fat.: لانه احنا نتمتتح وزاري هناك:
Li?annah ?ihaa ?iBnimTahin wazarie honaak
Because we examine ministerial there
Because we examine ministerial exams there

96.Dr.: [؟أه]
?aah
Okay

97.Fath.: ومن الأوائل فيضل خايف اسمه ينزل بالقائمة
Wa min ?il?awaa?il faBid'al Xayif ?ismoh yinzil min ?ilqaa?imih
And from the top so he keeps afraid his name removing from the list.
And from the top students, so he keeps afraid of removing his name from the list.

98.Dr.: هو الواحد شوف [يعني]
Hoa ?ilwahaD [wof [yaçniy]
It is that the person look [I mean]
It’s that the person, look I mean

99.Fath.: [فهلحى] [قلق الصراحه]
[hh] qaliq ?ils'araahah
he is worried to be honest
hh. To be honest he is worried

لا [هيك]
Laa [hiek]
No [in this case]
No. In this case

فق [qaliq]
[worried]
worried

الواحد كوس يكون طموح بين مش جمان صح ولا لا يعني أنا بحب اكون طموح وحب علاماني اكون عاليه وكذا بس ما:
؟ilwaahaaD ئikwayis yikoon t'amoooh Bas mi] 3aBaan s'ah wa laa? ?yaçniy
The person good to be ambition but not coward true or false? I mean
؟anaa BahiB ئakoon t'amwoh wa BahiB çalaamaaTie ئiTkwon çalyih
I love to be ambition and I love marks my to be high
wa kaÑaa Bas maa
and like this but not
It is good for the person to be ambition but not coward. Am I right? I mean I love to be
ambition and I love my marks to be high but don’t

Not to be coward
Not to be coward

تعال اطلع على السرير اشوفلك:
Taçael ئit'ilaç çalaar ئilsarier ئa[wofak
Come lay on the bed see you
Come to lay on the bed to examine you

قبل سنة دخل المستشفى دكتور ( )
Bas gaBil sanih DaXal ئilmosTa[sfaa DokTwor ( )
But before a year he entered the hospital doctor ( )
But before a year, he entered the hospital, doctor

ليش؟
Why?
Why?

على الطراء، زي هيك. وقالي الدكتور خوافني في معه زيادة فجعلة على دكتور ثاني يعني
çalaar ئilt'awaari? zay hiek. Wa galie ئilDokTwor Xawafnie
To the emergency like this. And told me the doctor he frightened me fie Maçoḥ zaayDīh FahawallTōh čaľa DokTwor thānī yaqniy there is with him appendix so I transferred him to doctor another that To the emergency. And the doctor frightened me and told me that he has an appendix so I transferred him to another doctor that

110. Dr.: =
=Imhm=
=Imhm=
=imhm=

111. Fath.: =قال لا ما في شي وعمله فعوضات بسيطة شي اربع خمس ساعات و روحنا:
=gaal laa maa fie jie wa čimilloh fohos?aaT
=He said no nothing there is something and he had made him tests
Bassīt?ah jie ?arbaς Xamis saaςaaT wa rawahnaa
simple For about four five hours and we had returned back home
=He said no he is okay and he had made simple tests for him for about four or five hours and we had returned back home

112. Dr. to Pat.: اطلع على السرير.
=?it‘llaς čaľaa ?ilsarier
Lay on the bed
Lay on the bed

113. ((physical examination for (1.40)))

114. Dr. to Fath.: قديش عمره؟
How old is he?
How old is he?

115. Fath.: 14

116. ((the doctor is washing his hands for (0.14) seconds))

117. Dr.: موره كوبه وحاج الاطفال عند الاجازة اثنين الولد، الرجال أو بين الولد والرجل، نقوم بإشاره: 
Look willing God matters his Okay. The pain the belly for boys
not boys the men or between the boys and the men, 
Look God willing, his matters are okay. The belly pain for boys, not boys, the men or between the boys and men,

118. Dr. to pat.: انت رجل ولا ولد؟ ولا نص؟ بالنص. ينحذك بالنص.
=inTa raʔol willa waʔaD? Wilaa nosʔ?Bilnosʔ Binhotʔak Bilnos?
You man or boy? Or in between? we categorise you in between.
Are you a man or a boy? Or in between? In between. We categorise you in between.

119. Dr. to Fath.: شائف?
=jāayif?
You see?
You see?

120. (The doctor is talking with somebody outside the clinic for 0.19 seconds)

You see? I say the impression is that the things are good. Pain in the belly for this age happens much. Most of the pains yes, I mean they consider them.

121. Dr.: You see? I say the impression is that the things are good. Pain in the belly for this age happens much. Most of the pains yes, I mean they consider them.

122. No specific.

No specific. Kief yačniy? ili?amçaa? iliBTiTarrak akθar min?

No specific. How in other words? The intestines move more than it is supposed to be, of course, before going to the toilet. In the morning.

Momkin? insawiihaa. fa?anaa nas'iehah laa Tičmalwo folhos'aaT wa laa.

Maybe go to the toilet. So I am an advice do not make tests and don't go to school.

123. We may go to the toilet. So I am its it an advice do not make tests and don't and don't.

124. Dr. to Pat.: Your health is excellent or not?

Your health excellent or not?

125. Your health excellent or not?

Excellent.
127. Dr.: ممتازه ولا مش ممتازه؟
momTaazih willa miʃ momTaazih?
Excellent or not excellent?
Excellent or not?

128. Pat.: ممتازه
MomTaazih
Excellent
Excellent

129. Dr.: لاته بدنا نحظ وقع الالم على جنب. انت ممتاز ولا؟ [صحتك ]:
Li?anoh BiDnaa ?inhot? wa3aq ?il?alam 3ala 3anib.?inTa momTaaz
Because we will leave pain the pain a side. You excellent
willa la? ? [ s?ihTak]
or not? [ health]
Your Because we will leave the pain a side. You are excellent or not? Your health

130. Pat.: [ ممتازه]
[MomTaazih]
[Excellent]
Excellent

131. Dr.: بتعرف رياضه؟
?it?ma?in
Okay. Don’t worry.
Okay. Don’t worry.

132. ((The patient is nodding with yes))
133. Dr.: و ما شاء الله عليك ولا لا؟
Wa maja Allah 3aliek wilaa la? ?
And willing God on you or not?
And God willing on you or not?

134. ((The patient is nodding with yes))
135. Dr.: أمر اطمئن
?aah. ?it?ma?in
Okay. Don’t worry.
Okay. Don’t worry.

136. Fath.: كمان هو وقلق
Kamaan howa qaliq
Also he worried
Also he is worried

137. Dr.: [بعدين]
[Ba3Dien]
[Also]
Also

138. Fath.: [ كمان]
139. Dr.: لا، ايش؟
Laa. ?ie∫?
No. what?
No. what?

140. Fath.: هو نفسه لائق على المسألة
Howa nafsah qaliq min ?ilmas?alih
He himself worried about the problem
He himself is worried about the problem

141. Dr.: لا مؤه هيك عم عط انت الآن لاك بتصر قلق، يزيد يعني انت الآن هنا شوفان. هنا إنت من نفسنا ما يقول صحي.
No this is nephew incorrect. You now because you become worried,
BizieD. Yaçniy ?inTa ?il?aan hainaa ?woffnaak. Hala it will increase. In otherwords you now we examined you. Now ?inTa min nafsak ma BiTgwol s’ihtie you from yourself don’t you say health my
No this is incorrect nephew. Now because you are worried, it will increase. In other words, now we examined you. Now from yourself don’t you say my health is

142. Fath.: المرض عموم ما يعمل الواحد صحته
tˀayiB DokTwor ?Irizlien ?ilhaa ?ilhaa faTrah hassah hwoa kaan maçoh
Okay doctor the legs have have a time now he had with him
t’aBas’ot’ wa mayalaan hwoa wa ?is’yer çalaznnaa ?ilt’abas’ot’ Bas simplify and Milan he was a little We treated the feet implify but
?ilmayalaan maa maa was’s’alnaa fieh the Milan didn’t didn’t we reach
Okay, doctor! He had simplify and Milan in his feet when he was a little. We treated the feet simplify but the Milan we didn’t didn’t reach to

143. Fath.: الطيب الدكتور الرجلين انا الفرده هو كان معه لطيب وميلان هو وصغير عالجنا التبسط الس Meeran م ما وصلنا فيه.
limarrhalih to a stage to a stage

144. ما الهاش شغل- بالبطن:
Ma ?ilhaa? ðwoyol – BiBat’in It doesn’t affect on - the belly
It doesn’t affect on the belly

145. Fath.: ما الهاش شغل لا، لما يلعب رياضه [بدائق]
It doesn’t affect no. when he plays sports [he does not feel comfortable] It doesn’t affect no. when he plays sports he does not feel comfortable

They say it is over, don’t go to the school. You see? After an hour or two hours as nothing was there. And the health

The health, the health is good

There no with him indicators. Also early for maintenance There are no indicators. Also it’s early for maintenance
Or not?

155. Fath.:

صحح
s‘ahīieh
Correct
Correct

156. Dr.:

بعد ١٤ سنة. واحدّ جاب سياره وكالة طلعتها سبع. إذا ترختها على السيرة بما بخيروها ولا ما بخيروها؟

BażDoh ١٤ sanīh. waḥaD zaib savyarrah wakaalīh- t’allaçhāa ?imBaarih, still he ١٤ years. A person bought a car new - just yesterday.

?iḍaa ?iBTwōXiDhaa ṭalāa ?ils‘iyaanīh BiXarBwohaa wilāa
if you take it for maintenance they will disrupt it or
ma BiXarBwohaa?
not?
He still ١٤ years. A person who bought a new car- yesterday, if you take it for
maintenance will they disrupt it or not?

157. Pat.:

بخيروها
BiXarBwohaa
They will
They will

158. Dr.:

بخيروها إ. عمر انت بعده وكالة الله يرضي عليه. لا تفكر بهك شغلات. لا تكن فق
BiXarBwohaa ↓. čamwo ?inTa BażDDak wakaalīh Allah yird‘aa čaliel. La They will ↓. Nephew you still new God be pleased with you. Don’t
?iTfakir Bihiel ĠaylaaT. La ?Tkwon qaliq
think in these things. Don’t be worried
They will ↓. Nephew! you still young, may God be pleased with you. Don’t think in these
things. Don’t be worried

159. Fath.:

[طبيب]
t‘ayīB
[Okay]
Okay

160. (0.1)

161. Dr.:

نصيحة لا تعلمون فحوصات كثير ولا ترخصون من طبيب لا تهك بصركولد يشعر [ إن] :

[nas‘iehah] laa Tiċmalwo foħos‘aaT ?ikθier wa laa Torkod‘wo min t‘aBieB
[an advice] not do you tests much and don’t run from doctor
la t‘aBieB liʔanoh Biś‘ier ?ilwalad yiʕcor [ʔinoh]
to doctor because he becomes the boy feel s [ that]
An advice, don’t do much tests and don’t go from doctor to another because the boy
becomes feel that

162. Fath.:

[انا] بالصيف يعمله عند دكتور اسمه بالمختبر
[ʔanaa] Bils‘ief Bażmalloh činD DokTwor (name) BilmoXTaBar
[I am] in the summer ask for him with doctor (name) in the laboratory
In the summer I ask for him in the laboratory with doctor (name)

163. Dr.:

أه
Faham:

164. Faham: 

Fahamat:
fohwos'aaT
Tests
Tests

165. Dr.: 

Okay
Okay

166. Faham:

Bamaloh fohwos'aaT kamlih Bas 'omworoh Tamam=
I ask for him tests full but things his perfect=
I ask for him full tests but the things are perfect=

167. Dr.: 

Ma Baqollak ma feif [diaj]
=I am telling you no [need]
=I am telling you no need

168. Faham: 

Li?anoh Bidal [yikie]
[Because] he keeps [complain]
Because he keeps complain

169. Dr.: 

Ia laa
[I understood] [No No]
I understood. No, no

170. Faham:

BiraB fie ?ahyanan yid'dayaq
[He drinks] there sometime feels not comfortable
He sometimes drinks and he somtimes feels not comfortable

171. Dr.: 

Maa feif Daa?ej Tiamalwo ?fhwos'aaT.kol maa ?i?milT fohos'aaT-
No there need ask the tests. As much as you ask tests -
every thing- I mean we now what circle vicious we this
BiDnaa ?ingos'haa
we need to cut it
No need to ask for tests. As much as you ask for tests- everything is what- I mean we are now in vicious circle. We need to cut it

172. 

Faham:

Idda maa qas'ienahaa BiDhaa ?id'dal ?iTlif. fakol maa Tiamal
If not we do not cut it it will keep spin. So as much as you ask
fohwo'saaT Bis'ie'r ?ie] yilçor ?ino'h t'ayiB lie] Baçmal
tests there will what? he feels that okay why I do
?ilfho'saaT?! ?ihnaa fi氥 cinna ?içaq
the tests?! We there have the mind
If we did not cut it, it will keep spin. So as much as you ask for tests, there will what? he feels that okay why do the tests?! We have the mind

173. الباطن
?ilBaatˀin
Subconscious
The subconscious mind

174. Dr. to Pat.: [علي]
Jaayif. Fa?ihnna maa BiDnaa çamwo ?inTa roD [çalay]
You see. So not we do not want son you listen [ to me]
You see. Son, So we do not want. listen to me

175. Fath. To pat.: [انسي]
[?insaa]
[Forget]
Forget

176. Dr.: انت كويس. بعدين انا سلتك سؤال انت كويس ولا مش كويس؟
You fine. Then I asked you a question you fine or no not
?ikwayis?
fine?
You are fine. I asked you a question are you fine or not?

177. Pat.: كويس
?ikwayis
Fine
Fine

178. Dr.: كويس. خلص وفع البطن بدنانش ايام وفع البطن موجود بسرعه الالك يسري وفع البطن، الامعا بتحرك كبير. انا
Fine. It is over. Pain the belly we don’t want it. pain of the belly
maw3woD ?iBs'orçah Birwoh. ?il'akil Bisawie waqâç batˀin, ?il'amçaa?
is there quickly goes. The food causes pain belly, the Intestines
?iBTiTharrak ?ikθier. lammaa
Fine. It is over. We don’t want the belly Pain. The belly Pain is existed and goes quickly.
The food causes belly pain. Intestines move too much. When

179. تحرك كثير يعمل الر侦ين بخف. في ناس هك طبعهم امعا بتحرك بسرع الم
TiTharrak ?kθier ?iBTˀçmal ?alam BaçDien BiXif Fie naas hiek t'aBieçThom
. it moves much it causes pain then it goes There are people that the nature.
?amçaa? ?iBTiTharrak Bis'ie'r ?alam. [ s'ah?]
intestines moving causes pain. [Right?]
It moves too much and causes pain. Then it goes. There are people that this is their nature, the
movement of the intestines causes pain. Right?

180. Fath.: [العصبية]
[?ilças’aBiyieh]
[The nervous]
The nervous

181. Dr.: [العصبية العصبية الهما أثر. طبًب لويش بتتعصب؟]
?ilças’aBiyieh ?ilça’aBiyieh ?ilhaa ?aθar. t'ayiB lawieʃ āBiTças’iB?
The nervous the nervous has an effect. Okay what do you get nervous?
The nervous, the nervous has an effect. Okay what do you get nervous?

182. Fath.: [هيهه جي[نات]
hh zie[naaT]
hh ge[nes]
hh. genes

183. Dr.: [جي [نات]
[zie]naaT
[Ge]nes
Genes

184. Fath.: hh

185. Dr.: [لا الولد بريس بول نصيحة لا تروحو لاطباء كلير لا تعلمو حفوصات كلينير:
Laa ?iwalaD ?kwayis BarDwo Baqwol nasiyäah laa iTrohwo la ?at’BBaa?
No the boy good also I say an advice do not go to doctors
?ikθiyr laa tis’malwo fohos’aat ?ikθiyr
too many do not do tests too many
No. the boy is good but I say it again do not go to too many doctors and do not do too
many tests

186. Fath. to pat.: [هي اسمع. سامع؟ مش تقولي بطني يوجدني ان شربت [مي]
Hay ?ismaʃ samaʃ? miʃ ?iTgwoliy BaT’niy Bwaʃ’niy ?in
Listen Did you hear? Do not tell me belly my hurts me if
?iBiT [may]
drank you [water]
Listen. Did you hear him? Do not tell me that my belly hurts me if you drank
water.

187. Dr.: [لا خلي يصير عندك وفع بطن. وفع البطن ما رح يسوي شي. رح بروح:
[Laa] laa Xaliyh yis’iyr sínDak waʃ’aʃ BaT’in. Wadžaʃ ’ilBaT’ìn maa rah
[No] no let happen for you pain belly. Pain belly not wil
yisawiy fiy. rah yirwoh
I do anything. It will go
No, no. let it happen. Belly pain is not dangerous. It will go

188. Yaʃniy hoa wadžaʃ ’ilBaT’ìn sinnDak mawodʒwoD Bas miʃ
In other words, that pain belly for you there but not marad'iyy a disease
In other words, belly pain is there but it is not a disease

189.Pat.:
imhm
imhm
imhm

190.Dr.:
191.(0.2)

192.Fath.:

193.Dr.:

194.Fath.:

195.Dr.:

196.Fath.:

197.Dr.
sick! And who plays sport let him bear a little pain
Okay, God willing. A person a person who is creator in sport, being sick! And he who
plays sport let him bear a little of pain
198. Pat.: hhh
199. Fath. hhh
200. Dr.: Wilaa la? alf salami ʕaliih infa Allah. omworoh
Or no? thousands wishing him a speedy recovery willing God health status
kwaysih maʃaa Allah ʕaliih
His good as Allah wills
Or no? Wish him a speedy recovery, God willing. His health status is good as God willing
201. Fath.: Allah yisallmak
Allah protect you
May Allah protect you
202. Dr.: SalaamToh infa Allah salaamToh
Get will soon wiling God Get well soon
Get will soon, God willing. Get well soon
203. Fath.: Allah yaʃtiiyk ilʃaaafiyih
God give you good health
May God give you good health
204. Dr.: Maʃ? salaamih
Good bye
Good bye
(The resident is calling the patient.)

Res.: افضل
?iTfadˀal
Come in please
Come in please

(The patient is entering the room)

Dr.: هلا حبي
Hala Hadʒiy↑
Hello Hajiy↑
Hello, Hajiy (Hajiy is said for an old person)

Pat.: Peace [علىكم]
Peace upon you

[مرحبا] كيف حالك؟
[marhaBa] kiyf ?ilhaal?
[Hi] How are you?
Hi. How are you?

( It seems that they are shaking hands)

Pat.: يا هلا
Ya halaa↑
Hello↑
Hello↑

Dr.: ابي ما شاءالله
?ie:: maaʃa Allah
imm willing God
imm God willing

 كيف الحال ؟
Kief ?ilhaal?
How are you?
How are you?

Ramadan BiXaliyk ?imnawir
Ramadan is making you your face bright
Ramadan is makeing your face bright

hh

[Abu El-Rob: JMT: C 8:2015]

Duration: 20:02
14. 
الدِّالاك ِسِ؟آَيِم
Keep fasting

-dr [yim]

Keep fasting

14. 
[au] ِاَتَيَد ِبِدَو ِيِسَاَيِم ِوُكِطَة ِيِزَّاَمِه ِيِبَلِتْوُنِيَّة
d [fow] ِيِلِوَهَا ِبِدَو ِيِسَاَيِم ِوُكِطَة ِيِزَّاَمِه ِيِبَلِتْوُنِيَّة
What the person will do! Keep silent man you tired me?

15. 
غَلِبَنَاك! َوْمُكَ كَيْفَ بَنْذَكَ تَكْسِبَ حَسَنَت؟
What we can do! Keep silent, man you tired me?

16. 
يَا اَبِنَ الْحَالَل لِمْش حُوَلْوُتْنِي؟
We tired you↑! So how will you gain good deeds?!

17. 
هَسَعِيَاتْ قَال طَلْعَوْلَنَا رَجَم اَنِي عَمْلَتْ عَمْلِيَةً الْفَرْجَةُ
We tired you↑! So how will you gain good deeds?!

18. 
فَرْجَةُ قَال طَلْعَوْلَنَا رَجَم اَنِي عَمْلَتْ عَمْلِيَةً الْفَرْجَةُ
We tired you↑! So how will you gain good deeds?!

19. 
قَالْ مَعَكْ فَرْجَتْنِي وَمِنْ دَارِي شُوَي وَالْدِمّ 7 وَمَا بَعْرَفْ شُوَيِّ
Although I have had the ulcer↓surgery, now they found that

20. 
قَالْ مَعَكْ فَرْجَتْنِي وَمِنْ دَارِي شُوَي وَالْدِمّ 7 وَمَا بَعْرَفْ شُوَيِّ
Although I have had the ulcer↓surgery, now they found that

21. 
وَالْمَشَائَيْلَ - اَطْلَعْوُلِيَّ الْمَشْائَيْلَ
Although I have had the ulcer↓surgery, now they found that
And problems – they found for me the problems
And problems – they found for me problems

23. Dr.: لا لا لم يهمي شغله بسيطه، يعني بنعرف السبب، خلص نتهي
[Laa laa] mahiyi jaylih Bas'iyt'ah. Ya'sniy ?iBTi'rif ?il saBaB, Xalas' ?iinTahaa
[No no] the thing simple. I mean we know the reason, that’s it
No, no. It is simple. I mean we will know the reason and that’s it

24. Pat.: لا لم يقلو نزول الدم
Li?anoh galow nozwol ?il[Dam]
Because they said the decrease of the blood
Because as they said the decrease of the blood

25. Dr.: =
[?yawaa] =
[Okay] =
Okay

26. Pat.: بسبب القرحة =
= BisaBaB ?ilqorhah
=Because of the Ulcer
=Because of the Ulcer

27. Dr.: القرحة خلس كريس هيك. لما تعرف الأمور شغله القرحة يتعلق والدم يوقف ينزل وتتحول جميع
The Ulcer that’s good like this. When known the thing the matter the Ulcer
?ib'Ti'Salaaj wa ?ilDam Biwaqif yinzal wa ?iBTowXiD haDiyD
will be treated and the blood will stop decreasing and you will take iron
The Ulcer, that’s it good. When the thing is known, the matter of the Ulcer will be treated
and the decreasing of the blood will be stopped and you will take iron

28. Wa BiTs'iyr ?ikwaysih. maTaa ?afwok BilmosTa'faa?
And it will be good. When have they seen you in the hospital?
And it will be good. When have they seen you in the hospital?

29. ((It seems that the patient did not hear the doctor.))

30. Dr.: منى شافوك؟
MaTaa ?afwok?
When have they seen you?
When did they see you?

31. Pat.: العمليه ب 6 الشهر
?a: ?il'amaliyih Bi 6 ?ilJahar
Oh The surgery on 6 the month
Oh. The surgery is on the 6th of the month

32. Dr.: أت اعتلك أعطلك علاج؟
?aah ?a$t'owk ?a$t'owk ?ilaaj
Okay have they given you have they given you the medication?
Okay. Have they given you, have they given you the medication?

33. Pat.: 
أه أعطوني للنشر [اسم]
?aah ?aṭ'owniy lalljow [?ismow]
Yes They have given me for what [is called]
Yes. They have given me for what is called

34. Dr. to Res.: 
[اكتبي] اكتبي:
[?okToBiy] ?okToBiy
[Write] write
Write, write

35. Pat.: 
اعطوني حديد
?aṭ'owniy haDiyD
They have given me iron
They have given me iron

36. Dr.: 
أه هو حديد
?aah hoa Hadiid
Yes It is iron
Yes. It is iron

37. Pat.: ---- حديد قال دكتور ----
Hadiid qaal doktwor (name)
Iron said doctor (name)
Iron, said Doctor (name)

38. Dr.: 
أه
?aah
Yes
Yes

39. Pat.: 
قال بندك تست [عمل للل]
gaal BiDDak TisTa[?mil ?illl]
That you have to [use the]
That you have to use the

40. Dr.: 
[أه أه]
[?aah ?aah]
[Okay okay]
Okay, okay

41. Pat.: ل6 شهور و أب
La 6 jowhowr wa ?iBar
For 6 months and injections
For 6 months and injections

42. Dr.: 
أه أه نعم
?aah ?aah yes=
Okay okay yes=
Okay, okay. Yes=
43. Dr. to Res.: اكتئب هون =
=؟okTobiy hwon=
=Write here=
=Write here=
44. Dr. to pat.: الحديد غالي عادك ولا لا؟
=؟ihaDiyD yaliy  faaDak wila la?
=The iron expensive by the way or not?
=By the way, the iron is expensive?
45. Pat.: [انداري [ عنه]] (0.1)
(0.1) ?inDaariy [؟انوه]
(0.1) I do not know [about them]
(0.1) I do not know about them↓
46. Dr.: الحديد] ما ارتفع؟ ارتفع سعره؟
[The iron] have not increased? Increase price?
The iron’s price have not increased? Have its price increased?
47. Pat.: ما بدريش↓
Maa BaDriy↓
I do not know↓
I do not know↓
48. Dr.: لا يا [آله]
Laa yaa z[lammih!]
No m[an!]
No, man!
49. Pat.: هو انت↑
[Ma BaDriy↑] ma hoa ?inTa
[not I know↑] It is that you
I do not know↑. It is that you
50. Dr.: [  ) ]
51. Pat.: هالقد [ داري؟]
[Dariy?] halgaD  [ mašiy]
[ Know?] This much  [ I have]
You know? This much I have
52. Dr.: [ يا زلمه]
[Ya zalamih]
[Man]
Man
53. Pat.: انا هيك تاني اجيب تاني اجيب من هل الفحوصات↑
[؟anaa hiyk ] Taniy ?adžiyB Taniy ?adžiyB min hal  lilfhowss'aaT↑
[ I like this] till I bring till I bring from the the tests↑
I am like this till I bring, till I bring from the tests↑
54. Dr.:
55. Pat.: الله وكيكك هالفد
Allah wakiylak halgaD
Believe me this much
Believe me, this much

56. Dr. to Res.: [()] because of [()]
?okTobiy () because of [( )]
Write () because of [()]
Write ( ) because of ( )

57. Pat.: بيجي ميت بيجي ميه
[Bijiy] miyT Bijiy miyih
[About] hundred about hundred
About hundred about hundred

58. Dr.: انا يقول الحديدي إلى ارتفع تاع ألبنا يا زلله
?anaa Bagowl ?ilhaDiyD ?irTafaʕ ya zalamih Taaʕ
I say the iron has been increased man the one which is uses for
?ilBinaa ya zalamih
building man
Man, I am taking about the iron which is use for building that has been increased

59. Pat.: آله
?aah
Oh
Oh

60. Dr.: والله العظيم يا انت - شو بدي اسوي [فيك]
Wall Allah ?ilʔa디ym ↓ ?inTa - fow BiDiy ?asawiy [ fiyk?!]do
Really ↓ you - what can i can I do [with you]
Really↓ you are – what with you

61. Pat.: [waAllah] maa ?anaa ʕaarif
[Really] not I know
Really, I do not know

62. Dr.: الأمور كويسه انشاءالله كيتك انت و [رمضان؟]
The things good willing God. How you with [Ramadan?]
God willing, the things are good. How are you with Ramadan?

63. Pat.: [بديويين] صح تماني تنصحي بالنسبة للدسك
[BaʔDiyn] s'ah Tamaniy Tinsʔaṇiyy BilnisBih lal Disk
[Also] right I looking for advice regarding for the herniated disk
Also, right, I am looking for your advice regarding the herniated disk

64. Dr.: ايا
The herniated disk bothers me, brother because of the pain I cannot sleep either at night or the day. If I slept believe me I do not feel comfortable and If I sat I do not feel comfortable.

So what do you think of the surgery? Because more than one disk as they say that are found in the photo which is called the magnetic resonance imaging.
gaal wallAllah ?anaa Bans‘ahak Bihal sin ha∅′aa ?inak ma TiŠmallhaaf
That really I advise you in this age that you do not do it
Really, that I advise you in this age to not doing it

73.Dr.: [ وَاللَّهُ
[Wall Allah]
[Really]

74.Pat.: [ قَتَلَ قَالَ يَا بْنُ الْحَلَالِ اِنْتَ دَارِيِّ
[I told him] my friend you [know]
I told him my friend you know

75.Dr.: [ نَعُمُ
[Na∫am]
[Yes]

76.Pat.: [ مَا أَنَا
[Maa ?anaa]
[I am]
I am

77.Dr.: [ مِنْ هَوْا [بِفَافِ مِنِّ الْمَعَاذِرَاتِ اِيَنْتَ طَيِّبُ اسْمُكَ وَاحِدٌ شَافَكُ؟
kam wahaD faafak howa?
how many have they seen you that?
Sometimes, they may afraid from the side effects. Okay, listen how many have they seen you?

78.(0.1)

79.Pat.: [ ؛---------------
Hoa ha∅′aa [(the family name of the doctor)]
It is the [(the family name of the doctor)]
The (it is the family name of the doctor)

80.Dr.: [ وَضَسْتَ وَلَيْسَ طَيِّبٌ لَيْسَ منْ هَوْا وَاحِدٌ أَنْتَ؟
[Bus]waahaD? t‘ayiB liyʃ maa ?iTjowf wahiD 0aaniy?
[Only] one? Okay why not you see one another?
Only one? Okay, why do not you see another one?

81.Pat.: [ مَنُو وَاحِدٌ أَنْتَ؟
Manow wahaD 0aaniy?
Who the one another?
Who is another one?

82.Dr.: يَعْيَنُونَ دَارَائِنَ بِالْعَوْانَاتِ هَيَا حُسْنُ ذَخْرَ رَآئَيِّ الْبَنِينَ إِلَيْهِمْ رَآئِكَ مَشْاَ عَلَيْكَ النَّاسَة
Ya∫niy Daymaan BilšamaliyaaT haay ?ahsaan Xo∅ ra?iy ?i0niyn ?iliy
I mean always in the surgeries these it is better take opinion two who
Bigollak raasak miʃ ʕaliyk ?iTlammasoh

tells you your head

is not on your body touch it(( it is a proverb )) I mean always in these surgeries it is better to take two opinions, to be sure

83. Pat.: 
Wall Allah sʔah
really it is right
It really is right
84. Dr.: [مهم احسن]
[Mahwoa ʔahsan]
[It is better]
It is better
85. Pat.: [ والله وا الله [الشي [)
[Wa Allah wa Allah] [ ʔiʃie]
[really really] [the thing]
I really, I really the thing is
86. Dr.: [ إننا لا نلزم عمله بميساء إذا واحد في عمله ووافق لا أنت مكن الله؟]
[ʔiʃie] galwolak la? laazim ʕamaliyyih Baʕmillhaa Bas ʔiʃaa waaʔaD
[If ] they told you it is a must do it I will but if one
fie ʕamaliyyih wa waaʔaD la? Momkin ʔiʃie?-
there a surgery and one no may be what?-
If they told you that the surgery is a must, I will do it but if one said it is a must and one said it is not a must so what?

اجي أسأل يا ربي لا تذكرنا الله لنا أقرب ما أخذ عمله من أقرب حسب الشيء إلي جوتي بين يديك أمور ال هي.
87. 
?
Then I ask I say what I am thinking of I am really closer not doing ʕamaliyyih aw ʔagraB hasaB ʔiʃie ʔiʃie ʔowaTie Bas Bihiek
the surgery or closer to regarding the thing which inside me only in these
ʔomwor ʔiʃ hiiy
things which are
I ask my self what I am thinking of am I really closer to not doing the surgery or closer to the thing which is inside me. Only in these things which are

88. خذ أكثر من رأي
Controversial
Controversial XoD ʔakʔar min raʔie
Controversial take more than one opinion
Controversial take more than one opinion
89. Res.:  
نعم
Yes
Yes
90. Pat.: 
يا سيدني بين الله إ تالي هالعمر [بروح]
ya siedei Biʃien Allah↑ Talei hal ʕomor [Birwoh↓]
Sir, be with us, God the rest of the age will go.
Sir! God be with us, the rest of age will go.

91.Dr.: [لا لاٞ[عدك شباب ما احنا [قالنا ]
[Laa laa] BaٌDak faBaaB ma ?ihnna [ golnaa]
[No no↑] you still young We have [ said]
No, no↑. We have said that you still young.

92.Pat.: [الحمدلله]
[?ilhamDoli Allah]
[Thank God]
Thank God

93.Dr.: [هذا]
[Hađaa]
[This is]
This is

94.Pat.: [الحمدلله]
?ilhamDoli Allah
Thank God
Thank God

95.Dr.: [شباب [يعرف
[faBaaB ?iBTiรีฟ]
Young [you know]
Young you know

96.Pat.: [الحمدلله]
?ilhamDoliila Allah ya DokTwor
[Thank God] doctor
Thank God, doctor

97.Res.: [لا [mhm]
Laa [mhm]
No [mhm]
No.mhm

98.Dr. to Res.: [شباب [يعرف شو الفلاسه اختركم تعرف الديهوجة؟]
[jaBaaB jaBaaB ?iBTicref ʃow ?ilflaasifh ?iTalafwo
[Young ] you young. Do you know what the philosophers divergent opinions
?iBTaqreef ? ilayXwoXah?
in the definition of aging?
Young, young. Do you know what the philosophers divergent opinions have been in
the definition of aging?

99.Res.: [لا [mhm]
[ihmhm]
[ihmhm]
ihhm

100.Pat.: [نها ]
[س[74]
74 years

101. Dr.: [آ] [aa]
[Okay]

Okay

102. Pat.: قال شباب بفك
    gaal  āBaaB gaal
What young what
What kind of young!

103. Dr.: شو قالو الشيخوخه؟
    ?il∫ayXooXah?
What have they said the aging?
What have they said about the aging?

104. Res.: أم
    imm?
    imm?
    imm?

105. Dr. to Res.: تعريف الشيخوخه بتعرفيه؟ ها؟
    haad? Taṣrief ?il∫ayXooXah ?BTiţrafieh?
What? The definition of aging you know it?
What? Do you know the definition of aging?

    Ha?
    No
    No

107. Dr.: نرى الفلاسفة الشيخوخه من عمر- الرجل هاد دائما يجي هو ويضحك
    Taraa ?iTafagwo ?ilfalaasifih ?il∫ayXwoXah min çocomor- ?ilridʒaal
They have been agreed the philosophers the aging from age- man
haad? Dayman yidʒie hoa wa
this always come with yidˈhak a smile
The philosophers have been agreed that aging from the age-this man always comes with a smile

108. Pat.: [يا]
    ?ilhamDo lilAllah [ya]
Thank God [ya]
Thank God ya

[He] young in his so[ul]
He is a young in his soul
The soul

He is a young in his soul

And a person who has 74 years is looking for a wife

And that is why I speak like this

And a person who has 40 years, you will find him very old.

And a person who has 74 years is looking for a wife.

The soul is not with him for that I speak like this.

Write there

Write there

Okay

Okay

Get well soon, God willing

Get well soon, God willing

Allah willing, ya DokYwor

Thank you, doctor.

Thank you, doctor.

Allah willing, ya Doktor

Ya, doctor.

D'allak zalaa ?ilhaDieD wa infa Allah BiTs'ier kwayyis infa Allah
Keep on the iron and willing God you will be good willing God
Keep taking the iron and God willing you will be good God willing

121. Pat.: [إِرْتَقَعٌ]
Wa Allah ?imlieh wa Allah [؟رِطاق]
Really good really [it is increased]
Really it is good. really it is increased

122. Dr.: [لا يرتفع]
[Laa ByirTafic]=
[No it will be increased]=
No. it will be increased=

123. Pat.: [لا إنه إعضاي أخري]
=Li?annoh ?a?taanie oXraa [؟يبار]
=Because he has given me also [injections]
=Because he also has given me injections

124. Dr.: [آه آه]
[؟آأه ؟آأه]
[Yes yes]
Yes yes

125. Pat.: [ما لدي]
B12 ma[BaDrie]
B12 I do [not know]
B12 I do not know

126. Dr.: [نعم B12]
[B12] na?am
[B12] yes
B12 yes

127. Pat.: [ما يعرف شو. كان]
B12 ma Ba?rif ?ow. Kaan 7
B12 I do not know what. It was 7
B12 I do not know. It was 7

128. Dr.: [ابوا]
[؟ایووآ]
[Yes]
Yes

129. Pat.: [ابيه]
[؟آوووأ]
[The last] I told you day when I did surgery the endoscopy
[The last] I told you day when I did surgery the endoscopy
(0.1) DokTwor [؟ووووأ] (name)
(0.1) doctor [wimmm] (name)
I told you the last day when I did the endoscopy surgery,doctor (name) immm

130. Dr.: [-----]
[(((The family name of the doctor))]
(The family name of the doctor))

131. Pat.: rahim Allah waliDak jow golTiloh wa Allah hasçaşiyaaT ?aXaðwolie God bless father your what I said to him really now they took çayiniT Dam wa Allah ?aXað ?ilçayyinih wa raah çalaan ?ilmoXTaBar.
a sample of blood really he took the sample and went to the laboratory.
lagaah ?ilhamDolilaAllah [mirTaçiç]
He found it thank God [has been increased]
God bless your father. I told him they has just taken a sample of blood and to the laboratory. Thank God he found it has been increased

132. Dr.: [أبو]
[?aywaa]
[Oh]

133. Pat.: 9.3

134. Dr.: كوبس
[?ikwayis]
[Good]

135. Pat.: [كان]
[It was]
It was

136. Dr.: [بنعرف بعد شوي لما يصير [12]
You know after a short period of time once it became [12]
You now after a short period of time once it became 12

137. Pat.: [ما] قال [دي]
[Maa] gaal↑. gaal [BiDie]
[He] said↑. he said [I want]
He said↑, he said I want

138. Dr.: [ألك تصير أفضل بكتيبير ونشيط أكثر [تشعر]
[You will feel] you become better much and active more
You will feel that you become much better and more active

139. Pat.: مهور الدبحة. لما كنت الله وكيلك طول النهار نايم،
Mahooa ?ildabhaa. lamaa konT Allah wakielak ?wol ?Inhaar nayim,
Well the problem. When I was believe me all the day sleep,
Well, the problem is. Believe me, when I was sleeping all the day,

140. Dr.: imhm

imhm
imhm

141. Pat.: والشغله يعني شغله بيني وبينك حتى الواحد ( منها) مثلاً

Wa ?iýlayih yančiy ?iýl íT Binie wa Bienak haTaa ?ilwahad ( ) [minhaa]

And the thing I mean the thing between us even the person ( ) [from us]

And the thing is I mean the thing is, keep it between us, if the person ( ) from us

142. Dr.: [لا يا زلما] [La ya zalamih]

No. man

143. Pat.: والله العظيم أنت داري و الله

Wa Allah ?ilçáim ínTa Darie - wa Allah

Really you know really

Really, you know really

144. (0.2)

145. Dr.: بعين الله

Bičien Allah↓

God be with us↓

God be with us↓

146. Pat.: بعين ربك

Bičien raBak↑

God be with us↑

God be with us↑

147. Dr.: بس خلي روحك شباب

Bas Xalie rwohak íaBab

Only keep your soul young

Only keep your soul young

148. Pat.: الحمدلله

?ilham DolíllAllah

Thank God

Thank God

149. Dr.: ايوا و خليك دائما ميسوتو

?ywa wá Xalie Da?imaan maBswot?q

Yes and keep always happy

Yes and always keep happy

150. (unrelated topic)

151. Pat. To Res.: ابيي بالله يختي الشو اسمو هاذا المنظم تهذا عدني

?iii BaAllah yaXTie ?ilíwo ?ismwo hadhaa ?ilmonaðím↑ haðaa

imm please sister what is called this is the buffer↑ that

cinDie

I have

imm please sister this is what is called the buffer↑ that I have it

152. Dr. to Res.: المنظم عدنى ( ) اخليه الله و ( ) ما بنذش ابيه
The buffer he has it ( ) give it to him and ( ) we do not need it

The buffer he has it ( ) give to him and ( ) we do not need it

153. Pat.: 
أيا
?aywaa
Yes

154. Dr.: 
الأبيبي اسبرين؟ الأبيبي اسبرين ما بننات ايه الان؟
The baby aspirin, the baby aspirin we do not need it now↑.

155. Pat.: 
انا ما بدري عنه
?anaa maa BaDrie çannoh
I do not know about it

156. Dr.: 
لا بدن نوقه الان
Laa BiDnaa ?inwagfoh ?il?aan
No we need to stop it now

157. Pat.: 
انا انا مثل ما قلتلك لو تعطوني [حجار]
?anaa ?anaa miθil maa golTillak law Taすことونie [?ħaar]
I like as I told you if you gave me [stones]
I am I am as I told you if you gave me stones

158. Dr.: 
[أيا]
[?aywaa]
[Yes]

159. Pat.: 
يقولكو الي تومرو عليه
Bagwolïkwo ?lii To?morwo çaliieh
I tell you as you want it
I tell you as you want

160. Dr.: 
أيا الهم صلي على سدنا محمد. الاسبرين الا ان لا في قره لا نستخدمه
?aywa. ?Allahoma s'alie çalaa sayiDnaa Mohamad ?ilaspirin
Yes. God blessings and peace upon our prophet Muhammad the aspirin.

ن inter alia fie qorhah laa TisTaXDimoh
now because there ulcer not use it
Yes. God blessing s and peace upon our prophet Muhammad. Now do not use the aspirin

161. Pat.: 
خلاص
Xalas?
Done
Done
162. Dr.: okay  واقتناك أيه
Xalas? okay wagaflaalak  ?iyyah
Done okay we stopped it for you  it
Done okay we stopped it for you

163. (( the doctor is discussing the medication with the resident))
164. Pat.:  هلٗبُي ا٣بٙ okay
فِٔ Xalasˀ okay wa
gafnaalak  iyyah
Done okay we stopped it for you

165. Dr.:  هل٢ِ ٣ؼ٘٢؟
gaDie∫ yaςnie?
How much you mean?
You mean how much?

166. Pat.:  بنتطونا ثنتين
?iBTantˀwonaa  ðinTien
You gave us two
You gave us two

167. Dr.:  نعطيك 10 بلَك؟[قيق]
Naςiiek 10 Bika[fie?]
Give you 10 eno[ugh?]
Is it enough to give you 10 tablets?

168. Pat.:  [ما] بديريش عنك
[Maa] BaDrie∫  çannak
[I do] not know about you
I do not know about you

169. Dr.:  لا قلي 10 بلَك؟[قيق]
Laa golie Bika[fie?]
No tell me eno[ugh?]
No tell me. Is it enough?

170. Pat.:  [بلَك] في [قيق]
[Bik]afie  Bika[fie]
[Eno]ugh eno[ugh]
Enough enough

171. Dr.:  [٢ 2٠] 2٠
172. Pat.:  يلاهم DwolilAllah  yaa siD[ie]
Thank God  si[r]
Thank God, sir

173. Dr.: [60°]

174. Pat.: 

أنا بالكثير راضٍ وبالقليل راضٍ:

I accept with the so much and with the little
I accept with the so much and with the little

175. Dr.: 

طيب شاف الله يسعدك ربي

Okay you see. God makes you happy my God
Okay, you see. May God make you happy

176. (0.7) (the doctor is typing))

177. Dr.: 

كتبتلك 60 حية. كويس؟

I wrote you 60 tablets. Is it good?

178. (The patient shaking his head to mean he did not hear what the doctor said.))

179. Dr.: 

60 حية؟

I wrote you 60 tablets. Is it good?

180. Pat.: 

الله يكثر خيرك. 60 ولا 20 ليس على الكريم شرط.

May Allah reward you with blessings. 60 or 20 there is ((no condition on the generous person))

181. Dr.: 

أيوا إذا هو الآن بيخاد

Yes Hajih takes calcium and, and drops I do not know what

182. ((The doctor is reviewing the list of the medication))

183. ((The patient is asking the doctor about another file which is on the desk and the doctor answered her that it is for the patient’s wife))

184. Pat.: 

آه هاٝ يتوفد الحبب يتوفد اخبي كاسمو و الظهر ما يعرف شو

Yes this takes Hajih takes calcium and and drops

185. Dr.: 

كنتبتلك دوا الدهنيات ودوا السكر بس مش المساعد والآبر:

We wrote for you medication for lipids and a medication for sugar but

[?il?iBar]
not the helper and [the injections].

We wrote for you medications for lipids and for sugar and the injections but not the helper.

186.Pat.: لا همساعد صحيح لا المساعد بديش أياة عدنى
[?aah] ?ilmosaadD s’aHiiH. La ?ilmosaaciD BiDie[?iyaah czinDie
[Oh] the helper right. No the helper I do not need it. I already have it.
Oh right the helper. No the helper I do not need it. I already have it.

187.Dr.: لا أيا
Laa ?aywaa
No yes
No. Yes

188.Pat.: يس في الحبوب الصغيره تبعت الس[كر]
Bas fie ?hBwoB ?is'vierih TaBziT ?iso[kkar]
Only the pills the small for su[gar]
Only the sugar small pills

189.Dr.: فأكتبتها]
[?aah] kaTabThaa
[Yes] I have written them
Yes, I have written them

190.Pat.: كتبتها؟ الله يجزاك الخير.
KaTabThaa? Allah yi'zaak ?ilXiR
Have you written them? Allah rewards you with blessing
Have you written them? May Allah reward you with blessing

191.Dr.: والبنادول. هاد اللد. وللحة؟
Wa Panadol. Haad ?ilak. wa lil hażih?
And Panadol. This for you. And for Hajih?
And Panadol. This is for you. And for Hajih?

192.Pat.: اه ينوح كالسيوم وقطره أيا حي ودا اللد وفع الراز. المفصّل
?aah ?iBTwoXiD kalisywom wa gat’rah ?aah yaa ?aXie wa Dawaa
Oh she takes Calcium and drops yes brother and medicine
lallll wa'ac?ilraas. ?ilmafaas’il
for::: headache. Arthritis
Oh. She takes Calcium and drops yes, brother and medicine for headache. Arthritis.

193.( Talking about unrelated topic))
194.(0.7)
195. الله كفیل
Allah kafiel
Allah takes care of everything
Allah takes care of everything

196.(0.4)
و كل عام وانتم بخير.
Waa kol ?aamwa ?inTa ?iBixier
And every year you good
Many happy returns. (Ramadan Kareem))

198. Pat.:
Wa inTa Bi?alf Xier
And you in thousands of good
And you too

199. Dr.:
وعيد مبارك انشاءالله
Wa zieD moBaarak in?a Allah
And Eid blessing willing God
And blessing Eid, God willing

200. Dr.:
وعيتك الصحة والعافية
Wa ya?iek ?ils?ihah wa ?il?afiyih
And give you health and good health
And may Allah give you good health

201. Pat.:
الجميع انشاءالله يعافى عمرك الله يبسر امرك باسمه فنحن السكر شوف
For all willing God God bless your age God facilitate
your affairs. Regarding for test the sugar look
For all, God willing. God bless your age. May God Facilitate your affairs. Regarding the sugar test, look

202. Dr.:
هآ؟
Haa?
What?
What?

203. Pat.:
بدكر [تنطوني؟]
BiDkwo [Ta?wone?] you want to [ give me?]
Do you want to give me?

204. Dr.:
اعمل [بعد العيد]
?[?ilmalwo] Ba?iD ?il?D [Do it] after Al Eid
Do it after Al Eid

205. Dr. to Res.:
اعطينا ورقه
?act?ienaa waragah
Give us a paper
Give us a paper

206. Dr. to Pat.:
بعد العيد
Ba?iD ?il?cieD
After Al Eid
After Al Eid

207. Pat.:
أه بعد العيد بعد
Two weeks not one week because surly you will mix in Al Eid.

Dr.: Two weeks not one week because surly you will mix while eating, right?

Pat.: Two weeks not one week because surly you will mix while eating, right?

Dr.: Two weeks not one week because surly you will mix while eating, right?

Pat.: Two weeks not one week because surly you will mix while eating, right?

Dr.: Two weeks not one week because surly you will mix while eating, right?

Pat.: Two weeks not one week because surly you will mix while eating, right?

Dr.: Two weeks not one week because surly you will mix while eating, right?

Pat.: Two weeks not one week because surly you will mix while eating, right?
God God
God God

220. Dr.: 

And every year and you good
And many happy returns (Ramadan kareem)

221. Pat.: 

And you too and for all, God willing

222. Dr.: 

You are welcome

223. Pat.: 

Okay, May God give you good health

224. Dr.: 

Hala
Thank you
Thank you

225. Res.: 

Hala
Thank you
Thank you
1. Pat.: اَُلاّ ػِ٤ٌْ asalaam ςalaykom
   Peace upon you
   Peace upon you

2. Dr.: وعلى السلام انفضلی Wa ʕalaykom ʔsalaam. ʔiTfadˀaliy
   Upon you peace. Come in please

3. Pat.: انا والله تعبانه يا دكتور Ana wallah ʔaςBaanih ya DokTwor↓
   I really I am tired Doctor↓
   I am really tired, Doctor↓.

   What the most thing annoy you? The thing that let you come today
   What is the thing that annoys you more? The thing that let you come today

5. Pat.: الدوخه° [الدوخه]°
   °?idwoXah° [?idwoXah↓]
   °Dizziness ° [dizziness↓]
   Dizziness, dizziness↓

6. Dr.: الدوخه° [الدوخه]
   [Dizziness]
   Dizziness

7. Pat.: و الارهاق يعني Wa ّ؟alʔiʔraaq ʔaςniy
   And fatigue mean
   And fatigue. I mean

8. Dr.: الارهاق عام؟ و دوخه? ّ؟alʔiʔraaq çaam ? wa DwoXah
   Fatigue general ? and dizziness
   General fatigue? And dizziness.

9. Son: [jisimhaa]
   [body her]
   Her body

10. Pat.: الارهاق ] عام وكلاشي يعني اغصابي مردخيه ]
      [ʔalʔiʔraaq] çaam wa kolʃie ʔaςniy ʔaςʔaaBiy mirTaXiyih.
      [Fatigue] general and everything mean my nerves are loose
General fatigue and everything, I mean my nerves are loose.

11. Dr.: طبيب. قدش صارلإ هاد الحك؟
        t?ayiB. gaDie∫ s'?arloh haaD alhakie?
        Okay. How long this story?
        Okay. How long is this story?

12. Pat.: والله صارلإ سنه بعانيِّ
        Walah s?aarli sanah Baçanie↓
        really have been a year I suffer↓
        I really suffer↓ since a year

13. Dr.: سنه!
        sanih!
        A year!

14. Pat.: [وأَلَّهَ]؟
        ?ah [walAllah]
        Yes [really]
        Yes. Really

15. Dr.: [كامله؟]
        [Kamlih?]
        [The whole?]
        The whole of it?

16. Pat.: ما والله صارلإ سنه
        ?ah walah s?aarliy sanih
        Yes it has been a year
        Yes. It has been a year

17. Dr.: طبيب
        t?ayiB
        Okay

18. Pat.: وبخاد [مسكنات]
        Wa BaaXoD [mosakinaaT]
        And take [relief]
        And take relief

19. Son: [وبتراجع [عند دكتور عيون كمان]
        [Wa BiTrazi] çind DokTwor çoywon kamaan
        [And she is visiting] an Ophthalmologist also
        And she is also visiting an Ophthalmologist

20. (0.1)

21. Pat.: وحكارل وفقي انه عندك جفاف بعيونكِّ
        Wa hakaalak wa galie ?inoh çinDik zafaf Bi çywonic↓
        And told you and told me that have you dry in eyes your↓
        And told you, told me ‘your eyes are dry↓’
22. Dr.: This thing is not related and will not cause weak eyesight and no Ghobash vision and it is not related to the topic.

23. Son: We need them for the tests.

24. Dr. to pat.: Once you wake up?

25. Pat.: The morning I need an hour to wake up and get up.

26. Dr.: أوّل ما تصحح؟

27. Pat.: الصبح يدي ساعة ساعة تا اتتحلل تتن ( ) تتي اروه واقوم ( ) تني ولزبيح BiDie saaçah saaçah Taa ?thalhal Taniy ( ) Taniy ?arwoh

28. Dr.: ساعه بشلي موجوده بالفراش؟ يعني صاحيه وفأعدة بالفراش؟

29. Pat.: An hour you stay in the bed? I mean wake you up and sitting bilfraal?
You stay an hour in the bed? I mean you wake up and sitting in the bed?

30. Pat.:  يعني يقوم بشن قادر. مراعى
Yaςniy Bagwom Bas miʃ gaDir. Morhaq
I mean I get up but I am tired. fatigued
I mean I get up but I am tired. Fatigued

31. Dr.:  أمرار مهما سمح الله في [عندك]
?amraar mahwo laa samah Allah fie [çınkı]
Sometimes that God forbid you [have]
God forbid, Do you have

[Ma çındie.] roht çlaa ?ılwıhDih ?ılsıhiyih Bıhwıolie
[Not have.] I have gone to the center health care they have told me
laa swokarie ?ınDıık wla laa d?ayt?
no diabetes you have and no pressure
I do not have it. I have gone to the health care center and they have told me that I do not
have diabetes or pressure

33. Dr.: لا في سكر ولا ضغط ولا
La fie sokar wa la d?ayt? wa laa
No there diabetes and no pressure and no
There no diabetes and no pressure and no

34. Pat.: لا ما في
Laa ma fie
No not there
No. there is not

35. Dr.: يصاحبها شيء آخر؟
Happen with it things other
Does other things happen with it?

36. Pat.: زى أيش يعني؟
Zay ?ieʃ yaʃny?
Like what you mean?
Like what, you mean?

37. Dr.: هسه شغلة غياش الرويء كيف بصبر غياش الرويء؟
Now the thing of Ghobash Vision. How happens Ghobash vision?
Now Ghobash Vision. How does Ghobash Vision happen?

38. Pat.: يعني بصيبيه الوجه هون
Yaςniy Bıs?ıyBıny alwaʃaç hown
I mean happen the pain here
I mean the pain happens here
39. (It seems that the patient is putting her hand on the area beside right eye))

40. Dr.: طبيب هاد مختلف الوجع، ما الخروش علاقة، تفكر كوبس يعني؟ ما مصير عندك مثله يغني؟ ولا بعضك?

41. t’ayiB haaD moXTalif ?ilwaṣaṣ. ma ?ilhwol čilaqah. Naðarik ?ikwayis

42. Okay this different the Pain. not related. your sight good

43. yaçniy? Ma Bis’ier činDik maθala ā BiiT[wofie ?il?[ie ?ilyin?

44. I mean? not happen with you for example to see the thing two?

45. wa maθalan Bat‘allTy

46. And for example you never be able

47. Okay. This is a different pain. It’s not related. Your sight is good? Does it happen to see the

48. thing two? And for example you never be able

49. تشوفي؟ أو يحتاجي [مثال]

50. ?iT[wofie ?aw ?iBiTihTaʒie [maθalan]

51. See you or need you [for example]

52. See or or for example you need

53. [يغنى]

54. [Yaçniy]

55. I mean ]

56. I mean

57. تقربى لمسافة حتى تشوفي؟

58. ?iTgarBiy la masafih haTaa ?iT[wofie

59. Becomes close to a distance to be able to see

60. Becomes close to a distance to be able to see

61. [يغنى]

62. Yaçniy

63. I mean ]

64. I mean

65.但这成为他 ( ) 不能够带的[ حز]

66. Bas Bahis ?inoĎ ( ) čaDam qoDrah člaa ?iTar[kiez]

67. But I feel that ( ) not able to concen[trate]

68. But I feel that ( ) not able to concentrate

69. [أيوه]

70. [aywah]

71. [Yes]

72. Yes

73. هاد اسمه

74. HaDaa ?ismoh

75. This is called

76. This is called

77. [أيوه لا]

78. ?aywah laa laa

79. Yes no no

80. Yes. No no
Dr.: Haad ma ?ilwoj cilaaqah [Bilnadar] 
This not related [to the sight] 
This does not related to the sight

Pat.: [I mean] If I want to look at the telephone like this I dazed 
I mean if I look at the telephone like this I dazed

Dr.: aah
Yes
Yes

Pat.: I dazed
I dazed

Dr.: t'ayiB /wo ?iDwoXah? Kief BiTigDarie Ti?rahielie çan ?iDwoXah? 
Okay what the dizziness? How can you explain about dizziness?
Tell me about dizziness a little 
Okay, tell me about dizziness? How can you explain dizziness? Tell me a little about dizziness.

Pat.:= ?ow ?ahkielek ya?niy?= 
What tell you mean?= 
What do you want me to tell you= 

Dr.:= ?Ya?niy ma?alan wa ?inTie gaaçDih BiThisie haalik ?inoh Da[yXah?] 
=Mean for example and you sitting feel you yourself that dizzy[y you ?] 
=I mean, for example, do you feel dizzy while you are sitting?

[Even] and we sitting and we sitting like this I mean eyes my 
?iyamd'in BaçDien↓ 
are closed Also↓ 
Even while we are sitting while, we are sitting like this, my eyes are closed. Also↓

Dr.: Ma fie? nwom. BahiB ?anaam, ma Banaami↓ 
no there sleeping. I love I sleep, not sleep
There is no sleeping. I love to sleep, but I don't sleep

Pat.: [I mean] This not related to the sight
Okay how long do you sleep in a day? How many hours?

Okay, how long do you sleep in a day? How many hours?

Bas Biliel↓ Banaam
Just at night↓ I sleep
I sleep just at night↓

How long? 8-6 hours? From what hour to what hour?

How long does it take? 8-6 hours? From what time to what time?
68. Son: من بعد الفجر [ال] 9
Min BaςiD 早晨 [lal 9]
After the dawn [till 9]
After the dawn till 9
69. Pat.: 11 الل [lal 11]
11 ( ) lal 11, 12
11 ( ) till 11, 12
70. Dr.: أمهم
imhm
imhm
71. Pat.: حسب
hasab
It depends
It depends
72. Dr.: أمهم
imhm
imhm
73. Pat.: عندي بنت مريضة كمان يعاني فيها كمان. عندي بنت مريضة. معنيتي شوري.
цыνDie binT maried'ah kamaan Baςaanie feihaa kamaan. циндιe BinT
I have a daughter sick also I suffer with her also. I have a daughter
maried'ah. ?imTaςiBTnie ʃ∫way
sick. She is tiring me a little
Also I have a sick daughter whom i suffer with. I have a sick daughter. She is tiring me a little.
74. Dr. to Res.: Her disease and fatigue is psychological. It is not an organic and mentioned she
had a problem.
75. Dr. to Pat.: ايش مشكلتها بنتك؟
?ieʃ moʃkilThaa BinTik?
What problem her you daughter?
What is your daughter’s problem?
76. Pat.: عندَها نقَصْ
цыνDhaa ʃnaqs ʃ ( )
She has ʃ a shortage ʃ ( )
She has a shortage( )
77. Dr.: cerebral palsy
78. Son: شلل نخغي
İalal Dimaayie
Cerebral palsy
Cerebral palsy
79. Pat.: سنة. يعني ادي بوجوني به السنه هاي
sanih. Yaςniy ʃiDay Biwadʒzwonie Bihal sanih haay.
A year. This means my hands hurting me during this year this.
A year. This means my hands are hurting me during this year

Dr.:
لا حول ولا قوه إلا بالله. الله يشفها
There is no power nor might save in Allah. May Allah cures her

Pat.:
There is no power nor might save in Allah. May Allah cures her.

Dr.:
لا هبُُٞ٢ اػِٔ٢
There is no power nor might save in Allah. May Allah cures her.

Pat.:
Qalwoli ؟içmalie [fahis?] They told me you make [a test]

Dr.:
La  ħawla  wa laa qowah ؟ilaab Billah.
There is no power nor might save in Allah. May Allah cures her.

Pat.:
They told me to make a test

Dr.:
[Now] I will do for you everything not worry just be patient on me

Pat.:
No problem, now I will do everything just be patient for a while. Medications do you take any kind of medications?

Pat.:
ا٣ٚ؟ ؟ieh?

Dr.:
[?im∫akal]
Different kinds

Pat.:
مشكل كبسولات، رفطين، حيوب شغلات كثير

Dr.:
 IMDbakal kaBswolaaT. Rivanien. ؟iBwoB ؟aylaaT ؟ikthier.
Different kinds capsules, Panadol. pills things many.

Pat.:
Different kinds of capsules, panadol, pills and many things.

Dr.:
حيلالا
hayalla
Anything

Pat.:
اه حيالا يشرب في سبيل ايش اموري [ع يعني]

Dr.:
[?iBiTis? hie] Biliel wilaa Did?alie naaymih?
[wake up you] at night or keep you sleeping?

Pat.:
Do you wake up at night or you keep sleeping?
91. 
الله بطول تانام ∨
Wall Allah 

Really I take time to sleep ∨
Really, I take time to sleep ∨

92. 
أهم
imhm
imhm

93. بطول
Bat’awil
I take time
I take time

94. يعني قديش يتعدي بالسرير أو بالفرشة تانيشي تنامي؟
Yačniy gaDieʃ BiTog̱oDie filsarier aw Bilfarʃʃah Ta ?iTBalʃie
I mean how long stay you in the bed or on the mattress till start
?iTNamie?
sleep you?
I mean how long do you stay in the bed or on the mattress till you sleep?

95. أكثر من ساعة
?akθar min saaçaḥ
More than an hour
More than an hour

96. ساعة؟
Saaçaḥ?
An hour?
An hour?

97. اه أكثر من ساعة. بحاول تني أناام. تاني يعني [انتهي]
Yes more than an hour. I try to sleep. Till I mean [run down]
Yes more than an hour. I try to sleep. Till, I mean, I run down

98. ما يعرف بجينيش هيك ما بنام
=I don’t know it doesn’t come like this not I sleep.
=I don’t know, I couldn’t sleep.

99. دقك شغال يكون؟
MoXik Ḣyaal Bikwon?
Your brain thinking is?
Is your brain thinking?

100. 
في تفكر يكون بيكلشي
Fie Tafkier Bikwon Bikoljje
Thinking of everything is exists.

102. Dr.:
Fi-eye bikwon ya-ya-l Balik Bi-isTimraar?
There a thing there thinking of mind constantly?
Do you think constantly of something?

103. Pat.:
La Allah msh xabar, xabar.Fi alia al-ahmad.
No really not too much. Normal thank God thank God
No. not really too much. Thank God. Thank God

104. Dr.:
Da imaan alhamDolil Allah. Bas BiDnaa ?inhael mojkiTik. ?anaa BiDie
All the time thank God. But we need to solve your problem. I need
to solve problem your. Thank God always for every [ thing]
All the time, thank God. But we need to solve your problem. I need to solve your
problem. Always we thank God for everything.

105. Son:
[Zay] hal naas
[Like] all people
Like all people

106. Dr.:
Bas yaliban yaliban BiDiy ?ahkiylik hal yaayli hassah ?infa
But oftenly oftenly I want to tell you something, now willing
Allah rah a?tiykiy fohwoaTaT kamaan, ?iBTi?rifiiy fow ?asBaaB
God will Recommend you tests also, know you what the reasons
il?ihahaq alSaam?
fatigue general?
But often, often I want to tell you something, now God willing I will also recommend
tests, do you know what the reasons for the general fatigue are?

107. Pat.:
W e a?Doxah? ?akbar ?asBaaB ?ilhaa?
And dizziness? the popular reasons for it?
And dizziness? The popular reasons for it?

108. Pat.:
?ah. Ma ba?rifif
Yes. I don’t know
Yes. I don’t know

109. Dr.:
Ya?niy ?iTwaqa?iy
I mean guess.
I mean guess.

Pat.: I mean I guess that told us the ladies before with the period not related?

Dr.: لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لا لالا
Express about them?
Concerns how many troubles, and to see what around me is psychology. All these produce psychological pressures on him. How does human express about them?

Biṣabir ṣanhaa bit‘ariyqah xaliyana niḥkiy bit‘ariyqah fizyaa?iyih yaṣniy
Express he about them in a way let’s we say in a way physical this means ?iṣiṣim yiṣiyr yiʃfor bi‘irhaaq, biʃiyr yiʃfor bidwoxah, biʃiyr ʃiy ʃindoh the body becomes feel of fatigue, becomes feel of dizzy, becomes there has He expresses about them in a physical way. This means that the body becomes fatigue, becomes dizzy, becomes there is

Express he about them in a way let’s we say in a way physical this means ?iṣiṣim yiṣiyr yiʃfor bi‘irhaaq, biʃiyr yiʃfor bidwoxah, biʃiyr ʃiy ʃindoh the body becomes feel of fatigue, becomes feel of dizzy, becomes there has He expresses about them in a physical way. This means that the body becomes fatigue, becomes dizzy, becomes there is

Other symptoms. Of course, sometimes there might be numbness.

\[\text{Pain in their stomach. The thing that explain the matter, always, or returns to the psychological case in more than one thing if, God forbid, there is}\]

\[\text{organic problem, someone who has general fatigue and it has been for a year. A development for other symptoms must happen during that year. This means}\]

\[\text{No there problem for disease organic. starts with fatigue general and Dwoxah wa yid’al sanih Bas ?irhaaq ʃaam wa Dwoxah! Laazim dizziness and last for a year just fatigue general and dizziness! must Tit’laʃ ?aʃraad?}\]
be symptoms
There no problem for an organic disease starts with general fatigue and dizziness and last for a year just as general fatigue and dizziness! There must be

new forbid God understand you what?
New, God forbid. Do you understand?

123. Pat.:

imhm
imhm

124. Dr.

بس الحمد، ما في عنك على كل حال: الأسباب الشائعة عندنا بمجملها هى الأسباب نقص الحديد:

But thank God, you do not have these reasons. The referendum for popular reasons† in our society is iron deficiency

125.

But, thank God, you do not have these reasons. The referendum for popular reasons† in our society is iron deficiency

126.

Biςmal. naqs ?ildam biςmal. Vitamiin daal biςmal Vitamiin b 12

Causes. Lack of blood causes. Vitamin D causes Vitamin B 12

causes Problems thyroid causes. These reasons

reasons† the popular here in society our here the referendum

naqs ?ilhaDiyD
deficiency iron

But, thank God, you do not have these reasons. The referendum for popular reasons† in our society is iron deficiency

127.

الأسبب الأقل شيوعا هو أسباب متعددة لالة تكرر مئات الأسباب. أجا دائماً بناء على الأسباب التي اكتشفنا الناهية

reasons. The least popular reasons are many because of hundreds

we always look for the reasons that what the reasons that reasons. The least popular reasons are many because of hundreds of reasons. We always look for the reasons, the what, the reasons that are
128. Pat.: "لا يرغب في فحص كأنه (ربما ما يريده) الله.
Allah willing 
If not exist there is no need. Okay?
If it is not exist, there is no need. Okay?

129. Dr.: "أنا هون دكتور (تشير إلى الرأس) الله يجزك الخير [عدي]
May Allah reward you well. I here doctor
((it seems she is pointing to her head))
May Allah reward you well. The pain is here, doctor
((it seems she is pointing to her head))

130. Pat.: "لا يرغب في فحص كأنه (ربما ما يريده) الله.
Allah yiżziyk ?ilXyr
May Allah reward you well. I here doctor

131. Dr.: "الألم والدوخة =
[Pain] and dizziness=
Pain and dizziness=

132. Pat.: "أيوا =
=Yes ((stressing the whole word))=
=Yes ((stressing the whole word))=

133. Dr.: "وجياغ بالعيون وقلة تركيز =
And Ghobash in eyes and lack of concentration
And Ghobash eyes and lack of concentration

134. (0.44)
135. Pat.: "لله يجزئك الخير.
Allah yiżzaak ?ilXyr
May Allah reward you well
May Allah reward you well

136. (0.9)
137. Res.: "فيتامين دال مش موجود حالياً هون
Vitamin D is not available now

138. Dr.: "فيتامين دال مش موجود هنا. والله من الفحوصات الضرورية هاد لزم بنعمه
Vitamin D is not available here. Really from the tests important
this have do we↓
Vitamin D is not available here. I swear its one of the important test that we have to do ↓

139. Son: एना मबार्ख साल्त साल्तक, कान मवजुड़ें क्या?
What’s vitamin D? Is it available?
I yesterday asked for you. Was there ↓everything
Yesterday I asked for you. Everything was there ↓

140. Dr.: वाल अल्लाह माह होना मजबूत होने उल्लास?
Was Allah maa howa mawwur hownī laa? ilāhī?azz
Really not it available here on the system
It is not really available on the system

141. Son: साल्त इक्लेट जा आना?
I asked the Lab.
I asked the lab for you.

142. Dr. to Res.: Fasten sugar
عمل ليها
Ask for her fasten sugar
Ask for her fasten sugar

143. Dr. to Pat.: Fasten sugar
عملنا
We asked for fasten sugar and we asked for
We asked for fasten sugar and we asked for Kidney function test

144. Pat.: ( )
( ) Vitamin Daal
( ) vitamin D
( ) vitamin D

145. Dr.: مش موجود. بره يكلف 40 دينار?
Maj mawwur Barah Bikallif 40 Dinar
It is not available. Outside, it costs 40 Dinars

146. Pat.: يا الله؟ (0.1) يعنى شو بده بعرفنا انا ما عرفكم، يا دكتور؟
Yabayi: h (0.1) yaśniy fow BiDoh yisariñaa inoh ?īzāa sinDkom
O: h (0.1) I mean How will we know if it become available, doctor?
Oh. (0.1) I mean How will we know if it become available, doctor?

147. Dr.: والله التي ما يعرف
waAllah ?inīy ma Bašrif
Really I don’t know
I really do not know

148. Pat.: وا الله؟
Wa Allah?
Really
Really

149.(0.1)

150. Dr.: I really don’t know. So you need to do it in the future.

When you press on it, the system tells you that it is not available. May be by tomorrow it will be available. I don’t know. So you need to do it in the future.

151. Dr. to Res.: شو مشكلته؟ - خالص؟

What is the problem?- is it finished?

152. Res.: اه خالص. هو آه فيتامين د متوفر.

Yes. It’s finished. Yes. Vitamin D is not available.

153. Son: If we need to do it later, shall we make an appointment? And to come?

154. Dr.: Naşam?

What?

155. Son: إذا بدانا نعمله مره تانيه لازم انوخد موعده؟ ونرجي؟

If we need to do it later, shall we make an appointment? I will tell you.

156. Dr.: ما

Maa

imm

157. (0.5)

158. The problem outside expensive If the test costs 2 dinars three I will tell you. do it outside and bring it with you.
The problem is that it is expensive outside. If the test costs two or three Dinars, I will tell you to do it outside and to bring it with you.

159. Son: صح
s'ah
Right
Right

160.(0.1)

161. Pat.: ينقدر عمله. بمركز صحي الجامعة؟
؟iBnigDar nišmaloh Bimarkaz s'ihie ʔiṣaamšah?
Can we do it in center care the university?
Can we do it in the university care center?

162. Dr.: ايش التامين؟
؟iεf ʔiTa?mien?
What the insurance?
What is the insurance?

163. Son: تامين عادي
Ta?mien ʕadie
insurance Normal
Normal insurance

164. Pat.: التدريب المهني
؟iTaDreeB ʔilmihaniy
The training Vocational
Vocational training

165. Dr.: لا والله بيطبطش
La wa Allah BizBot'ʃ
No really not working
No. Really, it is not working

166.(0.2)

167. مركز صحي الجامعة ينعداد الموظفي الجامعات وطلاب الجامعة.
Markaz s'ihiy ʔiṣaamšah Bas la mowaḏafe ʔiṣaamšaaT wa t'olaab
Center health the university just for the employees the university and students
university
The university health center is just for the university employees and the university students.

168. Son: بين كانه يعمل
Bas ka?annoh Bišmal
But it seems makes
But it seems it makes

169. Dr.: ايش؟
؟iεf?
What?
What?
170. Son:

20% норма

It makes discount maybe? 20%

Do you want to make a discount? For 20%

171. Dr.

I will make you discount and make you without fees. I will eliminate the fees.

172. Rwoh?

We eliminate the 7 Dinars. It seems I make discount till I can do it you.

173. Son:

Yes in the university.

Yes. In the university.

174. Dr.: Bas TiT?akaD noh mawd3woD Tamaam? Aa SiyaDaatiy – 0olaa0aa?

I will eliminate the fees. I will make you discount and make you without fees.

Once you become sure that it is available, okay? My clinics are on Tuesday and Thursday.
Yes

177. Dr.

Bas Tismaʃ ṭinhaa mawʒwoDiŋ↓ ṭiḥḍızilhaa mawʃiD mobaʃarāḥ ṭaw
Once hear you its available↓ take her an appointment directly or
/ay yowm ṭolaəaa? wa Xamiys djiiBhaa wa Taʔaal Binmaʃiyhaa
any day Tuesday and Thursday bring here and come we will help her.
Once you hear it’s available, directly↓ take her an appointment or bring here on any
Thursday or Tuesday and we will help her.

178. Son:

 matrimonial
willing God
God willing

179. Dr.:

Ma fyyʃʃ moʃkilīh ḥaraam ?iTroω TiDfag 30 liyrah faʃis? Xoswoʃʔan
No there problem. Make no sense go pay 30 Diners test especially
ʔinoh miʃʃ mingatʔiʃ lasanih ṭaw ṭajowr laa mingatʔiʃ
that not unavailable for a year or months no not available
ʔosBwoʃʔ.zamaan
for a week.
No problem. It doesn’t make a sense to pay 30 diners especially that it is not unavailable
for a year or months, it is not available for a week

180.

three or four days. I mean it’s nothing

181. Pat.:

عادي وله الظروف الحياة دكتور
Any way really conditions the life doctor
Anyway, really the conditions of life, doctor

182.(( The doctor is talking with the resident about a problem in the printing machine for (0.11)
seconds))

183. Pat.:

هادي كمان دكتور الفحوصات مكلفة؟
These also doctor the tests expensive?
Are these tests also expensive doctor?

184. Dr.:

ّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّّْь

185. Pat.:

الفحوصات هادي كمان مكلفة؟
These also doctor the tests expensive?
Are these tests also expensive doctor?

Dr.: لا

Dr.: هل٣ِ ثزلكؼٞ اٗزٞ؟  ٛب١؟

Dr.: Haay؟ Laa. gaDiyf ٛب١؟ inTow?

These? No. how much pay you you?

These? No. how much do you pay?

Son: 20%

(( (1.08 for typing and printing out the required tests))

Dr.: Haay ?ilfohos'aaT ٛب١؟ iyahaa ئlnfa Allah [Taṣaalah]

These tests you do for us them willing Go[d]

Do these tests, God willing

Pat.: ارجع عليك هسه بس اعملها يعني؟

[DokTwor] ئارخاا Bas ٛب١؟ aśmilhaa yaśniy?

[Doctor] I shall come back to you now once doing them I mean?

Doctor! Shall I come back now once I doing them?

Dr.: ما بطلعنش هسه

Ma Bit'laasiniy ٛب١؟ hassah

Not They will not be ready now

They will not be ready now.

Pat.: ما بطلعنش اليوم!! وٛب١؟

Ma Bit'laasiniy ئilywom!! Wa Allah!!

Not They will not be ready today!! Really!!

They will not be ready today!! Really!!

Son: !

Laywom ئاناني

For day another

For another day.

Pat.: ئيلوم ثاني ↓

Laywom ئاناني↓?

For day another↓?

For another day↓?

طب لو ما آتيش يعني تقدر تكتب علي علاج عن طريق أبي؟

t'ayiB law maa ئازئي١؟ yaśniy TigDar TokToBlie ئلااا ئان t'arieg

Okay if not I come I mean can you you write me treatment by my

?iBnie?

son?

Okay if I don’t come, I mean can you write for me treatment by my son?

Dr.: خلي يمي بن التوف كيف الفحوصات. بجوز في فحوصات احتاج اتوف. فهو يمي. بتوفر كيف الأمور. اذا الأمور

Xalie yizie Bas ئالو١١؟ ئغلو١١؟ Biṣowz fiy fohos'aaT .

Let him come but to see how the tests. may be there tests

?ahTaα ئالو١١؟ fahwa biyîśįį-Bin|owf kiyf ئيلومور. ئدآا al?omowr

I need to see you. So he comes- we see how the matters. If the matters
Let him come to see how your tests are. May be I need to see you for the results of some tests. So, he comes- we see how the matters are going on. If the matters

BiTmaʃie haalik, nokToblik Dawaa Binmmaʃie fiʃ moʃkilih
Organise yourself, we will write medication we can help no there problem.
. Baggoloh 3ieBhaa marrah [Taanyih]
I will tell him to come with her time [next]
Are okay, we will write a medication, we can help, there is no problem. I will tell him come with her next time

198.Pat.: [أبو]
[?aywaa]
[Exactly]
Exactly

199.Dr.: اتوكلي علي الله
?iTwwakalie ʃlaa Allah
Entrusting your soul to Allah
Entrusting your soul to Allah

200.Pat.: شكرا
ʃokran
Thank you
Thank you

201.Son: دكتور؟ متى تقريبا بطلعن
MaTaa TaqrieBan Bitʔaʃin DokTwor?
When nearly available doctor?
When do they be nearly available, doctor?

202.Dr.: هي بطلعن بكره يكون جاهزات بس انا عيانى الثلاثاء الجاي. يدك توح موعد.
They will be available tomorrow but I clinic my Thursday next.
BiDak ToXiD mawʃiD
you make to book an appointment
They will be available tomorrow but my clinic will be next Thursday. You need to book an appointment.

203.Son: آه الثلاثاء
?aah ?iʃolaaʔaa?
Oh Thursday
Oh Thursday

204.Dr.:system لازم تدفع توحخد موعد أه عشان فتح ال
Laazim TiDfaʃ TwoXiD mawʃiD ?ah ʃaʃaan faiTh ?il system
have you pay make an appointment yes to open the system
You have to pay to make an appointment, yes, to open the system

205.Son: مهم. بإذن الله. الله يعطيك العافية
imhm. Biʔiðin Allah Allah yaʃʔiyk . Alʃaʃyih
imhm. If want God gives you good health.

Dr.: اتوكلي على الله ولا يهمك. هلا مع السلامة

206. iTwakaliy şaala Allah wa laa yihimik. Halaa maṣṣ salaamih
Entrusting your soul to Allah. And not worry. Okay Goodbye

207. Pat.: شكرا الله
Jokran ?ilak
Thanks for you
Thank you
Duration: 22 minutes

1. Dr.1: 
أهلاً ------ انفصل
?ahleen (name) ?iTfad’al
Hello (name) come in
Hello (name), please come in

2. Dr.1 to Dr. 2: 
طلعت نيجتة؟ ----- 
(name) t’ilaSaT naTiydʒToh?
(name) available his result?
Is (name)’s result available?

3. Dr.2: 
لسه
Lissah
Not yet
Not yet

4. (0.4)

5. Dr.1 to pat.: 
اَحنا ينستني الفحوصات. من شان هيك؟
?ihnaa ?iBnisTanaa ?ilfohows’aaT min jaaan hiykJ↓
We waiting the tests for that↓
We are waiting for the tests’ results. For that↓

6. أه ---- سولفنا عن
?aah (name) ↑ swolifinna ظcan
Okay (name) ↑ tell us about
Okay (name) ↑, tell us about

7. (0.3)

8. Pat.: 
عن ايش؟
ظcan ؟ieʃ
About what
About what

9. Dr.: 
صوار معك اشي جديد يعني؟
s’aar maqak ?iʃie ?idʒieD yaçniy?
Happened with you thing new I mean?
I mean is there anything new?

10. Pat.: 
لا ولا اشي بروح ومي و (0.1) اصلا مش مأثر علي ايه الصفائح نازله
Laa wa laa ?iʃiy Barowh wa baadʒiy wa (0.1) ?asʃlaan miʃ ?m?aʃir
No and nothing thing go and come and (0.1) anyway not affect
Slay ?inoh ?ils’afaa?iḥ nazlih
on me that the platelets coming down
No nothing. I go and come and the coming down of platelets does not affect on me.

11. Dr.: 
بس ايبي مأثر عليك الكورتازو [ن نصحان]
Bas imm ?im?aʃir ʃaliy ?iikowrTizow[ʃ nasʃlaan]
But imm affect you the cortiso[ʃe you became fat]
But immun the cortisone has affected you. You became fat.


13. Dr.2: [moon face]

14. Dr.1: ءيش؟؟؟
?iel]
What?
What?

15. Dr.2: moon face

16. Dr.1: آه وجه مدورة: moon face
Moon face ؟aah widzh? ?imDawar
Moon face yes FACE ROUNDED
Moonface yes ROUNDED FACE

17. Pat.: يعنى هو الكورتيزون - أصلا ماديتي
I mean it’s the cortisone – anyway bothers me
I mean it’s the cortisone – which bothers me

18. Dr.1: اي؟ بديناٴ ✦ نخفيه ‼ هنا بحروف (0.1) بدينا نخفيه:
?ie::h? BiDnaa↑ ?inXafifoh↓. halaa Bin[wof (0.1) BiDnaa ?inXafifoh
What? We will↑ reduce it↓. now we will see (0.1) we will reduce it
What? We will↑ reduce it↓. Now we will see (0.1) we will reduce it

19. Pat.: إنشاء الله (0.1) أحسن هيه يعني عادي يسحب دم وبروج وباحي عادي
?inʃa Allah (0.1) ?ahssan hh yağniy BashaB Dam wa Barwoh
willing God (0.1) better hh I mean I pull blood and go
wa Baaʒie çaDie
and come normally
God willing,(0.1) its better hh. I mean, I pull blood, I can do my life activities normally.

20. ((the doctors are asking the patient about his study and this was for(1.37)))

21. Dr.1: آه وبعدين شو بلاخير صار ‼؟
?aah wa BaʒDien jow s?aar↓?
Okay. and next what happened↓?
Okay. What happened next ↓?

22. Pat.: [القصة] [؟ilgis?s’ah↓]
Bas wa haay [؟ilkorTizown] ؟iaslan [miʃ haaBoh]
That’s it and this [the story↓]
That’s it and this is the story↓.

23. Dr.1: هلآ شو قال دكتر — عن شبكة الدماغ ↓؟
[Halaa jow] gaal DokTwor (name) çan jayliT ?il?Dmaay↓?
[Now what] SAID doctor (name) about the matter brain↓?
Now what did doctor ----- SAY about the issue with the brain?
24. Pat.: لا واتش دكتور —— من لما طلعت ما رجعت لدكتور —— الى راجع عدهم

Laa wa Allah mij DokTwor (name)↓ Min lamma ?itliqiT ma ?irziqiT
No really not doctor (name)↓ Since I left not I return
back to him. Doctor (name) that I visit regularly him
No. Really, it’s not doctor (name)↓. Since I left, I did not return back to him. Doctor
(name) is whom I visit regularly.

25. Dr.1: أجل
?aah↓
?aah↓
?aah↓

26. Pat.: ولا شيء آخر تلقي حكايا النرو في اندماج بين وفي 3 دكتوره مش عارفين شيء ما الى الآن.

And nothing. last thing he told me that there things in the brain
Just and there 3 doctors not know they what these till now.
Nothing. The last thing was he told me that there are things in the brain and there are 3
doctors who do not know what these are till now.

27. Dr.1: علمي مهو شوع الشغله مهمه إنه احسنست على الكورتزون أو لا:
Okay its see the point important that you become better on
?ilkworTizwon ?aw la?
the cortisone or not.
Okay look! the important point that did you become better on the using of cortisone or
not?

28. ((The doctor is typing on the computer for (0.2)))
29. Pat.: اه ماانا عندي مراجعه بس
?aah maa ?inDie moraa?ah Bas
Yes not have a fellow up visit but
Yes. But I don’t have a fellow up visit

30. Dr.1: دكتور --- ما اللك مراجعه 4 مهو شافك:
Doctor (name) not you have a follow up visit? who he saw you
Do not you have a follow up visit with doctor (name)? He is the one saw you.

31. Pat.: لا
La?
No
No

32. Dr.1: ليه؟
Liah?
Why?
Why?
43. Pat.:  ما الي
Ma  ?iliy
Not have
I do not have

طيب ما هو شاكل وانت نايم بالمستشفى:
$tayiB$ maa hoa $\text{jaafak}$ wa $\text{?inTa}$$\text{nayim}$ Bil mos$\text{Ta}$ $\text{faa}$
Okay he who SAW YOU while you sleeping in the hospital.
Okay. He is the one who SAW YOU while you were sleeping in the hospital.

35. Pat.:  ما انا كنت اكتر من دكتر في----- و كنا (0.5) دكتر------- كان
Ma $\text{?anaa}$ $\text{?akthar}$ min Dok$\text{Towr}$ fie (name) wa (name) wa
I more than a doctor there (name) and (name) and
ka$\text{d}$aa (0.5)Dok$\text{Towr}$ (name) kaan
so (0.5)doctor (name) was
So there was more than one doctor. There were (name), (name) and so (0.5) doctor (name) was

36.(0.4):

37. Dr.1:  مين هو ↓؟
Miyn hwoa↓?
Whom↓?
Whom↓?

38.(( the telephone is ringing))

39. Dr.1:  اه سوفل:
?aah  solif
Yes  go ahead
Yes go ahead

40. Pat.:  اكتر من دكتر كنت اتبع من شان الايعصاب=
$\text{?akTar}$ min Dok$\text{Towr}$ konT $\text{?aTaabi}$ min $\text{jaan}$ $\text{?i}$ la $\text{?s}$ $\text{aa}$ $\text{B}$
More than a doctor was I follow with because of the nerves=
More than one doctor I was follow with because of the nerves=

41. Dr.1:  بس هل التقرير اخر اشي اماماري:
=Bas halla $\text{?il}$ Taqriyr $\text{?aXir}$ $\text{?i}$ fiy normal
=But now the report the last thing lamaray
=But the last report is lamaray

42. Pat.:  يعني اخذ موعد عن دكتر---------؟
Ya$\text{niy}$ $\text{?aXoD}$ maw$\text{siD}$ $\text{?iD}$ Dok$\text{Towr}$ (name)?
mean take an appointment with doctor (name)?
You mean to take an appointment with doctor (name)?

43. Dr.1:  انت هيك عملت هاش الشوف اخر واحد ايمانى. لا هلا التقرير اماماري اخر واحد
Laa halaa $\text{?il}$ Taqreer lamaray $\text{?aXir}$ wahaD. $\text{?inTa}$ hiek $\text{?}$kmiliT haaT?afwof
No now the report lamaray last one. you like this did you let I see
$\text{?aXir}$ wahaD $\text{?iemTaa}$.
last one when
No. now the last report is lamaray. Let me see when did you I did you do the last one

44.(( The doctor is looking at the computer))

45.Pat.: هاد قبل ما اطلط من المستشفى شافني دكتوره، بس مش عارف عند يدروم.

This before I leave from the hospital saw me a doctor, but not know

46. Dr. 1: Bi 5-12 ?inTaa ?iśmilīt ?aaXīr waḥaD

On May 12 you did the last one?

47. Pat.: اتى آخر اتشتريبا


Yes the last one yes nearly

48. Dr. 1: اتى

?ah

Okay

49. Pat.: لما كنت بالمستشفى

Lamma konT BilmosṬaffaa

When I was in the hospital

When I was in the hospital

50.(( An interruption from another patient for (2.02) and then the doctor was looking for the

Patient’s latest results for (0.30) seconds))

51. Dr. 1: هلا انت متى صورة الرنين المغناطيسي كاتبتم ان احسن من اول.

Halla ?inTaa (name) irmm š’woriT ?iḷranien ?iillationš’ie kaTBien

Now you (name) irmm the photo of Magnetic Resonance they have written

52. Pat.: اتى اتى حكولي احسن

?aah ?aah hakwolie ?ahsan

Yes yes they told me better

Yes. Yes, they told me that it’s better.

53. Dr. 1: لانك اتخذت كورتيزون:

Liʔannak ?aXaDiT kworTizwon

Because you have taken cortisone

Because you have taken Cortisone

54. Dr. 2: كورتيزون 64 جايب:

KworTizwon 64 3aayiB
He had cortisone 64

55. Dr.1: قديش؟
gaDiej?
How much?
How much?

56. Dr.2: 64 alf
64 thousands
64 thousands

57. Dr.1 to pat.: 

بس بدنا نخف الكورتازون يا [بشا]  
Bas BiDnna ìinXafif ?ïlkworTizwon [ya Baʃaa] 
But we need TO REDUCE the cortisone [sir] 
But we need TO REDUCE the cortisone, sir

58. Pat.: [أحسن أشي ] 
[Yes] The best thing
Yes. It is the best thing

59. Dr.1: قديش بتوخد؟
gaDiej ìiBTwoXið ?
How many do you take?

60. Pat.: حبات مره وحده باليوم 10
10 habaaT marrah wahDih BilYwom.
10 pills all together daily
10 pills all together daily

61. Dr.1: لا هلا بدنا نزلهم ل 8 – لعدة 3 ايام و نحن كل 3 ايام نقلص حبه وننشرك بعد الحيد معنا فحص دم:
Laa halaa BiDnna ìinnazilhim la 8 – lamoDDiT 3 ?ayaam wa BaçDiyn
No Now we will reduce them for 8 – for 3 days and then
Kol 3 ?ayaam Bingos? haBih wa Binʃowfak BaçiD ìilçiD
every 3 days reduced a pill and see you after Al-Eid
Tiʃmillinaa fahis? Dam

to make test blood
No. Now we will reduce them for 8 – for 3 days and then every three days reduced a pill
and see you after Al Eid to make blood test

62. Pat.: آبي انا اخدت موعد قبلا شوي ب [24-8]  
irmm ?anaa ?aXaDiT mawʃiD gaBi ìifway Bi [24-8]
irmm I took an appointment before a while On [24 August]
irmm. I took an appointment before a while On August 24

63. Dr.1: مهو بزيطش بيد تعمل فحص دم
Ma hoa BizBwoṭiʃ BiDDak Tiʃmil fahis? Dam
well not working you have to make a test blood

492
Well, it’s not working. You have to make a blood test.

Dr. 1 to Pat.: [do 1 test and come] No problem, I will do the test and then come.

Dr. 2 to Pat.: [do the test] Do you have Cortisone or shall I write for you?

Pat.: But- write for me because I have been buy it twice from outside the hospital.

Dr. 2: Okay

Dr. 1: No book an appointment

Pat.: I book now an appointment yes

Dr. 2: Xalas
Done

75. Dr. 1: هلأ دَفعت اليوم؟
Hala? Da£a$iT ?ilywom?
Now I paid today?
Now, Did you pay today?

76. Pat.: لا لا ما دَفعت
La la ma Da£a$iT
No no not pay
No, I did not pay

77. Dr.: بس انت تجي تعمل فحص دم وبنشوفه واً ويس:
Bas ?inTa Tiedjije Tišmal fahi s° Dam wa Binjwofoh↑ wa Bas
Once you come make test blood and we see it↑ and that is
Once you come to make the blood test and then to see it↑and that is

78. Dr. 2: بس فحص الدم بدون موعد:
Bas fahi s° Dam BiDwon maw$iD
Just test blood without an appointment

79. Pat. To Dr. 2: Xala s° ?infa Allah Bas law ?ilkworTizwon TokToBilie yaSnie ?akθar
Okay. willing God but if the cortisone write for me I mean more
min imm than imm
Okay. God willing. Just write me the cortisone more than irmm

81. (0.2)

82. Dr. 1: بتجيب من يره كورتزون؟
BiT3ieB min Barrah kworTizwon?
You buy from outside cortisone?
Do you buy cortisone from outside?

83. Dr. 2: بكتكلك 4 حبات يوميا لمدة شهر على 3 وصفات:
BakTwoBlak 4 haBaT yawmiyaan lamoDDiT fahar slaa 3 wasfaaT.
I will write you 4 pills daily for a month on 3 prescriptions
I will write 4 pills daily for a month on 3 prescriptions

84. Pat.: اَه اَه
?aah ?aah
Yes yes.
Yes. Yes.

85. ((The first doctor is talking with another patient while the first patient is waiting for typing
and printing his prescriptions by the another doctor and this took (2.45)))

86. Dr. 1: ?iTafagna (name)?
Okay (name)?
Okay (name)?

87. Pat.: ﷽

?inʃa Allah
willing God
God willing

88. ((The pat. leaves the room))
Duration: 12 minutes

1. Dr.1: ------ آبُٜب اَُذ ------
   (name) ?iyʃ maalhaa ?ilsit (name) =
   (Name) what wrong with her Mrs. (name)=
   (Name) what is wrong with Mrs. (name)?=

2. Pat.:
   = DokTwor Damyi naazil yimkin hala Binʃwof Bilfahs? 
   = Doctor blood my came down may be now we see in the report 
   that I had tests before days [two and bl]ood my last time since 
   santiin ↑ 9 kaan hala↑ 6 ?ildˁahir 
   years two↑ 9 was now↑ 6 it seems 
   = Doctor! My blood came down maybe now we will see in the report that I had tests 
   before two years↑ and last time my blood was 9 and now↑ it seems 6 

3. Dr.1: [أَأَه] 
   ['?aah] 
   [Okay] 
   [Okay] 

4. قديش عمرك؟
   qaDiiʃʃ ʃʃ omrik?
   How old?
   How old are you?

5. Pat.: 52
   ⌒omry 52
   My age 52
   I am 52 years old

6. (0.2)

7. Dr.1:
   ط [بيب] 
   tʼa[yib] 
   Ok [ay] 
   Okay

8. Daughter: = ʃʃ[wof] DokTwor (name) kanaT Tiʃky min ( )=
   [Look] doctor (name) she was complaining from ( )=
   Doctor (name)! She was complaining from ( )=

9. Dr.1: =
   = wyin kaanat TiTʕaaladʒ ?
   =where was she getting treatment?
   =where was she getting treatment?

10. Daughter:
immimm maa kaanaT TiT¥aalað yaʃny kaan Da?iman 9 TaXoD
immimm not was she treated I mean was always 9 take
haDyiD [wa Timʃ] y ʔiʔomwor
iron [and sol]ve the matters
immimm she did not receive any treatment. She used to take iron and solve her
matters.

11.Dr.1: [ʔaah] wa hala?
[Okay] and now?
Okay and now?

ʔimaray ?ilmamak? Iron ʔilmIlhaa Fibriten
time last I made for her Iron made for her Fibriten
[ʔilmIlhaa HB]
[ I made for her HB]
Last time I made for her, Fibriten and HB tests

13.Dr.: [hadiʔ ʔinʃ] wof ?ilwwohaʔ. ʔosorhaʔ ʔaamliʔ ʔamaliyaaT ʔimlaʔ?
[let se] e the tests does she have surgeries have?
Lets see the test reports. Does she have any surgeries?

14.Daughter: = ʔa
Laa laa =
No no=
No no=

15.Pat.: =? idgdyiD la?
= recently no
=recently, no.

16.Dr.1: بطلنك ؟ عمليات ؟
Baʔnik? ʔamalyaat?
Belly you? Surgeries?
Your belly? Sugeries?

17.Daughter: ʔa ʔa[Nay]
Laa laa nihaa [ʔiyän]
No no nev [er]
No no never

18.Pat.: [al}iʔi] sʔariyaat zamaan
[the cesar] eans since a long time
The cesareans were since along time.

19.Dr.1: عمليات قصصية مش قصصية بالمعدة و هاي:
ʔamalyaat qaysʔariyih miʔ qaysʔariyih BilmiʔDih wa haay
operations cesarean not cesarean in the stomach and this
Not cesarean surgeries, in the stomach and

20. Daughter: لا لا
Laa laa
No no
No no

21. Pat.: لا ما عندي اشي
Laa maa cinDy ?ifiy
No not have anything
No I do not have anything

22. (0.2)
23. Daughter to pat.: جديد
?iddyiD ?
Recently?
Recently?

24. Pat.: لا جديد لا
Laa ?iddyiD laa
No recently no
No, recently no

25. (0.11)
26. Dr.1 to daughter: شو بتقربلك؟
wo ?ibtiqraBlik?
What relation with her?
What is your relation with her?

27. Daughter: والدتي
waaliDTy
My mother
My mother

28. Dr.1: امه
imhm
imhm
imhm

29. Daughter: أناا-----sister
?anaa sister hwon DokTwor (name)
I am sister here doctor (name)
I am a sister (nurse) here, doctor (name)

30. Dr.1: أهلا وسهلا
?ahlan wa sahlan
Welcome and welcome
You are welcome

31. Daughter: أهليين فيك
?ahliin fyik
Welcome you
You are welcome too

32. Dr. 1:

Bas ?il yodih ?ilDoraqiyih. ?iyf haay?
But the thyroid what this?
But the thyroid. What is this?

33. Daughter:

أه هي ماشيه على
?aah malyihi ?alaa Thyroxin=
Yes taking she the Thyroxin=
Yes, she is taking the Thyroxin=

34. Dr. 1:

=?aah=
=Okay=
=Okay=

35. Daughter:

=But it seems doctor the dose not enough or that the way
of taking the medicine not enough. I need return to doctor
(name)çilaan ?iTçalilhaa ?iyahaa
(name)to correct for her it
=But it seems that the dose is not enough or the way of taking the medicine is not
enough. I need to return back to doctor (name) to correct it for her.

36. Dr. 1:

?ilhaDyid cinDhaa naazil
The iron for her coming down
The iron for her is coming down

37. Daughter:

[ Fibrinogen] أه و
?aah wa [Fibrinogen]
Yes and [Fibrinogen]
Yes and Fibrinogen

38. Pat.:

[howa Dayman Do] kwor hyik BirTafzi’ çan 4.3
[it is always do] ctor like this not become more than 4.3
It is always like this, doctor. It does not become more than 4.3

39. Dr. 1:

t’ayib kyif ?iDawrah çinDik?
Okay how the monthly period with you?
Okay, how is your monthly period?

40. Pat.:

° عادي °
° çaliyi °
° normal °
Dr.1: 

You need endoscopy. Do you take any kind of medicines?

Pat.: 

You also need endoscopy. Do you take any kind of medicines?

Dr.1: 

You need endoscopy in this way.

Pat.: 

According to this, you need endoscopy.

Dr.1: 

Where?

Pat.: 

Bimosta∫faa (name) 

In hospital (name) 

In (name) hospital
52. Pat.: 
أَلِيَا دَكْتُورَ
?َآَّلَ ءَاَّلَ ُيَا دَكْتُورَ
That doctor

53. Pat. To Daughter: (( Asking her about the name of the doctor))
54. Daughter:
[imhm]
[imhm]
imhm

55. Pat. To Dr.1:
ما عِنْدي مِشكله:
Maa َذَنِينَ مَؤْكُليه
Not have I problem
I do not have a problem

56. (0.1)
57. Dr.:
[imhm]
imhm
imhm

58. Pat.:
[imhm] َمَعْنِي ر[حت أَيَامْها دَمِي كَانَ نَاَزِلٌ وُصِبَانْتِي دو [ خْه ]
[I mean I went those days blood my was low and felt i dizzy]
I mean, those days I went and my blood was low and I felt dizzy

59. Dr.1:
[؟َآَّه] َماَهوَا ؟َذَتَا ؟َيِنَتْيَ دَمِي كَمِلَلِب دَيَتْلُويَل دَيْلَاَدْرَهَ
[ok] [well] if your blood your please you are saying? the period I
Monoتَأْمَيْحَيَل دَمِي َكَمِلَه ْكِتَرَ 3.3 َنَأْزِلٌ َكِتَرَ َكَثْرَ
Well, if your blood, please, you are saying that the period is normal and your blood 6.6. It
came down too much.

60. معْلُشْ أَنَا فِيْش تَفْسِيرْ يَدَك تَعْ[ملِي] َتَتَظْهِر عَلَويُّ وُسَفْلِيُّ لَأْزُمْ تَعْمِلُي
maَْلِيِّش ؟اَّنَا َفِيْح تَفْسِيرْ يَدَك تَعْ[ملِي] َتَتَظْهِر عَلَويُّ وُسَفْلِيُّ لَأْزُمْ تَعْمِلُي
please I am there is no explanation need you do [you] endoscopy upper and
softly lazim تَيْشَمِلْي
down must do
please, there is no explanation. You need upper and lower endoscopy. You must do it.

61. Pat.:
[يَعْمِي]
[This means]
This means
62. Dr. 1 to Daughter: 
حدد أخذت حيوب؟
haDyD  ?axðiTi  ?ihBwoB?
iron  take you  pills?
Iron, did you take pills?

63. Daughter: 
لا ل [سه] 
Laa li  [sah] 
No  not [yet]
No, not yet.

64. Pat.: 
لا لم  أخذت  
[laa ma] a  ?aXDaT= 
[no no] t  take she= 
No, she did not take=

65. Dr. 1: 
بدها حديد نمشي على ح [ديد]  - بدها حديد في  [B12] [احتباط ():]

= Bidhaa  haDyd  nimfy  fala  ha [dyd]-  ?aham  ?ify.
= need she iron  take the  ir  [on]-  the most important  thing
wa  Vitamyn  [B12]  ?ihTyaat'  ( )
and  Vitamin  [b12] Just in case  ( )

= she needs iron, to take iron- the most important thing. And vitamin B12, just in case( )

66. Pat.: 
[imhm]  [since a period of time]
imhm since a period of time

67. Dr. 1: 
ليه؟
?iyh?
What?

68. Pat.: 
من فتره ما باخذ حديد؟
Min  faTrah  maa  BaxoD  °  haDyD  °
Since  a period of time  not take  ° iron  °
Since a period of time I did not take iron

69. Dr.: 
لا بذك توخ [دي]
Laa  BiDik  TwoX  [Dy]
No  have you  take  [you]
No, you have to take

70. Pat.: 
[اعط]  تني دكتوره بالمركز ومعدتي وجعلتني م منه= 
[?aʃʔ]  Tny  DokTworah  Bilmarkiz  wa  miDiTy  wadəʃatny  minnoh= 
[giv]  e  me  doctor  in  the center  and  stomach  my  hurts  me  from  it=
A doctor in the center gave it to me and my stomach hurt me

71. Dr. 1: 
مهو أرا كم حبي كتني تناخد؟
Mahoa  ?izan  kam  haBah  konTy  TaAXdy?
It is so how many pill  were you  taking
So, how many pills were you taking?
I was taking two pills a day.

Take the important thing to take if wants God pill but must take it for time Long=

Take. The important thing is to take even a ill but it is a must to be taken for a long time.

Yes because she gave me a kind with a high dose

It is like this. If you cannot bear the pills, you have to take the iron by the vein because it came down.

Offered she to me the doctor the center she told me no not there need lets try take pills the doctor of the center offered to me and told me that no need and let’s take pills

If you cannot bear it, if you cannot bear it, you have immm

I took pills, no
504

15 minutes then

81. أخذ الحديد
?aaXoD haDyD
I take iron
To take iron

82. Dr.1: 
لا يمكنني بعد الأكل ما أخذ الحديد، لأنه صعب.

83. Pat.: صح
S’ah?
Right?
Right?

84. ((Dr.2 is speaking with Dr.1 in English about the patient’s case.))

85. (0.2)

86. Dr.1: 
لا يمكنني بعد الأكل ما أخذ الحديد، لأنه صعب.

87. ما احتمله بهد ودالورد
Maa ?itḥamalaToh BiDhaa BilwaryD
Not bear it need she through vein
If she couldn’t bear it, she needs through vein

88. Daughter: 
؟اah wa- Folic Acid TaXoD kamaan?
Oh and – Folic Acid she takes also?
Oh and shall she take Folic Acid also?

89. Pat.: 
دكتور ليس ما بدأ بالوريد يعني هلا أخذ ملا و بعدين ايش على الحديد. يسرع؟
DokTwor ly’j maa ?iBniBDa? BilwaryD maθalan wa BaΣDYn
Doctor why not we start through vein for example and then
?y’j çaal ?ilhaDyD Biś’yr?
what on The iron will be?
Doctor! Why do not we start through the vein then the iron pills will be?

90.Daughter: (smiling)
Tistaḍʒlly ((smiling))
Hurry not ((smiling))
Don’t be in a hurry((smiling))

91.Dr.1: خلص بنوخذ بالتحديد أذا ما اتحلأ[ه] {معطس} بالوريمه هيذ {أرمذنا}: 1
Xalas٧؟iBnoXvD BilхаDyD ?iðaa maa ؟iThamal [Tyh]
Done we take by iron if not you bear [it ]
؟ibNaṣ'yyky bïlwařyD. ماهك hyk lazim BiDna
we give you through vein. Anyway we need
Done, we will take iron. If you couldn’t bear it, we will give you trough vein. Anyway we need

92.Daughter: [؟aywa]
[right]
Right

93.Pat.: انشآالله
?injaa Allah
willing God
God willing

94.Dr.1: يغنى ما يصير من أولها أذا المريض ما يتحمله {أرمذنا}: 1
Yaçn٧ maa Biś'yr min ?awalhaa ؟iðaa ؟ilmây? maa BiThamaloh
I mean not right from the beginning if the patient not bear it
?aw çaamil [çaamaliyih]
or had [a surgry]
I mean it not right from the beginning except if the patient cannot bear it or had a surgery.

95.Pat.: [لآله] دكير أذا من ٣-٤ سنين هاي المشكَّلة علني إنه العديم ما يستجب بعض كتب أذ أذ أذ أنو عيات:
[li?anoh] DokTwor ?anaa min ٣-٤ ؟isnyn haay ؟ilmoxkîlih çînDy ؟ilхаDyD
[because] doctor I am since ٣-٤ years this problem I have the iron
maa BisTaḍʒ Yaçn٧ kont ?aXoD ?awal ؟îy nawçiyaaT
not response I mean I was taking before thing kinds
Because, doctor, I have this problem since ٣-٤ years. The iron do not response I mean I was taking such kinds before

96. خفیفه من شااان معدتی: 1
Xafyfiḥ min ٣aa [n miçDiTy]
Light Becau [se of my stomach]
Light because of my stomach

97.Dr.1: [بدى الوري] د بدى تادنى. يصير بدى بالوريمه: 1
[Bidoh ؟ilwary] D BiDik TaXDy. Biś'yr BiDik BilwařyD
[need he the vei]n need you take. Can want through vein
He needs the vein, you need to take it. You can if you need through the vein.

98.Pat.: اتجرب يغنى شهرا؟
We try you mean a month?
You mean trying it for a month?

Dr.: 

We see after El-Eid we get an admission for you and you take it through vein. And go home you.

Yes. We see after El-Eid we get an admission for you and you take it through vein and then go home

Daughter:

I mean that the person has say it.

Doctor! Once a time, I did. They told me this might be I had smear test, I mean for the poo and this, I mean, must

No it does not have a relation. She needs endoscopy not.

What do not affect this thing?
108. Dr. 1:
ما فيش
Maa fyj
Not exist
No

109. Daughter:
شو ممكن يا دكتور المشكلة تكون؟
\[ wo momkin yaa DokTwor ?ilmojiliki ?iTkwon? \]
What might doctor the problem be?

110. Dr. 1:

ٓب ك٤ِ Maa fyj
Not exist
No

111. Pat.:
لا أنا عادي طول عمره يا هيك
Laa [?anaa caDy t'wol c'morh] aa hyik
No [ I am normal all the life] e like this
No it is normal during all the life it is like this

112. Dr. 1:
[?aw yimkin swo? ?imTis'aas?] mahowa ca'saan caaDiyih
[or might be malabsorption] it is because of normality its
Or it might be malabsorption. It is because of its normality

113. Pat.:
طبيب عند امتصاص الحديد شو سبب دكتور؟ أحياناً بخذ ملا حديث و ما يظهر عندي ما يحسنت الوضع
Okay not absorbing the iron what reason it doctor? sometimes
BaXoD maTalan haDyD wa maa Bi'dhar cinDy maa BiThassan
I take for example iron and not appear with me not becomes better
?ilwad'iç
the situation
Okay, doctor, what is the reason for not absorbing their iron? Sometimes, I take, for example, iron but the situation don't become better

114. Dr.:
مهب عملية الحديد في يدهماته ويسخيفا بعد الهداية وفي بعد العيد يكون نزل واحد جديد
MaHowa camaliyiT ?ilhaDyd qadyi[ ] Bilhaay? wa Bin[wofhaa BaçD
Well the process of iron how long in this? and we see her after
El-EiD [see after] El- EiD to be down one new
Well, how long does the process of iron in this? And we will see her after El-Eid. If it comes down after El- Eid, see a new one

115. Pat.:
[?in'fa Allah]
[willing God]
God willing

116. Pat.:
يعني يشعر إنه في مشكلة
Ya'ny Baçor ?innoh fy mosjkiilih.
I mean I feel that there is a problem
I mean I feel that there is a problem

ماشي بنشوفك بعد العيد:
 mal'y Binj'wofik baçiD ?içyD
okay we will see you after El-Eid
Oky, we will see you after El-Eid

امناء اللهم انشاء اللهم:
 ُنِأا Allah ُنِأا Allah
willing God willing God
God willing, God willing

ما اتحملنيه، بذك وريد:
 ُنِأا Allah ُنِأا Allah
Not bear it need you vein
If you have not bear it, you will need through vein

هللا دكتور لوجد معنى أحد للمعدة باللبل عاد أشي للمعدة:
 Halaa DokTwor lau'az3 miçiDty ?aXoD lalmićDih Bil?awal
Now doctor for pain stomach my take for stomach firstly
?aXoD ?fy lau'iz Dih lanzoprazol ?aw faylih roBić saaçah
and then the iron?
take thing for stomach lanzoliprazol or for quarter hour
wa BaçiDyn ?ilhaDyD?

Doctor! Now for my stomach pain, shall I take something for the stomach as lanzoliprazol for 15 minutes then the iron?

خديه بعد الدواء الجديد:
 XoDy whole baçiD ?iDawa ?ilhaDyD
Take it after the iron medicine

مباشرة؟
 moBa'arah?
Directly?

الأفضل عل معده فاضيه يتاح الحدود إذا في الم بعد الأكل. شوفي الأفضل:
The best on stomach empty she takes the iron if there is
pain after eating See the best
The best is to take the iron while the stomach is empty, if there is pain after eating, do the best

يبقي بعد الأكل مباشره:
 yiB?aa baçiD ?i?akil moBa'arah
so after eating directly
so, directly after eating
125. Dr.1: 
ماشي
ma'y
okay
Okay
126. Pat.: انشاءاً اللہ 
infa Allah
willing God
God willing
127. Daughter: لانسوبرازول
Fy mad3aal TokToBilhaha lansoprazol?
Is it okay write her lansoprazol?
Is it okay to write for her Lansoprazol?
128. Dr.1: ايه؟
?iyh?
What?
What?
129. Daughter: Lansoprazol
اكتبها لانسوبرازول
okToBilhaa lansoparzol
Write for her lansoprazol
130. Dr.1 to Dr.2: روانسوبرازول
?okToBilhaa lansoparzol
Write for her lansoprazol
131. Dr.2: اشوف إذا موجود. إذا ما كانش موجود[ن]
?awof ?idaa mawd3wo[D]
Let me see if there
Let me see if it is there
132. Daughter: [م] مشكلة بيشترى
[mj] molkilih ?ibniTryh
No problem. We will buy it
133. (0.10)
134. Daughter to Pat.: Xالاصد
 Done
Done
135. Pat.: خلص؟ ماشي؟
Xalas'?
ma'y?
Done? Okay?
Done? Okay?
136. Pat. To Dr.1: ماشي دكتور:
ma'y DokTwor
okay doctor
Okay doctor.
137. Dr.1 to Daughter: هيه بكتبك
Haywo BokToBlik
He is writing for you
He is writing for you

138. Daughter:

Yaqt' Yok ?ilcafyih
Give you wellness
God gives you wellness

139. Dr. 1:

?ahun
Thank you
Thank you

140. Dr. 2:

mij mawd3woD
not there
it is not there

141. Daughter:

Xalas' Basya? ah Allah Yaqt' ykom ?ilcafyih
Okay okay. God gives you wellness
Okay. okay. God gives you wellness

142. Daughter to pat.:

Yall maamaa
Let's go mam
Let's go mam

143. Pat.:

Yalaah haByBty
Let's go honey
Let's go honey

144. Dr. 1 to pat.:

salamTik
Wish you a speedy recovery
Wish you a speedy recovery

145. Pat.:

Allah yisalmak yislamwo ?iDyk
God protects you thanks hand you
God protects you. Thank you

Duration: 14:52

1. Pat.: ٣ؼط٤ي اُؼبك٤ٚ كًزٞه yašt'yk ٤ilxaafyih DokTwor Give you wellness doctor God gives you wellness

2. Dr.1: ايش؟؟؟؟؟؟
?yf?
What?
What?

3. Son: بدنا بالنسبة ل-----
BiDnaa BilnisBih la (name) We want regarding for (name) We are here for (name)

4. Dr.1: آٙ. ػَٔ كؾٔ كّ=
?aah ٝsimil ٝfahis؟ جDam=
Yes he did test blood=
Yes, he did blood test=

5. Son: =آه عامل==?aah ٝsimil =yes did =Yes he did

6. Dr.: هلا بشف استريخ Halaa Bajwof ٝisTaryh Now I will see have a seat I will see now, have a seat

7. Son: يلا ماسٍ Yalaa ٝmajy Okay done Okay done

8.(0.51)(( the doctor is talking with another patient))

9. Dr.1: قدٍش رقمٍه -----؟
gady؟ raqa (name)?
What number his (name)?
What is(name) number?

10. Son: (name) ((the son is giving the number to the doctor))

11.(0.3)

12. Dr.10.7

13.(( the doctor is typing for (0.1)))

14. Son: ؟قدٍش gaDi؟
How much?
How much?
15.(0.13) (( the doctor is looking for the result))
16.Dr.1: الصفحات عند 4 اليوم:
؟ils'afa?iḥ  $inDoh  4 ؟ilywom
The platelets for him 4 today
Today,his platelets are 4
17.Son:  ٍ؟
Haa?
What?
What?
18.Dr.1: الصفحات عند 4
؟ils‘faa?iḥ  $inDoh  4
The platelets for him 4
His platelets are 4
19.Dr.2:  ٍ؟
20.Dr.1: imm
21.(0.13) ((the doctor looks at the computer))
22.Son: معقول من الصيام يعني دكتور؟
mašgwol min ?ils‘yaam yašny DokTwor?
Might be from the fasting I mean doctor?
Might it because of fasting, Doctor?
23.Dr.1: اخذ الدواء ولا وقف؟
؟aaXoD  ?ilDawaa wilaa wagafwo?
Took the medicine or stopped it?
Did he take the medicine or stopped it?
24.Son: لا يوجد دواء كامل مع بعد الفطور:
؟aaXoD  ?ilDawaa wilaa wagafwo?
Took the medicine or stopped it?
Did he take the medicine or stopped it?
25.Dr.: هل هي شوف
Halaa  Baʃwof
Now I will see
I will see now
26.(0.12)
27.Pat.: هو لما يجي علي المراجعه بصيره اربالك خاف:
Hoa lamaa yid3y  şalaa  ?ilmoradʒašah  Bis‘yBoh  ?irBaak
He when come he to the follow up visit becomes he stress
BiXaaf
become afraid
When he come to the follow up visit, he becomes stress and afraid
28.(0.4)
عمل تنظير هل هو؟
(simil) Tanðyr ↑ howa?
Did he endoscopy↑ he?
Did he do endoscopy↑?

30.Son: تنظير لمعدته عمل ؟
Tanðyr? ↓ ?aah simil?
Endoscopy? ↓ Yes he did?
Endoscopy? ↓ Yes he did?

31.Dr.1: تنظير لةعده عمل ؟
Tanðyr lamitiDToh simil↑?
Enteroscopy for stomach his did↑?
He did ↑endoscopy for his stomach.

32.Son: لا لا والله ما عمل ↓ عمل بس صوره طبيبه
Laa laa waAllah maa simil↓. simil Bas s′worah t′aBaqiyyih
No no really not did↓. Did only scan CT
No. no. he really did not. He only did CT scan

33.Dr.1 to Dr.2: قولناه ابنتستي بالتقدير. اهم
 golnaaloh ?iBnisTanaa BilTaqryr. ?aah
we told him we are waiting for the report yes
We told him that we are waiting for the report. Yes

34.Dr.1 to Son: طبيب بدو تنظير مدخلاه
TayiB BiDwo Tanðyr BindaXloh
Okay need he endoscopy we get admission for him
Okay if he needs endoscopy, we will get admission for him

35.(0.04)

36.Dr.1: بده تنظير والله ↓
BiDoh Tanðyr waAllah↓
need he endoscopy really↓
He really↓ needs endoscopy

37.(0.3)

38.Son: أخذه خزعه هما
?aXaDwoloh Xozah homaa
They took him biopsy they
They took biopsy for him

39.Dr.1: أخذنا الخزعه نعم
?aXaDnaa ?ilXozah na3am
We took the biopsy yes
Yes, we took the biopsy

40.Son: = كيف الموضع؟
= ?aah kif ?iwadi?=
=okay how the situation?= 
Okay, how is the situation?

41. Dr.1:  
The biopsy this till we see the report if it was there

42. (0.3)  
Bede bedhe Tannahir.

43. BiDoh BiDoh Tanðyr
  He needs he needs endoscopy

44. (0.5) ((The doctor is looking at the computer))

45. Li?anoh kaTByn ?ihTimaaal yikwon ?inDoh mojkhilih BilkaBiD he
  Because wrote they may have problem in the liver

46. Son:  
imm

47. (0.2)  
48. Dr.1:  
Famati anbalki el? bikre? ?
  Fa?imta ?inDaXloh↓?
  So when get admission for him↓? tomorrow↑?

49. Son:  
Bokrah?
  Tomorrow?
  Tomorrow?

50. Dr.1:  
Meho elchawna Adhe bedhe Tannahir.
  Well the platelets for him well need he endoscopy

51. Son:  
imm

52. Dr.1:  
Ushha ada Adhe bedhe Tannahir mahaada Cabar Nazyf bedhe Chawna.
  Sâaan ?idaa ?imil Tanðyr ma?alan nazyf maa- s?aar nazyf
  Because if he did endoscopy for example came down not- happened bleeding
  BiDoh s?afa?ih
  needs platelets
  Because if he did endoscopy for example bleeding is not - if a bleed happened, he needs platelets

53. Son:  
imm

54. (0.2)
55. Son:  
هل هو بيكن سابه دكتور؟
Hay jwo Bikon saBaBaa DokTwor?  
What is the reason, doctor?

56. Dr.1:  
ئة في مشكلته بيكن أعلاه بالبيك بجوز (قه) مس بينا تلقد من شغالة تنظر لأنها كانت في الصوره عقل: 1
Maha BiDna niT?akaD min jayliT iliTanîrzyr li?anoh katByn  
Well need we be check from the endoscopy because they wrote they  
الآ علاه ؟إلىور؟ ؟إلىاBa [qiyo]  ؟إينه fiy mojkiliih  
on scan C [T] because there is problem  
BilkaBiD ilhaa ?ilaqaah BilkaBiD Bidywoz  
in the liver has relation In the liver may be  
Well, we need to check the endoscopy because they wrote on the scan TC that there is a  
problem in the liver. It is related to the liver.

57. Son:  
أى [آ]  
[؟أه]  ًأه  
[okay]  okay  
Okay, okay

58. (0.9) (( the doctor is looking at the computer))

59. Dr.1:  
يا مش ما فيشي آشي بنجاع العظم:  
Yaa miy maa fy? iy BinoXaa? ?ilSa?im  
Well not not there thing in marrow bone  
Well, there is nothing in bone marrow

60. Son:  
لا ما فيٌ  
Laa maa fy?  
No not thereٌ  
No thereٌ is not

61. Dr.1:  
الفكره إنى في مشكلة ب– أبيب بالبيك حاطين– احتمال بدء حاصل (فيه تنظر هلا:  
The point that there problem in- imm in liver wrote they - may be  
BiDoh haa dh'aa ( ) faBiDoh Tanôyr hala  
need he this ( ) so need he endoscopy now  
The point is that there is a problem in- imm in the liver as they wrote- he may need imm  
( ) so he needs endoscopy now

62. (0.4)

63. ماهي؟  
maafy  
okay?  
Okay?

64. Son:  
ماهي أندللك اياء ولا؟  
maafy ?anayaDylak ?iyah wila?=  
okay call him for you him or?=  
Okay, shall I call him for you or?=
Dr.1: =
    = naDyh
    = call him
    = call him
Son: [aa]
    Yal [aa]
    Oka [y]
    Okay
[عش] اَن يَكَرِه اَنْتَخِلَهُ:
    [fa]aan Bokrah ?inDaXloh
    [t] o tomorrow get admission for him
    To get an admission for him to enter tomorrow
(( The son went to call his father ))
Son to pat.: [maalak ?]
    What's wrong?
Son:
    [maalak ?]
    [What's wrong?]
    What's wrong?
Pat.: [بكَاف] بِخَاف مِن يَوم المراَجِعَة
    [BiXaaf] BiXaaf min ywom ?ilmoraadʕaʕah
    [Being afraid] being afraid from day follow up visit
    He is being afraid, he is being afraid from the follow up visit.
Son:
    [wo yaʕn̈y moraadʕ ?]
    What mean vomiting?
    What does vomiting mean?
    [هو يَاحُمْر مُأَرَّدْ؟]
77. Dr.1: 
ما هو الواحد يكره المستشفى زي الى يروح على الاستبان بكره الدراس.
Mahooa ?ilwaahaaD Bikrah ?ilmosTaafaa zay ?ily Birwoh zalaa
Well the person hates the hospital like the one goes to
?il?imTihaan Bikrah ?ilDiraasi [h]
the test hate the study [ing]
Well, the person who hates the hospital is like the one who goes to the test and hates the studying.
78. Son: [هيه] آيوا
[hh] aywaah
[hh] right
hh. Right.
79. Dr.1 to Pat.: شو قررت؟
?wo qarrarT?
What you decide?
What did you decide?
80. (0.1)
81. ايش مالك؟ احكي يا زلمه عن؟ ن شو مالك؟ [شو مالك؟] ؟MALAK}
?y malak? ?ihkyy yaa zalamih zaad [y ?wo malak?]
What wrong with you speak↑ man it’s oka [y what wrong with you?]
shwo malak hyk ?ii ?iT yariT
what wrong with you like this imm have been changed
What’s wrong with you? Speak↑ man, it’s okay. What’s wrong with you? What’s wrong with you have been changed like this?
82. Son: مالك يابا؟ [هيه]}
[maalak yaaa?] hh
[What’s wrong dad?] hh
What’s wrong dad? hh
83. Pat.: الأسبوع الجاي يعني التنظير تعمل ؟[؟]
?osBwoos ?ilzayay yaczny Tanø’yr Tìçmal[naa?]
The week next mean endoscopy do [for us?]
You mean to do the endoscopy for us next week?
84. Dr.1: [؟imTaa ] BiThiB?
[When] you like?
When do you like?
85. Pat.: زي ما ينك=
Zay maa BiDDak=
As like you=
As you like=
86. Dr.1: بكره خير البر عائله:
Bokrah. Xayro ?ilBiri zaaziloh
Tomorrow the sooner the better
Tomorrow. The sooner, the better

Pat.: نعم؟
Nażam?
What?
What?

Son: [بكره]
[Bokrah]
[Tomorrow]
Tomorrow

Dr.1: [بكره] بكره عشانك لأنه السو denom --- بكره
[Bokrah] Bokrah ça’aanak li?anoh (name) وجب
[Tomorrow] tomorrow because of you because (name) what
Tomorrow, tomorrow because of you. Because (the name of Dr.) what

Son:(( He is giving the full name of his father))

Dr.1: نخاع العظم سابق اشي:
NoXaaac ظ؟؟بديم maa fy ی؟؟[ل]
Marrow bone nothing thing
There is nothing in the marrow bone.

Pat.: مهود بد [ها]
Mahoa BiD [haa]
Well need [it]
Well, it needs

Dr.: نخاع العظم ما في اشي بنبد وح [ده]
[noX] aaç ظ؟؟بديم maa fy ی؟؟[ل]
[Marrow] the bone not thing we start one on[e]
There is nothing in the marrow bone. We start one by one.

Pat.: [بقو] ل بدها دخول هاي دكتور أه؟
[Bagw] ol BiDhaa Doxwol haay DokTwor ی؟؟[ل]
I say does it need an admission to enter this doctor does?

Dr.1: آه الدخول وبرز [ح]
?aah DoXwol wa BiTra [wh]
Yes enter and you go h[ome]
Yes. You enter and then go home

Pat.: ماض [لش معي أنا] [مصا] [ی]
[maa d' ]؟؟[ل] maçaay ظ؟؟[aa] ی؟؟[م]
[not ha]ve with me I am ظ؟؟[م]
y
I do not have any more money

Son: [hh]

Dr.1: ليش هو على حسليك؟
؟ی؟؟[ل] hoa çaala hisaaBkom?
Why it on you?
Why? Is it on you?
99. Pat.: [10%]
100. Son: لا تنا مين 10% [لا Ta?] myn 10%
[no ins] urance 10%
No, insurance 10%
101. Dr.1: ليش؟
Why?
Why?
102. Pat.: لموظفين الجامعه. احنا هيك ل
Limowaاف؟ ilًaam؟ah↑. ?ihnaa hyk↓
For employees the university↑ we like this↓
For the university↑ employees. We are like this↓.
103. Dr.1: انت ايبي 10% ام
?inta ???iii 10%
You immm 10%
You, imm, 10%
104. Pat.: ايه ما هي لعهنا الالي الدكتوره-------
?aah maa hyi layaThaa ?ily ?iDokTworah [(name)]
Yes for that she cancelled for me doctor [(name)]
Yes. For that, doctor (name) cancelled it.
105. Dr.1: [من] هاد بدفع كل ما يجي؟
[myn]? haaD BiDfa ظ Kol maa yi3y
[who]? He pays every visit
Who? Does he pay every visit?
106. Son: [أه] 10% Bendiاف
[?aah] 10% ?iBniDfa ظ
[yes] 10% we pay
Yes. We pay 10%
107. Pat.: [أه] صرعت دافع ( )
[?aah] s?irT Daﬁ ظ ( )
[yes] till now I paid ( )
Yes. I paid till now ( )
108. Dr.1: طلب تقدرنش اجباب ظفاء؟
t?ayB ?iBTiqDar ظ ظiT3yB ظ ظi?fa؟
Okay can you not bring exemption
Okay, can you bring any exemption?
109. (0.3)
110. ابقدر اجباب ظفاء؟
?iBTiqDar ظ ظiT3yB ظ ظi?fa؟
Can you bring exemption?
Can you bring exemption?

111. Pat.: لا من وين بدي أروح اجيب:
Laa min wyn BiDy ?arwoh ?a3yB
No from where I will go bring
No. from where I will bring it!

112. Dr.1: بعطي اعفاءات. انت شو تأمنين؟
Ba3t?wo ?icfaa?aaT ?iTa ?wo Ta?myna [ k?]
They give exemptions you what insurance [ou?]
They give exemptions. What is your insurance?

113. Pat.: [wa Allah] مصعو [ف]
[wala] خامعه [ه]
[?il] ?aamçah [aah]
[the] university [yes]
Yes. The university

114. Son: [أج] [الله]
[?il] خلال [لا]
[?aah] امذ[ما]
[the] University
[yes]
Yes. The university

115. Dr.1: [وأ] مش عارف بدي احكيل. هيك معاه حق هيك أنا شو عرفني شو [ب]
[really] not know what I want say to you in this case he right
hyk ?anaa 3wo Biçarifny 3wo B[is?yr]
in this case I am how I know what happens?
I really do not know what to say. He is right. How will I know what happens?

116. Pat.: [وأ] الحالة المادية
[wallah] ?ilaaläh ?ilmaDiyyih
[Really] the state finanalnational
Really that the financial state

117. Dr.1: وشو الحل؟ برستها بعدين أذا بديك بعد الاعيد:
And what the solution we deny it later if want you after El-Eid
And what is the solution? If you want we can deny it to after El-Eid

118. Pat.: مليح
?imlyh
Good
Good

119. Dr.1: بعد العيد آه خليك تعال [عا بعد العيد]
After El-Eid yes let you come [here after El-Eid]
Yes. After El-Eid. We will let you come here after El-Eid.

120. Pat.: آه خلينا نفسى[بعد العيد]
[aah Xalyna nif̣has?] BaçiD ?ilcyD
[yes let’s examine] after El-Eid
Yes. Let’s do the examination after El-Eid

121. Son: بعد العيد؟
BaçD ??ilcyD?
After El-Eid?
After El-Eid

122. Dr. 1: أَكَمْ حَبَّة كُورَتْزُوْن بَتوُخُدُ؟
?akam haBiT kworTizwon ?iTTwoXið?
How many pills cortisone do you take?
How many Cortisone pills do you take?

123. Son: [6]
124. Pat: [6]

125. Dr.: نَزِّلْنِم لَ آبي:
Nazilhom la ?iiii
Reduce them to imm
Reduce them to imm

126. Pat.: 4ُع
لٌ 4ُع. كُل أَبْسَوع نَقْصٍ حِبَيْ وَبِنْشَوْفَكُ بَعْدِ العِيْدِ:
La 4  ?aah kol ?osBwoć nagis? haBih wa Bin∫wofak BaçiD ??ilcyD
To 4 yes every week reduce a pill and we will see you after El-Eid
Yes to 4. Every week reduce a pill and we will see you after El-Eid

128. Pat: [الله يَرْضِى عَلَيكُ]
Allah yird’aa [çalyk]
God pleased [with you]
May God be pleased with you

129. Dr. 1: [خلاص ماتشي]
[Xalas] maa[y]
[okay] done
Okay, done

130. Pat: [هَسْهِ انتِسْلَتَ هَهْيِهِهِ]
Hassah ?inbas’aTiiT hh
Now I am happy hh
Now, I am happy hh

131. Dr. 1 to Son: [إِذَا صَارَ نَزِيْفٌ بِيْجِي عَلَى الْمَسْتَشْفِي]
?iðaa saar nazyf Biyzy çala? ilmosTaʃfaa
If occur a bleeding he comes to the hospital
If a a bleeding occurs, come to the hospital

132. Son: [لا اِنْشَاءَ اللَّهُ خِيْرِ. أَهْ]
Laa ?ina Allah Xyr
No willing God good
No good, God willing

133. Dr. 1: [لَأَنْهُ لَا زَالَ [م]]
Li?anoh laazim
Because must
Because it is amust

134.Pat.: [لا] [لا] zim mawçiD yaşny?
[mu]st an appointment I mean?
I mean, is an appointment a must?

135.Dr.1: بدون موعد يا زلمه. أنت ليش هيك:
BiDwon mawçiD yaa zalamih. ?inta lyj hyk!
Without an appointment man you why like this!
Without an appointment man. Why you are like this!

136.Son: بدون موعد هيك مراجعه. يوم أحد
BiDwon MawçiD hyk mora aşcash Ywom ?ahiD
Without an appointment just a visit day Sunday
Without an appointment. Just a visit. Sunday.

137.Pat.: بدون موعد
BiDwon mawçiD
Without an appointment
Without an appointment

138.Dr.1: آه يبتيجي من شان نكل هيك هيك:
?aah ?iBTy3y minJaan ?ingollak hyk hyk
Yes you come to tell you this this
Yes. You come to tell you this and this

139.Pat.: طبيب
tayiB
okay
Okay

140.Son: [يوم احد يكون؟]
ywom ?ahiD Bikwon?
[day Sunday it is?]
Will it be Sunday?

141.Pat.: هسه [دكتور لو باخده] لو مدة تن للسحور بصير؟
[DokTwor law BaXoðhi]n hassah ['i'mayriB] law maDaDiThin
[doctor if I take them now [the sunset] if left them
lal?ishwor Bis'?yr?
to the pre-dawn meal can?
Doctor, now if I take them with the sunset (the time of breaking the fast), can I leave
them to the pre-dawn meal?

142.Dr.1: [صير] بصير أه أه
[Bis'?yr] Bis'?yr ?aah ?aah
[you can] you can yes yes
Yes yes. You can, you can

143.Pat.: يلا الله يعطلك العاقبة:
Yalaa Allah Ya 위한 ilçaafiyih
Okay God gives you wellness
Okay, May God give wellness

144. Dr. 1:
Taqyr ?inoXaaذ mafy∫ fyh ?∫y
Report marrow not there thing
There is nothing in the marrow report

145. Son:
?in∫ Allah
willing God
God willing

146. Dr. 1:
[Bas Bidoh]
[just want he]
Just he wants

147. Pat.:
[Allah yisçıDa]k wa yiżyk ?iXayr
[God pleased you and reward you goodness]
May God pleased you and reward you goodness

148. Dr.:
?ahlyn hala
thanks thanks
Thanks

149. Son:
∫okran ?ilak Doktwor
thanks for you Doctor
Thank you, Doctor
Duration: 8:95

1. Dr.1: ٍٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔ..
We were there from the first visit but he apologised and denied the appointment which was supposed to be in the 6th of the month.

11.

12. Dr. 2: 
كانت أتشوف دكتور ？
KaanaT ئiTjof DikTwor (name)?
was she visiting doctor (name)?
she was meeting doctor (name)?

13. Son: 
كانت أتشوف دكتور ？
KaanaT ئiTjof DikTwor (name).
was she visiting doctor (name).
She was visiting doctor (name).

14. Dr. 1: 
من شان ايش كان يشوفها: ？
Min Jaan ئyf kaan yijwoftaa?
For what was see her?
For what was visiting him?

15. Son: 
عِتُشان الجِيِزائِ البِيِضَيِ [دكتور]
؟afaan ئijhaaz ئilhad'm [DokTwor]
for system digestive [doctor]
for the digestive system, [doctor!]

16. Dr. 1: 
شو عن[دها تضخم بالطحال [اشي؟]
[jwo ئin]Dha Ta'dXom Bilt'haal [ijfy]
[what has she splenomegaly [thing?]
What does she have? Is it splenomegaly?

17. Son: [Hepatitis]
[Hepatitis] ?aah
[Hepatitis] Yes
Hepatitis, yes

18. Dr. 1: 
؟ه؟
What?
What?

19. Son: Hepatitis

20. Dr. 1: 
مهو اذا عددها تضخم بالطحال هذا هو السبب مش رايحين تعمل اي اشي: 1
Mahoа ئiдаa ئinDhaa Ta'dXom Bilt'haaл hааaa hоа ئilsaBаB miф rayhyn
Well if has she splenomegaly this is the reason not going
ni'mal ئay ئijfy
do any thing
Well, if she has splenomegaly, this is the reason and we are not going to do anything

21. Son: 
يعني پ [ده]
yafny B[iDoh]
this means need [he]
this means that he needs

22. Dr.1:
أع[ع] ي[ع]ل [ع][ع]مل تضخم الطحال. بدنا الشوف انها عندما يضخ الطحال فلعله:
[?aah it cause] [Tad’Xom ?i'l'haal. BiDnaa ?infwof ?i'daa fyhaa
[yes it cause] [s splenomegaly we need check if there
?inDhaa Tad’Xom ?i'l'haal Xalas?
has she Splenomegaly Okay?
Yes. Splenomegaly causes. We need to check if she has Splenomegaly. Okay?

23. Son:
كيب هي عندها دكتور
kaBiD hiyi ?inDhaa DokTwor
liver she has doctor
She has a problem in liver, doctor!

24. Dr.1:
لا مهو كل دمها لأنه الطحال ↑ عندها تضخم نقطة فوق السطر. آه: 1
No well all blood her because the spleen↑ for her enlarge
nogT'ah fwog ?isat'ir
full stop (that’s it)
No. Well, all her blood because she has Splenomegaly↑ and that’s it.

25. Son:
يعني آخر أشي أطولها وحذتي إن دم[ه]
yasny ?aaXir ?ify ?a$t'ohaa wihDity [n Dam]
Well the last thing they give her uni [t blood]
Well, the last thing they gave her two blood units

26. Dr.1:
[wel I ] know I tell you that I am explaining this is the lady
?iii ?ismha (name) ?inDhaa mojkilih ?i'l'haal hiyi (0.2)
immm name her (name) has problem Spleen it’s (0.2)
Bi'hiz ?i'Dam faBi'dal
reserve Blood so it keeps
Well I know I am telling you that as I explaining for you that this lady imm her name
(name) has a problem in the spleen that (0.2) reserves the blood so it keeps

27. Damhaa nazil
Blood her came down
Her blood came down

28. Dr.2: ( )
29. Dr.1: أهي؟
?iih?
What?
What?
30. Dr.2:( )
31. (0.1)
قلل الدم هو ثانوي لل المشكلة:
fa'ilaa3 ?ilDam hoa 8aanawy lilmojkililh for
so treating the blood is secondary the problem
so treating the blood is a secondary thing for the problem

32.

33.((Dr.2 is discussing the patient’s case with Dr.1))

34. Dr.1 to Dr.2:  
أم عندما 
?ilDam 
؟ilt'haal? 
Oh and has she Splenomegaly how much the spleen? 
Oh and she has Splenomegaly. How much is the spleen?

35. Dr.2: 17

36. Dr.1: 
؟ah wa ?inDhaa Splenomegaly gaDyf ?ilt'haal? 
؟ilt'haal ?ilt'haal ?ilt'haal? 
Oh and has she Splenomegaly how much the spleen? 
Oh and she has Splenomegaly. How much is the spleen?

37. Son: 
Ba\'Dyn hasa\'iyaaT DokTwor ?ilhamwo lilAllah RaB ?ilsaalamyn 
Also now doctor thank God Lord of the Worlds 
yesterday and the day I me\'an] well now mean as Wills God [her] 
Doctor, now it is also thank God the lord of the worlds yesterday and today she is good, as God wills

38. Dr.1 to Nurse:  
؟ih? [Xal\'yaha] BaAllah ToDXol 3owaa 
[what?] [let her] please enter there 
What? Let her please enter there

39. Dr.1 to Nurse:  
DaXlynaa ?iyaahaa 
Let her enter there 
Let her enter there

40. Son:  
؟aa\'a? Allah \'sanhaa 
As God wills her 
She is good as God wills

41.(( the patient is leaving to another room for physical examination))

42. (0.8)

43. Nurse to Dr.1: 
ادخل شخص مريض ثاني هو عينين ما أجهز الحج [؟؟]
Shall I call another patient till I prepare El-Hajih the old lady?

44.Dr.1: \[لا\] Bas nhkhy maʕ?iBihhaa Xalyh yiʔy
[no] until tell with son her let him come
No until we tell her son. Let him come

45.((The doctor is typing till the sin come back to him))

46.0.23

47.Dr.1: تعال ياباشا:
Taʕaal yaa Baʕaah
Come in, Pasha

48.Son: نعم
naʕsam↓
Yes↓

49.Dr.1: إسمع يعني أنا نديش أحكي قدامها. عندها المشكلة كلها من مرضيها الأصلي:
?ismaʕ?anaa BiDar?ahky goDDamhaa. ṢinDhaa ?ilmoʔkilih
Listen I mean I don’t want to talk in front of her she has problem
kolhαa min maradʔaα?ilʔasʔly
all of it from disease her the main
Listen. I mean I am do not want to talk in front of her. She has a problem because of her main disease=

50.Son: =
=ʔaah
=yes

51.Dr.1: يعني ما في اشي ينقر نعمله هاد السبب عندما تضخم الشحال نتج عن تشم التكيد:
yαʕny maa fy ?iʔy ?iBniɡDar nijmaloh had ?ilSaBaB ṢinDhaa
I mean not thing we can do it this the reason has
TadʕaXom ?iʔtʔaʔal naʔiʔ Tatʕaʔoh ?ilʔaBiʔD
Splenomegaly because of Cirrhosis liver
I mean, there is nothing we can do because she has Splenomegaly because of liver Cirrhosis

52.Son: نعم
naʕsam
Yes

53.Dr.1: فهو سبب نزل التد عن تضخم الشحال. تضخم الشحال ما له علاج للامور هذا. [و] وهي عندها كمان سرطان خاطئ:
Wa hiyi ṢinDhaa kamaa saratʔαan hatʔyn Bilka[BiD] fhaooa saBaB
And she has also cancer they wrote in liver so reason
nozwol ?ilDam ʕ an Taɗ'aXom ?it'haal. Taɗ'aXom ?it'haal coming down the blood because of Splenomegaly Splenomegaly maa ?iloh ḥilaaj fa'?il?omwor haɗ'aa not has treatment so the issues that And she also has cancer in liver as they wrote. So the reason for coming down the blood is the Splenomegaly. Splenomegaly does not have treatment so the issues

54.Son: [imhm]
    [imhm]
imhm
55.Dr.1: هو السبب. مشكلة الدم ما رح نعملها اشي:
    Hoa ?ilaBaB. famoʃkilih ?ilDam maa rah niʃmalhaa ?ify
    Is the reason. So the problem the blood not doing her thing
    The reason is. So we are not going to do anything for the blood problem
56.Son: [law]
    [law]
    [just]
    Just
57.Dr.1: [غير] نقل الدم ما في (تشي):
    [yyr] naqil ?ilDam maa fy ?[fy]
    [in addition to] Transfusion not there th[ing]
    There is nothing to do except transfusion the blood
58.Son: [law] لو معنوي دكتور بس
    [law] law maʃnawiyan DokTwor Bas
    [just] just morally Doctor just
    Just, just morally, Doctor! just
59.Dr.1: شب مالها؟
    Ꟈwo maalhaa?
    What wrong with her?
    What’s wrong with her?
60.Son: طغطتيها دعم معنوي [زي ما]
    t'as'yyhaa Daʃ'im maʃnawy [zay maa]
    give her support morally [as you]
    to give her morally support as you
61.Dr.1: شب الد [عم المعنوي تحكيلها يعني:]
    Ꟈwo ?iDaʃ'ım ?ilmaʃnawy nihkylhaa yaʃny?
    [what support morally tell her I mean?]
    What morally support! What shall we tell her?
62.Son: ولا اشي إنه وضعك تما [م و]
    Wa laa ?ify ?inoх wadʕik Tamaa[m and]
    And no thing that your case ok[a'y and]
    Nothing. Just you are okay
63.Dr.1: طبيب جيبها طبيب علني بنقلها
Okay. Call her. Okay its okay we will tell her.

64. Son: [ةيبيتني] bend his head to get the hijab [هول] Bas hay haiy ?ibtiṣrif ?ilhażaaT [hadwol]
Well she this know the old ladies [these]
Well, you know the old ladies

65. Dr.1: [طيب] Marti. Sho youghlik? [ةيبيتني]
[tayiB] mafy jwo ?ibtigraBlak?
[okay] Done what relation her?
Okay. Done what is your relation with her?

66. Son: [أمي وأنت والدتي] (0.1) Bayn Allah and the
tomy wa Allah waliDTy. (0.1) Biṣyn Allah
My mother really my mother (0.1) be with God
My mother. I swear my mother (0.1). May God be with us

67. ((The doctor is talking with another patient for (1.35) minutes while waiting for the son to come back with his mother))

68. Son: [دكتور]
[DocTwor] [doctor]
Doctor

69. Dr.1: [لا اكو] يسه هو حكينك مشكلتها بالطهير وما في منش إشي ثاني. أمورها: [ةيبيتني]
[laa ?ikwa]yshiyi ḥakynalak mojkilThaa Bilhaaḍ wa maa fyʃ
[no good] we we told her her problem in this and not there
[ʃy ʒaany] omworhaa
thing another her case
No good. We told her that her problem in this and nothing else. Her case

70. Son: [الحمدلله]
?ilhamdo lillAllah
Thank God
Thank God

71. Dr.1: [سلاماتها]
Salaa[miThaa]
Wish her to get well soon
Wish her to get well soon

72. Son: [نصل نعطياها]
[?ii ?in]d'al naṣṭhaa Folic Acid Dok [Twor]?
[we keep] giving her Folic Acid doc[tor]?
Shall we keep giving her Folic Acid, doctor?

73. Dr.1: [أعذبها]
[؟ااه ToXið Folic Acid fyʃ Daʃy ?iTraqiʃnaa ?ihnaa h[won]
[yes] let her take Folic Acid no need visit we he[re]
Yes, let her take Folic Acid. There is no need to revisit us.

Pat.: [Bas] yaa DocTwor (name)
[but] doctor (name)
But, doctor (name)

Dr.1: أنا عارف بذك أتشوفي دكتور-------
?anaa ?aarif BiDik ?i?wofy DokTwor (name)
I know you need to see Doctor (name)
I know that you need to see doctor (name)

Dr.1 to Son: آل ابيني طبيبها
?il ?iī t?aByBhaa
The imm doctor her
The imm her doctor

Son: -------
(name)

Dr.1: آم. سلام [تها يا سيدي]
?aah. salaami [Thaa yaa syDy]
Yes get well [soon she sir]
Yes. May she get well soon, sir!

Son: [ الله يسلمك] شكرنا شكرنا يا دکتور
[Allah yisallmak] jokran jokran ya DokTwor
[God protect you] thanks thanks doctor
May God protect you. Thanks, thanks, Doctor!

Dr.1: أهلاً هلا
?ahlyn hala
Welcome welcome
Welcome welcome

Son: الله يعطائك الفاعقية
Allah yaʃt'v'yk ?iʃaafyih
God gives you wellness
May God give you wellness

(They leave the room)
السلام عليكم↓
Peace upon [you]↓
Peace upon you↓

السؤال: من ن-------؟
[my]n -------?
[wh]o (name)?
Who is (name)?

أنا↓
I am↓
I am↓

أفضل استاذ↓
Come in Mr. (name)
Come in Mr. (name)

يااكفهلك العاف [يه]
give you wellness
May God give you wellness

من [شان ايش جاي الاستاذ]------
[min]aan ?yj ْالأذى ?il?ostaað (name)!
[for] what come Mr. (name)?
For what you are here Mr.(name)?

والله عامل تحاليل و عامل [ايك]
waAllah َاميل تااليل wa َاميل [hyk]
Well I did analysis and did [this]
Well, I did analysis and I did this

أنت [سوري]؟
[?inTa] َور؟
[you] َر؟
Are you Syrian?

أي؟
?y?
What?
What?

شو تأمينك؟
jwo Ta?mynik?
What insurance do you have?
What is your insurance?

11. Friend: Syrian. The insurance?
Swory ?iTa?myn?
Syrian the insurance?
Syrian. The insurance?

12. Dr.1: What does it mean on his account?
Ya?ny ?alaa hisaaboh?
You pay mean on account his?
I mean do you pay on your own?

13. Friend: on his own [yes]
?alaa hisaaboh [yes] on his own. Yes

14. Dr.1: [mohoo] [galii lilmutsaf]:
Yaaly ?ilmostaffaa [this] expensive the hospital
This hospital is expensive

15. Dr.2: Are there blood tests he did out?
Fy fo?woos?aaT Dam ?imsawyhaa Bara[h]?
There tests blood did them out?

16. Dr.1: I mean for what you came?
I mean for what, for what you came?

17. Pat.: Leukemia [mey]
Leukemia with [me]
I have Leukemia

18. Dr.1: Where do you receive treatment?
Wiy?n ?iTalada?
Where do you receive treatment?

there anybody met him anybody met him! No body
helped him except the people Kind helped him
Is there anybody who saw him?! Anybody saw him! Nobody helped him except the kind people

20. Dr.1:
Well, I mean Did they take biopsy from the bone marrow?

21. Pat.: ↓
Maa simlwo↓
Not did it↓
No they did not↓.

22. Dr.1:
Muh o dha ku):
Mahoa BiDoh Xoz'ah
Well he needs Biopsy
Well, he needs biopsy

23. Dr.2: (( He is reading a report to Dr.1))
24. General fatigue for 2 months history of back pain hemoglobin 7.2
25. 3200 ( ) is very low the differential emphasised prediction ( ) is too negative ( ) anemia ( )
3200 ( ) ?innDak is very low the differential emphasised prediction ( )
3200 ( ) you have is very low the differential emphasised prediction ( )
is too negative ( ) anemia ( )
is too negative ( ) anemia ( )
3200. you have ( ) is very low the differential emphasised prediction ( ) is too negative ( )
anemia ( )

26.(( the telephone of Dr.1 is ringing which interrupted Dr.2 for (0.24) seconds))
27. Dr.2 to Friend:
t'ayiB hassah law t'alaBnaaloh ?iDoXwol ?imDoh ?imkaaniyaaT
okay now if asked for him enter has money
howa yiDXol ?ilmo?taflaa wilaa la?
to enter the hospital or not?
Okay now if they asked for him to enter him, has he money to enter the hospital or not?

Really treatment someone on own his]
The treatment is really on the own of somebody

29. Dr.2: [الش]?
[?iy] howa?
[who] he?
Who is he?

30. Friend: [هو فاعل خير]
Howa faa'il Xyr
He man of a good will
Well, a man of a good will

31. Dr.2: [عندماء أمكانيات يدخل مستشفى ولا لا؟]
?imDoh ?imkaaniyaaT yiDaXil mosTaflaa wilaa la? ?
he has money to enter hospital or not?
Has he money to enter the hospital or not?

32.Friend: يعني كم فترة العلاج بدها آتى [إير]?
yăñy kam fatrT ?išiia3 BiDhaa ?iTș[yr]
I mean how long the period the treatment need beco[me?]
I mean how long does the period of treatment will be?

33.Dr.2: [م]ه[و]أ[نا]
mah]owa wa ?anaa
[we'll] and me
Well, and me

34.Dr1to Dr.2: ((while speaking on the phone))
Xalynaa ?infwof lahö'ah
Let’s see a moment
Just a moment. Let’s see

35.Dr.2: هلذا الدكتور بشفلك?
Halaa ?ilDokTwor Bjwoflik
Now the doctor to see for you
Now, the doctor will see for you

36.Pat.: ليكون دكتور هدول التحاليل:
Laykwon DokTwor haDwol ?iTahaalyl
There might be doctor these the analyses
Doctor! These might be the analyses

37.(0.85)
38.Dr.1: هللا شو إلى يشكي منه السيد إبي ( )؟
Halaa fwo ?ily Bj[ky minoh ?ilsayD ?e::h (name )?
Now what the complain of Mr. ?e::h (name)?
Now, what is the complain of Mr. ?e::h (name)?

39.Friend: يصير معاه دوحة أمر [إير]
Bis'y'yr maSaah DoXah ?amr[aar]
Happen with him dizzy some[times]
Sometimes, a dizzy happens with him.

40.Dr.1: شو بأبلك بالأول؟
[fwo Biq] raBlak Bil'awal?
[what the relat] ion with him firstly?
Firstly, what is your relation with him?

41.Friend: والله كان جار عندنا [بس]
wAllah kaan džaarnaan ?iDnaa [Bas]
Really he was our neighbor our [but]
He really was our neighbor but

42.Dr.1: [آم] مصاري مهو المشكله زي ما قالت المصاري وأنا ابني ايش [وحد]
[?aah] mahowa ?ilmős'kilih zay maa golT ilmas'aary wa ?anaa
[yes] well the problem as said you the money and I am
imm What [take] money
Yes. Well, the problem is the money as you said and I imm take money

43. Friend: [أليبي] هو يا دكتور في فاعل خير من قرايري أنا
[؟e::h] hoa yaa DoKTwor fy fašil Xyr min garayby
[imm] he doctor there man of a good from relatives my
?anaa
I am
Imm, doctor! There is a man of good will from my relatives

44. Dr.1: آه
?aaah
Yes
Yes

45. Friend: بسويله على حسابه لله
Biswyloha šalaa hisaabBoh lilAllah
He will help for him on his own for God
He will help him on his own

46. Dr.1: شو يعني بده دفع عليه عنه؟
fwo yašny BiDoh yiDfaš šalyh Šanīh?
What mean want he pay on him for him?
Do you mean he wants to pay on him, for him?

47. Friend: بدء دفع عليه؟
BiDoh yiDfaš šaliyš
Want he pay on him?
Does he want to by on behave on him?

48. Dr.1: أخذ حديد فيتامين B12؟?
?aXid haDyD vitamin B12 Barah?
Took iron vitamin B12 out?
Did he take vitamin B12 and Iron from outside?

49. Pat.: [ما اخذت شيء]
Maa ?aXaDi [T ĥiy]
not I too [k thing]
I did not take anything

50. Dr.1: [ليش؟]
[?lıy]?
[why]?
Why?

51. Friend: [ما أخذ شيء ولا أحد استقبله]
Maa ?aXaD šiy wila ?ahaD ?istagBaloh
Not took he thing or anybody met him
Neither he took anything or anybody met him
52. 
ما أحد أعطاني:
Maa haD aš'īanya
No body gives me
Nobody gives me

53. 
خلينا بالأول نعمله CBC أفولك خلينا بالأول تعمل Xalynaa Biľawal nişmalōh CBC ?awolak Xalynaa Biľawal
Let's firstly do for him CBC tell you let's firstly
nişmal Notfin
ask notfin
Let's firstly ask for him CBC… listen let's ask for Notfin

54. 
هاي يدفع عنه هدول:
Haay BiDfā'īn anoh haDwol
This pay he on behave of him these
He pays these on behave of him

55. 
[hepatitis]

56. 
[Xalynaa Biľawal nišmi]l ?ilywom CBC ?eːh?
[let's firstly ha]ve today CBC what?
Let's today firstly have CBC. What?

57. 
B+

58. 
The hepatitis B+ for him spleen hope not spleen ( ) let's
nifḥas' Bat'noh
examine belly his
The hepatitis is B+. Does he has spleen? Hope is not spleen( )let's examine his belly

59. 
هاي صورة الأشعه ( )
Haay s'woriT ?il?aʃ'ah ( )
This is picture X-ray ( )
This is the X-ray picture ( )

60. 
لا خلينا نفحص بطنه. ماه أنشوف أطفال: 1
Laa Xalynaa nifḥas' Bat'noh. Mahowa ?iʃ'wof ?itaʃ'āl
No let's examine his belly. Well let's see come on please
No, let’s examine his belly. Well, let’s see. Come on please.

61. (0.3)

62. 
انت سكان وين؟
?inta sokaan wiyn?
You live where?
Where do you live?

63. 
المفرق:
?ilmafrag
Mafraq
Dr.1 to Friend:  
وا هو طبيب
And he well
Well, and he? / well, and what about him?

Dr.1 to Pat.:  
و شو بتشتغل حضرتك?
Wa ىو ؟BTifjTayil ىاد؟irTak?
And what your job your excellency?
And what is your excellency job?

Pat.:  
أنا؟
Me?
Me?

Dr.1:  
أ؟
?aah
Yes
Yes

Pat.:  
ما بتشتغل شي
Maa BiJTayil ى
Not work thing
I do not work anything

Dr.1:  
ارد يا بس انت عدنك التهاب الكبد الوبائي؟ صح؟
Bas ?inTa ؟indDak ؟iTihaaB ؟ilkaBiD ؟ilwaBaa?y B. ؟a؟h? roD ya
But you you have Hepatitis B.
But you have Hepatitis b, right? Reply Mr.

Pat.:  
رد عليه:
roD ؟alyh
answer him
answer him

Pat.:  
نعم
na؟am
What?
What?

Dr.1:  
عدنك التهاب الكبد الوبائي؟
؟indDak ؟iTihaaB ؟ilkaBiD ؟ilwaBaa?y? B?
have you Hepatitis? B?
Do you have Hepatitis B?

Pat.:  
ما بعرف
Maa Ba؟rif
Not I know

Mafraq
64.(0.8)
65.Dr.1 to Friend:  
And he well
Well, and he? / well, and what about him?

66.Dr.1 to Pat.:  
Wa ىو ؟BTifjTayil ىاد؟irTak?
And what your job your excellency?
And what is your excellency job?

67.Pat.:  
؟انى؟
Me?
Me?

68.Dr.1:
؟أ؟
?aah
Yes
Yes

69.Pat.:  
ما بتشتغل شي
Maa BiJTayil ى
Not work thing
I do not work anything

70.(( physical Examination for (0.52)seconds))

71.Dr.1:  
رد يا بس انت عدنك التهاب الكبد الوبائي؟ صح؟
Bas ?inTa ؟indDak ؟iTihaaB ؟ilkaBiD ؟ilwaBaa?y B. ؟a؟h? roD ya
But you you have Hepatitis B.
But you have Hepatitis b, right? Reply Mr.

72.Friend to Pat.:  
رد عليه:
roD ؟alyh
answer him
answer him

73.Pat.:  
نعم
na؟am
What?
What?

74.Dr.1:  
عدنك التهاب الكبد الوبائي؟
؟indDak ؟iTihaaB ؟ilkaBiD ؟ilwaBaa?y? B?
have you Hepatitis? B?
Do you have Hepatitis B?

75.Pat.:  
ما بعرف
Maa Ba؟rif
Not I know
I do not know

76. Friend: 
당신에 대해 메일을 받았습니까?
Do you have Hepatitis?

77. Patient: 
저도 모르겠습니다.
I really do not know, I do not know

78. Doctor 1: 
그들의 치료는입니다.
They wrote

79. Patient: 
그들은 쓴 것입니다.
They wrote it! But nobody told me

80. Friend: 
의사님 동생은 알렉산드르에 대해 메일을 받았습니까?
Doctor, you know doctor that in Mafraq, I mean

81. Doctor 1: 
나는 당신을 이해하지 못합니다.
I am not know but, well, the problem, we –the story is not who wants to pay

82. Friend: 
센스네 대표의 메일을 받았습니까?
I do not know but, well, the problem, we –the story is not who wants to pay

83. Doctor 1: 
언니이에요?
Who are you?

84. Friend: 
나
We

85. Doctor: 
언니이에요?
Who are you?
hina  myn?
We  whom?
Whom we?

86. Friend:  فاعلين الخبر
faa'īlyn  ?iXyr
man of a good will
man of a good will

87. Dr. 1:  انشاء اللّه
?injā  Allah
willing  God
God willing

88. Friend:  جاهز الرجال انشاء اللّه
dʒaahiz  ?ilrigaal  ?injā  Allah
ready the man willing God
The man is ready, God willing

89. Dr. 1:  أفك اهم اشي اسعي اشي تعلمه
Let me say the most important thing the easiest thing do it  CBC
no fill  ?inD  ?iDokTwar  haaD  ?iBniśmaloh  ?iyaah  ?ilywom
no fill with the doctor this we do it for him today
wa  ?infwofoh  Xalyh  yisTanaa  ʃaBiyn  maa  ?infwofoh
and we see him Let him wait until see him
Let me say that the most important, the easiest thing that we can do is CBC no fill with
the doctor. we do this for him and we will see him so let him wait until we see him

90. Dr. 1:  في شيء بقدر نساعد بدون ما يعمل فحوصات ابنيه
Fiy  ify  ?inBnigDar  ?insaaDoh  BiDon  maa  yinśmal  fohwos’aat  ?IBnigmaloh
There thing we can help him without doing tests do it
Is there anything that we can help him in, without doing the tests, to do it.

91. Friend:  يا ريت
Yaa  riyt
I hope so
I hope so

92. Dr. 1:  انت نباتي اشي؟
?inta  naBaTy  ?ify?
You vegetarian thing?
Are you vegetarian?

93. Pat.:  نباتي بتوكول كيلسي؟
naBaaS Ty  ?iBtwokil  koljy?
vegetarian do you eat everything?
Are you vegetarian? Do you eat everything?
Do these and wait. Pasha, do not leave before seeing him.

Take the paper, okay? And go to the lab in the first floor. Let him do them for you and tell them that the doctor will come after half an hour to see

---

Dr. 1 is typing)

We made a mistake, we are not going to rush you at all.

Dr. 1: Everything yes.

Dr. 1: Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

Please

Please

Take the paper okay? And go to the lab in the first floor. Let him do them for you and tell them that the doctor will come after half an hour to see

---

Dr. 2:

Please

Please

Take the paper okay? And go to the lab in the first floor. Let him do them for you and tell them that the doctor will come after half an hour to see

---

Dr. 1: Everything yes.

Dr. 1: Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

---

Dr. 1:

Do these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

---

Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

---

Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

---

Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do these and wait. Pasha, do not leave before seeing him.

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Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

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Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.

---

Dr. 1:

Do for us these and wait not leave Pasha before seeing him.

Do these and wait. Pasha, do not leave before seeing him.
??BTihkyloh hiyk hyik
Tell him this this
The first floor beside the stairs. Go up stairs. In front of you, there is (name). Tell him
this and this
107. Pat.: يعطِيك الهافِيَة
ya?i?yik ?il'afyih
give you wellness
May God give you wellness
108. (They leave the room).
Duration: 40:07

1. Dr. 1 to Pat.: انتفضلي ست ----- شو لإيش محوله؟
   Come in please Miss (name) what why come here?
   Come in please, Miss (name). What, why did you come here?

2. The Pat. Cousin: مرحبا دكتور
   Marhaftaa dokTwor
   Hello doctor

3. Dr. 1: أهلين هلا?
   ?ahliyn hala
   hello hello
   Hello, hello

4. Cousin: كيف حالك؟
   Kiyf haalak?
   How are you?
   How are you?

5. Dr. 1: أهلين?
   ?ahliyn
   Welcome
   Welcome

6. Cousin: أنا إذا يتنذكري أبي المرحوم-----
   I am if you remember me my father the deceased (name)
   I am, if you remember me, my father is the deceased (name)

7. Dr. 1: أهنت قريبة [بيبي]?
   ?aah ?inta garaaBiT [?e:::]
   Okay you relative [imm]
   Okay, you are one of imm relatives

8. Cousin: [أم]
   [?em]
   [Yes]

9. Dr. 1: أهنت جاي مع [هآ]?
   ?aah ?inTa dzaay maç[haa?]
   Okay you coming with[her?]
   Okay, are you coming with her?

10. Cousin: [أه]
    [?aah]
    [Yes]
Yes

11.Dr.1: آه افضل؟
?aah ?iTfad’al
Okay go ahead please
Okay. Go ahead please

12.Cousin: لا خليني اطلع [و]
Laa Xaliyniy ?at’laż [wa]
No let me leave [and]
No, let me leave and

13.Dr.1: إن ت أملك التركيه؟
[?in]Ta ?omak ?iiTorkiyih
[yo]ur mother the Turkish
Your mother is the Turkish.

14.Cousin: أمي التركيه [هيه]
?omiy ?iiTorkiyih [hh]
My mother the Turkish [hh]
My mother is the Turkish one hh

15.Dr.1: [هيه] كيف حالك؟
[hh] kief haalak?
[hh] how are you?
hh. How are you?

16.Cousin: الحمدله
?ihamdolilAllah
Thank God
Thank God

17.Dr.1: شو بتقريبك؟
?fow ?iBTigraBlak (name)?
What the relationship with (name)?
What is your relationship with (name)?

18.Cousin: يكون اببي بنت عمي
BiTkown ?ie:: BinT çamiy
She is ?ie:: my cousin
She is ?ie:: my cousin.

19.Dr.1: آه شو مالها؟
?aah fow malhaa?
Okay what wrong with her?
Okay. what’s wrong with her?

20.Cousin: امم خليها هي اننا خلي [يتي]
?imm Xaliyhaa hiyi ?anaa Xali[yiny ]
imm let her she I am let [me]
imm let her, she, let me

21.Dr.1: آه افضل يا ست-----
Okay, go ahead Miss (name)

22. Pat.: 

Ana biyraf na' yakastari da doktor? 

anaa Baςrif ?innak ?isTi∫aariy Dok[Towr] 

I know you consultant doc[tor] 

I know that you are a consultant, doctor!

23. Dr.1: [أم] 

[؟اәһ] [okay] 

Okay 

24. Pat.: 

هلا أبل ستين طلع دمل في الصدر 

Halaa ?aBil saнTiyn tˁiliṯ Dommal fiy ?ils'Dir 

well before 2 years appeared furuncle in the chest 

Well, before 2 years, a furuncle appeared in the chest

25. Dr.1: [أم] 

[؟اәһ] 

Yes 

26. Pat.: 

تلاليل فلدوكتور------- يستشفى------ 

Talalyl faʔiDowKtowr (name) BimosTaʃfaa (name) 

Warts so doctor (name) in hospital (name) 

Warts so doctor (name) in (name) hospital

27. Dr.1: [أم] 

[؟اәһ] 

Okay 

28. Pat.: 

عملي عليه [ى] وشئاه بن هو ما سال الكبس في حامه بين فضاءةما؟ هل feu جرح مفتوح منه ونس ما يسك. [إ] [؟اә] 

šimilý šamal[iyih] wa ?aal Bas how maa ?aal ?iliyis 

he did for me a surg[ery] and removed but he did not remove the bag 

?iliy hamloh Bas faʔaah Tamaam? d'al ?ild3oroh 

that brings it just cleaned it okay? kept the wound 

mafTowh sanih wa nos? maa sakra[r] 

open a year and a half not close[d] 

He did a surgery for me and removed it but he did not remove its bag he just cleaned it. 

Okay? The wound kept open for a year and a half and was not closed.

29. Dr.1: [ى] [؟اә] هلا في جرح؟ 

[؟اә] [؟اә] halā fiy d3oroh? 

[؟اә] [؟اә] now there a wound? 

imm okay is there a wound now?

30. Pat.: [أ] 

[؟اә]
Yes
Yes
31. Dr. 1:
?aaah
Okay
Okay
32. Pat.:
Now after a year and a half shifted the inflammation for side The another
wa s’aar fiy zay maaDih Xad’raa ?ikTiyr fiy
and becomes there like material green too much in
?il?i [h ?il?iTaanyih]
the sid [e another]
now after a year and a half the inflammation shifted to the another side and too much
green material becomes there in the another side.
34. Dr. 1: [hala maw3ow] Dih?
[now is it ther]e?
Now. Is it there?
35. Pat.:
Laa da’iy?ah Xaliyin? akamilik
No a minute let me continue
No, just a minute let me continue
36. Dr. 1:
?aaah?
What?
What?
37. Pat.:
فعملت ابي رحبت علي عمان عملت عملتي عند دكتور------
fa?miliT ?ie:: rohiT alaa Samaaan ?ismiliT ?samaliy? SinD DokTowr (name)
So I did imm went to Amman I did a surgery by doctor (name)
So I did ?ie:: went to Amman and made a surgery by doctor (name)
38. Dr. 1:
?aaah
Okay
Okay
39. Pat.:
وعلياً ناقصاً تراجعت شهر اعماله بعد العملية انه الجرح مو راضي يسكر كمان فلا ضار الجرح اطلب بابحثين و ما عم
Wa fa’d?aliy ?iyaah d’aliyT ?araadjiis ?ihowr ?aTaalaa3 BaSiD
And cleaned it kept visit months to be treated after
?iSimaliy? ?inoh mow rad?iy yisakir kamaan halaa s’aar
the medication that not respond close also now it becomes
the wound inflammatory in the two sides and not
and cleaned it. I kept visiting for months to be treated after the surgery and the wound is not respond to close and also the wound now is inflammatory in the two sides and does not

وأمي صور الأشعه هدول الي أنا عملت[هم]


Close ?iie:: the x-rays these that I did

Close ?iie:: these X-rays that I did

Dr.1:  

Okay, we are blood diseases so why you come here to the blood diseases?

Pat.: [لهني------- حكالي هو هاد الدكتور الي رح يفيدك:

Okay I do not know about him. He insisted me to come here.

Dr.1:  

Okay

Pat.:  

And things till now are good but I want I mean to know the problem of It. These are the
blood tests here they are with you. This is the first report for the surgery doctor

49. Dr. 1: 
Haay?
This?
Is it this?

50. Pat.: 
آه هاي أول صورة
?aa? haa? ?awal s'owrah
Yes this the first X-ray
Yes, this is the first X-ray

51. Dr. 1: 
هل شو أكثر اشي مدايقك انت؟
Now what the most thing annoyed you?
Now, what is the most thing that annoyed you?

52. Pat.: 
انه ما عم يسكر الجرح
?inoh maa ?am yisakir ?ildzoroh
That not close the wound
That the wound dose not close.

53. Dr. 1: 
t'ayiB ?injowfoh?
okay can we see it?
Okay, can we see it?

54. Pat.: 
آه أكيد?
?aa? ?akiyD
Yes sure
Yes, sure

55. Dr. 1: 
طبيب النشوة؟
How ?injowfoh
Let's see it
Let's see it

56. (0.7)
57. Dr. 1: 
انشوف بالله
?injowf BaAllah
Let's see please
Please let's see

58. (0.12)
59. Dr. 1: 
طبيب عملو زراعه اشي؟
t'ayiB ?imlow ziraa?ah ?i?iy?
okay did smear test thing?
Okay, did they make culture or something like this?

60. Pat.: 
آه عملو زراعه
Yes they made smear test
Yes they made smear test

61. Dr.1:

[What]
[What]

62. Pat.:

[wa hay] naTaa?i3 ?ilziraaShah
[and this is] results the test
And this is the test results

63. Dr.1:

?ajowf BaAllah naTaa?i3 ?ilziraaShah
Let me see please results the test
Let me please see the test result

64. Pat.:

?ie:: Bil file ?i?aByad?  
?ie:: in file white  
?ie:: in the white file.

65. (The doctor is looking at the report for (0.4) seconds)

66. Pat.:

There results the smear test for the first time the first surgery And
liTaaniy ?amaliyih
for second surgery
There are the results of the first smear test, the first and the second surgery

67. Dr.1:

?aah t‘ayib
Yes okay
Yes, Okay

68. Pat.:

?aywaa BilzaBt?
Right exactly
Right, exactly

69. (0.2)

Haay fOhows‘aaT ?i?Dam DokTowr
These tests the blood doctor
These are the blood tests, Doctor

70. Dr.1:

?aah
Yes
Yes

71. Pat.:

هاي لأول عملية وهدا للثاني:
This is for the first surgery and this is for the second surgery.

The doctors are discussing the reports with each other.

Dr. 1: 

Halaa Xaliynaa ?injowf BaAllah mahal ?ilhaay
Now let’s see please the location of the
Now please let’s see the location of the

Pat.:

Hala howa ?imsakir Bas haay naTaa?i¿ ?il?amaliyih
Now it is closed but these results the surgery
Now it is closed but these are the surgery results

Dr. 1: 

t’ayiB fiy ?imm
Okay there ?imm
Okay is there imm

Pat.:

Hala howa maa giBol yi?iyem ?ilyoraz ?aliy lisah BiDhaa wa?iT
Now he not accept remove sutures told me not yet needs it time
Now, he did not accept to remove the sutures. He told me not yet it needs time.

Dr. 1: 

Halay ?i¿DiyDih ?i?amaliyih?
This new the surgery?
Is this new the surgery?

Pat.:

Min 10 ?ayaam
Since 10 days
Since 10 days

Dr. 1: 

?ayiB wa [wa]
Okay and [and]
Okay and and

Pat.:

[and] the side this this side doctor that inflamed always
And this is the side. This is the side that is always inflamed.

Pat.:

[and] the side this this side doctor that inflamed always
And this is the side. This is the side that is always inflamed.

Dr. 1: micro biology

Mahowa ?aXoD minhaa ?ayiniT ziraa?ah micro biology
Well took from her a sample culture micro biology
Well, he took a sample from it micro biology
أخذ منا الأشياء التي طلقوها من جوا و فحصها بالمختبر:

؟أَاوَِٓ ٜٓبٚٚٔٛب اُِ٢ ِٛؼٞٛب ٖٓ عٞا ٝ كؾٖٞٛب ثبُٔقزجو

Take from it the things that took it out from inside and

fahos'owhaa BilmoXTaBar

examined in the lab

They took from it the things that they took out and examined in the lab

86.Dr.1:

لَا زَ٤ٚٔٛب اُِ٢ ِٛؼٞٛب ػِ٠ أُقزجو؟

Laa ziraaça[ah]
No smear test smeartes[t]
No, smear test, smear test

87.Dr.2:

[؟ِ٤ٖٖٗٞٔٛب اُٖٙٞٗٞٔٛب ػِ٠ أُقزجو؟]

[?il slamming]ل أُقزجو؟اُٖٙٞٗٞٔٛب ػِ٠ أُقزجو؟

Did they take pus the pus itself and give it to the lab?

88.Pat.:

Maa Baςrif
Not know
I do not know

89.Dr.1:

مَٖٔٔٗٞٔٛب اُٖٙٞٗٞٔٛب ػِ٠ أُقزجو؟

Mahowa Xaliynaa Bil?awal ؟ىِٖٔ noXiD minhom BaAllah Xaliynaa

Well let’s first thing take from them please Let’s

nowXiD minhin hala ؟awal ؟ىِٖٔ laazim nizraςhom

take from them now the first thing must make smear test

?in∫owf ؟ىِٖٔ fiy BakTiyria ؟aw la? ؟الا

to check if there Bacteria or no on

Well, let’s first take from them. Now, Please lets the first thing is to take from them. The

first thing is the impotence of making a smeat test to check if there is Bacteria or not. On

90.Pat.:

أُٖٙٞٗٞٔٛب اُٖٙٞٗٞٔٛب ػِ٠ أُقزجو؟

؟ِ٤ٖٖٗٞٔٛب اُِ٢ ِٛؼٞٛب ػِ٠ أُقزجو؟

The two sides please right and left the most important thing to take

minhom ؟ىِٖٔ: ٖٖٖٙٔٚٚٔٛب ؽٜٖٔٔٗٞٔٛب ػِ٠ أُقزجو؟

to see the Bacteria

the two sides please right and left. The most important thing is to take from them ؟ىِٖٔ to see

the Bacteria

91.Pat.:

؟ااظن

Okay

92.Dr.1:

ْٖٗٞٔٛب اُٖٙٞٗٞٔٛب ػِ٠ أُقزجو؟

؟ِ٤ٖٖٗٞٔٛب اُِ٢ ِٛؼٞٛب ػِ٠ أُقزجو؟

And this a long time about a year not close how long that not

?imsakrih ؟ىِٖٔ ؟الا ؟ىِٖٖٖٔٗٞٔٛب اُِ٢ ِٛؼٞٛب ػِ٠ أُقزجو؟= 
closed that on the right?= and this is since a long time it’s about a year it is not closed. How long does not it close the one on the right?= =hala haay ?ïlçamaliyi? ?id3DiyD Bas Fiçliyan ?ïld3oro? min sanTiyn = now this surgery new but actually the wound from 2 years maa sakar wa Dayman çamliyaat wa moraaçaaat not closed and always surgeries and follow up visits Bas maa çam Bisakir but not closed =Well, this surgery is new but the wound is actually from two years did not close. And always surgeries and follow up visits but it is not closed yet

94.Dr.2: مشاكل صحية تانية في أشي؟
mal'aakil sihiyi? Taanyiy fiy ?ijiy? problems health other there anything?
Are there any other health problems?

95.Pat.:
لا ما في
Laa maa fiy No not there
No, there are not

96.Dr.2: بس الجرح. طبيب انت لما تجريحي بالعائد عمرب انجرتجي بسكاكين أشي؟
Bas ?ïd3oro? tayiB ?inTi lamaa Tind3arhiy BilçaaDih çomrik
Just the wound okay when injured normally have you ever
?ind3arahTiy Bisakakiyn ?ijiy? Injured by knives thing?
Just the wound. Okay when you injured, have you ever injured by knives or something?
Pat.:
لا لا سكر حتى شوف كان في
Laa laa sakar haTaa ?owf kaan fiy burn TahT sakar maa?a
No no closed even see was there burn under closed willing
Allah maa fiy God not there
No no it is closed and even see there was a burn here under and close God willing nothing is there

98.(0.24)(( Dr.1 is speaking on the phone))
99.Dr.1: ما هي الثقافة المهمة أشي في كثيرو أر لا هي رقم واحد؟
?iyf BilnisBih - BiDhaa ?aham ?ijiy nizraçilhaa
What about - need she the most important thing make culture for her
?in?owf ?idaa fiy BakTeria ?aw la? Haay raqam wahaD to check if there Bacteria or not this number one
What about- the most important thing that she needs is to make t for hke a sample and to check if there is Bacteria or not, this is number one
Pat.:
This means doctor there a chance that to close? because [doctor]
Doctor, does this mean that there is a chance to close? Because, doctor!

101.Dr.1:
[مهو حسن ب آدا في بكتيريا مثله يتاعل موزوط البكتيريا ببكر
[mahowa hasa]B ?iđaa fiy BakTeria maθalan BiDoh yiTçaalaζ
[well it depen]ds if there Bacteria for example needs to be treated
mazBowt? ?ilBikTeria Bisakir
very well the Bacteria close
Well, it depends if there is Bacteria for example, so it needs to be treated very well and
then it will be closed

102.Pat.: هلا دكتور أنا ما خليت [يعني] [عندك]
Hala DokTowr ?anaa maa XaliyT [yaçniy]
Now doctor I not left [ I mean]
Doctor, now I did not leave [ I mean]

103.Dr.1:
[اختنی] مضاد حيوي؟
[?aXDîTy] mod′aad hayawiy?
[took] antibiotic?
Did you take antibiotic?

104.Pat.: كثير أنا أنا ( ) وSyphilis
?ikTîyr ?anaa ?anaa ( ) wa syphilis and ( ) haDowl DawamT Σaliyhom
Too much I am I am ( ) and Syphilis and ( ) these used to take Them
Too much I am I am ( ) and Syphilis and ( ) I used to take them

105.Dr.1: مهو لازم اشوف البكتيريا بالأول اذا في بكتيريا لا ورش نوع البكتيريا بين شو ال
Well must to see the Bacteria first if there Bacteria or
la? wa ¡ow now Ꙗ ?ilbikTeria BiBayin ¡ow ?il sensitivity
no and what kind the Bacteria will show what the sensitivity
TaB$iThaa la?iyf hasaasih
For it for what its sensitive
Well, we must see the Bacteria first if its Bacteria or not and what is the kind of the
Bacteria it will show the sensitivity of it, for what it is sensitive.

106.Pat.: بعد العملية دكتور آخر مرة ابيي من العمل الي طلع
BaSiD ?išamaliyih DokTwowr ?aXir marah ?ie:: min ?išamal ?iłyt t’ilîś
After the surgery doctor the last time ?ie:: from the pus that came out
Afer the surgery, doctor, the last time ?ie:: from the pus that came out

107.Dr.1:؟ا؟
?aah
Okay
Okay

108.Pat.:no bacterial growth
كان نتائج التقرير
Kaan naTaa?i3 ?itaqrîyr no Bacterial growth
Were the results the report no Bacterial growth
The results of the report were no Bacterial growth

109.Dr.1: مهرات أبغي ممكن يكون فطريات: 1

Mahowa ئیداد میف bacterial maraat ئ: moomkin yikown fitriyaat

Well if not bacterial sometimes ئ: might be Fungus

Well, if it is not bacterial, sometimes ئ: it might be fungus

110.Pat.: طبيب هو دكتور مو عارف هاد الحكي يعني؟

tایب howa DokTowr mow ئآارиф haaD ئیلهاکی yaنىy?

Okay he doctor not know what this Means?

Okay, I mean does not he know this, doctor?

111.Dr.1: ماهو وا باشراف ماهوا ئوال ئیفی بیدناا

Not I know not I know sometimes well the first thing We need

?ینجوف ویزفا BakTeria Bil?وال wa نیت?اکاد
to check to make smear test Bacteria first and to be sure
I do not know I do not know sometimes, well, the first thing we need to check- to make smear test for Bacteria first and to be sure

112.(0.3)

113.Dr.2: احنا رح نزک خ عیننتین وحده من اليمنين ووحده من الشماليين=

?ینهاا raah noXiD ئایینTiyn wahDih min ئیلیمايین wa wahDih min
We will take 2 samples one from the right and one from

?ینماال= the left=
we will take two samples one from the right and one from the left=

114.Pat.: =

=؟یم

=یم

=یم

115.Dr.2: [س]

[wa]
[and]
and

116.Dr.1: [و] شو المضاد الحيوي الي اخدته؟

[wa] یفو ئیلمرد؟ ئیلهاویی ئیلی ئیکادTiyh?
[and] what the antibiotic that you took it?
And what is the antibiotic that you took?

117.Pat.: Avalodse, Cephalexin, Vatos

118.Dr.1: طبيب شو سبب العمليات ئیمی عشنان ایش؟

tایب یفو ئسایبه ئیلکامییاا ئیلی ئیفای ئیفای?

dokay what reason of the surgerie? I mean for what?

Okay, what is the reason of surgeries? I mean for what?

119.Pat. اول این عملال وحده كان دمل بسيط هو وحلاسه حمرا فلکدور شافیي و ئلی علیه سبیط رحم ساهم وظامي نتفیر عالم

?وال ئیفی ئیلمایییی wahiyDih kaan domal Bas?iyt hown wa
The first thing a surgery single was boil simple here and
hasasiiy haamra fa‘alDokTowr jaafniy wa‘aliy samaliyih
allergy red so the doctor saw me and told me surgery
Basiy’tah roBi‘z saa‘ah wa‘iBTit’lafiyya TaxDiyr saam
Simple a quarter hour and you leave anesthesia general
The first thing a single surgery there was a simple boil and red allergy so the doctor saw
me and told me a simple surgery a quarter of hour and you will leave, general anesthesia

120.
Fafislan samaliy ?iyaahaa wa‘tiili. Bas wa‘Thaa maa sakar ‘iildzoroh-
so really did it and removed but at that time not closed the wound-
laamaa rohT ‘ala ‘alDowkTowr ‘ilTaniy Bi’samaan ‘aliy ‘ilDokTowr
when I went to the doctor another in Amman Told me the doctor
‘iil?awaalaniy ‘imfa’d’iylik ‘iyaahom mif ‘aayil
the first cleaned them not removed
So he really did it and removed but at that time the wound was not closed - when I went to
another doctor in Amman he told me that the first doctor cleaned them but not removed
them.

الكيس
121.
?ilkiys
The bag
The bag

122.Dr.1:
Wa ‘aal ?ilkiys
And removed the bag
And removed the bag

123.Pat.: ‘aal ?ilkiys
removed the bag
Removed the bag

124.Dr.1: طبيب؟
t‘ayiB?
Okay?
Okay? /Then?

125.Pat.: ‘iildzoroh wa ‘iirdzi‘it ‘i‘imetliT kamaan samaliyih
Okay? and not closed the wound and again had another surgery
‘abiT 10 ‘ayaam BilmosTaf‘aa hown li’anoh maa ‘am Bisakir
before 10 days in the hospital here because not closed
‘iildzoroh wa ri‘zi‘ la’a kamaan kiys –
the wound and again found another bag-
Okay? And did not closed. And I again I did another surgery before 10 days here in the
hospital because the wound is not closing and again he found another bag-

555
هو نسج هون و حتى ما يعرف حكايتي فه التقاني إلي عندك نوع من رهارك اني كيرا لما مشارك لها شبه صحي.

Hown wa kiys hown wa haTaa fiy maa Baqrif hakaaliy haaD ?iTihaaB

Here and bag here and even there not know told me this inflammation

?iliy ?iriDik noosph mozmin wa mi'f ?aarfoh ?iyf kamaan

that have you its kind chronic and not know it what else

fa?anaa mi'f ?aarfih halaa joyloh s'ah

so I am not know now work right

Here and a bag here and even there is I do not know he told me this is an inflammation that you have is a chronic kind and I do not know what else so I do not know now if his work right.

استمر مع [؟اء؟]

?isTmir ma?[aah?]

To stay with[him?]

Shall I stay with him?

127. Dr.1 to Pat.: [وَاللَّهُ يَدَكُ تَشُوِّفُ أَهْمُ اِسْتِيِّبِ جَراحٍ لَآِرَمُ هُوَنُ]

[wa Allah] BiDik ?iTjowfiy ?aham ?iyf t'aBiyyB d'araah

[Really] need you to see the most important thing surgeon

laazim hown

must here

You really need to see the most important thing a surgeon must be here

128. Dr.2: [هَاي طَبيب جراح] Haay t'aBiyyB d'araah

This is a surgeon

This is a surgeon

129. Dr.2: [هَاي طَبيب جراح] Haay t'aBiyyB d'araah

This is a surgeon

This is a surgeon

130. Pat.: [طَبيب ايش بيلتصحو بالطبيب هون؟]

t'ayiB ?iyf ?iTins'ahow Bilt'aBiyyB hown?

Okay what do you advice a doctor here?

Okay what a doctor that you advice?

131. Dr.1 to Dr.2: [مَين الّي هو] [ن؟]

Miyn ?iliy how[n?]

Who is he[re?]

Who is here?

132. Dr.2: [الطبيب] [؟it' aBiyyB (name)]

[ do]ctor (name)

Doctor (name)

133. Dr.1: [ موجود بعيادته؟]

(name) mawd3owD BiçiyyaaDtoh?

(name) exits in clinic his?

Does (name) exist in his clinic?

134. Dr.2: عرَفَتَاذا على النظام موجود. اشوع اذا موجود بعيادته ولا لا: Baqrif?i'daa ?alaal a?i?na?am mawd3owD ?awf ?i'daa mawd3owD
I do not know if on the system there let me see if he is there BiçjiyaaDToh wilaa la?
in clinic his or not?
I do not know if he is there on the system. Let me see if he is in his clinic or not.

135. Dr.1: 
?ilt?aBiyB haaðaa BiDi[k]
Doctor this need y[ou]
You need this doctor

136. Dr.2: 
[(name)] has a clinic check if still he or not because recorded 
?inoh s?aBaahiy masaa?iy that morning evening 
(name) has a clinic. Check if he still there or not because it is recorded that he has in the morning and evening.

137. Dr.1: 
هلا بنروح عنه بنروح نحِحَكَه
Hala Binrowh çinDoh Binrowh nihkiyloh 
Now we will go to him we will go to tell him 
Now we will go to him we will go to tell him

138. (0.10) 
139. Dr.2 to Nurse: 
فِي كمَان واحد لازم 2 جبي
Fiy kamaan waahaD laazim 2 ziBTiy 
There another one have 2 bring 
Is there another one? You have to bring two.

140. Nurse: 
؟يِبِي هِلا 
?ie:: hala sister (name) BiTdʒiyB kamaan wahaD 
?ie:: now sister (name) will bring another one 
?ie:: now sister (name) will bring another one

141. Dr.2: 
طبيب كمان لاتي بدي أخد وحده من اليمين ووحدة من الشمال
t?ayiB kamaan li?aniy BiDy ?aaXoD wahDih min ?ilyamiyn wa 
okay also because I need to take one from the right and 
wahDih min ?i?maal 
one from the left 
Okay, also because I need to take one from the right and one from the left.

142. (0.4) 
143. Dr.1: 
بس اهم شيء يملأوك زراعته على اليوم. أو عملي زراعة بكثيرا من معلها بيوخد الزراعه
Bas ?aham ?iʃiy yiʕmalowlik ziraçaçh çala? ilhaay 
But the most important thing to make for you smear test on the 
?aw law çimlow ziraçaçT BakTeria min mahalhaa yowXDow 
or if they made sample Bacterial from its position they make 
lalziraçaçh 
for the smear test
but the most important thing is to make smear test for you on the or if they made Bacterial smear test, they take a sample.

144. Pat.:  

They were taking the samples but believe me, doctor not Başrif. I don't know anything about the tests that they were doing.

145. Dr.1:  

Okay, we need to make smear test.

146. Dr.1:  

Was not the anti biotic affected on it?

148. Mother:  

And comes back?

150. Pat.:  

I even used Amoeba and Rani Po and used Herbinin.
imm

153.Dr.1: اتحمست
?iThasanaT
She became better
She became better

154.(0.1)

اذنا تختي يعنى عين ما تطلع النتائج حيوب طريقيا مضادلفطريات ونسدوف كيف

?iða BiDik ToxDiy یاقني یاSiyn maa Ti'laç ?ilnaTaa?iţ یiBowB fi'triyaaT
If need you take I mean until come out the results the pills fungus
mid'aaD lal fit'riyaaT wa BinJowf kief
antibiotic for fungus and will see how
If you need to take, I mean until the results come out, fungus pills antibiotic for fungus and we
will see how they will affect

156.(0.4)

هلا بس نديكي على الدكتوريبني اذا نحن النتائج اليوم الدكتور - - - (0.1) وبيلي نوا الفحصات من اليوم اذا طاب النتيجة ما

Hala Bas ?inwaDiykiy یala ?iDokTowr ?ie:: iða BiThiBiy ?iT{owfiyh
Now once we take you to the doctor ?ie:: if you like to see him
?iIyowm ?iDokTWor (نامه) (0.1) wa Baljïy Dawaa
today doctor (نامه) (0.1) and start not Medication
?iBîriyaaT min ?iIyowm ?iða t'aBaB ?iNahiyaa maa
the fungus from today if treated done
Now once we take you to the doctor ?ie:: if you like to see doctor (نامه) today, if it is treated
so done. If not

طابت بنشوف سبب آخر غير البكتيريا وهای اینعملک زراعه

t'aBaB BinJowf saBaB ?aaXar yîyr ?iBikTieria wa haay
treated we will see reason another other than the Bacteria and are
?iBîncmlîk ziraacâh
we will make smear test
treated, we will see another reason other than the Bacteria and we will make smear test now

159.(0.7)

سنة ونص الآله؟
Sanih wa nos' ?iIhaa?
A year and half since?
It Is since a year and a half, is not it?

161.Pat.: ئه
?aah
Yes
Yes

162.(0.5)

المشكلة دكتور إنه في أي مشاكل ثاني؟ يعني كلهم بولولي سكري أو فكرو إنه حتى

?iMôkîlih DokTowr ?inoh fiy ?ay ma'aakkil Tanyih? یاقني yolkom
The problem doctor that there any problem another? I mean all of them
Bi?olowliy sokariy Bas maa fiyh ?aw fakkarow ?inoh haTaa
are telling me diabetes But not there or thought that even
Cancer Cancer
The problem doctor that is there any another problem? I mean all of them are telling me
diabetes or they thought even of Cancer but there is no any.

164.Dr.1: لا شيء كابل ول
Laa jow kaayin wal
No what it was Oh
No, what it was! Oh

165.(0.3)

166.Dr.1to Dr.2: خلنيا نوخد نكتيلاها وا بعدين بنوخدها: Ofloxacin
Xaliynaa noXiD nokToBilhaa Ofloxacin wa BaςDiyn ?iBnowXiDhaa
Let us take write for her Ofloxacin and then we will take her
Let us take for her Ofloxacin and then we will take her.

167.Dr.2: Ofloxacin?

168.Dr.1: آه، ايا 3 أيام كل يوم كبسولة ويشوف كيف: Ofloxacin
?aah ?aywaa 3 ?ayaam kol yowm kaBsowlih wa Bin∫owf kief
Yes right 3 days every day a capsule and we will see how it will be
Yes, right. 3 days a capsule for everyday and we will see the effect of it

169.Dr.1 to Pat.: 
Wa hala BinXaliy DokTowr (name) (0.2) ?aw ?iðaa BiThiBiy
And now we will let doctor (name) (0.2) or if like you
?iT∫owfiy ?ilDocTowr (name) lahTaa Tit∫laς ?ilfohows'aaT
to see doctor (name) until come out the tests
and now we will see doctor (name) (0.2) or if you like to see doctor (name) now
while waiting for the tests.

170.Dr.2: بدي كم؟؟ كمان وحده عنان أخد من كل جبه: Ofloxacin
BiDiy kamaan wahDih ða?aan ?aaXoD min kol ði?ah
I need another one to take from each side
I need another one to take from each side

171.Dr.1: ?ie::h?
What?
What?

172.Dr.2: بدي كمان وحده عنان أخد من كل جبه: Ofloxacin
BiDiy kamaan wahDih [ða?aan ?aaXoD min kol ði?ah]
I need another one [to take from each side]
I need another one to take from each side

173.Dr.1: من وين بدنا نجيبهم؟ |
[ min wien Bidnaa ?indziyBhom?]
[from where we will bring the?]
From where will we bring them?

174.Nurse: أَلْتَنَا —— هَلَا تَجْهَلُنِّا كُمْانُ?

?aalaTliy (name) hała BiTdʒiyBiłnaa kamaan
told me (name) now will bring us more
(name) told me now she will bring us more.

175.Dr.1: یَلَا ماشِیُّ:

Yalaa maksiy↓
Okay done↓
Okay. Done↓

176.(0.10)

طبيب اقيضلي ستي لجوز عين ما يجيولنا آل هاي 1:
t’ayiB ?iTfad’aliy siTy la3owaa ?aByn maa yiʒyBwolnaa ?il haay
Okay please Madam go inside until they bring us the
Okay madam. Please go inside until they bring us the

177.Dr.1: يَغَفَرْ لَهُ الَّذِينَ كُفَرُوا ۖ وَالْكَافِرِينَ:

BiyorfiT ?i?isTiraaah hown
In room waiting here
In the waiting room, here

178. Dr.2: لأنه لا زِمَّ نَوْدَهُ عَلَى الْحَجِّيْنِ. اقتضلي هون بالعصف. هلا سَيْ بِيِّ بِانَصَرُوا هُوَ نَذَّكَ كَمْان أَحْيَائُ دَا نَطِيْنَاء عَز وْحَدَٰنَانُ 1:

Li?anoh laazim nowXiD šalaa ?ilʒihatiy ?iTfad’aliy hown ByorfiT
Because it’s a must to take from the both sides please go here in the room
hala Bas Tiyʒiy ʃaʃaan noXiDhaa wa BiDnaa nokToBlik
now just comes to take it and we need write for you
kamaan ?iʃ티yaat? Dawaa fit’riyaaT ʃaʃaan
also just in case a medicine fungies for
because we have to take from both sides. Please go here to the room. Once the nurse
comes we will take it and we will also write for you a medicine for fungus

179.Dr.1: لأنه لا زِمَّ نَوْدَهُ عَلَى الْحَجِّيْنِ. اقتضلي هون بالعصف. هلا سَيْ بِيِّ بِانَصَرُوا هُوَ نَذَّكَ كَمْان أَحْيَائُ دَا نَطِيْنَاء عَز وْحَدَٰنَانُ 1:

?inʃowf li?anoh fiy mariyid’ah zay hiyk gaṣDaT ?isniy Bas ?aXDaT
To see because there was a patient like this stayed Years when took she
soBhaan Allah niT?akaD maa yikownif? ?iʃiy əaaniy
Glory be to Allah let’s check not to be Thing else
To see because there was a patient like this and stayed years when she took Glory be to Allah.
Let’s check not to be anything else.

180.(( The patient is going to the another room))

181.(( the doctor is talking with other 2 patients for (6.16) minutes))

182.(The patient is going to the another room))

183.Dr.2: خَلَّةً اِخْتَلَفْتُ بِسَ: 2

Xaliyniy ̄̄̄̄ aaXoDilhaa Bas
Let me take for her just
Just let me take for her

184.Dr1: أَتَوْخَدُكَ عَلَى الْحَجِّيْنِ. أَهـ:

?aah TowXDilhaa šalaa ?ilʒihaTiy ?aah
Yes, take for her from the two sides, yes
Yes, take for her from the two sides, yes

185.(Dr.1 is talking with one more patient for (2.1) minutes)

186.Dr.1: يا يأ يا ---- يأ ---- بس نحن نأخذ سيدو ناخد culture للمريضة:
Yaa sister yaa (name) Bas Bidnaa culture lalmariyd'ah
Sister (name) just need smear test for the patient
Sister, (name) just need to perform the smear test for the patient

187.Dr.2:
Bas Bidiy jafraat
Just need blades
Just need blades

188.(Dr.1 is talking with a patient for (3.71) minutes till Dr.2 performing the smear test for the patient)

189.(The doctors are leaving the clinic to go with the patient to the other clinic)
[Abu El-Rob: JMT: C 16:2015]

Duration: 8: 42

1. Dr.:
لا لا رؼبٍ ٣ب ثبّب Miyn halaa Tašaal yaa Bajaa
Who’s now COME IN Pasha
Who’s now? COME IN, Pasha!

2. Fath.: السلام عليكم دكتور
?isalaam ʕalaykom DokTowr
Peace upon you doctor
Peace upon you, Doctor!

3. Dr.:
هللا هلا بيك ها [ي ليش هيك؟]
Halaa halaa Biyk haa [y liyʃ hiyʃ?]
Welcome welcome with you thi[s why like this?]
You are welcome, you are welcome. Why this is like this?

4. Fath.: آه والله بن تي [؟aah waAllah Bin?Tiy
[Yes really my dajughter
Yes, she is really my daughter

5. Dr.:
يا زلمه ما قنانلك?
Yaa zalamih maa golnaalak
Man we told you
We told you, man!

6. Dr. to Pat.: كيف حالك؟
Kief haalak?
How are you?
How are you?

7. Fath.: الله يسلمك الحمدالله[ه]
Allah yisalmak ʕilhamDoliilAll[ah]
God protect you thank G[od]
May God protect you. Thank God

8. Dr.:
[يا] زلمه ما قنانلك عملت فحوسات دو؟
[yaa] zalamih maa golnaalak ?iʃmiliT fohows’aaT Da[m?]
[man] we told you you did tests blo[od?]
We told you man. Did you do blood tests?

9. Fath.: لا [ واهو اهنا فلنا آدورها على دو و كانت نهايه أسبوع [لا
[laa] waAllah ?ihnaa golnaa ?aDawiriilhaa ʕalaa Dawaa wa
(no) really we said look for her for medicine and
kaanaT nihaayi[T ?isBow?]
was end [ week]
No. We really said that to look for her the medicine and it was week end

10. Dr.:
المشكله ه [لا بدبعوك 15 ليره]
The problem that now will let you pay 15 Dinars

11. Fath.: [become owners]

BiDaʃ [owniy]
They will [let me pay]
They will let me pay.

12. Dr.1: [where you have made all the mistakes]:

[DaXil] haa Bokrah niXmalilhaa kol ?ilfohows?aaT
[let her enter tomorrow do her all tests]
Let her enter tomorrow to do her all the tests.

13. Dr.1 to Pat.: [turns this to me]

?ow ?ibTiy minoh yaa haaD [?idziyD]
what complaint from or this [new]
what do you complaint from or is this new!

14. Fath.: [it's a matter of the team.]

[this] ( ) yesterday this this yesterday this
This ( ) yesterday, this this yesterday this

15. Dr.1: [what a problem]

?aah maa BiDhaa fohows?aaT
Yes needs she tests
Yes. She needs tests

16. Fath.: [our problems.]

mij moʃkilih ?ihnaa ?aat'iyTnaa fohows?aaT Tifhas?haa?
No problem we you give us tests to do
No problem. We, you gave us tests to do

17. Dr.1: [let's talk about the future]:

?ihnaa BiDnaa niʃmal ?istiqBaal
We need do entrance
We need to enter her

18. Fath.: [our problems]

mij moʃkilih
no problem
No problem

19. Dr.1: [what a problem.]

Maa maʃakʃ mawSiD BiDaʃSowk 15 liyrah. [low ra?yak]
Not have not appointment they will let you pay 15 Dinars what think you
min jaan Bokrah BinDaXilhaa wa ?iBniʃmalilhaa kol ?ilfohows?aaT?
regarding tomorrow we will enter her and we will do he all tests?
If you do not have an appointment, they will let you pay 15 Dinars. What do you think of entering her tomorrow and doing all the tests?
20. Fath.: [مش مشكله]
   [miʃ moʃkilih]
   [no problem]
   No problem

21. Dr.1: بتروحاها بنفس اليوم. أسهل اشي هيك:
   BiTrawahhaa Binafs ?ilyowm ?ashal ?iʃiy hiyk
   You will take home her in the same day easiest thing this
   You will take her home in the same day. This is the easiest thing

22. Fath.: [أه ييك]
   ?aah  hi[yk]
   Yes that’s [it]
   Yes, that’s it

23. Dr.1 to Pat.: [شو] بتاعاني شو بتشكي منه؟:
   [jow] Bitʃaaniy jow ?IBTikiy minoh?
   [what] suffer what suffer from?
   What do you suffer, What do you suffer from?

24. Fath. to Pat.: [شو بتشكي؟]
   jow ?IBTikiy?
   what complaint from?
   What do you complaint from?

25. Pat.: أمم صداع كثير
   imm s’oDaa’ ?ikipyr
   imm headache too much
   imm, too headache

26. Dr.1: واديكي؟ شو بصير لونهم بالشتاء؟:
   Wa ?iDiikiy? jow Bis’yir lonhom BilijʃiTaa?
   And you hands what happens color their in winter?
   And what happened to your hands, their color in winter?

27. Pat.: وأقزما [بتفسير] أم بصير:
   imm BiTs’iyer [?IBTigʃowr] wa ?agzima
   imm it becomes [peeled] and Eczema
   imm it is peeled and Eczema

28. Fath.: [أقزما]
   [?agzima]
   [Eczema]
   Eczema

29. Dr.1: بصير لونهم أزرق اشي؟:
   Bis’yir lonhom ?azraq ?iʃiy?
   Becomes their color blue thing?
   Do they become blue or something like this?

30. Pat.: ّأ
   ?aah
Yes
Yes

31. Dr.:

And what about your joints?

Pat.

No just my hand
No just my hand

32. Dr.:

What does their color change in winter?

Pat.

Yes their color is changed

33. Dr.:

Okay do you complaint from something else?

Pat.

No
No

34. Dr.

What, does their color change in winter?

Pat.

Yes their color is changed

35. Dr.

Okay something else complaint from thing second?

Pat.

No
No

36. Dr.

What is the thing that you complain from most?

Pat.

just ache hea[d] every day
Just a headache, everyday

37. Fath

It’s like crying from it [I mean]

Pat:

It happens with, not a headache I mean pain, from time to time. I mean she is crying from
42. Dr.1: 
[maowa] ʃo [agollak] ʃayli] ʃanaa- ʃaʃni] minʃaʃan ʃaʃal ʃiʃiy [well se]e to tell you something I am- I mean for the easiest thing ʃinDaXilhaa ʃokra ʃiBniʃmilhaa kol ʃiʃohowʃaT wa ʃinrawiʃhaa to enter her tomorrow [w we enter] her all the tests and We let her leave Well, see. Let me tell you that I am- I mean the easiest thing is apply for entering her tomorrow to do all tests for her and then leaving home.

43. Fath.: [؟ah] ʃiʃmʃkilii] ʃiBnokToBilhaa ʃoXowl wa ʃiBTiydʒiy ʃokra ʃiʃs'oBih [yes] no problem we enter[her] okay what do first procedures ʃow ʃaʃmal? what I do? Yes, no problem we will enter her okay. What are the procedures I have to do first? What I have to do?

44. Dr.1: [؟aah] halaa ʃiBnokToBilhaa ʃoXowl wa ʃiBTiydʒiy ʃokra ʃiʃs'oBih [yes] now we write her to enter and come tomorrow morning Yes, now write her to enter and to come tomorrow morning.

45. Dohol lan hehe beDowok. DoXowl ʃiʃanoh hassah BiDiʃowk Entrance because now will let you pay Entrance because now will let you pay

46. Fath.: ؟ah

؟aah
Yes

47. Dr.1: ʃeʃei] 15 ʃiyrah fees 15 ʃinrawaas fees 15 Dinars as fees

48. Fath.: ؟ah

؟aah
Yes

49. Dr.1: اذا بيشك تدفع لأنه ما فيشي: ʃidaa BiD façon liʃanoh maa ʃifʃ If want you pay because not there If you want to pay because there is not

50. Fath.: ؟aah ʃiʃmʃkilii] ʃaʃni] ʃokra ʃaʃni] Yes no problem this means tomorrow this means
Yes, no problem. This means tomorrow this means

Dr.1: BinDaXilhah Bokrah wa ?ibini’smalilha kol ?ilfohwos’aaT marrah We enter her tomorrow and we do her all the tests a time wahDih wa BiTrawi’hah ?ilmas[aa ya’niy miy] ?inoh once and you take home her the eve[ning this me]ans not that we enter her tomorrow and do her all the tests once a time and in the evening, you take her home this means not that

Fath.:[؟آه] كويپ آه
[؟آه] ?ikwayis ？آه
[yes] ？آه
Yes, that’s good yes

Dr.1: not filled ( ) CBC بنعملها
？ibini’smalilha CBC fiy ( ) not filled
We do her CBC in ( ) not filled
We do her CBC in ( ) not filled

Fat.:؟آه
؟آه
Okay
Okay

Dr.1: Ultrasound abdomen بعدين CT, DNA, NA ,CBK
CBK NA DNA CT Ba’Diyn Ultrasound abdomen
CBK NA DNA CT then Ultrasound abdomen
CBK, NA, DNA, CT then Ultrasound abdomen

Dr.1 to Pat.: ？ils’oDaa؟ Biyṣiyyiyy ya:::?
The headache how comes ya:::?
How does the headache come ya:::?

Pat.: أمرات وجع هون كثير بضرب على راسي
؟amraaT waṣa’ hown ?ikθiyr Bid’roB ？ala raasiy
Sometimes pain here too much hurts head my
Sometimes, the pain is too much here. It hurts my head

Dr.1: ？وو نظرك؟
Waaa naθ’arik?
And your sight?
And your sight?

Pat.: ابي و هون بس هيالي العين بضلها دمع
？ie:: wa hown Bas haay ?ilṣiyn Bid’alhah ？iDamiṣ?
？ie:: and here just these the eye it keeps watered
？ie:and here but this eye keeps watered

Fath.: ？درك بحوز من اسوع العمسن. قبل اسوع الخال بالاجهزه مصارع القول عوده
DokTowr marah Biżowz min ？isBowṣ ?iThassaniT. ga Bil ？osBowṣ
Doctor once a time may be since a week she became better before a week. The problem in the systems she became as you say too thin.

Doctor! Once a time, may be since a week, she became better. Before a week, the problem in systems, she became, as you say too thin.

61. Dr. 1: طبيب سؤال – بدي أسألك سؤال إبي الصبح كيف تتصبح من النوم؟
   
   Okay a question - I want ask you a question ?ie::h the morning how wake up from sleeping?

   Okay, a question - I want to ask a question ?ie::h how do you wake up in the morning?

62. Pat.: لا عادي
   
   سادي

   Normal

63. Dr. 1: في نيس يتحسني أسي بدي فتره هيك عظامك عضلاتك؟
   
   There Stiff joints you feel thing need you a period like this bones your muscles your

   Do you feel of stiff? Do you need a time as your bones and muscles?

64. Pat.: لا عادي بصحي عادي
   
   لا عادي

   سادي

   No normal wake up normal

   No its normal I wake up normally.

65. Dr. 1: وزنك؟ شهيتك للاكل؟
   
   Your weight?  appetite you for eating?

   How is your appetite for eating?

66. Dr. 1 to dr. 2: thyroid Function test

67. Dr. 1 to Pat.: كيف شهيتك للاكل؟
   
   How your appetite for eating?

68. Pat.: لا كثير يعني بش [تهي الآكل.]
   
   not too much this means des[ire eating]

   This means I do not desire eating too much

69. Dr. 1: What? glucose [check] [check] glucose s‘ahiyh ?inDhaa glucose ?iyj? [Check] glucose right has she glucose What?

Check glucose. Right, she has glucose. What?
Bagowl  mıj ?ıköiyr  Baʃ'Tahiy  ?il?akil  yaʃniy
I say  not too much desire  eating  I mean
I say I do not desire eating too much

Min  ?i3DiyD?  yaʃniy  wasin  [haa nizi]  min  ?i3DiyD?
From new?  I mean weight  [her came down]  from  new?
Is it new?  I mean is it new that her weight came down?

I say I do not desire eating too much

I say I do not desire eating too much

From new?  I mean weight  [her came down]  from  new?
Is it new?  I mean is it new that her weight came down?

 وزنها كانت صحتها مأشاةالله نزل ولهه يعني اشي بسيط[اتحسن]
Wazinhaa  kaanaT  sʰihiThaa  maʃaa?Allah  nizil  wa  hassah
Weight her  was  health her  as  Allah wills  came down and now
yaʃniy  ?iʃiy  Basiyt'  [?iThasan]
I mean  thing  simple  [became better]
Her weight was her health, as Allah wills, came down and now I mean it simply became
better

In which grade?

In which grade?

First  secondary
The secondary stage

First  secondary
The secondary stage

How much is your grade?

How much is your grade?

Well  she left
Well, she left

80. Dr. 1: 
قديش؟ بطلت من المدرسة!

gادي؟ باتالة min ئهمادرسه!

how much? Left from the school!
How much? She left the school!

81. Dr. 1 to Fath.: 

أحسنتها. ليش بطلت؟

؟هاشانيلها ليي باتالة?

It's better for her why she left?
It’s better for her. Why did she leave?

82. Fath.: 

ه؟

ه؟

ه؟

83. Dr. 1: 

ليي؟

Why?

Why?

84. Fath.: 

احنا بدننا £ اتساعد امها شوي

؟يهاا بيذناء £ ئهذاا؟هما ئهيا ئهيا

We want £ to help her mother a little.
We want £ to help her mother a little.

85. Dr. 2: 

شو اسمها؟

جو ئهساسما؟

What is her name?

86. (( The father is giving her full name to the doctor))

87. Dr. 1: 

جو ئهساسما؟

What is her name?

88. (( The father is giving her full name to the doctor))

89. Dr. 2: 

عمرها قديش؟

؟همورها ئوبي؟

Her age how old?
How old is she?

90. Fath.: 17

91. Dr. 1 to Fath.: 

انت وين بتشغل هسه؟

؟نتا وين ئيتampil هساس؟

You where you work now?
Where do you work now?

92. Fath.: 

تاجر عندي شركه

تاذاجير ئينبي ئاريكا
Dealer have company
Dealer, I have a company


95.Dr.1: BallAllah
Really
Really

96.(( The doctor is asking the father about someone that both know for (0.7) seconds))

97.Dr.1: Okay let us examine belly her for
Okay, let us examine her belly for

98.Fath.: Okay, come in take her to examine
Okay, take come in examine

99.Dr.1: There here close the door
There is lets close the door

100.Dr.1 to Fath.: Yes she needs tests tomorrow all of them and Ultrasound to do it for her and we will let her leave in the evening. Okay?

101.Fath.: this means that to directly enter her tomorrow to to

102.Dr.1: [؟] [؟] [yes] Yes
At half past 9 on the morning in the entrance section

On the entrance section

The physical examination lasted for (0.49) seconds)

How do they peel? Is it new or since a long time?

Since a long time. Eczema

Since a long time. I went to the doctor and she told me that I have Eczema

Ah, may the gloves be made? 

Yes, you may be from washing. Have?

This means with gloves must let her come do her all
This means you have to do it with gloves. Let her come to do her all the tests tomorrow. Okay?

114. Fath.: [ام] بكره انشاء الله [يعني]
   [؟يم] بكره ًىنلا الله [ًىنلي]
   [يم] tomorrow willing God [I mean]
Imm I mean tomorrow God willing

115. Dr.1: [آسه]ل اشي هيلك [يعني]
   [؟اشال] ًىفليهلك [ًىنلي]
   [the easiest] thing this [this means]
This means the easiest thing is this

116. Fath.: [آم] أدخلها الصبح الساعة 30
   [؟ااح] ًىداخيلها ًىالعها تحلو ًىساه 9:30
   [okay] enter her morning at 9:30
Okay, I will enter her in the morning at 9:30

117. Dr.1: 9:30 ًىدوكتراراا ًىفوفوهاا ًىما ًىلوبهاا ًىكهاا 9:30
   the doctors see her and ask for her tests and
we see them and you come to us
9:30, the doctors will see her and ask for tests and we will see them. And the you will take her home and you will come to us

118. Fath.: [آم]
   [؟ااح]
   [okay]
Okay

119. Fath.: هذا فحص ولا إدخال اعتبار؟
   هآها ًىفصى ًىبيىاا ًىدآااىل ًىسماااىاا؟
This test or entrance do for her?
Is this a test or entrance that I shall to do for her?

120. Dr.1: هاد إدخال رسمي بكره:
   ًىدآااىل ًىدآااىل ًىسماااىاا بكره
This entrance official tomorrow
This is an official entrance for tomorrow

121. Fath.: إدخال رسمي
   ًىدآااىل ًىدآااىل ًىسماااىاا
   Entrance official
   Official entrance

122. Dr.1: ًىلا ًىعمرها؟ [17]
   ًىما ًىبيى ًىسومرهاا؟ [17]
How old is she? 17

123.Fath.: [نعم]
[17] naṣam
[17] yes

Yes, 17

124.Dr.1: بكره لأنه اسهل اشي هيك[أس] اشي. ماتشي؟
Tomorrow because the easiest thing this [the fas]test thing okay?
Tomorrow because the easiest thing is this the fastest thing. Okay?

125.Fath.: [نعم] أنشاءالله على راسي. شكرًا دكتور
[naṣam] ?inʃa Allah ئلاا raasiy. jokran DokTowr
[yes] willing God on my head thanks Doctor

Yes, God willing. I agree thanks, Doctor.

126.Dr.1: هلا سلامتها
Halaa salaamiThaa
Welcome wish her to get well soon
You are welcome. Wish her to get well soon

127.Fath.: الله يخليك
Allah yiXaliyk
God protect you
May God protect you

128.Dr.1: سلامتك يا بنت
salaamTik yaa BinT
wish you to get well soon girl
Wish you to get well soon, Girl

129.Fath.: بالا السلام عليكم
Yallaa ?isalaam ʕalaykom
Okay peace upon you
Okay, peace upon you

130.Dr.1: أهلاين
?ahliyn
Welcome
Welcome
Duration: 12: 66

1. Pat.: السلام عليكم
   ?ilsalaam çalaykom
   Peace upon you
   Peace upon you

2. Dr.: هلا أهلين مين?------
   Halaa ?ahlyn miyn --------?
   Welcome welcome who (name)?
   Welcome, welcome. Who’s (name)?

3. Pat.: يعطيك العافية نجحتك كيف حالك?------
   Yaṣṭ’yk ?ilṣaafih DokTwor kiyf halak? (name) ?aah
   grant you health doctor how are you? (name) yes
   May God grant you health, doctor! How are you? (name) yes.

4. Dr.: اتفضل يا سيدي--------
   ?iTfad'al yaa sayID (name)
   Have a seat Mr. (name)
   Have a seat Mr. (name).

5. Pat.: الله يرضي عليك كيف حالك?
   Allah yird’aa ẓaliy kiyf haalak?
   God be pleased with you how are you?
   May God be pleased with you. How are you?

6. Dr.1: من شان ايش - أول مره بتيجي؟
   Min Jaan ?iy - ?awal marrah ?iBTiyd3y?
   What for- first time? Come you?
   For what- Is it the first time you come?

7. Pat.: لا ثاني مره دكتور
   Laa ẓaaaniy marrah DokTowr
   No second time doctor
   No, it is the second time doctor.

8. Dr.1: من شان؟
   Min Jaan?
   What for?
   What for?

9. Pat.: ابني بلوسيميا في الدم؟
   ?ie::h ?iBlowTwosiymia fiy °?ilDam↓°
   ?ie::h Leukemia in °the blood↓°
   ?i::h Leukemia↓

10. Dr.1: أيه?
    ?ie::h↑?
    What↑?
11. Pat.: What↑?

12. Dr.1: [آه] [آه]
[yes] [yes]
Yes, yes

13. Pat.: الصور الفحوصات بص
[is'owar] [ilfowhs'aaT] Bas
The X-ray the tests just
Just the x-ray, the tests

14. Dr.1: هلا بشويم:
     Halaa     Bajowfhom
Now     I will see them
I will see them now

15. ((The doctor is typing for (0.23) seconds))

16. sayiD (name) imm
Mr. (name) imm
Mr. (name) imm

17. Pat.: [نعم ↓ أجيت و كنتي] صوره
na'am ↓ ?adziyT wa kaTaBTiliy [s'owrah]
yes↓ I came and you wrote [x-ray]
Yes↓, I came and you wrote for me to do x-ray.

18. Dr.1: [انت وأين بتشتغل؟]
[?inta wi] yn ?iBTijTayil?
[ you where] you work?
Where do you work?

19. Pat.: أنا في التربیة
?anaa fiy ?ilTarBiyih
I am in the education
I am in the education

20. Dr.1: مدرس آیش؟
moDarris fiy?
teacher what?
What do you teach?

21. Pat.: لغة عربية
   loyah ٞارابيٓh
   Arabic

22. Dr.1: Allah
   Wa    Allah
   Really
   Really

23. (0.4)

24. معك تحويل ولا بدونه جاي؟
   māsak Tahwiyl wila BiDownoh dāy?  
   You have referral or without it you came?  
   Do you have referral or you came without it?

25. Pat.: معاي يتويز
   māsaaq Tahwiyl
   I have referral

26. Dr.1: ٞأ؟
   ?aah
   Yes
   Yes

27. (0.5)

28. Pat.: معاتي تامين و معتاي يتويز
   māsaaq Ta?miyn wa māsaaq Tahwiyl
   I have insurance and I have referral
   I have insurance and referral

29. (0.1)

30. Dr.1: اخذت دوا كنتبالك؟
    ?aXaDiT Dawaa kaTaBnaalak?
    you took medicine we wrote for you?
    Did you take medicine, Did we write for you?

31. Pat.: أَنَكَ تَبَيِّن دَوَا
    ?aah kaTaBTiliy Dawaa
    Yes you wrote me medicine
    Yes, you wrote for me medicine

32. Dr.1: مِلَّت؟[؟ לדאא]  
    ?ie::h jack two  [؟iśmiliT?]  
    ?ie::h jack two [you did?]
    imm did you do jack two?

33. Pat.: [؟اXaDiT] ʃahar wa had BalajTi ?iługali0
34. Dr.1: Jack two

Okay, did not you do Jack two?

Okay, Did not you do Jack two?

35. Dr.1 to Dr.2: BCR and Jack two

We need for him Jack two and BCR to do it again BCR

We need Jack two for him and BCR, to do BCR again

36. Dr.2:

Miyn howa?

Who is he?

37. Dr.1:

He there test the amount blood not was enough okay

You supposed visited us before than this

He. In the test of the amount of blood, it was not enough. Okay, you supposed visit us before now.

38. Pat.:

Maa kaan mawSiDy ?iBijahar 6 DokTwor

it was my appointment month 6 doctor

my appointment was on June, doctor!

39. Dr.1:

What?

What?

40. Pat.:

You were in a break

You were in a break.

41. Dr.1:

Okay, the most important thing there really this I ask for you

CBC and I do not know CBR we will ask for it and Jack two limitation

Okay, the most important thing is there really that I will ask for you CBC and, I do not know, CBR. We will ask for it and Jack two limitation, we will do them.
42. Dr. 2:

What is your name, my uncle?

43. (Pat. is giving his full name to Dr. 2)

44. Dr. 1 to Dr. 2:

What is your name, Uncle?

45. (The doctor is typing for (0.5) seconds)

46. Dr. 2: Jack two

47. Dr. 1:

What else?

48. Dr. 2:

What else?

49. Dr. 1:

Just that it have you you there increase and there test
did not take enough money.

50. Pat.:

Your eyes, why are they reddishness like this?

51. Pat.:

Always like this, Doctor!

52. Dr. 1 to Dr. 2:

Hemoglobin kaan?
How much it has he the hemoglobin was?
How much his hemoglobin does was?

53. Dr. 1 to Pat.:

صحا عدنك؟
s'ooDaaf  ÙinDak?
Headache you have?
Do you have headache?

54. Pat.:

لا لا دكتور بس ألم في الظهر.
La? La? DokTwor Bas ?alam fiy ?iðahir
No no doctor but pain in the back
No, no doctor! Just a pain in the back.

55. (0.5)

احمرار في العيون.
?ihmiraar fiy ?i³ywón
Reddishness in the eyes
Reddishness is in the eyes.

57. Dr. 1:

أه؟
?aah
Yes
Yes

58. Dr. 2: Hemoglobin 13.5

59. Dr. 1:

آه عندك كمان قوة الدم عاليه
?aah ÙinDDak kamaan qowiT Ùi³Dam Ùaalyih
Yes you have also hemoglobin high
Yes, the hemoglobin is also high

60. Pat.:

قوة الدم أه عاليه
qowiT Ùi³Dam ?aah Ùaalyih
the hemoglobin yes high
Yes, the hemoglobin is high

61. Dr. 1:

كنت ت حب؟
konT Ùis[haB?] did you gi[ve samples?
Did you give samples?

62. Pat.:

[مبار ح سحبت وحدة دم
[?imBaari]h sahaBiT wihDiT Dam
[yesterd]ay I gave unit blood
Yesterday, I gave a unit of blood

63. (0.1)

64. Dr. 2: ( ) graded?

65. Pat.:

برضوش يسحيلي ورا بعضه دكتور
Bird'owaf yishaBowliy waraa Ba's'd'oh DokTwor
refuse they take blood all of them Doctor
They refuse to take all the units at the same time, Doctor
66. Dr.1 to Dr.2:

البخصيش

?il pregnancy Bas

The pregnancy just

Just the pregnancy

67. Dr.1 to Pat.:

؟يه؟

What?

What?

68. Pat.:

ما رضيبي يسحبوني ورأي بعض قال بدنآ ورغبه من الأكلاتور؟

Maa rid’yow yishaBowliy waraa Baṣad’ qaal BiDnaa waragah

Not accepted take from me all to gather he said need a paper

mind ?ilDowk [towr]

from the doctor

They did accept to take from me all to gather at the same that he said that he needs a paper from the doctor

69. Dr.1:

[halaa] ?iBnaYi’yik Xaliynaa ni’mallak fahis’ Dam Bil’awal. fiy

[now] will give you let us do for you test blood firstly there

fohows’aaAT BiDnaa ?iTsiyDiylnaa ?iyaahaa

tests need we repeat them

We will give you now. Let us firstly do for you a blood test. There are tests that we need you to repeat them

70. Dr.1 to Dr.2:

عملنا اليدنآ طالبة بCR جاكل 2

[ CBC] و ] شابيغيك Xaliynaa ni’mallak fahis’ Dam BiBil’awal. fiy

Do for him we need BCR we asked for him yes and and jack 2

Do for hí, we need BCR, we asked for him yes and and jack 2, you see and CBC

71. Pat.:

؟اتشوفها؟ للصوره؟

[?iT’owfhaa?] lals’arah?

[see it] the x-ray picture?

Do you want to see the x-ray picture?

72. Dr.1:

شوفنا التقرير. عندك تضخم بالطحال من المرض 1

?ofoonah ?iTaqriyr uiDak Tad’Xom Bil’it’aal min ?ilmarad’

we see the report you have splenomegaly from the disease

We see the report. You have splenomegaly from the disease.

73. Pat.:

؟آه؟

Okay

Okay

74. Dr.1:

بتصري لما نراجينا بذلك تعمل فحص دم 1

BiTs’iyr lamaa ?iTraqsiyin BiDak TiSmal fahis’ Dam

582
What will happen every time visit us will need you do test Blood
What will happen that every time you visit us, you will need to do blood test
75. ((Doctors are discussing the required tests with each other))

76. Dr.1: Hadowl fohows’aaT ?ilDam kol maa ?iTraajji’ BiDown yikown maʃak
These tests blood every visit us must be with you
fahis? Dam (0.1) mohim giDDan ?infowf? Dammak
test blood (0.1) important so much to see blood your
These blood tests for every time you visit us. It is a must to be with you a blood test (0.1)
it is important to see your blood.

77. Pat.: أه؟
im
imm
Imm
78. ((printing out the required tests))

79. Dr.1: ?aham ?iyiy ?intA ?ilfohow’s’aat Tiʃmaliñhin ḥaDowl?il CBC
The most important thing you the tests do them The CBC
ekol maa ?iTraajyinaa ḥaDowl ?ilyowm BiDak Tiʃmalhom
every when visit us these today you need Do it
hadowl ?injowf BaAllah ?ilwaraqah ?ilyy maʃak
these see really the paper that with you
The most important thing is to do the tests. Do these CBCs every time you visit us. Let me
see the paper that with you.

80. Pat.: هنا؟
Haay?
This one?
This one?

81. Dr.1: Hadowl ?ilyowm mamnow? ?iTrowh gaBiñ maa ?infowfhom maajiy?
These today prohibited to leave before we see them okay?
fahis? ?ilDam haad? haDowlak Biδalow law ?iðaa BiDak
test the blood this the others will be kept if If want you
Tiʃmalihom ?ilyowm ↓ haδowl ?il CBC kol
do them today ↓ these the CBC every
These are for today. It is prohibited to leave before we see them. Okay? The others will
be kept if if you want to do them today ↓. These the CBC, every time

ما تراجعنا (0.1) أبي بتعمل فحص دم يعني ما يصير أشوفك بدون فحص دم. 82
Maa ?iTraajji’inaa (0.1) ?ie::h? ?iBTiʃmal fahis? Dam yafniy maa
You visit us (0.1) ?ie::h you do test Blood this means not
Bis’iyr ?injowfak BiDown fahis? Dam
applicable see you without test blood

583
You visit us (0.1) imm do blood test this means it is not applicable to see you without blood test

83.(0.5).

84.Pat.: بالمستشفى هون أعملهم دكتور؟
BilmosTaťaťa hown ?ašmalhom DokTowr?
In the hospital here do them doctor?
Shall I do them here, Doctor?

85.Dr.1: آه هون كلهم؟ معاك تحويل ليرون مش هيك؟:1
?aah hown kolhom? mašaak Tahwiyl lahwon mij' hiyk?
okay here all of them? You have refeeral to here not Like this?
Okay , Are all of them here? You have referral to here, haven’t you?

86.Pat.: آه معاي تحويل:
?aah mašaay Tahwiyl
Yes I have referral
Yes.I have referral

87.DR.1: آه خلص إذا معاك تحويل ما تناسب:
?aah Xalas'? ?ibaar mašaak Tahwiyl maa Tis?alif
Okay done if you have referral not ask
Okay done. If tou have a referral so do not ask.

88.(0.5)

89.Pat.: يعني هدو [ل]
yašniy hadaw[l]
this means the[se]
This means that these

90.Dr.1: [وي] ن بدرس؟ وين بدرس؟:1
[wiy]n BiDDris? Wiyn BiDDarris?
[where]ere you teach? Where you teach?
Where do you teach?

91.((The pat. Is giving his school name))

92.Dr.1: والله! ْفow BiDDaris?
WaAllah! ْfow BiDDaris?
Really what you teach?
Really, what do you teach?

93.Pat.: لغة عربية ومهارات اتصال
lôyah șaraBiıyih wa mahaaraaT ?iTis'aal
language Arabic and skills communication
Arabic and communication skills

94.(( The doctor is waiting for papers to print out the tests (0.25)))

95.Pat.: يعني فحص الدم للقوه الدم دائماً أو لا كيف دكتور؟
yašniy fahis' ?ilDam laqowih ?ilDam Daa'iman ?aw la?
this means test the blood for hemoglobin always or no
K[lyf Do] kTowr?
h[ow do]ctor?
This means, Does the blood test always for hemoglobin or what, doctor?

96.Dr.1: [ایه؟]
[؟یه؟]
[؟یه؟]
What?

97.Pat.: لقوة الدم أفحص كل مرة؟: 
لاقوقا ت؟یلدام یافحاس؟ کول ماررحا؟
For hemoglobin test every time?
Is every time for the hemoglobin?

98.Dr.: ئشوف الدم الافحص الصافح و الدم خلايا الدم البيضاء؟CBC؟
؟ایه CBC ؟یتفووфа ؟یلدام ؟ینفووфа ؟یلسا؟یه وا ؟یلدام خلايا
Yes CBC to see the blood we see the palates and the blood cells
؟یلدام ؟یلبيذاء؟
the blood white
Yes, CBC. To see the blood, we see the palates and the white blood cells.

99.Pat.: ایوا
؟ایووا
Okay
Okay

100.Dr.1 to Pat.: [رُفن]
هو هذا انت عندك ابي بسمه فرن صافح الدم الأساسي. أو يعني بک [توخد]
Howa یا؟ینتا ؟ینداق ؟یه:ه بیسمووھ فارت؟ یافها؟یه وا یلدام بی؟اساسی
It is this you have یه:ه call it thrombocytosis
؟یاو یا؟ینیا بیداک [پیزا]
or this means need you [take]
It is this that you have imm what they call it hrombocytosis or this means you need
to take

101.Dr.2: [یكونو] [زايدین]
[بیكونو] [زایدن]
[they will be] increased
They will be increased

102.Dr.1: [ایه؟]
؟یه؟
What?
What?

103.Dr.2: [یكونو زایدن] أكثر من
بیكونو زایدن أكثر من
They will be increased more than
They will be increased more than

104.Dr.1 to Dr.2: ( ) slash ( ) disorder-( )
بیكونو کذا بنعمله صیاغه.

105. Bikowonow ka؟اا ؟یبییمل؟ا ؟ییا؟ا؟
They will be this we do for it reformulation
They will be something and we will do reformulation

106. Dr. 1 to Pat.: اعرف كيف؟
?i rifiT kiyf?
You know how?
Did you know how?

107. Dr. 1 to Dr. 2: فاحشا هنا بنينا تعليمه باللغة المحترمة hysteresia و بنينا شفوف CBC اليوم.
Faa?ihnaa halaa BiDnaa na?t?iyh yaaXoD hysteresia wa BiDnaa
So we now need give him take hysteresia and need
see the CBC of him today
So now we want to give him, take hysteresia and we need to see his CBC today.

108. (0.8)
109. ((The doctor is typing))
110. Dr. 1 to Pat.: اعلنا اياهم ماشي ماشي ـ أتوما
?i s malinaa ?iyaahom ma?fiy ?osTaa? (name)?
Do them okay Mr. (name)?
Do them. Okay Mr. (name)?

111. Pat.: اشئا الله
?in j? Allah
Willing God
God willing

112. Dr. 1: ما اتروحش قبل ما انشوف الفحص ـ 1
Maa ?iTrowhij gaBil maa ?in?owf ?ifhis?
Not leave before I see the test
Do not leave before I see the test

113. Pat.: هلا هسه بسويهم:
Halaa hassah Basawiyhom
Now now I do them
Now, now do them

114. Dr. 1: أهم اشي ممنوع تروح قبل ما نشوفهم. هدول كل ما اتروحوه. ماشي؟ ـ 1
?a ham ?i Ji y mammool ?iTroh gaBil maa ?in?owf2hom haDowl
the most thing forbidden leave before seeing them these
kol maa ?iTraadji?naa ma?fiy?
everytime you visit us okay?
The most important thing is that do not leave before seeing them. Do these every time
you visit us. Okay?

115. Pat.: بتعطوني فيه ورق الفحص ولا كيف؟
?ibTaj?owns fyih warag ?ifjis? willa kiyf?
You will give me in it paper test or how?
Will you give me test papers or what?

116. Dr.: لا أنت معاك الأوراق
La? ?inTa ma opciones  ilawraaq
No you you have the papers
No, you have the papers.

117.Pat.: [أ]
[right]
Right

118.Dr.: [ع] انت لما تريد تجنيا المره الجاي على المختبر مباشره
[but] you when again come time next to the lab
moBaa?arah
directly
But when you come back, next time go the lab directly.

119.Pat.: [آ] [وا]
?ay [waa]
Oh

120.Dr.1: [ه] لاك الي أعطيتك اياه أشيوفهم:
[those] that I gave to you, let me see them
Those that I gave to you, let me see them

121.Dr.2: هدولك أول ثلاث سوفهم همه بعدين ين جمعك وترقينك فصص دل كل زرار:
those the first three have them now then stay with you
waragTiyn fahis? Dam kol zyaarah
two papers test blood every visit
Have those three tests now and keep these 2 papers of blood test for every visit

122.Dr.1: [ع] كيف؟
?isriiT kiyf?
You know how?
Did you know how?/ Is it Clear?

123.Pat.: [آ]
aah
Yes
Yes

124.Dr.1: هدول بيذك عملهم اليوم الثلاث:
Hadow BiDDak Ti?smalhom ?ilywom ?ilalaa?
These you need you have them today the three
Today, you need to have these three

125.Pat.: هدول اليوم
Hadowl ?ilyowm
These today
These are for today

126. Dr. 1:
Wa hadwol ?iBiThot'hom lilmaraaT ?id3aay maa'fiy?
And these leave them for time next okay?
And leave these for next time. Okay?

127. Pat.:
؟aah ?infja Allah hassah ?a5maloh wa ?arwoD ?ard3aʕ ʕaliyk DokTowr?
Yes willing God now I shall do it and again come back to you doctor?
Yes, God willing. Shall I do them now and come back to you, doctor?

128. (( The doctor is talking with another patient))

129. Dr. 1:
?iyf?
What?
What?

130. Pat.:
?a5malhom wa ?aroD ?aroD ?ard3aʕ ʕaliyk?
I shall to do them and again again come back to you?
Shall I do them and to come back again again to you?

131. Dr. 1:
؟aah ʔaah
Yes yes
Yes, yes

132. Pat.:
Yislamow DocTwor
Thanks doctor

133. Dr. 1: 
؟لا
Halaa
Any time
Any time

134. Pat.:
اشكرك
?afkorak
Thanks

135. (The patient leaves)
1. Hus.: 
   ًلاّ ِ٤ٌْ isalaam ʕ alaykom
   Peace upon you
   Peace upon you

2. Res.: 
   أهليين اتفضل. مراجعه؟ أول مره؟
   ?ahliyn ُিতFad’al moraذاh? ُىawal marah?
   Welcome come in follow up visit first time?
   You are welcome come in. Is it a follow up visit? Is it the first visit?

3. Hus.: 
   ٛب١ ربٗ٢ ٓوٙ Haay ُانiy marah
   This second time
   This is the second time

4. Hus.: 
   الأسبوع الماضي أول مره ↓ واليوم ثاني مره↓
   ؟!؟sBo٢ ؟ilmad’iy ُىawal marah↓ wa ؟ىyowm ُىaaniy marah↓
   The week last first time↓ and today second time↓
   The first time↓ was the last week and today is the next time↓

5. Res.: 
   ؟ىsmak?
   Your name?
   What is your name?

6. Hus.: 
   ايببي الصبيه لزوجتي
   ؟ىe::h ؟ىls’aBiyih laz03Tiy
   ؟ىe::h the young lady for my wife
   ؟ىe::h the young lady for my wife

7. Res.: 
   ؟ىah ىiy↓ ؟ىsimhah↓
   Oh what name her↓
   Oh, what is her name?

8. (the husband is giving her full name)

9. Res.: 
   ايش اسمها؟
   ؟ىiy↓ ؟ىsimhah↓?
   What name her↓?
   What is her name↓?

10. (The husband is giving her full name again)

11. Res.: =
    عند دكتور -----
    ِ٘ل كًزٞه DokTowr (name)?=
    With doctor (name)?=
    With doctor (name)?=

12. Res.: =
    فتحتها هلا؟=
=faTahTilhaa halaa?
=Opened for her now?
=Did you open her a page now?

13.Hus.: [الallocated] هلآ لا. بس من [the week past]
Halaa la? Bas min [؟il?osBowɔs ؟ilmaad?iy]
Now no just from [the week last]
Now, no. Just from the last week.

[؟il?osBowɔs ؟ilmaad?iy] činaa mawçiD činDoh
The last week, an appointment with us with him

15.Hus.: بدي أرد أفتحها كم؟
BiDiy ?aroD ?afTahilhaa kamaan?
Need again open her also?
Do I need to open for her again?

t’aBçan li?anoh miʃ naazil ?isimhaa hown halaa ?iyʃ hiyi
of course because not written name her here now what she
BiDhaa ?iTfarʃjnana fohows’aT wilaa la?= needs show us tests or not?=
Of course because it is not written here now. What does she need? To show us test or not?

17.Hus.: فحوصات أه
=fohows’aT aah
=tests yes
=Yes, tests

18.(0.1)
 BN?owf ?ilfohowsaaT Bas ?iZaa miHΤarqih laʃlalaʃ (0.1)
We will see the tests but if need she for treatment (0.1)
We will see the tests But if she needs for treatment (0.1)

20.((The Res. Is looking at the report))
Hiyi haamil fiy ?ilahar ؟ilXaamis
She pregnant in the month fifth
She is pregnant in the fifth month

?iziraʃ fiyhaʃ [؟iyʃ ziraqcy ?ilDam? okay? fahis’ ؟ilBowl
The test nothing there a test results the blood? okay? test the urine
maa fiy ?iʃ ?iʃ (0.3)
not there thing (0.3)
There is nothing in the test results. Is it the blood test? Okay? There is nothing in the urine test (0.3)
23.Hus.: كريات الدم البيضاء برضو نكوراية?

ما؟

Also, the white blood cells

24.Res.: ما؟

What about it?

25.Hus.: فيهاش اشي؟

Is there anything in it?

26.Res.: منيجه لا فيهاش اشي

there is nothing in it

27.Hus.: 

Okay

28.(0.10)

29.Res.: 

And diabetes test is good. Was she fasting when she did it?

30.Hus.: نعم

Yes

31.Res.: 

And the hemoglobin is excellent

32.(0.1)

33.Hus.: دكتوره بدي أغليك ابي تعطينها احنا لأنه عملنا

Doctor! Excuse my bothering for you. We did because we did

34.Res.: [شو أعط [يكل؟]

[What shall I give you?

What shall I give you?
35. Hus.:  
بدنى اياك تعطني النت النهاتي:  
BiDy ?iyakiy ?inT ?inhiay  
I need you to give me decision the last  
I need your last decision.

36. Res.:  
آم  
?aah  
Oh  
Oh

37. Hus.:  
خمس ست فحوصات [مشكله] اعملنا في السوق في مختبرات:  
?ismilnaa fiy ?ilsog fiy moXTaBaaT [mojkilih] Xamis siT  
We did in the souq in labs [the problem] five six  
fohows’aaT tests  
The problem that we did five, six test in the labs in the Souq

38. Res.:  
[ليش؟] ليش؟ نفس الفحص ولا كيف؟  
[liyf?] liyf? Nafs ?ilfahis? wila kief?  
[why?] why? Same the test or how?  
Why? Why? Is it the same test or what?

39. Hus.:  
The urine test  
The urine, the urine test

40. Res.:  
آم  
?im  
imm  
imm

41. Hus.:  
و تحليل البول  
Wa Tahliyl ?ilBowl  
And analysis the urine  
And the analysis of the urine

42. Res.:  
آم  
?aah  
Yes  
Yes

43. Hus.:  
The blood sugar?  
Wa ?ilsokar?  
And the diabetes?  
And what about the diabetes?

44. Res.:  
أديش كان؟  
?aDiyf kaan?  
How much was?  
How much was it
45. Hus.: 138
46. Res.: صائم؟
Saayim?
Fasting?
Fasting?
47. Hus.: لا
La?
No
No
48. Res.: لا بذل صائم
Laa BiDnaa saayim
No we need fasting
No, we need it while she is fasting
49. Hus.:
ماشي هاي نفحة فيدي اقثل ايتا: تحليل البول تحليل البول 4 فحوصات التهاب شديد
maafiy haay noq'tah faBiDy ?aqowlik ?iyaahaa Tahliyl ?ilBowl
okay this point so I want to tell you that the analysis the urine
Tahliyl Tahliyl ?ilBowl 4 fohows'?aaT ?ilTihaaB faDiyD
analysis analysis the urine 4 tests infection
strong okay, this is the point so I will say it to you. he analysis of the urine the analysis the
analysis of the urine 4 tests a strong infection
50. Res.: أخذت علاج؟
?aXDaT ?ilaaz?
Took medication?
Did she take medication?
51. Hus.: أخذت واحد
?aXdiT course waahiD
She took course one
She took one course
52. Res.: طبيب هذا بعد الكورس؟
t?yiB haaDaa Ba?siD ?ilkowrs?
okay this after the course?
Okay, is this after the course?
53. Hus.: هذا بعد الكورس. بعد الكورس ينشر كورس واحد يعني
this after the course after the course wahiD ya?niy one
course
this means
This after the course. After the course in one
54. Res.: طبيب الكورس واحد يكفي. كان في التهاب وراح
?ayiB ?ilkowrs wahiD Bikafiy kaan fiy ?ilTihaaB wa raah
Okay the course one enough was there inflammation and treated
Okay, one course is enough. There was and inflammation and it was treated
Okay done

Thanks for God

Nothing is there. Excellent

Bacteria
Bacteria and fungi

And she took medication

No she never took a medication for the Bacteria

Well you have just told me she took a course

Okay, when the result was positive, she took a course

Okay, when it was the result positive she took after it a course

So what? Well, you are telling me that there is Bacteria

Have not you told me that there is Bacteria?

There is now the week last before 2 weeks

There is. Now, the last week before 2 weeks
76. Res.:  
أه
?aah  
Yes  
Yes

77. Hus.:  
قبل اسبوعين هسه مخلصه course ابي ابي ابي ابي course  
gaBil  ?isBowcijn hassah  ?imXalsah course  ?ie::  ?ie::  course  
before 2 weeks  now  she has finished  course  ?ie::  ?ie::  course  
?iTihaaBaaT  gaBil  ?ahar  
the inflammations  before  a month  
Before 2 weeks  now  she has finished  a course  imm  imm  course  for inflammations  
before  a month

78. Res.:  
طيب  
t'ayiB  
Okay  
Okay

79. Hus.:  
قبل اسبوعين  
gaBil  ?isBowcijn  
Before  2 weeks  
Before two weeks

80. Res.:  
imhm  
imhm  
imhm

81. Hus.:  
قبل اسبوعين اعمنا زراعه  
gaBil  ?isBowcijn  ?icmilnaa  ziraacah  
Before  2 weeks  we did  test  
We did test  before  two weeks

82. Res.:  
أه
?aah  
Okay  
Okay

83. Hus.:  
وجد بكتيريا، فطريات، البروتينات  
wazaD  BakTeria  fit'riyaat  ?iBrowTienaaT  
he found  Bacteria  Fungi  Proteins  
He found Bacteria, Fungi and Proteins

84. Res.:  
Okay

85. Hus.:  
سكر [في البول]  
Sokar  [fry  ?ilBowl]  
Diabetes  [in  the urine]  
Diabetes in the urine

86. Res.:  
الضغط [كيف كان]  
[?id'aiT]  kiyf  kaan?
87. Hus.: 

How was the pressure?

88. Res.: 

Okay, this means that it was not high

90. Hus. to Pat.: 

It seems as the patient agreeing

91. Res.: 

The week the last we did tests the urine for cells the blood the white and was positive here we came to take
The test results of

The last week, we did tests, urine analysis for the white blood cells and they were positive.

The urine and diabetes

The urine and diabetes

positive

Positive

Positive

Yes result not there feel I thing?

Yes, result do you feel anything?

Yes, there is nothing there

This means that there is still a month

imm it is not too far. No

This means that she will be near from the sixth month

Not will be no there thing do I guess that no there

There will not be there is nothing to do I guess that there is nothing
Okay done. Doctor! According to the pain that she suffers from the pain

116. Res. to Hus.:  
أول حمل؟  
[?awal] hamil?  
[The first] pregnancy?  
The first pregnancy?

117. Hus.:  
؟أه  
?aah  
Yes

118. Res. to Pat.:  
أول حمل؟  
?awal hamil?  
First pregnancy?  
The first pregnancy?

119. Pat.:  
؟أه  
?aah  
Yes

120. Res.:  
شو الألم؟  
?ow ?il?alam?  
What the pain?  
What is the pain?

121. Hus.:  
أ🎧 ألم التهابات ألم  
Pain the inflammations pain  
The inflammations’ pain pain ?ie::

122. Res.:  
[halaa] ?ilfit?riyaat tiaakil caam iliyy Bilhamil BiTziyD  
[now] the fungi in general that in pregnancy will be increased nisBiT howDow0 fit?riyaat li?anoh ?aslan ?ilhamil BiXafid the percentage the happening fungi because really the pregnancy lower ?iway min manaqitT ?ild?sim fa?idan maa hiy a little from the immune the body so it is  
Now the fungi, in general that one in the pregnancy, will be increased the percentage of the fungi happening because the pregnancy really lower a little the immune of body. So this is

123. ممكن الفطريات تشتبه فيما السنة أن يكون الرقم الأنسى إلى اللامي ناصفة فهي تظهر في الجسم  
she taking care of her food okay maybe the fungi be activated in her body
Tiçmal ?iTihaaBaaT fit'riyaaT ?iʧiy t'aBiyciy yi시yr Bildʒisim to do inflammations fungi thing normal happens in the body
She takes care of her food okay the fungi may be activated in her body to do inflammations is a normal thing to happen in the body.

124.Hus.: يعني في قطريات؟
Yaçniy fiy fit'riyaaT?
Means there fungi?
Does this mean that there are fungi?

125.Res.: هم؟
Him?
What?
What?

126.Hus.: في قطريات؟
Fiy fit'riyaaT?
There fungi?
Are there fungi?

127.Res.: ما بين بالفحص هد بالأعراض التي يتشكي منها يعني عنها أعراض كثير
Maa BiBayin Bilfaḥis haaD Bil?aкраaad ?iļiy ?iBTiӦkiy
Not appear in the test this in the symptoms that complain
minhaa yaçniy činDhaa ?ifraazaaT ?iĸTiyr
she from this means has she the vaginal discharge too much
this is not appear in the test this is in the symptoms that she complains from this means
that she has too much vaginal discharge

128.Res. to Pat.: عندنك حكك أنت عندنك أشياء زي هيك؟
činDik hakih ?inTiy činDik ?aļaa? zay hiyk?
You have itch you you have things like these?
Do you have itch? Do you have things like these?

129.Pat.: أه؟
+aah
Yes
Yes

130.Res.: هذا أعراض الإتهابات الطبية زي ما حكيلك هي كبير تصنيف بالجمل. فممكن تأخذهلها علاج في تحمل ممكن تنطي في
these symptoms the inflammations fungus as I told you these too much
BiTs'ılyr Bilhamil famomkin TaXDiylhaa čilaadʒ fiy
happens In the pregancy period so maybe you take treatment in
Tahaamiyl momkin Tinçať’aa fiy
suppositories may be to be taken in
These are the symptoms of the fungus inflammations. As I told you these happen too much in the pregnancy as you may take suppositories as a treatment and they might be taken in

131. مراحم اب كثري من الآلام في تلك ماملك تكن فينلية. النقطة النفسية. الهوية للضحية. إجرأئ؟
Ointment you lot of the yogurts in food your clothes your to be cotton the hygiene the personal the ventilation for the area got it. Eat a lot of yogurt. Your clothes to be made of cotton. The personal hygiene, the ventilation of the area. Got it?

132.Pat.: ام
?im
imm

133.Res.: فهادا أهم اشي ماشي؟ ما تخوف هاي الالتهابات [ماشي؟]

fahaaD ?aham ?i?iy? maal?iy? Maa BitXawif haay so this the most important thing okay? not frighten these

?il?iTihaaBaaT [maal?iy?]
Inflammations [Okay?]
So this is the most important thing okay? These inflammations are not frightened okay?

134.Pat.: [ام]
?[im]
[imm]
imm

135.Res.: بس كونه كان في سباق بالزراعه فنعد ابي اماشي يفضل كل شهر تعلم نحل الابي ابول حتى لو ما

Bas kawnoh kaan fiy saaBiqan Bilziraaçah fahis ?iydzaaBiy But because there before in the test test positive

yofadal kol ?ahar T?çmaliy Tahliyl laal ?ie:: ?iBowl haTa it is better every month to do analysis for ?ie:: the urine even

law maa if not
But because the test was positive before now, it is better that every month to do analysis for ?ie:: the urine if

136. في عناك أعراض إعملى نحل الابي ابول؟ اماشي بين إنه في كريات النضرة خذى علاج تامم
There have you symptoms do analysis for the urine okay? if

Bayan ?inoh fiy korayaaT ?i?Dam ?iBayd?aa? XoDiy appeared That there cells the blood the white take
ci?laad?3 Tamam? treatment okay?
You have the symptoms; do the analysis for the urine okay? if it appeared that there is in the white blood cells take treatment okay?

137.Pat.: انشاوا الله
?in?a Allah willing God
God willing

138. Res.: 
الأوجاع التي تتحكي عنها أشي طبيعية مع


The pains that you are talking about thing normal with
The pains that you are talking about are normal things with

139. Hus.: 

?iTawasoç

The expansion

The exapnsion

140. Res.: 

إذ كبر بالزمن الحجم التغيرات التي تشير بأحمر منكرة كلها ينكار و يتعذر الأوجاع وودة!؟ أنا يعني عدد عن تلك ينكر ما


That becomes bigger exactly the size the changes that happen
in the hormones all affect and cause the pain
okay? ?i?aa yaçniyy çaDaça çañhik yaçniyy maa
okay? if mean other wise mean not

Exactly, the size becomes bigger. The changes that happen in the hormones all affect and cause the pain. Okay? If I mean other wise I mean not

141. Res.: 

ف的成长 أشي. أشري سوال كثره بن

not there thing drink liquids so much just
nothing is there. Just drink so much liquid

142. Hus.: 

لا يشرب بس دري اسلاك سوال من أكثر النساء يسأل ما يتحرك؟


No she drinks just want ask you a question from the most the ladies
Bis?alin BiTharak maa Bitharaki?i?

Ask does it move not move?

No, she drinks. I just want to ask you a question that most ladies ask does it move or not?

143. Res.: 

لمنة انت كم اسبوع؟

Lisah ?inTiy kam ?osBowç?

Still early you how many weeks?

It is still early how many weeks you are in?

144. Pat.: 

 أسبوع بالخامس

?isBowç BilXaamis
A week in the fifth
A week in the fifth

145. Res.: 

أسبوع بالخامس يعني [تقريبا]

?osBowç BilXaamis Yaçniyy [TaqriBan]
A week in the fifth this means [nearly]
A week in the fifth this means nearly

146. Hus.: 

[الها 3] أيام 3 أيام: 

602
[?ilhaa 3]  ?ayaam 3  ?ayaam
[she is 3]  days 3  days
She is 3 days 3 days

147.Res.:  
اعلني فحص هاد الدقيق لجنين؟
?icmilTiy ultrasound haaD ?ilDaqiyq lalganiyn?
Did you do ultrasound that the sensitive for the fetus?
Did you do the ultrasound the sensitive for the fetus?

148.Hus.:  
لا والله
Laa waAllah
No really
Really no

149.Res.:  
هو ممكن يفعل. الأشهر الخامس يعني بتكوني لهما ما وصولتي 20 أسبوع مش هيه؟ عند من يراجعني؟
It may to be done the week the fifth this means want you to be
not yet not reach 20 week not like this with whom
BiTrad?siy?
you visit?
It might be done. The fifth week this means that you did not reach 20 weeks, did you?
whom do you visit?

150.Hus.:  
(؟؟؟)
?inD (name)
with (name)

151.Res.:  
بر؟
Barah?
Out?
Out?

152.Pat.:أ؟
?aah
Yes
Yes

153.Res.:  
أ بالخامس يعني لهما ما يتكوين ش الحركة
?aah BilXaamis ya?niy lissah maa BiTkowni7 ?ilharakih=
Yes in the fifth mean not yet not there the move=
Yes, in the fifth this means not yet there will not be a move. =

154.Hus.:  
منقدر نعمله اليوم آل ؟؟؟
=we can do today the ultrasound? What?
= can we today do the Ultrasound? What?

155.Res.:  
怎مل بالشهر الخامس يعني بالأسابيع 25. الحركة مش حصلتي فيها ولا مش حصلتي فيها هلا. detailed scan 7.

603
No Detailed scan this we do in the month the fifth mean
Bil’osBowç 28 ilharakah miʃ haThisiy fiyhaa halaa
in the week 28 the move not do you feel there now
No, detailed scan this we do it in the fifth month this means the 28th week. The move
will not be felt of now you will not feel of it now

156. خاصه في أول حمل بنتاخير
Xaas’ah fiy ?awal hamil ?iBniT?aXar
especially in the first pregnancy will be late
It will be late, especially in the first pregnancy.

157. Hus.: يعنى بعد شهر في داعي إذا تراجع عند دكتور -------؟ إذا ترتكب تراحم صحة
Yaçniy BaçiD Īhar fiy Daçi? inaa ?inraadżiç çinD DokTowr
Mean after a month there a need we check up with doctor
(name) ?ihnaa Taraknaa Barah wa s’îrnaa ?inraadż hown
(name) we left out and became check up here
I mean is there a need to check with doctor (name) after a month? We left the out clinic
and became checking up here

158. Res.: لا لم تراجع. هل يمكن أنا أطلب من دكتور Ogtt جمعيوم تعلمه ماني؟
Yes must to re visit now might I ask for you this OGT
tiydi? yowm Tiςmalih maaliy?
to come a day to ask for it okay?
Yes it is a must. Now I might ask for you this OGT to come a day to ask for it. Okay?

159. Hus.: [هو] Ultrasound
?iliy [howa Ultrasound]
Which [is Ultrasound]
Which is Ultrasound

160. Res.: بس انت ما الك [شاتشه اليوم]
[but you not have] screen today
But you do not have a screen today. ((This means that the patient’s name is not in the
list of those who have an appointment in that day.))

161. Hus.: أيبي اجيبيك شاشه من بر؟
?ie:: ?agiyBlik [aαlih min Barah?
?ie:: I bring for you a screen from out (reception)?
?ie:: shall I bring a screen from the reception?

162. Res.: أيبي اشي تأميكم انتم تناذر وتفتحوا لا مانع؟
?ie:: what insurance you to be able to open no objection?
What is your insurance to be able to open ‘no objection?’ ((‘no objection’ means to
allow the patient to take an appointment in the same day of the visit.))

163. Hus.: لا فشي معي أنا تامين تربيه
No have with me I have an education insurance. I do not have. I have an education insurance

164. Res.: بدفعهم الأمانات. كأنه بدفعهم مبلغ

BiDafɔwholm ʔi?amaanaaT kaʔanoh BiDafɔwholm maBlà

They will let them pay the deposit might be they will let them pay an amount

The deposit will let them pay. It might be that they will let them pay an amount

165. Hus.: باخذ موعد ثاني

BaaXoD mawciD ʔaaniy

I will take appointment another

I will take another appointment

166. Res.:OGTT

XoD mawciD Xalas wa Taʃaal yowm čaʃaan niʃmal OGTT

Take an appointment okay and come a day to do OGTT

Take an appointment. Okay and come a day to do Ogtt

167. Hus.: الالي هو الUltrasound؟

ʔiliy howa ʔili Ultrasound↓?

Which is the Ultrasound↓?

Which is the Ultrasound↓?

168. Res.: لا الالي هو فحص السكر؟

La↑ ʔiliy howa faḥs? ʔilsokar

No↑ which is test diabetes

No↑which is the diabetes test

169. Hus.: فحص السكر؟

faḥs? ʔilsokar?!

test diabetes?!

The diabetes test?!

170. Res.: الUltrasound هاد بده موعد مع النساءاته

ʔil Ultrasound haaD BiDoh mawciD maç ʔilnisaaʔiyih

The Ultrasound this needs an appointment with antenatal clinic

The Ultrasound needs an appointment with the antenatal clinic

171. Hus.: النساءاته معنا موعد ب 3-8

ʔilnisaaʔiyih maṇaaw mawciD Bi 3-8

The antenatal clinic we have an appointment in 3-8

We have an appointment in the antenatal clinic on 3rd August

172. Res.: أو

ʔaay

Oh

Oh

173. Hus.: طبيب

tʔayiB

Okay

Okay
174. Res.: مع النسائيه
Maς?ilnisaa?iyih
With the antenatal clinic
With the antenatal clinic

175. Hus.: وانا إنيّ بفاض البيت اليوم أبي يصير البيت ولا لا؟
waAllah ?ie:: haađaa ?iyoωm ?ie:: Bisiyr ?iyoωm wilaa la??
Really ?ie:: this today ?ie:: might be today or not?
Really ?ie:: Might this be today or not?

176. Res.: بذك يكون في شأشه
BiDak yikown fiy ñaa∫ih
You have to be there a screen
There have to be a screen

177. Hus.: حسًه بعملك من هون
Hassah BaΣmalik min hown
Now I will do for you from here
Now I will do for you from here

178. Res.: بذك تدفع
BiDak TiDfaς
Have you pay
You have to pay

179. Hus.: لا يدفع دينار و و [و]
Laa BaDfaς Diynaar wa [wa wa]
No I will pay a Dinar and [and and]
No, I will pay a Dinar and and and

[laa?] howa saar çinDhom ?il laa maniς 15 Dinaar
[no] well it becomes for them the no objection 15 Dinars
BiDafqowh?is?al
will let you pay ask
No, well it becomes that they will let you pay 15 Dinars for the ‘no objection’. Ask.

181. Hus.: أسأل عن [د]
?asa?al çin[D]
Ask th[e]
Shall I ask the

182. Res.: إس [ال
[?is?]al
[As]k
Ask

183. Hus.: إسأل علي
?as?al çala::
Ask the::
Shall I ask the::
Exactly ask or let me tell you I will write for you no objection
momkin ?anaa miʃ ʃaarih s?araahah ʃow ?ilniðaam hown
It might be I not know really what the system here
Exactly ask. Or let me tell you I will write for you a ‘no objection’. It might be that I
really do not know the system here.

185. (( The doctor is coming))
186. Hus.: Ahla Doktowr kiyfak? ?iðakariT
Hi doctor how are you? We (name)
Hi doctor how are you? We (name)

187. Dr.: ?ahlan Doktowr kiyfak? ?ihnaa (name)
Hi doctor how are you? We (name)
Hi, I remembered

Fasting blood sugar wa marah kaayin few reading [Barah 138] wa
and urine yaçniy koloh negative hown ?il ?il fasting 99
fasting blood sugar and once it was few readings out 138 and urine I mean all are
negative here the the fasting 99

189. Dr.: [?aywa ?aah]
Okay, yes

190. Res.: ?anaa Bahkiy liʃ maa niçmil [OGTT?] I say why not do [OGTT?]
I say why do not we do OGTT?

191. Dr.: Ogtt [ خلص] خليها تعمل
[Xalas? ] Xaliyhaa Ti?mal OGTT [okay] let her do OGTT
Okay, let her do Oggt

192. Res.: ?inTow kamaan rayhiyn ʃala ʃakTar [min]
Also you also went to more [than]
Also you also went to more than

193. Dr.: [cul] [cul] [cul]
Also you also went to more than
They diagnose the 99 the 99 as diabetes

194.Hus.: لا 4 مختبرات 4 مختبرات في السوق
La? 4 moXTaBaraaT 4 moXTaBaraaT fiy ?ilsowg
No 4 labs 4 labs in the souq
No, 4 labs 4 labs in the souq

195.Dr.: قديش كانت الفراءة بالله؟
qaDiyj kaanaT ?iqiraa?ah BaAllah?
How much was the reading please?
How much was the reading please?

196.Hus.: 4 مختبرات كلهم أو عزو إنه في التهاب [حاد]
4 moXTaBaraaT kolhom ?awçazow ?inoh fiy ?iTihaaB [haaD]
4 labs all of them indicated that there inflammation [strong]
All the 4 labs indicated that there is a strong inflammation

[not] about the inflammation I am talking about test diabetes↓
Not about the inflammation I am talking about the diabetes↓ test

198.Hus.: فحوصات السكر
fohos'aaT ?ilsokar
tests diabetes
The diabetes tests

199.Dr.: أصل البول [طبيعي]
?aslaan ?ilBowl [taBiçiy]
Anyway the urine [normal]
Anyway, the urine is normal

200.Res.: التهاب [راح]
[?il?iTihaaB] raah
[The inflammation] disappeared
The inflammation disappeared

201.Dr.: الزراعط طالعه فيها اشي:
?ilziraçah taalçah fiy fihaa ?ijiy
The result appears not in thing
There is nothing in the results

202.Hus.: دكتور والله دكتور والله قبل أسبوعين يعني
DokTowr waAllah DoTwor waAllah gaBil ?isBowçiyn yaçniy
Doctor really doctor really before 2 weeks I mean
Really doctor really doctor, I mean before 2 weeks

203.Res.: [ما هي أخذت] [علاج]
[maa hiyi ?aXDaT] çilaadʒ
[she took] medication
She took medication

204.Dr.: أخذت مضاد حيوي؟[]
Did she take antibiotic?

205.Hus.: مضاد أخذت قبل شهر؟
    modˀaaD ?aXDaT gaBil jahar antibiotic took she before a month
She took antibiotic before a month

206.Dr.: يخبر ما أخذت؟
    Bas iyroh maa ?aXaDTiʃ haa?
    But anything else not took right?
    But she did not take anything else. Right?

207.Hus.: لا غيره ما أخذت. أبيبي course أحد تقريبا 10 حييات
    Laa iyroh maa ?aXaDTiʃ ?ie:: course wahaD TaqriyBan 10
    No what else not not taken ?ie:: course one about 10
    haBaaT pills
    No, anything else you did not take. ?ie:: one course about 10m pills

208.Dr.: أم أم
    ?im ?im
    imm imm
    imm, imm

209.Res.:Bacterial
    دكتر يمكن من أسبوعين كابين
    DocTowr yimm min ?isBowʕiy kaayin bacterial
    Doctor may be since 2 weeks was bacterial
    Doctor, maybe it was bacterial since 2 weeks

210.Hus.: يعني حقا كثير والله يعني 4 مختبرات :
    yaʕniy ?iʃ ?ikθiyr waAllah yaʕniy 4 moXTaBaraaT
    this means what too much really I mean 4 labs
    I really mean too much. I mean 4 labs

211.Res.:: جلا الحوامل ممكن يطلع عندم بالبول كريات دم بيضاء و التهاب بدون ما يكون في أعراض :
    Hala ?ilhawaamil momkin yitʕlaʃ ʕinDhaa BilBowl korayaaT
    Now the pregnant women may appear has she in the urine cells
    Dam Bayɗaa? wa ?ilTihaaB BiDown maa yikown fiy aʕraadʔ
    Blood white and inflammation without not be there symptoms
    Now,there might appear in the urine of the pregnant women white blood cells and
    inflammation without any symptoms

212.Hus.: والله الزلم يتعب أكثر من النساء
    waAllah ?ilzolom ?iBTiTʃaB ?akθar min ?ilniswaan
    Really the men get tired more than the women
    Men really get tired more than women

213.Dr.: والله أنت مهو متعب حالك والله أنت التي متعب حالك :
Really you who tired yourself really you who tired haalak yourself
You are who really tired yourself. You are who really tired yourself

لا هي الي متعبتي
Laa hiyi ?iliy ?imTa?iBtniy
No she who tired me
She is the one who tired me

مهو انت بتزهق. هي أول مرة بيلا مش علم، هسه بالنسبة للسكر
Mahowa ?inTa ?iBtizhag hiyi ?awal marah yalaal miʃ ɣalat?'
Well you will get board it first time okay not a problem
hassah BilnisBih lalsokar
now according to the diabetes
Well, you will get board. It is the first time okay it is nota problem. Now according to the diabetes

أ؟
?aah
Yes
Yes

أنت عند مين بتراجع؟ عند ذاك [تور]?
You with whom check up you? with doc[tor]
With whom do you check up? With doctor

[?inD] maʃiD Bi 3-8 ?inD Doktowr (name) wa detailed
[with] appointment on 3-8 with doctor (name) and detailed
exam lisah miʃ maʃmowl ?imTaa ?aaXir mawʃiD lalDawrah?
exam still not done when the last time for the period?
With an appointment on 3-8 with doctor (name) and detailed scan is not done yet.
when was the last time for the period?

عندك علم بأخر موعد للدوره؟
?inDak ?ilim Bi?aaXir mawʃiD lalDawrah?
have you know the last time for the period?
Do you know the last time for the period?

موش عاملين detalied scan أ؟
?aah detailed scan miʃ ʃamliyn
Yes detailed scan not they did
Yes, they did not do detailed scan

أه بدنا نعملها. مهي معها موعد:
Yes, we need to do it. Well, she has an appointment.

225. Res.: كيف يعني ب- 3-8؟
Kief yašniy Bi 3-8?
How on 3-8?
How will it be on August 3rd?

226. Dr.: ¿قديش صرلك انت؟ أه 24 صح؟
qaDiyʃ s’arlik ?inTi? ?aah 24 s’ah?
How long you? yes 24 right?
How long do you? Yes 24, right?

227. Res.: أه؟
?aah
Yes
Yes

228. Dr.: أسبوع هي 25-25
24-25 ؟isBowʃ hiyi
24-25 week is
It is 24-25 week

229. Res.: كيف 25؟ الخامس
Kief 25? ?ilXamis
How 25? The fifth
How is 25? The fifth

230. Dr.: صح 20
20 s’ah
20 right
Right 20

231. Pat.: أه؟
?aah
Yes
Yes

232. Res.: أول أسبوع بالخامس
?awal ؟isBowʃ BilXamis
The first week in the fifth
The first week in the fifth month

233. Dr.: أه؟
?aah 20
Yes 20

234. Res.: تقريبا هيك
TagriyBan hiyk
Nearly like this
Nearly like this
235.Hus.: 19
236.Res.: 19
19 ?isBowʕ yimkin
19 weeks may be
May be 19 weeks
237.Hus.: 19
238.Dr.: طبيب
t'ayiB
Okay
Okay
239.Res.: 19
هلا ممكن تعمل OGTT ولا نستنى لـ?
Halaa momkin Ti'Smal OGTT wilaa nisTanaa la?
Now can we do OGTT or wait for?
Now can we do Ogtt or shall we wait for?
240.Dr.: 24
OGTT mafrowd? Bi 24
OGTT supposed in 24
OGTT is supposed to be in 24
241.Res.: صح مش هلا
s'ah? miʃ hala
right? not now
Right? Not now
242.Dr.: 19
?aah
Yes
Yes
243.Hus.: 24
الدكتور [يعني على موعدنا مع]
yəniy ʃala mawʃiDnaa maʃ [ʔiDowkTowr]
This means on our appointment with [ the doctor]
This means we are on our appointment with the doctor
244.Dr.: [عِلَّ]
[ʃala 24]
[on 24]
On 24
245.Res.: أحسن
?ahsan
Better
Better
246.Dr.: %100 100% 100%
?aywa 100% 100%
Right 100% 100%
247. Res.: OGTT

بكون بعد شهر صار موعد

Bikown BaĢiD Ŧahar s’aar mawĢiD OGTT
Will be after a month becomes appointment OGTT
The appointment of Ogtt will be after a month

248. Hus.: السكر يعني مرتفع شوي؟

?ilsokar yaFrank mirŤafić ?išway?
The diabetes this means high a little?
Does this mean that the diabetes is a little high?

249. Dr.:

يمكن تفسير سبب ارتفاع السكر، هل يمكن أن يكون هناك مشكلة أخرى في النظام الغذائي؟

?iBnišTaBroh ?iBs’araahah ?iďaa hamil ‚aBiyšiy yaFrank maa fiy
We consider it really if pregnancy normal this means not there
mojkiilih wa ‚omoroh ?ikwaysih okay Ba’TaaBiš Bas ?iďaa laazim
problem and its matters good okay I follow but if must
?iŤjowf ‚ayiB
See okay
We really consider if the pregnancy is normal this means that there is no problem and its
matters are good okay we follow but if it is a must see a doctor

250. Hus.: السكر يعني مرتفع شوي؟

?ilsokar yaFrank mirŤafić ?išway?
The diabetes this means has been raised a little?
Does this mean that the diabetes has been raised a little?

251. Dr.: السكر يعني مرتفع شوي؟

BažTaBroh Bis’araahah Bimarhalih zay hiyk mif laazim yikown hiyk.
I consider it really in a level like this not must be like
howa ‚aBiyšiy ?agal min ‚aBiyšiy Bas ?išhaamil mawďowć
this normal less than normal but the pregnant topic
moXTalif hassah fiy faḫis? ?ismoh
different now there test called
I consider it in a level like this should not be like this.It is normal and less than normal
but the pregnant is a different topic now there is a test which is called

252.

الabetic تحمل السكر بعد 4 أسابيع يمكن تحليل السكر في نقطة 100% أو كان اعفاء من طبيب تفضل السلالة الخاصة

Test bearing the diabetes after 4 weeks we work on the basis
?inoh ŦaaBit 100% law kaan ?aľaa min hiyk BafTarid? Ŧinoh
that stabled 100% if it was higher than this I suppose that
haď’aᾳ Sokar
this Diabetes
The diabetes bearing test after 4 weeks we work on the basis that it is stable 100% if it was
higher than this I suppose it is diabetes

253. Hus.: أه

?aah
Okay
Okay

254. Dr.: Bas ihaa maBDa?iyan maa ?iBnigDar ?inqarir çaaliy?h sokar
But we basically not able to decide on the bases of diabetes
the pregnancy appears when after the 24 weeks so this
mi?rah nihkom çaaliy?h ?iil?aan
not will be judged on the basis of it now
but basically, we are not able to decide on the basis of the pregnancy test when will it be
after 24cweeks so this will not be judged on it now

There thing another you like to add doctor?
Do you like to add another thing doctor?

256. Res.: Laa laa Bas detailed scan law yi?malilhaa mi?f çaarifih liyi?
No no but detailed scan if to do for her not know why
No but I wonder if he can do for her the detailed scan I do not know why

257. Hus.: طبيب دكتور
[t?ayiB DokTwor]
[okay doctor]
Okay doctor.

258. Dr.: scan [detailed the]
[?il detailed] scan
[the detailed] scan
The detailed scan

259. Hus.: دكتور بالنسبة لهل المعلومه في عدها شد عضلي في أسفل البطن
DokTowrah BilnisBih lahal ?imaclomih fiy ?inDhaa f?aD ça?aliy
Doctor according to this information there has she cramps muscle
fiy ?asfal ?iBatin
there Under the abdomen
Doctor! According to the this information, there is she has muscle cramps under the
abdomen

260. Dr.: ام (0.4) كيف يعني شد عضلي في أسفل البطن?
?im (0.4) kief ya?niy f?aD ça?aliy ?asfal ?iBatin?
imm (0.4) what mean cramps muscle under the abdomen?
imm (0.4) what do you mean by a muscle cramps under the abdomen?

261. Pat.: يعني لما فحصت عند الدكتور بين عدها على الجهاز إته في زي عضله ضعافه
Ya?niy fahasaT ?inD ?ilDokTowrah Bayyan
This means when she has been examined by the doctor it appeared
?inDhaa zalaa ?ilgihaaaz ?ino fay zay ça?ali?h d'aaytah
she has on the device that there as muscle pressing on. This means that when she has been examined by the doctor, it was appeared on the device that she has as a muscle which is pressing on

262.Dr.:  Not believe the device device what cramps the muscle on the ultrasound! ultrasound this not right please go inside just let the doctor to examine you

263.Dr. to Res.:  Just to examine her abdomen.

264.Res.:  extension

265.Dr.:  But this is normal normal yes it is not a muscle cramps it is when the womb size becomes bigger it will press on the area that is a round

266.Hus.:  The fungi

267.Dr.:  What?

268.Hus.:  The fungi?

269.Dr.:  بنزيد بالحمل.
بالفحصات ما طلع في فطريات:

Bilfohosٰٔٔٙٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔٔ..
الإجهاض

بنتصير تغيرات. من التغيرات في تصور المرء المائي نجدها حجم الرحم يتحسن على رأس من الأعراض الموجهة إلى نهاية إتمام.

BiTs’iyr TayiyraaT min ?iTayiyraaT ?iliy BiTs’iyr ?ilmarah ?ilmakd’iyih hakiynaa

Have changes from the changes that happen the last we say

?iladhim Bida’yaT żala waMID min ?i?awcyih ?iDamaawiyyih

size the uterus press on one of vessels blood

?iliy BigihaT ?iilmaal

that the side left

changes happen. From the changes that happen the last time we said the size of the uterus press on one of the blood vessels that is on the left size


Causes bulge in leg the left same thing now the muscles which exist

BilBat’in BiDhaa ?iTBalij low yis’iyr fiyyaa Tawasoc

in the abdomen need to start what will happen with it Expansion

Causes a bulge in the left leg. Now the same thing for the muscles that exist in the abdomen needs to start what?! Expansion

Pat.: توسع

Expansion

Expansion

Dr.: أم هاد الأشياء بعينه تعود على المشاكل الصحية، بينما يعتبر هذا الأمر الطبيعي. بالنسبة للعديد من النساء ما هذا النزاع. وهو


Yes this thing do thing normal also happens the acor


most ladies the acor also problem the first thing


that the move the intestines and

Yes, this is the thing that do this thing this means it is normal. The acor also happens

with most of the women acor becomes a problem and the problem that the first thing is

the move of the intestines and

?ilmariy? BiTXif na?i?i3iT hirmownaaT ?ilhamil wa BaSiD

Esophagus becomes less because of hormones the pregnancy and after

f?ira? hajjm ?i?rahim BikBar wa BiSi’yrr

a period of time the size of uterus becomes bigger and becomes


press on the stomach and out the liquids these all changes

The Esophagus becomes less because of the hormones of pregnancy and after a period of time, the size of the uterus becomes bigger and press on the stomach and out the liquids. All these changes are
285. معا الحمل يتصير. افهمي علي اذل؟

ما؟ ايلاميل بيتشر يثير سلال يل؟؟بون?

with the pregnancy it becomes understand you me how?

286. Pat.: أم

؟يم

يمهم

287. ((The Dr. is discussing the medication with the Res.))

288. Dr.: يعتن صراعه قأجب يعتن شوف علي في حره 400 و في حره 200. ف 200 ل 7 أيام. أنا بيك تنصيبتي

ياشي ساراه ءانا باليبي باشي سافر سلال سيل في ديور ساح

this means honestly I like this means listen to me there doze

400 وا سيل في ديور ساح 200 فا ل 400 ل 3 سايم

400 and there doze 200 so for 400 for 3 days

وا 200 ل 7 سايم ءيياا بيديك نسيي تي

and 200 for 7 days if want you my advice

honestly, this means that I like this means listen to me there are 400 and 200 doze. So, the

400 for 3 days and 200 for 7 days. My advice is

للللاستخدام أفضل يستخدم حاله الحمل ال 200 لمدة 7 أيام

289. Lal?isTiXdaam  ءلد?ال يسيايDiTيم بيهاييل ءيل 200

For the use the best to use in the case the pregnancy the 200

lamoDiT 7 سايم

for 7 days

For the us, the best is the use of 200 for 7 days in the pregnancy case

290. (0.10)

291. Hus.: هسه شو آل (أبي)

هساه ساو ءيل ( ) ءيئ:

Now what the ( ) ءيئ:

Now, what the ( ) ءيئ:

292. Dr.: بس

Bas

Just

293. Hus.: الي هو العلاج هاتف؟

؟ليي ساوه ءيلسيايلااد ساوه؟

The which is the treatment this?

The which is -is this the treatment?

294. Dr.: بس

Bas

Just

Just

295. Hus.: ؟ لمدة كم؟
 أسبوع برسم هاي الإتهامات يزيد خلال فترة الحملUSH؟ لأنه برسم هرمونات الحمل تقلل من المناخ وتحترس علاجه 296.

Dr.: 

isBowç Bard'ow haay ?il'TihaaBaaT BiTziyD Xilaal faTriT Week also these inflammations will be increased during the period ?ilhamil liyl? Li?anoh Bard'ow hirmownaaT ?ilhamil BiTXaliy the pregnancy why because also hormones the pregnancy let ?ilmanaaçah wa BiTs'iyr šaylih čaaDiyih the immune and become thing normal Week. These inflammations will also be increased during the pregnancy. Why? Because the pregnancy hormones are also let the immune and become a normal thing

297.

Dr. to Pat.: 

Yes. Doctor! According to immunity and the fetus immunity

298.

Hus.: 

there is no need to re-visit the doctor to reassure us about the fetus status

299.

Dr.: 

If there is an appointment that is contrasted with the Souq

300.

Hus.: 

We want to cancel it

301.

Dr. to Pat.: 

لما مدى؟

How long?

How long?

Dr. to Pat. / Hus. / Dr.:
?ie:: īahar waahiD yaςniy ?inTa
?ie:: month one this means you
BiTraadʒiςniy Xaliynaa niςkiy ?aaXir
visit me let us say the end
?il|ahar haadˀ [ςinDhaa]
the month this [ with her]
?ie:: one month this means let’s say you visit me
At the end of this month with here;

304.Hus.: موعد [ ها الأسبوع الجاي]
[mawςiD]haa ?il?osBowς ?ilʒay
[appointment]er the week next
Her appointment is the next week
305.Dr.: أو آخر الشهر هاف عند دكتور ---- تمار ؟ و أي شيء أنا موجود:
?aah ?aXir ?il|ahar Haɗaa ?inD DokTwor (name)
Yes end the month this with doctor (name)
Tamaam? Wa ?ay ?i;y ?anaa haadˀir mawʒwoD
okay? and any thing I am ready there
Yes. At the end of this month with doctor(name), okay? and I am ready for anything.
306.Hus.: شكرا حزيلنا بسيدي رقمك:
Joskran ʒazylan Bas BiDy raqamak
Thanks so much just need your number
Thanks so much. I just need your business card
307.(0.1)
308.Dr.: هاي افضل
309.Hus.: شكرا حزيلنا
Joskran ʒazylan
Thanks so much
Thanks so much
310.Dr.: بالسلامة هلا:
Bilsalamih hala
Goodbye bye
Goodbye, bye
311. Hus.: يمكنك العافيه دكتوره:
Yaςtiyk ?ilςaafyih DokTowr
Give you health Doctor
May God give you health, Doctor
312. Res.: هلا مع السلامه:
Halaa maς ?ilsalaamih
Welcome goodbye
You are welcome, goodbye
Duration: 8: 37
1. Dr.: اعتضليختي
?îTfad'aliyyaXTy
Go ahead please my sister
Go a head please, sister!
2. Res.:--------
ايش اسمك؟--------
(name) ?iyf ?ismik? (name)?
(name) what your name? (name)?
(Name) what is your name? (name)?
3. Pat.:--------
(name)
4.(( The phone is ringing))
5. Res.: تجديد علاج جاهيث
TadʒDiyD siladʒ dʒaayBih?
Renew the treatment you come?
Did you come to renew the treatment?
6. Pat.:--------
BiDy ?afowf ?ilnaTaa?idʒ↓
I need see the results↓
I need to see the results↓?
7.(0.14)
8. Res.: الأمور ممتازه
?il?omowr momtaazih
The results excellent
The results are excellent
9.((The Dr. is talking with another Pat. While the current pat.was entering the room))
10. Pat.: مرحبا دكتور
marhaBaa DokTwor
hi Doctor
hi doctor
11. Dr.: كفلك شو اخبارك؟
Halaa↑ kyifik jow ?aXBaarik?
Hi↑ how are you what latest news you?
Hi↑ How are you? What is your latest news?
12. Pat.: ° الحمدلله °
° AllhamDow lillAllah °
° Thank God °
13. Dr.: كيف الأمور؟
Kiyf ?il?omowr?
How are the matters?

14. Pat.: wallAllah Tammam BiDy ?afowf naTa?idʒ ?ilfohows?aaT really fine I need see the result the tests
Really fine. I need to see the results of the tests.

15. Dr.: بنشوفهم ليس لا?
We will see them why not
Why not? We will see them.

16. Pat.: ببمي آلٔا?
I care for ( )
I care for ( ) for ( )

17. Dr.: أٗب ّب٣لْٜ ًِْٜ ٓؼط٤٘ي أفٚو. ٣ؼ٘٢ ِٓ ?aayifhim kolhom maštiyinik ?aXd/ar yašny miʃ I see them all of them give you green this means not I see them , all of them give you green. This means not

18. Res.: كلهم كويسين
Kolhom ?ikwaysiyn All of them good All of them are good

19. Pat.: بس قديش دكتر اللٔ؟
But how much doctor the ( )?
But how much is the ( ), Doctor?

20. Dr.: Baʃrifiʃ lissah BaʃiDny ?it'allaʃiT min ?iBʃiyD BaʃiDny maa I do not know still still I looked from far away still not jowfTiʃ hassah ?iBinDag[ig] see now we will fo[cus]
I do not know. I still still saw them from far away. I did not see them very well. Now I will read them carefully.

[Ta?myn Daal maʃmwollak?]
[Vita] min D did it for you?
Has Vitamin D been done for you?

22. Pat.: مهو لاني بأخذوه رسم [ي]
Mahowa li?any BaXDoh rasm[y] Well because I take it always[s]
Well, because I always take it.

23. Res to Pat..: [عم[ليته الفحص؟]
24. Dr. to pat.: Did you do the test?

انت عملي الفحص عنك؟

؟ىنت ؟ىميلتي في؟ىلهاش ؟ىنن؟

You did you the test here?

Did you do the test here?

25. Res.: لا

La?

No

26. Dr. to pat.: من عمليه السبوع الماضي؟

ما تا ؟ىميلتي في ولي ؟ىلما؟ى؟

when you did it the week the last?

When did you do it? Last week?

27. Res.: مس موجود الفحص. فيتامين [دال]

مي مندوقو ومفاحيس؟ وليفيين [دال]

The test is not there. Vitamin D

28. Dr. to Pat.: الإسهال [الماضي] عمليتي فحوصات عدا؟;

؟ىلما؟ى؟ ؟ىميلتي في وليس؟؟ت ؟ىمن؟

[the week] last you did tests here?

Did you do tests last week here?

29. Pat.: الإسهال الماضي ولا الي أبله ؟!

؟ىلما؟ى؟ ؟ىلما؟ى؟ فيلا ؟يلي ؟ا بله ؟!

The week last or the one before?!

Is it the last week or the one before?!

30. Res.:18-6

أبل رمضان بيومين

؟ابيل رمضان ؟يبيومين

Before Ramadan in two days

Two days before Ramadan

31. Pat.: أه؟

؟اا

Yes

Yes

32. Res.:18-6

33. Pat.:؟

؟اا

Yes

Yes

34. Res.: Fasten Blood Sugar

فيتامين دال مندوق دكتور 12

فيتامين دال مندوق دكتور 12

كلوزو ALC B12

viتامين دال مفاحيس دكتور B12 ALC ؟ىلكوكوز FASTEN сахар

vitamin D not there doctor B12 ALC Glucose fasten sugar

blood

blood
Vitamin D is not there, doctor! B12, ALC Glucose, fasten sugar

35.Res.: [الطبيع]
\[B12\]
The fats, the liver, kidneys, the blood. All of them are normal

36.Dr.to Pat.: [كله] [كله طب]{[ب]}يمي
[koloh] [koloh t'aB] iy\iy
[all of them] [all of them normal]
All of them, all of them are normal

37.Pat.: ?B12
How much is the B12?

38.Res.: 532

39.Pat.: ?B12
How much is the B12?

40.Dr.: [ممتاز]
[momTaaz]
excellent
Excellent

41.Dr.: 532

42.Pat.: [أحسن مرات]
Kaan \[ahsaan\] marraT
Was better sometimes
Sometimes, it was better

43.Dr.: لا هيك حسسك ممتاز فوق آل 500 ممتاز فيش داعي:
Laa hiyk fahs'ak momTaaz fwog \[500\] momTaaz
No according to this test your excellent above the 500 excellent
fiy\[ Dafiy\]
there no Need
No, according to this, your test is excellent. Above 500 is excellent so there is no need

44.Pat.: طبيب بدي وين ممكن أعمله للفيتامين [ليبي]
t'ayiB BiDiy wien momkin a'smaloh halvitamiyn \[?ie::h\]
okay I want where can I have it for the vitamin \[?ie::h\]
Okay, I want, where can I do it for the vitamin imm

45.Dr.: [بأي] محل بس غالي
[Bi?ay] mahal Bas yaaliy
[any] where but expensive
Anywhere, but it is expensive

46.(0.2)
Wait for it until it comes

When does it come?

waAllah maa ?ihnaa ?aarf?yn walaa haD Bi'rif ?is?aliy ?ilmoXTaBar
Really not we know and anybody knows ask the lab
because to be honest today my patients all of them the same the story ?ie::h
we really do not know and nobody knows. Ask the lab because, to be honest, all my patients
have the same problem today imm

Really not we know and anybody knows ask the lab
we really do not know and nobody knows. Ask the lab because, to be honest, all my patients
have the same problem today imm

Okay, the iron please.

There is ferritin which is different from the hemoglobin

No it is different, yes

ما عملتها مخازن الحديد؟
Maa ?išmilThaa maxaazin ?ilhaDiyD?
Not did it Ferritin?
Did not I do it the ferritin?

ما عملتيهاش لا
Maa ?išmilThaa laa
Not you did it no
No, you did not do it

60.Res.: Normal LCD

61.Dr. to Res.:؟LCD قدش آل
gadiyʃ il LCD?
how much the LCD?
How much is the LCD?

62.Res.:0.89

63.Dr. to Pat.:
مش مشكلا اتانا الى هو حجم كريات الدم الطبيعية جدا بعني هاذا يعني شروبة لدات بي طبيعية جدا ايقان مشكلة فيه
mijʃ mojkilih ?ihaa ?iliy howa hagim korayaat ?iDam t'abiṣiy giDDan not problem we that it size cells blood normal so
yaṣniy haaḍ’aa Baṣtyi? iʃway DalalaT Bas t'aBiyṣiy dʒiDaan this means this gives a little indications but normal so
fiyʃ mojkilih fiyḥ there no problem in
No problem. We that the size of the blood cells is so normal. This means that this
gives little indications, but it is so normal. There is no problem.

64.Pat.: ايش هي الدلالات يعني؟
?iyʃ hiyi ?ilDalaalaT yaṣniy?
What are the indications you mean?
What do you mean by indications?

65.Res.: إنها في نقص [حديد او لا]
?inoḥ fiy naqṣ[ḥaDiyD ?aw la?] That there shortage [iron or not?]
That there is shortage in iron or not?

66.Dr.: إذا كان في [نقص حديد او لا]
[? iḍaa kaan fiy] naqṣ[ḥaDiyD ?aw la?] [if was there] shortage iron or not
If there was shortage in iron or not

67.Pat.: طبيب
t'ayiB
Okay

68.Dr.: إذا كان نازل معاناته في احتماليه نقص حديد
?iḍaa kaan naazil maʃnaaToh fiy ?ihTimaaliyih naqṣ[ḥaDiyD
If was come down this means there a possibility shortage iron
If it came down, this means there is a possibility for iron shortage
Pat.: هل؟
    Halaa?
    What?
    What?

Dr.: طبيعتات
    t'aBiyiyaaT
    normal
    Normal

Pat.: لا؟
    Halaa?
    What?
    What?

Dr.:

Pat.: ج٥بد tˀaBiy ʕiyaaT
    normal
    Normal

Pat.: لا؟
    Halaa?
    What?
    What?

Res.: [ٛلا؟]
    فل٢ اٍ ٣ّٞ ثؼل ٣ّٞ ٣ؼ٘٢ ًْ ٕبه
    = xoDiyh yowm BaʃiD yowm yaʃniy kam s’aari[lk?]
    =take it a day after a day this means how long [you?]
    =take it a day after another. I mean how long do you take it?

Dr.: [ٛلا؟]
    خليها توخذه
    [laa] Xaliyhaa ToXDoh
    [No] let her take it
    No, let her take it

Pat.: يومي
    Yawmiy
    Daily
    Daily

Res.: هى ال 2000 مش عاليه!
    Hiya ?il 2000 mʃ ʕaalyih!
    It is the 2000 not high!
    The 2000 is high, is not high?

Dr. to Pat.: أصلا ال
    ?as’laan ?il recommendations haTa ʔinTa hassah ?iBTiʃrifiy ?il ?il
    Well the recommendations even you now know you the the
    fow ?ismow ?ilTaws’iyaaT ʃafʃaan
    what called the recommendations for
    Well, the recommendations, even you now know the, the what is called the
    recommendations for

Res.: أل أو التي منسوميها
    ؟il follow up treatment ؟aw ؟ili minsamiyhaa

627
The follow up treatment or the what we call it
The follow up treatment or the what we call it

78.Pat.: تصلب الل ( عشان التصلب
Tas'aloB ?il ( ) ئافاان ?iTas'?loB
Atherosclerosis the ( ) for the Atherosclerosis

Atherosclerosis, the ( ) for the Atherosclerosis

79.Dr.: أانا فاهم علي [كي]
?anaa faahim ئالي[kom]
I understand you
I understand you

80.Pat.: [أه]
[?aah]
[yes]
yes

81.Dr. to Res.: هي عشان عدنا ( عشان التوصيات ان: بيوخ المربيش 2000 علي طول هيك
Hiyi ئافاان ئيندهاا ئiTaws'iyyaaT ?in::oh ywoXiD ئolmariyd'?
She for she has the recommendations th:a:t take the patient
2000 ئالاا t?owl hiyk
2000 for ever like this
She, she has ( ) for the recommendations that the patient takes 2000 for ever.

82.Pat.: أه هيك ال ----- أه أه
?aah hiyk ?il (name) ?aah ?aah
Yes like this the (name) yes yes
Yes, like this the (name) yes, yes.

83.Dr. to Res.: requirement for something for professional follow
Haay requirement for something for professional follow
This requirement for something for professional follow
This requirement for something for professional follow

84.Res.: Osteoporosis

85.Dr.: فصص أخرى Osteoporosis
Osteoporosis kolhaa other stories qisˀas ئoXraa
Osteoporosis all of them other stories stories other
Osteoporosis, all of them other stories, other stories

86.Res.: بس هو 2000 أه
Bas howa 2000 ?aah=
But it is 2000 yes=
But it is 2000 yes=

87.Dr.: بالنسبة الها. تمام؟ هاي 2000 =
=2000 haay required BilnisBih ئilhaa Tamaam?
=2000 this required according to her okay?
=2000 is required according to her, Okay?

88.Pat.: أه ليش بحب أنا أفج[ص]?
?aah liy]' BahiB ?anaa ?afha[s']
Yes why like I do examinat[ion]
Yes, this why I like to do examination.

89.Dr.: [خلي] كي مانشيه عليه توكلي على رب العالمين
[Xaly]ky m glyph ' h glyph ' ?Twakaly ?alaa raB ?ilcilamyn
[kee]p using it Trust the Lord worlds
Keep using it. Trust in the Lord of Worlds

90.Pat.: يعطيلك العافيه
yašt'yk ?ilçafyih
give you wellness
May God give you wellness

91.Dr.: الله يعافيك. شوفي بي من وفيت وأنا حاضر ما عدا مشكلة أعمل اليوم
Allah yišaafyky ğwofy ?iymTaa wa mory Bi?ay waqT
God gives you wellness see when and stop by me any time
wa ?anaa had'ir maa qDy m okilh açmalik ?iyaah
and I am ready not have problem do you it
Thank you. See when and stop by me at any time and I am ready.I do not have a problem
to do it for you.

92.Pat.: بلا يعطيلك العافيه
Yalaa yašt'yk ?ilçafyih
Okay give you wellness
Okay. May God give you wellness

93.Dr.: بالسلامه الله معك بأمان الله هلا
Bilsalaamih Allah maşık Bi?amaan Allah hala goodbye
Goody by God with you Goodbye Goodbye.
May God be with you. Good bye, Goodbye
1. Pat.: السلام عليكم
    ?salaam ʕalaykom
    Peace upon you
    Peace upon you

2. Res.: و علیکم السلام. انتفضل
    Wa ʕalaykom ʔsalaam. ?itfad'al
    And upon you peace. Please come on
    And upon you. Please come on.

3. Pat.: معليش بدننا اتشوفنا هل الفحوصات
    mašliʃ BiDnaa ?iTʃwofilnaa hal ?ilfohwos'aaT
    Please we need to check for us the the tests
    Please, we need you to check the tests

4. (The Res. Is reading the report for(0.5) seconds))

5. Res.: هك هدول؟
    ?ilak haDwoł?
    For you these?
    Are they for you?

6. Res.: آه
    ?aah
    Yes
    Yes

7. (The Res. is reading the report again but this time for (0.14) seconds))

8. Res.: ما عندك من الأول أمراض آبدا؟
    Maa ʃinnDak min ?il?awal ?amraad? ?aBaDan?
    Don’t have you from the beginning diseases never?
    Do you have any diseases from the beginning?

9. Pat.: نعم؟
    naʃam?
    What?
    What?

10. Res.: ما عندك من الأول أمراض آبدا؟
    Maa ʃinnDak min ?il?awal ?amraad? ?aBaDan?
    Not have from the beginning diseases never?
    Do not you have any diseases from the beginning?

11. Pat.: لا لا
    Laa laa =
    No no=
    No, no=

12. Res.: أول مرة بتعمل فحوصات؟= 
13. Pat.: = awal marrah ?iBTiśmal fohwos̱aaT?
First time have tests?
=Is it the first time that you have tests?

أول مرة
=؟jawal marrah.
First time
The first time

14. Res.: = حكم عمرك انت؟
Kam ʕomrik ?inta?=
How old you?
How old are you?

15. Pat.: 24=

16. (( The Res. is looking at the report again and this time for (0.8)seconds ))

17. Res.: tˁayiB fohwos̱aaT ik ?igmaalan kolhaa miny̱ah ?iee Bas ʔilDohniyaaT
okay tests your in general all of them good Imm But the fats
ʔisway ʕalaa ʔilhaD ʔilʕaaly
a little on rate the highest
Okay, your tests, in general, are all good. Umm but the fats are near the highest rate.

18. Pat.: imhm

19. Res.: ظنيل بالزمنها علاج ولا ما فيش داعي؟
ʔilDohniyaaT okay↓?
The fats okay↓?
The fats. Okay↓?

20. Pat.: طبيب فحوصك اجتما كلها ملهمه أبي بين الدنهيات ناوي على الدد العالي
 לך بلكلا معالج ولا ما فيش داعي؟
tˁayiB Bilzamhaa ʕilaadʒ wilaa maa fiyʃ ʔilhaD ʔy?= okay need it treatment or no there a need?= OKay? Does it need treatment or no need for this?= لا طبعا لوضعك انت. انت مدخن اشي؟

=No of course for your case you. You smoking thing
= for you case, of course not. Are you smoking?

22. Pat.: لا لا
La? La?
No no

23. Res.: لا يتلعب رياضه بتعشى؟
La? ?iBTilʕaB riyaaDah ?iBTimʃy
No you play sport walk
No. Do you do sport or walk?

24. Pat.: لا ولا هيههيه بعمل اشي [ي]
Wa laa hh Bašmal ?i[y]
And not hh do thi[ng]
I do not, hh, do anything

25.Res.
[?aah] yašny kawnik mafy šinDak maʃaakil sihiyh Šomrak ?is’gyr
[okay] this means since no have you problems healthy Age your little
?ie::h we give you chance that style the life
Okay, this means that since you have health problems, you are young imm (?)ieeh) we will give you the chance of life-style.

[?ily] hoa ?il?akil
[which] is the food
Which is the food

27.Pat.: [أ]
[?aah]
[okay]
Okay

[?aah] yašny kawnik mafy šinDak maʃaakil sihiyh Šomrak ?is’gyr
[okay] this means since no have you problems healthy Age your little
?ie::h we give you chance that style the life
Okay, this means that since you have health problems, you are young imm (?)ieeh) we will give you the chance of life-style.

29.
BiThiB ?iTmaarsoh Tišmaloh Bil?id’aafih li?annak qaDar ?il?imkaan yikwon
You like do it do it in addition to that you can as much as you can to be yiďaa?ak s’iḥy wa moTawazain Okay? ?ie::h ?iBnirga? BinšiyyDhom BašiD
food healthy and balanced Okay? ?ie::h we again do them again after
3 ?aj?hor
3 months
That you like to do, to do, in addition to keeping your food healthy and balanced as much as you can. Okay? Imm we will do them again after 3 months

30.
Homaa miʃ ?kTyir šalyn Bas ?ihnaa maa Binfad’il yikwonwo hiyq xaaš’ah
They not too much high but we not prefer to be like this especially ?inoh ?inTa ?is’γiyer yašny ?ifhiimT šalay? BaqiyiT ?ilfohwos’aaT
that you young I mean you understand me? the rest tests kolayaatThaa
all of them
They are not too high but we do not prefer them to like this especially that you are young. Do you understand me? The rest of tests are all

Excellent okay? But maybe that if you followed the instructions a little

Excellent. Okay? But it might be that if you slightly followed the rules

Excuse me, this one is low.

This what it this?
Which one?

No ↑. These are not, I mean, that they are the white blood cells

so they normal
=so they are not so important. We, in general, look at the white blood cells and they are full which are 6.3, so they are normal.
Okay. Please vitamins. I want B12. They did not do it for me.

Did they do the test?

Did not they do the test?

Now I will ask for you it but vitamin D not there

I will ask it for you now but vitamin D is not there

No problem

The test

The test

What is the reason that it is not there?

It is really from the lab. We do not know this. The material

Okay. Because people are also asking the same thing in the upper stair.
Yes, the material is not there.

And the test is a little bit expensive, so you need to wait.

Yes. It is 25 JD outside the hospital.

No, I do not know. It was written that it has been asked for you.

Really! Is it possible that the last page was imm?

This means were not ready for example?

Does this mean that they were not ready, for example?
Okay, it is between 200 and 900.

Okay, it is between 200 and 900.

400 is low, isn’t it?

No, 435 is excellent.

Okay, why it did not appear here!

I really do not know. They may forget to type it.

Okay. Excuse me, FBS relates to sugar/ diabetes?

The glucose is 5.2.

The glucose is 5.2.
yašny ?ikwayis wilaa maʃ ?ilhaD [?il?aʃlaa?] means good or with level [the highest?]

Does this mean good or near to the highest level?

[yes yes] no good excellent

Yes, yes. No it is good, excellent.

77.Pat.: يا ستي شكرى [الك]
Yaa siTy sokran [?ilik]
Lady thank [you]
Thank you, Lady

[excellent]t welcome and welcome

Excellent. You are welcome

79.Pat.: بعد 3 أشهر بقدر أعيد الشخص؟
BaʃiD 3 ?aʃhor BagDar ?aʃiyD ?ilfahis”?
After 3 months can I repeat the test?
Can I repeat the test after 3 months?

80.Res.: يمكن الذهنيات بس آه حاول ازا نزل الوزن تصل رياضتي الأمور تصير أحسن
Momkin ?ilDohniyaat Bas ?aah haawil ?izaa Binzil ?ilwazin Tiʃmil
May be the fats but yes try if loose the weight to do
riyaadah ?i?omwor BiTs’yr ?ahsaan
sport the health status will be improved

May be the fats. But, yes, try to loose weight, do sport, the health status will be improved.

81.Pat.: طيب شكرى شكرى [الك عل] بأناك
okay thank thank [you sorry for bothering]
Okay. Thank, thank you. Sorry for bothering you.

[take care] you are welcome

Take care. You are welcome
Appendix 2: Participation consent form

I am ____________________________ and who signs at the end of this permission sheet accept to participate in the student's (Rula Ahmad Abu El-Rob) study. The study is conducted in the internal out patient clinics at KAUH and it is about Applied Linguistics. The researcher assures that all the names that might appear while recording will be omitted for encounters’ anonymity and all the recorders will be destroyed upon the completion of the study.

Signature:

Date:
Appendix 3: Ethical consent

School of Music, Humanities and Media
Research Conduct and Ethics Assurance Procedures

1. Introduction
1.1. These Procedures should be used in conjunction with the separate ‘Code of Research Conduct and Ethics’ (Appendix 1), and the University’s ‘Ethical Guidelines for Good Practice in Teaching and Research’ (http://www.hud.ac.uk/media/universityofhuddersfield/content/image/research/gradcentre/progressionmonitoring/Ethical%20Guidelines.pdf) which provides generic guidance on issues relating to research conduct and ethics. They provide a general scheme for ensuring appropriate assurance of appropriate ethical consideration of research in the School. However, it is acknowledged that, especially with respect to research ethics in projects involving human or animal subjects, specific disciplines and professions possess their own codes of practice, either formally published, or informally accepted as part of normal disciplinary protocols. Where appropriate, it should be demonstrated research projects comply fully with such discipline-specific codes of practice or protocols.

1.2. The Integrated Research Application System (IRAS) is a single system for applying for the permissions and approvals for health, forensic and social care / community care research in the UK. IRAS captures the information needed for the relevant approvals from the following review bodies:

- Administration of Radioactive Substances Advisory Committee (ARSAC)
- Gene Therapy Advisory Committee (GTAC)
- Medicines and Healthcare products Regulatory Agency (MHRA)
- Ministry of Justice
- NHS / HSC R&D offices
- NRES/ NHS / HSC Research Ethics Committees
- National Information Governance Board (NIGB)
- National Offender Management Service (NOMS)
- Social Care Research Ethics Committee

Staff and students are reminded that any research involving these organisations requires that a request for ethical approval is submitted via the Integrated Research Application System (IRAS) in addition to MHM’s ethical approval procedures. Any NHS and Forensic research with either staff, patients or offenders must go via this process. The login website for IRAS is:
https://www.myresearchproject.org.uk/signin.aspx

2. General Principles
2.1. In establishing effective mechanisms for assuring the proper consideration of issues of conduct and ethics in the design, conduct and reporting of research within the School, these procedures seek to implement the principles and obligations laid down in the School ‘Code of Research Conduct and Ethics’ (Appendix 1), adopting the following basic principles:

2.1.1. Subsidiarity. Active oversight should take place as close to the location of the operational responsibility for the research as possible.
2.1.2. Proportionality. The degree of scrutiny required should be proportional to the magnitude of the research, and the level of ethical risk it involves.

2.2. The procedures set out below relate to four distinct areas: training, approval, monitoring, and complaints, and are designed to encompass approval procedures for all research undertaken within the School from undergraduate to collaborative staff research projects.

3. Dissemination and Training

3.1. An effective policy of ensuring appropriate standards of research conduct and ethics requires appropriate mechanisms for dissemination and training.

3.1.1. Effective briefing. All academic staff and students are to be made aware of Music, Humanities and Media’s Code of Research Conduct and Ethics, and their responsibilities as detailed by this Research Conduct and Ethics Assurance Procedures document. Both documents are to be circulated to all new members of academic staff (including fractional and part-time staff) along with other induction materials. Both Code and Procedures are to be circulated to supervisors of research students as part of the briefing materials provided to all supervisors on their appointment to supervise a new research student. Both Code and Practice are to be circulated to research students as part of induction processes, and to undergraduates as part of module documentation.

3.1.2. Appropriate skill development. Where appropriate, provision (including participation in provision provided by external bodies) is to be made to enable staff and research students to develop the necessary skills and abilities to reflect effectively on issues of conduct and ethics and to incorporate such considerations into research design and implementation, and to improve the expertise of staff supervising research projects in providing advice and guidance on these issues.

4. Risk Assessment

4.1. There is a general requirement that all research undertaken by staff and students of Music, Humanities and Media should comply with its Code of Research Conduct and Ethics. The extent to which formal processes of approval in advance of the commencement of research are required depends on the nature of the research concerned.

4.2. School procedures vary depending on the judgement about the level of risk associated with the research (no specific, limited, significant); and whether the level at which the research is being undertaken (undergraduate, PGR, internal staff, or externally funded/group).

4.3. Definition of risk levels: three broad levels of risk can be categorised; SMUS-SB-01Oct14-P4a

4.3.1. No specific risk: in general, a research project can be taken to have no specific ethical risks where it does not involve:

- direct contact with human/animal participants
- access to identifiable personal data for living individuals not already in the public domain
- increased danger of physical or psychological harm for researcher(s) or subject(s)
- research into potentially sensitive areas
- use of students as research assistants

4.3.2. Low risk: in general, a research project can be taken to have low ethical risks
where it involves one or more of the criteria identified in 4.3.1., but does not involve

- covert information gathering or deception
- children under 18 or subjects who may unable to give fully informed consent
- prisoners or others in custodial care (e.g. young offenders)
- significantly increased danger of physical or psychological harm for researcher(s) or subject(s), either from the research process or from publication of research findings
- joint responsibility for the project with researchers external to the University.

4.3.3. High risk: in general, a research project can be taken to have high ethical risks where it involves one or more of the criteria identified in 4.3.2.

5. Appraisal Processes

Procedures for assessing the level of risk potentially involved in research and providing the appropriate level of ethics scrutiny are defined by the level of research and the level of risk identified.

5.1. Oversight responsibilities

5.1.1. Undergraduate research projects. With respect to research undertaken in pursuit of an undergraduate degree or taught postgraduate degree, ensuring compliance of research projects is the responsibility of the Supervisor(s), subject to oversight and confirmation by the Module Tutor. Formal consideration should take place when research projects are initially defined.

5.1.2. Postgraduate research degree projects. With respect to research undertaken in pursuit of a postgraduate research degree, ensuring compliance of research projects is the responsibility of the Supervisor(s), subject to oversight and confirmation by the Director of Graduate Education. Formal consideration should take place when research projects are initially defined, and, where applicable, at upgrade meetings.

5.1.3. Staff research projects. With respect to research undertaken by individual academic staff, ensuring compliance of research projects is the responsibility of the relevant UoA Research Co-ordinator, subject to oversight and confirmation by the Director of Research. Formal consideration should take place when research projects are initially defined, and should generally be considered at annual staff research audits.

5.1.4. Collaborative research or projects seeking external funding. Research projects involving the collaboration of more than one member of staff, involving the use of the research of students to contribute to the research of a member of staff, and projects seeking external funding requiring some form of ethics or conduct approval, will be considered for approval by the School Ethics Review Panel, a sub-group of the Research Committee. Outcomes of the panel’s considerations will be reported to the Research Committee. Formal consideration should take place when research projects are initially defined, and should generally be considered at annual staff research audits.

5.2. Approval processes

5.2.1. Where staff identified as responsible in sections 5.1.1-5.1.3 are satisfied that research projects involve no specific ethical risk, the Declaration (Appendix 4) should be signed and countersigned by student/researcher and member of staff responsible.
5.2.2. Where staff identified as responsible in sections 5.1.1-5.1.3 decide that research projects may or do involve low ethical risk, the MHM Ethics Review for Researchers document (Appendix 5) should be completed by the researcher, discussed with the responsible member of staff, and after any necessary revisions signed and countersigned by student/researcher and member of staff responsible. 

5.2.3. Where staff identified as responsible in sections 5.1.1-5.1.3 decide that research projects may or do involve high levels of ethical risk, the MHM Ethics Review for Researchers document (Appendix 5) should be completed by the researcher, and forwarded to the School Ethics Review Panel, a sub-group of the School Research Committee. 

5.2.4. In all cases under paragraphs 5.1.1-5.1.3 where any doubt arises as to the the appropriateness of ethical sign off, the MHM Ethics Review for Researchers document (Appendix 5) should be completed and returned to the School Ethics Review Panel for consideration by the Panel. 

6. Monitoring 

6.1. Effective monitoring of research conduct and ethics requires not merely processes of approval, but also processes of monitoring of research as it progresses. In general these parallel approval arrangements. 

6.1.1. Undergraduate research projects. Monitoring of issues of conduct and ethics is the responsibility of the supervisor(s). In cases where problems arise or there are concerns about individual students, these should be raised first informally with the student concerned. If they persist they should be raised with the Module Tutor. In all cases where new issues of conduct or ethics arise as the result of the modification or evolution of already established projects which raise the level of ethical risk, formal approval should be obtained as per procedures in 5.1.1. 

6.1.2. Post-graduate research degree projects. Monitoring of issues of conduct and ethics is the responsibility of the supervisor(s). In cases where problems arise or there are concerns about individual students, these should be raised first informally with the student concerned. If they persist they should be indicated in the annual progress reports, and action taken in conjunction with the Chairperson of the Research Committee. In all cases where new issues of conduct or ethics arise as the result of the modification or evolution of already established projects which raise the level of ethical risk, formal approval should be obtained as per procedures in 5.1.2. 

6.1.3. Staff research projects. Where projects were deemed not to require formal approval, monitoring remains the responsibility of the members of staff concerned. In all cases where new issues of conduct or ethics arise as the result of the modification or evolution of already established projects which raise the level of ethical risk, formal approval should be obtained as per procedures in 5.1.3. Where initial approval was formally sought or granted, annual monitoring should take place via the research audit, with outcomes formally minuted, and documentation forwarded to the Chairperson of the relevant UoA Executive. 

6.1.4. Collaborative research funding or projects seeking external funding: the School Ethics Review Panel will receive annual reports confirming approved arrangements or identifying developments and modifications for approval.
6.1.5. In all cases under paragraphs 5.1.1-3 where any doubt arises as to the appropriateness of ethical sign off, the MHM Ethics Review for Researchers document (Appendix 5) should be completed and returned to the chair of the School Ethics Review Panel for possible consideration by the Panel.

7. School Ethics Review Panel (SERP)
7.1. The School Ethics Review Panel will be formally constituted as a sub-group of the School Research Committee.
7.2. The membership and terms of reference of the SERP will be determined by the School Research Committee.
7.3. The SERP will hold a regular cycle of meetings as agreed by the School Research Committee, to include at least one meeting per term, to align as far as possible with demands for approval of projects arising out of consideration of undergraduate research projects, demands for approval arising out of the research audit cycle, and demands for approval arising out of the development of PGR projects.

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7.4. In exceptional cases where ethics approval is required in advance of the next scheduled meeting of the SERP, the committee shall be able to consider ‘Research Ethics Review for Researchers’ documents by correspondence.

8. Records
8.1. Full records will be kept of the operation of these procedures and the nature of the ethics approval granted for all research within the School.
8.2. The Chair of the SERP will be responsible for ensuring that copies of all approvals granted by the Panel are lodged with School Research Office.
8.3. Chairs of the UoA Research Executives will be responsible for ensuring that copies of all approvals granted through staff research audits within their UoA are lodged with School Research Office.
8.4. The Director of Graduate Education will be responsible for ensuring that copies of all approvals granted to PGR students through the supervisory process and annual progress meetings are lodged with School Research Office.
8.5. Subject Leaders will be responsible for ensuring that copies of all documents relating to approvals granted to undergraduate or PGT students without reference to the SERP are lodged with the relevant departmental office.

9. Complaints
9.1. Procedures for investigation of allegations misconduct or unethical conduct on the part of staff or research students of Music, Humanities and Media will follow, mutatis mutandis those laid down by the University Protocol for investigating and resolving allegations of misconduct in academic research.

10. Periodic Review
10.1. A periodic review of the operation of these assurance procedures will be undertaken, at not less than three yearly intervals, under the auspices of the School Research Committee.

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11. Appendices of Related Documents
1. School Code of Research Conduct and Ethics
2. Data Protection Act 1998 and Research Data
3. Decision flow chart
Appendix 1. Code of Research Conduct and Ethics

1. Introduction

The School of Music, Humanities and Media has a responsibility for ensuring that research conducted by its staff and research students abides by accepted standards of conduct and ethics. Increasingly, grant-awarding bodies require formal ethics approval of research projects presented to them for funding. This Code is designed to provide the appropriate set of criteria by which research projects can be considered with respect to issues of conduct and ethics. It should be read in conjunction with the Research Conduct and Ethics Assurance Procedures document (Appendix B), which lays down the process by which monitoring and approval take place.

2. General Principles

2.1. The Code seeks to implement a number of basic principles:

2.1.1. Integrity. Research should be conducted in an honest and truthful manner.

2.1.2. Openness. Research activities should be open to external scrutiny, and presented in such a way as to enable full and fair knowledge to be obtained.

2.1.3. Match with relevant disciplinary criteria. Research should be designed and conducted in such a way as to meet the generic requirements detailed in this document, and also any specific disciplinary or professional criteria.

2.1.4. Reasonableness. Notwithstanding the specific criteria detailed by the Code, researchers remain responsible to ensure that their research is designed, conducted and reported in a manner which does not breach standards that might be reasonably expected of academic conduct and ethics.

2.2. The Code covers four main areas: academic conduct, legal requirements, ethical obligations, and specific criteria.
primarily, but not exclusively, to research that involves the use of live subjects, human and animal. This section is based on a number of extant codes of ethics, in particular the British Psychological Society’s *Code of Human Research Ethics* (2011). You are advised to refer to this document, which can be found here: http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

Appropriate consideration and action is required in the following areas

4.1.1 The ethical conduct of research is guided by four key principles, which underpin the more detailed considerations outlined in the following paragraphs: Respect for Autonomy and Dignity of Persons; Scientific Value; Social Responsibility; and Maximising Benefit and Minimising Harm.

4.1.2 Risk: This can be defined as the potential physical or psychological harm, discomfort or stress to human participants that a research project may generate. These include risks to the participant’s personal social status, privacy, personal values and beliefs, personal relationships, as well as the adverse effects of disclosure of illegal, sexual or deviant behaviour. Researchers should endeavour to identify and assess all possible risks and

Elements in 3.1 to 3.4 are taken from the University of Leeds *Protocol for investigating and resolving allegations of misconduct in academic research*.

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develop protocols for risk management as an integral part of the design of the project. Examples of research that would normally be considered as involving more than minimal risk includes that involving vulnerable groups, sensitive topics, significant elements of deception, invasive interventions, and research that may lead to ‘labelling’ either by the researcher or the participant.

4.1.3 Valid Consent: The consent of all participants in research must be obtained before research commences. This consent must be *informed*, in that it should be based on full and accurate information about *(inter alia)* the nature of the research and its aims, the type of data to be collected, the method of collecting data, the nature of the experience the participant will have as part of the research, including the time commitment involved, confidentiality and anonymity conditions associated with the data, compliance with the Data Protection Act and Freedom of Information Act, the right to decline to offer any particular information requested by the researcher, the opportunity to withdraw from the study at any time with no adverse consequences, the opportunity to have any supplied data destroyed on request, details of any risks associated with participation, potential benefits of the research, and how the results of the research will be made available to participants. Special attention must be given to vulnerable groups, such as children, and adults with understanding impairments, to ensure that their consent is based on full understanding of its implications. It should be *freely given*, in that it should not be induced by financial reward or by pressures derived from circumstances in which the researchers may be deemed to have some form of authority over the subjects. Consent may need to be renewed where research involves a substantial commitment of time or repeated data collection sessions.

4.1.4 Confidentiality: Subject to the requirements of legislation, including the Data
Protection Act, information obtained from and about a participant during an investigation is confidential unless otherwise agreed in advance. Investigators who are put under pressure to disclose confidential information should draw this point to the attention of those exerting such pressure. Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs. In the event that confidentiality and/or anonymity cannot be guaranteed, the participant must be warned of this in advance of agreeing to participate.

4.1.5 Deception: Full information must be provided to participants where at all possible, and methods involving deception only adopted where it has been established that no alternatives exist. In those cases where the nature of the research requires some degree of intentional deception of the participants’ proper consultation as to the appropriateness of the research method, and the risks to the participants must take place. Where this is the case, the withholding of information should be specified in the project protocol that is subjected to ethics review. Explicit procedures should be stated to obviate any potential harm arising from such withholding.

4.1.6 Debriefing: In all research involving the knowing participation of participants, once data gathering has been completed participants should be provided with an appropriate debriefing. In some circumstances, the verbal description of the nature of the investigation will not be sufficient to eliminate all possibility of harmful after-effects.

4.1.7 Conservation: where the process of research requires or risks damage to research objects, researchers have a responsibility to weigh the damage against the academic benefit, and ensure that all reasonable steps are taken to preserve research materials for subsequent researchers.

5. Legal Requirements
5.1. Legal obligations and constraints on aspects of research design, conduct, reporting and publication exist in a number of areas:

5.1.1. Copyright and Intellectual Property Rights. Due care must be taken in exploiting existing data sets, and other source materials, published or unpublished, to ensure that requirements relating to intellectual property and copyright are observed, notwithstanding provisions for ‘fair use’.

5.1.2. Defamation. Where research deals with living individuals, reporting of research in oral or written form needs to take into account the need to avoid slander or libel.

5.1.3. Discrimination. Full consideration must be given to the avoidance of illegal discrimination, including with respect to race, gender, disability and age. Responsibilities relating to some of these areas are detailed in relevant College policies.

5.1.4. Data Protection: Data Protection legislation establishes wide-ranging obligations on individuals and institutions with respect to the obtaining, storage, use and publication of personal information. Attention should be given to the responsibilities in relation to disclosure during research activity of past, continuing or future apparent criminal activity. Care should be taken with potential accidental
access to research data by witnesses of observational research (See Appendix A)
5.1.5. Health and Safety. Participants in research, either as investigators, assistants or
subjects, need to do so in a healthy and safe environment. Advice should be
sought from the University Health and Safety Officer in the event of any doubt.
5.2. This summary is intended to identify relevant areas and issues, not as a comprehensive
digest of existing legal provisions.
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6. Specific (Disciplinary or Professional) Requirements
6.1. The criteria established in sections 2-5 are intended to provide generic guidance.
However, it is acknowledged that, especially with respect to research ethics in projects
involving human or animal subjects, specific disciplines and professions possess their
own codes of practice, either formally published, or informally accepted as part of normal
disciplinary protocols. Where appropriate, it should be demonstrated research projects
comply fully with such discipline-specific codes of practice or protocols. Particular
attention should be given to research involving NHS staff and/or patients.
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Appendix 2.
Data Protection Act 1998 and Research Data
The following principles are offered to students for guidance only, and should be used in
conjunction with the University of Huddersfield Data Protection Policy (see
https://www.hud.ac.uk/services/marketing/webmaster-guidelines/website-policies/legal/dataprotection-
policy/).
Personal data processed only for research purposes receives certain exemptions from the Act
where the data is not processed to support measures or decisions with respect to individuals, and
where no substantial harm or distress is caused. Such personal data can be processed for
purposes other than that for which they were originally obtained, can be held indefinitely and is
exempt from the data subject to right of access where the data is processed for research purposes
and the results are anonymised.
The Act does not give blanket exemption from all Data Protection Principles for data provided
and/or used for research purposes. Most of the principles apply. Researchers will need to ensure
that:
- data subjects whose personal data will be used in research are advised as to why the data
  are being collected and the purposes for which it will be used
- a suitable mechanism is in place to ensure that data subjects can meaningfully exercise
  their right to object to the processing of their data on the grounds that it would cause them
  significant damage or distress
- particular care is taken when the processing involves sensitive personal for which stricter
  conditions apply, including the need to obtain explicit consent for processing.
Those conducting research involving the processing of personal data do so in the context of any
ethical guidelines or codes of practice particular to their field of study; and it may be necessary to
confirm the compatibility of such codes with the Act.
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Appendix 3
University of Huddersfield
School of Music Humanities and Media
Research ethics Review for Researchers
Project Proposal
Consideration for research ethics approval requirements

No
Yes
No = Low Risk
Yes = High Risk
Refer
Back
Not
Approved
Approve Refuse

Does the research involve:
- Direct contact with human/animal participants
- Access to identifiable personal data for living individuals not already in the public domain
- Increased danger of physical or psychological harm for researcher(s) or subject(s)
- Research into potentially sensitive areas
- Use of students as research assistants

No formal Ethics Clearance required

Does research involve:
- Covert information gathering or deception
- Children under 18 or subjects who may be unable to give fully informed consent
- Prisoners or others in custodial care (e.g. young offenders)
- Significantly increased danger of physical or psychological harm for researcher(s) or subject(s), either from the research process or from publication of research findings
- Joint responsibility for the project with researchers external to the University.

Complete Research Ethics Review for Researchers
Complete Research Ethics Review for Researchers
Forward to School Ethics Review Panel for consideration

Sign off with Declaration (Appendix 4)
File Copy (See section 8
Ensure Approval by Responsible Staff (as per 4.4.1 – 4.4.7)
File Copy
Appendix 4

University of Huddersfield
School of Music Humanities and Media
Research ethics Review for Researchers

No Specific Ethics Risk Declaration

Researcher: Rula Ahmad Abu EL-rob
Programme and Module (where appropriate):
Research Project Title:
In signing this Researcher Declaration I am confirming that my proposed project does not involve:
☐ direct contact with human/animal participants
☐ access to identifiable personal data for living individuals not already in the public domain
☐ increased danger of physical or psychological harm for researcher(s) or subject(s)
☐ research into potentially sensitive areas
☐ use of students as research assistants
☐ joint responsibility for the project with researchers external to the University.
My proposed project does not therefore require an ethics review and I have not submitted a Research Ethics Application Form.
If any changes to the project involve any of the criteria above I undertake to resubmit the project for approval.

Signature of Researcher:
Date: 15/06/2015
Rula Ahmad

Counter-Signatory:
Role:
In signing this Declaration I confirm that I have reviewed the proposed project and am satisfied that that it does not involve any specific ethics risk as defined by the School policy.

Counter-Signature:
Date:

Appendix 5

University of Huddersfield
School of Music Humanities and Media
Ethics Review for Researchers
Complete this form if you are a researcher who plans to undertake a research project which requires ethics approval via the School Ethics Review Procedure.
For students: Your Supervisor decides if ethics approval is required and, if required, which ethics review procedure applies.
For staff: the School Research Conduct and Ethics Assurance Procedure indicate who is responsible for different areas of research.

This form should be accompanied, where appropriate, by all Information Sheets / Covering Letters / Written Scripts which you propose to use to inform the prospective participants about the proposed research, and/or by a Consent Form where you need to use one.

Further guidance on how to apply is at: http://www2.hud.ac.uk/hhs/srep/srep_application_with_instructions-0611.pdf

Once you have completed this research ethics application form in full, and other documents where appropriate, check that your name, the title of your research project and the date is contained in the footer of each page.

For students: Email this form, together with other documents where applicable, to your Supervisor; sign and date Annex 1 of this form and provide a paper copy to your Supervisor.

For staff: Email this form, together with other documents where applicable, and sign and date Annex 1 of this form and provide a paper copy, to the relevant member of staff as per the process established in the School Research Conduct and Ethics Assurance Procedures.

I confirm that I have read the current version of the School’s Research Ethics

Guidelines at: □

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M:\4.0 School Policies & Procedures\4.43 School Ethical Procedures

A1. Title of research project:
Doctor-patient interaction from conversation analysis point of view in internal medicine clinic at a Jordanian university hospital

A2. Name of Researcher: Rula Ahmad Abu El-rob
Department: Arts, Humanities and Media
Email: u1476587@unimail.hud.ac.uk Tel.: 07585786854

Name of Supervisor: Liz Holt

A3. Proposed Project Duration:
Start date: 1/1/2015 End date: 31/11/2020

A4. Mark ‘X’ in one or more of the following boxes if your research involves:
□ direct contact with human/animal participants
□ access to identifiable personal data for living individuals not already in the public domain
□ increased danger of physical or psychological harm for researcher(s) or subject(s)
□ research into potentially sensitive areas
□ use of students as research assistants
□ covert information gathering or deception
□ children under 18 or subjects who may unable to givefully informed consent
□ prisoners or others in custodial care (e.g. young offenders)
□ significantly increased danger of physical or psychological harm for researcher(s) or subject(s), either from the research process or from publication of research findings
□ joint responsibility for the project with researchers external to the University.
Please note that if you provide sufficient information about the research (what you intend to do, how it will be carried out and how you intend to minimise any risks), this will help the ethics reviewers to make an informed judgement quickly without having to ask for further details.

A5. Briefly summarise:

i. The project’s aims and objectives:
   (this must be in language comprehensible to a lay person)
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   The main purpose of this study is to investigate the sequential structures of the patient-physician interaction in a Jordanian university hospital

ii. The project’s methodology:
   (this must be in language comprehensible to a lay person; you should give clear detail of your proposed engagement with vulnerable groups as identified at A4 above, the data to be created, and any proposed covert information gathering or deception)
   The database for this study will consist of the patients of internal medicine clinic.
   The age of the patients will be more than 18 years old because they will be able to communicate verbally. The way I will gather my data will be by recording my participants. They will know that they are being recorded because I will inform them of this beforehand. I will transcribe the data that I gathered.

A6. What is the potential for physical and/or psychological harm / distress to participants?

There are no potential physical harms that can be caused by collecting my data. Participants may feel self-conscious whilst I record them, so causing psychological distress. Anyway, I will assure the participants that I will destroy the recorded data upon the completion of my research.

A7. Does your research raise any issues of personal safety for you or other researchers involved in the project? (especially if taking place outside working hours or off University premises)

Issues of personal safety will not be raised since I will record my data in one of the biggest university hospitals in Jordan and after getting the permission to do that in one of the hospital’s clinics.

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If yes, explain how these issues will be managed.

A8. How will the potential participants in the project be:

i. Identified?
   The only identification I will have to retain for my project purpose is the participant’s age and gender. The participants will be provided with brackets (e.g. 20-30, 31-40...etc.) to choose the one that fits each one of them because the may reluctant to provide their exact age.

ii. Approached?
   I will record the participants’ conversations in the doctor’s office. Their will be no direct contact with the participants during collecting the data expect the permission that I will ask them to sign before the consultation starts.

iii. Recruited?
   My participants will be recruited according to their age and gender and these are the variables that my project is focusing on

A9. Will informed consent be obtained from the participants?
YES □
NO
If informed consent or consent is NOT to be obtained please explain why.
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A9.1. This question is only applicable if you are planning to obtain informed consent:
How do you plan to obtain informed consent? (i.e. the proposed process?):
By asking the participant to fill and sign a permission sheet.
A10. What measures will be put in place to ensure confidentiality of personal data, where appropriate?
Regarding the permission sheet, participants will not be asked to write their names, therefore, any sort of information will be unspecified. Inside the physician’s office, there will only be the physician and the patient, thus the personal information will not spread to other participants. All the data will be destroyed after the completion of the research so the confidentiality is maintained.
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A11. Will financial / in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate how much and on what basis this has been decided)
No financial will be offered to participants
A12. Will the research involve the production of recorded media such as audio and/or video recordings?
YES □
NO
A12.1. This question is only applicable if you are planning to produce recorded media:
How will you ensure that there is a clear agreement with participants as to how these recorded media may be stored, used and (if appropriate) destroyed?
I will tell them the exact purpose beyond collecting the data and that will be kept with me upon the completion of the project then I will destroy all the data
A13. If the project involves research into potentially sensitive areas, how will you manage the risk to the reputation of the researchers involved and the School and University?
N/A
A14. If the project involves the use of students as research assistants or joint responsibility with researchers external to the University, how will you ensure they comply with the terms of any ethical approval given?
N/A
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ANNEX 1
Ethics Review Declaration
Researcher:
Programme and Module (where appropriate):
Full Research Project Title:
Doctor - patient interaction from conversation analysis point of view in internal medicine clinic at a
In signing this Ethics Declaration I am confirming that:

- The research ethics application form for the above-named project is accurate to the best of my knowledge and belief.
- The above-named project will abide by the University’s ‘Ethical Guidelines for Good Practice in Teaching and Research’:
  [link]
- I am satisfied that I have the information I need in order to make informed judgements about the ethical implications of the research and its appropriate conduct, and that the support required in conducting the research is in place.
- Subject to the above-named project being ethically approved I undertake to ensure adherence to any ethics conditions that may be set.
- Any significant changes to the above-named project that have ethical consequences, or any complaints from prospective participants will be promptly reported and a review of existing ethical approval will be obtained.
- I understand that personal data deriving from the research ethics application form will be held by those involved in the ethics review process and that this will be managed according to Data Protection Act principles.
- I understand that this project cannot be submitted for ethics approval in more than one department, and that if I wish to appeal against the decision made, this must be done through the original department.

Signature of researcher: Date: 15/06/2015

Rula Ahmad

Counter-Signature

Name: Role:

In addition to the above

I confirm that I have reviewed the above Ethics Review for Researchers application and that

- it represents a low ethics risk which does not require consideration by the School Ethics Review Panel
- it potentially represents a high ethics risk which requires approval by the School Ethics Review Panel (Delete as appropriate).

Signature:

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Rula Ahmad Date: 15/06/2015

Where the project is deemed to potentially represent a high ethics risk it should be forwarded to the Chair of the School Ethics Review Panel for consideration

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ANNEX 2

Approval by School Ethics Review Panel

Researcher:

Programme and Module (where appropriate):

Full Research Project Title:

This project was

- considered by the School Ethics Review Panel on .........
- considered by the School Ethics Review Panel by correspondence between .......... and .......... .

(delete as appropriate)

Subject to the following conditions/observations the project was approved

In the light of the following concerns the project was
☐ referred back for adjustment and resubmission
☐ refused ethical approval
(delete as appropriate)
Chair of School Ethics Review Panel:
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Signed: Date:
Appendix 4

4.1 Greeting and HAY sequences in the opening phase:

4.1.1 Patients’/ Companions’ initiation with the religious greeting ‘Peace upon you’ and doctors’ various responses

<table>
<thead>
<tr>
<th>Patients/ Companions</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 2 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 3 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 4 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 5 ‘Religious greeting’</td>
<td>Religious greeting</td>
</tr>
<tr>
<td>Consultation 7 ‘Religious greeting’</td>
<td>Religious greeting</td>
</tr>
<tr>
<td>Consultation 9 ‘Religious greeting’</td>
<td>Religious greeting</td>
</tr>
<tr>
<td>Consultation 14 ‘Religious greeting’</td>
<td>No response</td>
</tr>
<tr>
<td>Consultation 16 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 17 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 18 ‘Religious greeting’</td>
<td>Hello</td>
</tr>
<tr>
<td>Consultation 20 ‘Religious greeting’</td>
<td>Religious greeting</td>
</tr>
</tbody>
</table>

4.1.2 Doctors’ initiation with greeting and patients’/ Companions’ responses

<table>
<thead>
<tr>
<th>Doctors</th>
<th>Patients/Companions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 1 ‘Happy Eid’</td>
<td>An invocation</td>
</tr>
<tr>
<td>Consultation 6 ‘Hello’</td>
<td>An invocation</td>
</tr>
<tr>
<td>Consultation 8 ‘Hello’</td>
<td>Religious greeting</td>
</tr>
<tr>
<td>Consultation 10 ‘Hello’</td>
<td>Hello</td>
</tr>
</tbody>
</table>
### 4.1.3 No response from the doctor to the patient’s greeting

<table>
<thead>
<tr>
<th>Patient</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 12</td>
<td>‘An invocation’</td>
</tr>
</tbody>
</table>

### 4.1.4 No opening phase

<table>
<thead>
<tr>
<th>Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>19</td>
</tr>
</tbody>
</table>
### 4.1.5 The occurrence of HAY talk in the opening phase

<table>
<thead>
<tr>
<th>Consultation 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 2</td>
</tr>
<tr>
<td>Consultation 5</td>
</tr>
<tr>
<td>Consultation 6</td>
</tr>
<tr>
<td>Consultation 7</td>
</tr>
<tr>
<td>Consultation 8</td>
</tr>
<tr>
<td>Consultation 15</td>
</tr>
<tr>
<td>Consultation 17</td>
</tr>
</tbody>
</table>
### 4.2 Short-answer questions in History taking phase:

<table>
<thead>
<tr>
<th>The use of short answer questions by:</th>
<th>Doctors</th>
<th>Patient/ Companion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 1</td>
<td></td>
<td>Consultation 2</td>
</tr>
<tr>
<td>Consultation 3</td>
<td></td>
<td>Consultation 4</td>
</tr>
<tr>
<td>Consultation 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation 20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3 Closing section in the closing phase:

### 4.3.1 Initiating the closing part with Thanking words by Patients/ Companions

<table>
<thead>
<tr>
<th>Consultation 2</th>
<th>thanking words+ wishing Ramadan Kareem’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 3</td>
<td></td>
</tr>
<tr>
<td>Consultation 16</td>
<td></td>
</tr>
<tr>
<td>Consultation 17</td>
<td></td>
</tr>
<tr>
<td>Consultation 18</td>
<td></td>
</tr>
<tr>
<td>Consultation 20</td>
<td></td>
</tr>
</tbody>
</table>

### 4.3.2 Initiating the closing part with wishing the patient ‘a speedy recovery’

<table>
<thead>
<tr>
<th>Consultation 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 5</td>
<td>wishing+ an invocation+ wishing Ramadan Kareem+ thanking words’</td>
</tr>
<tr>
<td>Consultation 6</td>
<td></td>
</tr>
<tr>
<td>Consultation 7</td>
<td></td>
</tr>
<tr>
<td>Consultation 8</td>
<td></td>
</tr>
<tr>
<td>Consultation 13</td>
<td></td>
</tr>
</tbody>
</table>
### 4.3.3 Initiating the closing part with an invocation by patients/ companions

| Consultation 9 |
| Consultation 11 |
| Consultation 12 |
| Consultation 14 |
| Consultation 19 |

### 4.3.4 Initiating the closing part with ‘okay’

<table>
<thead>
<tr>
<th>Patients/ Companions</th>
<th>response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 4 ‘okay’ by patient</td>
<td>No response</td>
</tr>
<tr>
<td>Consultation 10 ‘okay?’ by doctor</td>
<td>‘?in∫a Allah’ God willing</td>
</tr>
</tbody>
</table>
## Appendix 5: Side talk

### 5.1 The occurrence of ST in the opening and closing phases

<table>
<thead>
<tr>
<th>Opening phase</th>
<th>Closing phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 7</td>
<td>Consultation 1</td>
</tr>
<tr>
<td>Consultation 8</td>
<td>Consultation 15</td>
</tr>
<tr>
<td>Consultation 15</td>
<td></td>
</tr>
</tbody>
</table>

### 5.2 The effectiveness of ST occurrence on presenting the complaint and history taking phases

<table>
<thead>
<tr>
<th>Presenting the complaint phase</th>
<th>History- taking phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 1</td>
<td>Consultation 2</td>
</tr>
<tr>
<td>Consultation 5</td>
<td>Consultation 5</td>
</tr>
<tr>
<td>Consultation 6</td>
<td>Consultation 6</td>
</tr>
<tr>
<td>Consultation 7</td>
<td>Consultation 7</td>
</tr>
<tr>
<td>Consultation 8</td>
<td>Consultation 9</td>
</tr>
<tr>
<td>Consultation 9</td>
<td>Consultation 10</td>
</tr>
<tr>
<td></td>
<td>Consultation 14</td>
</tr>
</tbody>
</table>
5.3 ST was not effective in the following consultations in presenting the complaint and history-taking phases

<table>
<thead>
<tr>
<th>Presenting the complaint phase</th>
<th>History-taking phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 2</td>
<td>Consultation 2</td>
</tr>
<tr>
<td>Consultation 15</td>
<td>Consultation 8</td>
</tr>
<tr>
<td></td>
<td>Consultation 11</td>
</tr>
</tbody>
</table>
5.4 The effectiveness and ineffectiveness of ST occurrence in diagnosis and treatment phases

<table>
<thead>
<tr>
<th>Effective</th>
<th>Ineffective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation 2</td>
<td>Consultation 14</td>
</tr>
<tr>
<td>Consultation 3</td>
<td></td>
</tr>
<tr>
<td>Consultation 4</td>
<td></td>
</tr>
<tr>
<td>Consultation 5</td>
<td></td>
</tr>
<tr>
<td>Consultation 7</td>
<td></td>
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<td>Consultation 8</td>
<td></td>
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<tr>
<td>Consultation 9</td>
<td></td>
</tr>
<tr>
<td>Consultation 10</td>
<td></td>
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<td>Consultation 12</td>
<td></td>
</tr>
<tr>
<td>Consultation 13</td>
<td></td>
</tr>
<tr>
<td>Consultation 15</td>
<td></td>
</tr>
</tbody>
</table>