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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**

**August 2019**

## Abstract

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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.

## **Acknowledgements**

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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

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-Harabsheh**

**(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

ʒ: 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 ش

ʃ̣: voiced palatal fricative شت

sʔ: voiceless fricative alveolar ص

tʔ: stop voiceless emphatic ط

ðʔ: voiced fricative emphatic ظ

dʔ: voiced emphatic stop ض

ʕ: voiced pharyngeal fricative ع

ɣ: voiced velar fricative غ

f: voiceless labio-dental fricative ف

g: voiced velar stop ق (Jordanian Arabic)

q: voiceless uvular stop ق (Standard Arabic)

k: voiceless velar stop ك

l: alveolar lateral ل

m: bilabial nasal stop م

n: alveolar nasal stop ن

h: voiceless glottal fricative ه

w: approximant velar و

y: palatal semi-vowel ي

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

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 reseachers 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-constructive units' and a 'turn-allocational component'.

'Turn-constructive 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 constructive 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 occurred 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**

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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 Finnish 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



visit. 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 respond 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: laughter, 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-Harabsheh (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**

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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 repeatedly 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 consideration 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 observe' (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**

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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 inquires 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.

**Extract 1 - [Abu El-Rob: JMT: C 2:2015]**

1. →Hus.: السلام عليكم  
           ?asalaam   çalaykom  
           Peace upon you  
           Peace upon you
2. →Dr.1: أهلين هلا  
           ?ahleen       hala  
           Hello         hello  
           Hello
3. Hus.: ؟-----دكتور  
           Doktwor       (name)?  
           Doctor       (name)?  
           Are you doctor (name)?
4. ((The patient enters the room))
5. →Pat.: [كم] السلام علي  
           ?ilsalaam       çalay[kom]  
           Peace           upon [you]  
           Peace upon you
6. →Dr.1:       = اهل [ين هلا ]  
           [?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  
?iTfad'al  
Please come in  
Please come in
3. ((The patient is entering the room))
4. →Dr.: ↑ هلا حجي.  
Hala Hadziy↑  
Hello Hajiy↑ (Hajiy is said for an old person)  
Hello, Hajiy↑ (Hajiy is said for an old person)
5. →Pat.: [عليكم] السلام  
?asalaamo [ʕalaykom]  
Peace [upon you]  
Peace upon you
6. Dr.: [مرحبا] كيف حالك?  
[marħaBa] kiyf ?ilħaal?  
[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 ‘?iTfad'al’ 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.

**Extract 1 - [Abu El-Rob: JMT: C 2:2015]**

1. → Hus.: السلام عليكم  
?asalaam çalaykom  
Peace upon you  
Peace upon you
2. Dr.1: أهلين هلا  
?ahleen hala  
Hello hello  
Hello
3. Hus.: ؟-----دكتور  
Doktwor (name)?  
Doctor (name)?  
Are you doctor (name)?
4. ((The patient entered the room))
5. Pat.: [السلام عليكم]  
?ilsalaam çalay[kom]  
Peace upon [you]  
Peace upon you
6. Dr.1: [اهل]ين هلا =  
[?ahl] een hal=  
[H]i heloo=  
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.

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

1. →Pat.: السلام عليكم  
?asalaam ʕalaykom  
Peace upon you  
Peace upon you
2. Dr.: وعليك السلام اتفضلي  
Wa ʕalaykom ?salaam. ?itfadʕaliy  
And upon you peace. Please come on  
And upon you. Please come on.

### Extract 4 -[Abu El-Rob: JMT: C 20:2015]

1. →Pat.: السلام عليكم  
?salaam ʕalaykom  
Peace upon you  
Peace upon you
2. Res.: و عليك السلام. اتفضل  
Wa ʕalaykom ?salaam. ?itfadʕal  
And upon you peace. Please come on  
And upon you. Please come on.

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 ).

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

1. ((The resident is calling the patient.))
2. Res.: اتفضل  
?iTfadʕal  
Please come in  
Please come in
3. ((The patient is entering the room))
4. →Dr.: هلا حجي.  
Hala Hadziy↑  
Hello Hajiy↑ (Hajiy is said for an old person)  
Hello, Hajiy ↑ (Hajiy is said for an old person)
5. →Pat.: السلام [عليكم]  
?asalaamo [ʕalaykom]  
Peace [upon you]

### Peace upon you

6. Dr.:                   [مرحبا] كيف حالك  
          [marħaBa]   kiyf                   ?ilħaal?  
          [Hello]       How                   are you?  
          Hello. How are you?
7. ((It seems that they are shaking hands))
8. Pat.: ↑ يا هلا  
          Ya halaa↑  
          Hello ↑  
          Hello ↑

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 علي [كم] ↓  
          ?ilslaam                   ʕalay[kom] ↓  
          Peace                   upon [you] ↓  
          Peace upon you ↓
- 2.Dr.1: ؟----- ن [مي] ↓  
          [my]n -----?  
          [wh]o (name)?  
          Who is (name)?
- 3.Pat.: ↓ أنا ↓  
          ?anaa ↓  
          I am ↓  
          I am ↓
- 4.Dr.1: ----- استاذ                     
          ?iTfadʕal                   ?osTaað (name)  
          Come in                   Mr.                   (name)  
          Come in Mr. (name)
- 5.Pat.:                   يعطيك العاف [يه] ↓  
          yaʕtʕyk                   ?iʕaaf[yih]  
          give you                   wellness  
          May God give you wellness
- 6.Dr.1: ؟----- الأستاذ                     
          [من] شان ايش جاي الأستاذ



[min]jaan ?yʃ                    ʒaay    ?il?ostaað                    (name)?  
 [for]                                    what                    come                    Mr.                                    (name)?  
 For what you are here Mr. (name)?  
 7. Pat.: [ والله عامل تحاليل و عامل ه [يك  
 waAllah    ʕaamil                    Taħaalyɫ                    wa                    ʕaamil                    [hyk]  
 Well                    I did                    analysis                    and                    did                    [this]  
 Well, I did analysis and I did this

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.: يعطيك العافيه دكتور                     
 yaʕtʔyk                                    ?ilʕaafyih                                    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.: ↑ اتفضل ↑ اتفضل  
 ?itfadʔal ↑ ?iTfadʔal↑  
 Come in please↑ come in please ↑  
 Come in please↑, come in please↑
2. ((It seems that they are shaking hands))
3. Dr.: = اهلين ↓ هلا ↑  
 Halaa ↑ ?ahliin ↓=  
 Hello ↑ hello ↓=  
 Hello↑, hello↓=
4. → Pat.: = يعطيك العافيه ↓  
 =yaʔtʔyk ?ilʕaafyih↓  
 =Give you wellness↓  
 = May God give you wellness↓
5. Dr.: تحياتي. كيف حالك؟  
 TaḥiyaaTie. Kief ḥaalak?  
 My greetings. How are you?  
 My greetings are for you. 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 ʕalaykom

- 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.: أه -----؟ يعطيك العافيه دكتور كيف حالك؟  
Yaḡṡ'yk ?ilḡaafyih DokTwor kiyf ḡalak? (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: -----اتفضل يا سيد  
?iTfad'al 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.: انفضلي ست ----- شو لإيش محوله؟  
?itfad'aliy siT (name) šow la?iyš  
Come in please Miss (name) what why  
?imḡawlih?  
Come here?  
Come in please, Miss (name). What, why did you come here?
2. →The Pat. Cousin: مرحبا دكتور  
Marḡhabaa dokTwor  
Hello doctor  
Hello doctor
3. Dr.1: أهلين هلا  
?ahliyn hala



4. → Dr.: ↑ هلا حجي .  
 Hala Hajii↑  
 Hello Hajii↑ (Hajii is said for an old person)  
 Hello, Hajii↑ (Hajii is said for an old person)
5. Pat.: السلام [عليكم]  
 ?asalaamo [ʔalaykom]  
 Peace [upon you]  
 Peace upon you
6. →Dr.: كيف حالك؟ [مرحبا]  
 [marħaBa] kiyf ?ilħaal?  
 [Hello] How are you?  
 Hello. How are you?
7. ((Shaking hands))
8. Pat.: ↑ يا هلا  
 Ya halaa↑  
 Hello↑  
 Hello↑

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: أهلين ----- اتفضل  
 ?ahleen (name) ?iTfadʔal  
 Hello (name) come in  
 Hello (name), please come in
- 2.Dr.1 to Dr. 2: ----- طلعت نيجهته؟  
 (name) tʔilaʕaT 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.: احنا بنستنى الفحوصات. من شان هيك ↓  
?ihnaa ?iBnisTanaa ?ilfoħows'aaT min jaan hiyk↓  
We waiting the tests for that↓  
We are waiting for the tests' results. For that↓

6. آه ---- ↑ سولفلنا عن.

?aah (name) ↑ swolifilnna çan  
Okay (name) ↑ tell us about  
Okay (name) ↑, tell us about

7.(0.3)

8.Pat.: عن ايش ؟  
çan ?ieʃ  
About what  
About what?

In this extract the doctor initiates the 'hello' greeting but no response occurs from the patient although it has conditional relevance. Doctor1 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: هاي الحججه ----

- 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.: ؟----- ولا-----  
 (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.: = : ر::بخي و انت بخي =  
 =Kol çaam wa ?inti ?iBixi:::r=  
 =Every year and you goo::d=  
 =Happy Eid=
  8. Pat.: الله يسعدك دكتور. الله يخليك  
 Allah yisçidak DokTwor. Allah yiXaliek.  
 Allah makes happy you Doctor. Allah protects you  
 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.





8. Pat.: الله يسعدك دكتور. الله يخليك  
 Allah↑ yisçidak 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.: شلو:نك؟ العيد الجاي وانتو جاين من عرف [ات]  
 ?iɬlwo:nik? ?il Eid ?idɣay wa ?inTwo  
**How are:: you?** Al Eid next and you  
 ɣaayiin min ɣaraf[aaT.]  
 coming from ɣraf[aaT]  
**How are you?** Wish you next year to be coming from Al Haj.
11. Pat.: [انشاء] الله  
 [Infa ]Allah  
 [willing ]God  
 God willing

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 '?infa 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 Yaçt'yk ?ilçaafyih' 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/ ?inʿa 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.: [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 هلا  
           Ya halaa↑  
           Hello ↑  
           Hello ↑
9. Dr.: اييي ما شاء الله  
           ?ie::       maafa?       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

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 maʃa Allah’ which means ‘?ie::h God willing’ but there is no response from the patient. Instead, the patient returns to the HAY talk in line10.

However, the doctor self-repairs his previous utterance by saying: ‘Ramadan is making your face bright’ because ‘?ie::h maʃaAllah’ 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.: اتفضلي ست ---- شو لإيش محوله؟  

?itfadʔaliy	siT	(name)	fow	laʔiyf
Come in please	Miss	(name)	what	why
?imħawlih?				
comehere?				
Come in please, Miss (name). What, why did you come here?				
2. →The Pat.’s Cousin: مرحبا دكتور  

<b>Marhabaa</b>	<b>dokTwor</b>
<b>Hello</b>	<b>doctor</b>
<b>Hello doctor</b>	
3. →Dr.1: أهلين هلا  

?ahliyn	hala
<b>Welcome</b>	<b>welcome</b>
<b>Welcome ,welcome</b>	
4. →Cousin: كيف حالك؟  

Kiyf	ħaalak
<b>How</b>	<b>are you?</b>
<b>How are you?</b>	
5. Dr.1: أهلين  

?ahliyn	
<b>Welcome</b>	

Welcome

6. Cousin: أنا اذا بتتذكرني أبوي المرحوم-----  
?anaa ?iðaa ?iBTiTðakarniy ?aBowy ?ilmarhowm  
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-Harashseh, 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.

### Extract 13 - [Abu El-Rob: JMT: C 2:2015]

1. →Hus.: السلام عليكم  
?asalaam çalaykom  
Peace upon you  
Peace upon you
2. →Dr.1: أهلين هلا  
?ahleen hala  
Hello hello  
Hello
3. Hus.: ؟-----دكتور  
Doktwor (name)?  
Doctor (name)?  
Are you doctor (name)?



17. Dr.1: آه . اتفضلي  
 ?ah. ?iTfad?aliy  
 Okay please go ahead  
 Okay. Please go ahead
18. →Pat.: يعطيك العافيه. كيفك دكتور؟=  
**Yaṣṭiyk ?ilṣaafyih Kiyfak doktowr?=  
 May God give you good health. How are you doctor?=  
 May God give you good health. How are you doctor?=  
 =**
19. Dr.1: = اهلين هلا  
 =?ahleen hala  
 =Hello Hello  
 =hello
20. Pat.: دكتور انا ازوجت. واجيت  
 Doktowr ?ana ?Tzawadz iT wa ?a dʒiyT  
 Doctor I got married and I 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.: ايبي ما شاء الله  
 ?ie:: maafa Allah  
 ?ie:: willing God  
 ?ie:: God willing
10. Pat.: كيف الحال ؟  
 Kiyf ?ilħaal?  
 How everything?  
 How is everything?
11. Dr.: رمضان بخلبك منور  
 Ramadan BiXaliyk ?imnawir  
 Ramadan is making you your face bright  
 Ramadan is making your face bright
12. Pat.:hh
13. Dr.: [يم] ضلك ما  
 dʔallak sʔaa[yim]  
 Keep fas[ting]  
 Keep fasting
14. Pat.: [شو] الواحد بدو يساوي! اسكت يا زلمه غلبتوني↓  
 [ʃow] ?ilwaħaD BiDow ?iysaawiy ?oskoT↓  
 [What] the person will do! Keep silent↓  
 ya zalamih ɣalBTowniyi

- man you tired me  
 What we will do! Keep silent, man you tired me!
15. Dr.: غلبناك ! ↑ مهو كيف بدك تكسب حسنات؟  
 yalaBnaak ↑ Mahowa kiyf BiDDak TtikssaB ḥasanaaT?!  
 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 ?ilḥalal miḥ ḥawalTowniy?  
 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.

#### **Extract 6 –[Abu El-Rob: JMT: C 12:2015]**

1. Pat.: يعطيك العافيه دكتور  
 yaʔtʔyk ?ilʕaafyih DokTwor  
 Give you wellness doctor  
 God gives you wellness
2. →Dr.1: ايش؟  
 ?yʃ?  
 What?  
 What?
3. Son: بدنا بالنسيه 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:

**Extract 15 – [Abu El-Rob: JMT: C 11:2015]**

1. →Dr.1:= ----- ايش مالها الست -----  
 (name) ?iyf maalhaa ?ilsit (name)=  
 (Name) what wrong with her Mrs. (name)=  
 (Name) what is wrong with Mrs. (name)?=
2. Pat.: مي آخر مره من سنتين ↑ 9 كان هلا ↑ 6 الضاهر [ين و د] دكتور =  
 =دمي نازل يمكن هلا بنشوف بالفحص إنه عملت فحوصات قبل يوم  
 =DokTwor Damyi naazil yimkin hala Binfwof  
 =Doctor blood my came down may be now we see  
 Bilfaḥs? ?inoh ?iʕmilit foḥsʔaat ?aBil ywom [yin  
 in the test that I made tests before days [two  
 wa Da]my ?aaXir marah min santiin ↑  
 and bl] ood my last time since years two↑  
 9 kaan hala ↑ 6 ?ildʔahir  
 9 was now ↑ 6 it seems  
 = Doctor! My blood came down maybe now we will see in the test  
 that I made tests before two days and last time my blood was 9  
 since two years↑ and now it seems ↑6

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.

**Extract 16 –[Abu El-Rob: JMT: C 3:2015]**

1. →Dr.1: ايش يا باشا اتفضل  
 ?ieʃ yaa Baʃaa ?iTfadʔal  
 Yes Pasha. please come in.  
 Pasha! Yes. Please come in.
2. Pat.: السلام عليكم=  
 ?asalaam ʕalaykom=  
 Peace upon you=  
 Peace upon you=
3. Dr.: = هلا  
 =Hala  
 =Hello  
 =Hello
4. Pat.: دكتور انا الشب قلبي اعمل ° استقبال ↓ ° هسعات [انا]  
 DwokTwor ?anna ?ilfaB galie ?açmal  
 Doctor I am the young person told me to take  
 °?istigBaal ↓ ° hasaçiyaaT [ʔanaa]  
 ° 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 ‘?iTfadʔal’ 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 noticing’ 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.: ؟----- هلا أهلين مين  

Halaa	?ahlyn	miyn	(name)?
Welcome	welcome	who	(name)?
Welcome, welcome. Who's (name)?			
3. →Pat.: يعطيك العافيه دكتور كيف حالك؟ أنا  

Yaçt?yk	?ilçaafyih	DokTwor	<b>kiyf</b>	<b>halak?</b>
grant you	health	Doctor	<b>how</b>	<b>are you?</b>
?anaa				
its me				
May God grant you health, Doctor! <b>How are you? its me.</b>				
4. Dr.1: اتفضل يا سيد-----  

?iTfad?al	yaa	sayiD	(name)
Have a seat	Mr.		(name)
Have a seat Mr. (name).			

5. →Pat.: كيف حالك؟ الله يرضى عليك.

Allah	yirdʔaa	çaliyk	<b>kiyf</b>	<b>ħaalak?</b>
God	be pleased	with you	<b>how</b>	<b>are you?</b>
May God be pleased with you. <b>How are you</b>				

6. Dr.1: من شان ايش - أول مره بتيجي؟

Min	ʃaan	ʔiyʃ	-	ʔawal	marrah	ʔiBTiydʒy?
What	for-			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.

### **Extract 13 -[Abu El-Rob: JMT: C 2:2015]**

1. Pat.: علي السلام [ كم ]



- ?asalaam            çalay[kom]  
Peace                upon [you]  
Peace upon you
2. Dr.1: [اهل] ين هلا:  
[?ahl]een            hala=  
[H]i                hello=  
Hello
3. →Pat.: [كيفك دك [تور?]=  
=Kiefak                Doc [Twor?]  
=How are you            doc [tor?]  
=How are you doctor?
4. Dr.1: [هلا] [اهلين] [اهل]  
[?ahleen] [hala]  
[Hi]                [hello]  
Hello
5. Pat.: = [شو] اخبارك?  
[ʃow]                ?aXBaarak?=  
[What is] your latest news?=  
What is your latest news?=  
=
6. Dr.1: [المريض ?] [اهلين هلا مين] =  
=?ahleen            hala                miin                [?ilmariiD?]  
=Hi                hello                Who is                [the patient?]  
=Hello. who is the patient?
7. Pat.: = [كل عام وا] انت بخير. أنا دكتور هههههه ↑  
[Kol çaam]            wa                ?inta                bixiir.                ?anaa                doktwor  
[every year]            and                you                good                I am                doctor  
hh=↑  
hh=↑  
Happy Ramadan. I am, Doctor hh↑
8. Dr.1: ↑ =؟ مالك؟ . £ ↑ ما انتي من زمان ↑  
?ah                ma ?inti                min                zamaan↑                £  
Oh                You are                since                a long time↑                £  
?iyf maalik?↑  
What's wrong with you?↑  
Oh. It is a long time↑£. What's wrong with you?↑
9. Pat.: = زوجي دكتور  
Zwodziy                Dktwor=  
my husband                doctor=  
Doctor, this is my husband=
10. Dr.1: [سهلا] اهلا و [اهلين] =  
=?ahleen                ?ahllan                [wa sahllan]  
= Hello                You are [welcome]  
Hello. You are welcome
11. →Pat.: [كيفك ?] شو أخبارك?  
[Kiifak?]                ʃow                ?axbaarak?  
[How are you?]                What is                your latest news?  
How are you? What is your latest news?

12. ((The doctor talking with another patient for 4 seconds))
13. Dr.1: أه. اتفضلي  
 ?ah ?itfaDalii  
 Yes please go ahead  
 Yes please go ahead
14. →Pat.: = يعطيك العافيه. كيفك دكتور؟  
 Ya'Tiik al'aafyih. **Kiifak doktwor?=  
 grant you good health. How are you Doctor?=  
 May God grant you good health. How are you doctor?=  
 =**
15. Dr.1: = اهلين هلا  
 =?ahleen hala  
 =Hi Hello  
 =hello
16. Pat.: = دكتور انا ازوجت. واجيت  
 DokTwor ?ana ?Tzawadz iT. wa ?a dzieT  
 Doctor I got married and came  
 Doctor I got married and came

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 ؟  
 [marħaBa] kiyf ?ilħaal?  
 [Hello] How are you?  
 Hello. How are you?
7. ((It seems that they are shaking hands))
8. Pat.: يا هلاا ↑  
 Ya halaa↑  
 Hello↑  
 Hello ↑
- 9.→ Dr.: اييي ما شاء الله  
 ?ie:: maafa Allah  
 ?ie:: willing God  
 ?ie:: God willing
10. Pat.: كيف الحال ؟  
 Kiyf ?ilħaal?  
 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.: [يم] ضلك ما  
 dʔallak sʔaa[yim]  
 Keep fas[ting]  
 Keep fasting
14. Pat.: [شو] الواحد بدو يساوي! اسكت يا زلمه غلبتوني↓  
 [ʃow] ?ilwaħaD BiDow ?iysaawiy ?oskoT↓  
 [What] the person will do! Keep silent↓  
 ya zalamih ya lBTowniyi

- man you tired me  
 What we will do! Keep silent, man you tired me!
15. Dr.: غلبناك ↑ ! مهو كيف بدك تكسب حسنات؟  
 yalaBnaak↑ Mahowa kiyf BiDDak TtikssaB ḥasanaaT?!  
 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 ?ilḥalal mij ḥawalTowniy?  
 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  
 Ramadan is making 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  
 Ramadan is making 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.: رمضان بخليك منور.  
 Ramadan BiXaliyk ?imnawir  
 Ramadan is making you your face bright  
 Ramadan is making your face bright
12. Pat.:hh
13. Dr.: [ضلك ما يم]  
 dʔallak sʔaa[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 جاي  
 [Laa laa] fwoT dʒaay  
 [No no] come in  
 No, No. come in
12. Dr.: فوت يا بوي  
 fwoT ya Bowy  
 Come in dad  
 Come in, dad
13. Fath.: -----يا تعال  
 Taʕaal 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  
Taʕaal Taʕaal  
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 الامارات  
?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?  
Doctor of Medicine?
19. Fath.: لا ↑  
La?↑  
No↑  
No↑
20. Dr.: آه؟ ↓  
?aah?↓  
So what?↓  
So what?↓
21. Fath.: في التربيته ↓  
Fiy ?ilTarBiyih↓  
In Education↓  
In Education↓
22. Dr.: كيف الامور؟ ↓  
Kiyf ?il?omowr?↓  
How everything?↓  
How is everything?↓
23. Fath.: تمام الحمد لله  
Tamaam ?ilḥamdolilAllah  
Good Thank God.  
Good. Thank God.
24. Dr.: والامارات كويسه؟ ↓  
Wa ?il?maaraaT ?ikwaysih?↓  
And the United Arab Emirates good?↓  
And is the UAE good?↓
25. Fath.: مليحه  
?mliyhah  
Good

- Good
- 26.Dr.: = طيب و الشب هادا سلامتته =  
 tʔayiB wa ʔifaaB 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 شو مالك؟  
 ʔilʃieX (name)- ʔiħkie BaBa ʃow maalak?  
 Mr. (name)- speak dad what up?  
 Mr. (name)! Speak dad what's up?
- 28.Dr. to pat. : سلامتک  
 salaamTak  
 Get well soon  
 Get well soon
- 29.Pat.: معدتي و تحت معدتي بشوي في اشي بصير يشد على معدتي و احيانا  
 بستفرغ بحس بدي استفرغ  
 MiçDiTie wa TaħiT miçDiTie Biʃway fie  
 Stomach my and under stomach my a little there is  
 ʔiʃie Bisʔier yiʃiD çlaa miçDiTie wa  
 something becomes press On my stomach and  
 ʔaħyaanan BasTafriy Baħis BiDie ʔasTafriy  
 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.: اتفضلي ست ----- شو لإيش محوله؟  
?itfad?aliy siT (name) ʃow la?iyʃ  
Come in please Miss (name) what why  
?imħawlih?  
Come here?  
Come in please, Miss (name). What, why did you come here?
2. The Pat.'s Cousin: مرحبا دكتور  
Marħabaa DokTwor  
Hello doctor  
Hello, Doctor
3. Dr.1: أهلين هلا  
?ahliyn hala  
Welcome welcome  
Welcome ,welcome
4. -Cousin: كيف حالك؟  
**Kiyf haalak**  
**How are you?**  
**How are you?**
5. Dr.1: أهلين  
?ahliyn  
Welcome  
Welcome
6. -Cousin:-----أنا اذا بتتذكرني أبوي المرحوم  
**?anaa ?iðaa ?iBTiTðakarniy ?aBowy ?ilmarħowm**  
**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: [اييبيبي] آه انت قرابت  
?aah ?inta garaaBiT [?e:::]  
Yes you relative [?ie:::]  
Yes. You are one of imm relatives
8. Cousin: [ام]  
[?em]  
[Yes]  
Yes
9. Dr.1: [ها؟] آه انت جاي مع  
?aah ?inTa dʒaay maç[haa?]  
Okay you coming with[her?]  
Okay, are you coming with her?
10. Cousin: [آه]  
[?aah]  
[Yes]  
Yes
11. Dr.1: آه افضل



- ?aah            ?iTfadʔal  
 Okay            please go ahead  
 Okay. Please go ahead
12. Cousin: [و] لا خليني اطلع  
 Laa            Xaliyniy            ?atʔlaç            [wa]  
 No            let me            leave            [and]  
 No, let me leave and
13. Dr.1: [أن] ت أمك التركيه  
 [ʔin]Ta            ?omak            ?ilTorkiyih  
 [yo]ur            mother            the Turkish  
 Your mother is the Turkish.
14. Cousin: [ههه] أمي التركيه  
 ?omiy            ?ilTorkiyih            [hh]  
 My mother            the Turkish            [hh]  
 My mother is the Turkish one hh
15. Dr.1: [ههه] كيف حالك?  
 [hh]            kief            ḥaalak?  
 [hh]            how are            you?  
 hh. How are you?
16. Cousin: الحمد لله  
 ?ilḥamdolilAllah  
 Thank God  
 Thank God
17. Dr.1: شو بتقربلك?  
 ʃow            ?iTigraBlak            (name)?  
 What            the relationship with            (name)?  
 What is your relationship with (name)?
18. Cousin: بتكون ايبي بنت عمي  
 BiTkown            ?ie::            BinT çamiy  
 She is            ?ie::            my cousin  
 She is ?ie:: my cousin.
19. Dr.1: آه شو مالها?  
 ?aah            ʃow            malhaa?  
 Okay            what            wrong with her?  
 Okay. What's wrong with her?
20. Cousin: امم خليها هي انا خل[يني]  
 ?imm Xaliyhaa            hiyi            ?anaa            Xali[yiny ]  
 Imm let her            she            I am            let [me]  
 Imm let her, she, let me
21. Dr.1: [آه] اتفضلي يا ست  
 [ʔaah]            ?iTfadʔaliy            yaa siT            (name)  
 [okay]            go ahead            Miss            (name)  
 Okay, please go ahead Miss (name)
22. Pat.: أنا بعرف انك استشاري دك [تور]  
 ?anaa Baçrif            ?innak            ?isTifaariy            Dok[Towr]  
 I            know            you            consultant            doc[tor]  
 I know that you are a consultant, doctor!

23.Dr.1:[هآ]  
 [ʔaah]  
 [okay]  
 okay

24.Pat.: هلا أبل سنتين طلع دمل في الصدر  
 Halaa ʔaBil sanTiyn tʔiliç Dommal fiy  
 well before 2 years occurred furuncle in  
 ʔilsʔDir  
 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 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**

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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 used 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?'



3. 'What is your news?'
4. 'Okay and what about this young boy. Hope him to get well soon'
5. 'Why are you here Mr. (name)?'
6. '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؟

?yʃ?

**What?**

**What?**

3. Son: -----لـبـدنا بالنسبه

BiDnaa BilnisBih la (name)

We want for for (name)

What about (name)

4. Dr.1: آه . عمل فحص دم =

?aah. ʃimil faħis? Dam=

Yes he did test blood=

Yes, he did blood test=

5. Son: عمل آه =

=?aah ʃimil

=yes did

=yes he did



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.: ؟ شو اخبارك↑  
          fwo                   ?axBaarak↑?  
          What                   news your↑?  
          What is your news↑?
12. Pat.: الحمد لله. عملت الفحوصات↓  
          ?alhamdo            lilAllah.        ?içmiliT        ?ilfoħos?aaT↓.  
          Thank                    God.            I had            the tests↓  
          Thank God. I has had the tests↓
- 13.→ Dr.: عملت الفحوصات؟  
          ?içmiliT                                    ?ilfoħos?aaT?  
          Made you                                    the tests?  
          Have you had the tests?
14. Pat.: ° عملتها° آه °  
          ?aah                                    ° ?içmilThaa↓ °  
          Yes                                    ° I had them↓ °  
          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.: ° حجه ° يا اه °  
 ?aah yaa ° Hajih °  
 Yes ° Hajih °↓° (an expression that is used to call an old lady)  
 Yes, Hajih.

16. Pat.: = الله يسعدك. أنا كل عظامي بتوجعني ↓  
 Allah yisʕidak. DokTwor ?anaa kol  
 Allah makes happy you. Doctor I all  
 ?iʕðʔaamii BiTwadziʔmy↓=  
 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.: رمضان بخليك منور  
 Ramadan BiXaliyk ?imnawir  
 Ramadan is making you your face bright  
 Ramadan is makeing your face bright  
 12.Pat.:hh  
 13.Dr.: [ ضلك صا يم ]  
 dʔallak sʔaa[yim]  
 Keep fas[ting]  
 Keep fasting  
 14.Pat.: [شو] الواحد بدو يساوي! اسكت يا زلمه غلبتوني ↓  
 [ʃow] ?ilwaħaD BiDow ?iysaawiy ?oskoT  
 [What] the person will do! Keep silent  
 ya zalamih ʔalBTowniyi↓

- man you tired me↓  
 What we can do! Keep silent, man you tired me↓
15. Dr.: ! غلبناك ↑ ! مهو كيف بدك تكسب حسنات؟  
 yalaBnaak↑! Mahowa kiyf BiDDak TtikssaB  
 We tired you↑! So how will you gain  
 ḥasanaaT?!  
 good deeds?!  
 Did we tire you↑! So how will you gain good deeds?!
16. →Pat.: يا ابن الحلال مش حولتوني؟  
 Ya ?iBin ?ilḥalal miʃ ḥawalTwoniy?  
 My friend RIGHT YOU GAVE REFERRAL ME?  
 My friend, YOU GAVE REFERRAL ME, RIGHT?
17. Dr.: اه  
 ?aah  
 Yes  
 Yes
18. Pat.: !هسعيات قال طلعلولنا رغم اني عملت عملية القرحة  
 HassʕiyaaT gaal tʔalaʕolnaa rayim  
 Now that they found for us although  
 ?iniy ʕammaliyiT ?iʕmiliT ?ilqorḥah↓  
 I have had the surgery the Ulcer↓  
 Although I have had the ulcer↓surgery, now they found  
 That  
 .  
 .  
 .
28. و بتصير كويسه. متي شافوك بالمستشفى؟  
 Wa BiTsʔiy ʔikwaysih. maTaa ʃafwok  
 And it will be good. When have they seen you  
 BilmosTajffaa?  
 in the hospital?  
 And it will be good. When have they seen you in the  
 hospital?

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.



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 ----- اتفضل  
 ?ahleen (name) ?iTfadʔal  
 Hello (name) come in  
 Hello (name), please come in
2. →Dr.1 to Dr. 2: طلعت نيجه؟ -----  
 (name) tʔilaʕaT naTiydʒToh?  
 (name) ready his result?  
 Is (name)'s result ready?
3. Dr.2: لسه  
 Lisah  
 Not yet  
 Not yet
4. (0.4)
5. Dr.1 to pat.: احنابنستنى الفحوصات. من شان هيك  
 ?ihnaa ?iBnisTanaa ?ilfoħowsʔaaT  
 We waiting the tests  
 min jaan hiyk↓  
 for that↓  
 We are waiting for the tests' results. For that↓
6. →(0.3) سولفلنا عن آه ---- ↑  
 ?aah (name)↑ swolifilnaa ʕan (0.3)  
 Okay (name)↑ tell us about (0.3)  
 Okay (name)↑, tell us about(0.3)
7. (0.3)
8. Pat.: عن ايش ؟  
 ʕan ?ief  
 About what  
 About what
9. Dr.: صار معك اشي جديد يعني؟  
 sʔaar maʕak ?ifie ?idzieD yaʕniy?  
 Happened with you thing new I mean?  
 I mean is there anything new?
10. Pat.: لا ولا اشي بروح وباجي و (0.1) اصلا مش مأثر علي انه الصفائح  
 نازله.  
 Laa wa laa ?ifiy Barowħ wa baadziy wa  
 No and nothing thing go and come and  
 (0.1) ?asʔlaan miʕ ?mʔaθir ʕlay ?inoħ  
 (0.1) anyway not affect on me that  
 ?ilsʔafaa?ih 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.: [بس اييي مآثر عليك الكورتزو]ان نصحان  
 Bas imm ?im?aθir ʕaliyk ?ilkowrTizow[n  
 But imm affect you the cortiso[ne  
 nasʔhaan]  
 you became fat]  
 But imm the cortisone has affected you. You became  
 fat.  
 .  
 .  
 .
19. Pat.: انشاء الله (0.1) احسن ههه يعني عادي بسحب دم وبروح وباجي عادي  
 ?infa Allah (0.1) ?aħssan hh yaçniy BašħaB  
 willing God (0.1) better hh I mean I pull  
 Dam wa Barwoħ wa Baazie ʕaDie  
 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 doctor s are asking the patient about his study and  
 this was for(1.37)))
21. Dr.1: آه وبعدين شو بلأخير صار ؟  
 ?aah wa baʕDiyn ʃow sʔaar↓?  
 Okay. and next what happened↓?  
 Okay. What happened next↓?
22. Pat.: [بس وهاي]القصه ↓  
 Bas wa haay [ʔilgisʔah↓]  
 That's it and this [the story↓]  
 That's it and this is the story↓.
23. Dr.1: [هلا شو] قال دكتور ---- عن شغلة الدماغ؟  
 [Halaa ʃow] gaal DokTowr (name) ʕan  
 [Now what] SAID doctor (name) about  
 ʃayliT ?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 ---  
 - الي تراجع عنده  
 Laa wa Allah miʃ DokTowr (name). Min lamma  
 No really not doctor (name). Since  
 ?itʔliʕiT ma ?irziʕiT la'indoh.  
 I left not I return back to him.  
 Doktwor (name) ?ilii braaji' ?indwoh.  
 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 ↓  
 ?aah↓



?aah↓  
 ?aah↓  
 26. Pat.:                    3 دكاتره مش عارفين شو هما الى الان ولا اشي اخر اشي حكالي انووو في اشيء بالدماغ بس وفي 3  
 Wa    laa ?ifiy        ?aaXir    ?ifiy    ħakaaliy    ?inwo  
 And   nothing.        last        thing    he told me    that  
 fiy    ?afyaa?    Bi    ?iDmaay    Bas    wa    fii  
 there   things   in   the brain   just   and   there  
 3 Dakaatrih    miɣ    ɣaarfiyn    ɣow    homa  
 3 doctors        not        know they    what        these  
 ?ilaa        ?il?aan.  
 till                    now.  
 Nothing. The last thing was that he told me that there  
 are things in the brain and there are 3 doctors who do  
 not know what these are till now.

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.: ° يا حجه ↓ ° اه °  
?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 yisçidak DokTwor. ?anaa kol  
May Allah make you happy Doctor I all  
?içð’aamiy BiTwadzicniy↓=  
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 'yaçniy' 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 e:ar,=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:

32.→ Dr.: آه اعطوك اعطوك علاج؟  
?aah ?aʔtʔowk ?aʔtʔowk  
Okay have they given you have they given you  
ʕilaaʒ?  
the medication?  
Okay. Have they given you, have they given you the  
medication?

33. Pat.: آه اعطوني لللشوا اسمو  
?aah ?aʔtʔoniy lallʃow ?ismow  
Yes They have given me for what is called  
Yes. They have given me for what is called

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]

39. Dr.: آه انت ملتزم بالعلاج كويس بتوخده؟  
?aah ?inTa molTazim Bil ʕlaaʒ ?kwayis

Okay. you committed to medication good  
 ?iBTwoXDoh?  
 you take it?  
 Okay. Are you committed to your medication? Do you take it  
 in a good way?

40. Pat.: يعني هسعيات الي 14 ساعه ماخذ العلاج انا باخده على الأفطار يعني  
 Yaʕnii hassaʕiyaaT ?iliy 14 saaʕah maXiD  
 I mean now since 14 hours took  
 ?ilʕilaaʒ ?anaa BaXDoh ʕalaa  
 the medication I take it on  
 ?ilʕft'aar yaʕniy  
 the time of breaking the fast I mean  
 I mean I have taken the medication since 14 hours. I mean  
 I take it once I break the fast.

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:

#### Extract 9-[Abu El-Rob: JMT: C 13:2015]

15. Son: [دكتور] عشان الجهاز الهضمي  
 ʕaʕaan ?izihaaʒ ?ilhadʕmy [DokTwor]  
 for system digestive [Doctor]  
 or the digestive system, Doctor!

16.→ Dr.1: [شو عن] دهها تضخم بالطحال [اشي؟]  
 [ʃwo ʕin] Dha TadʔXom Biltʔhaal  
 [what ha] s she splenomegaly  
 [ʔify]  
 [ thing?]  
 What does she have? Is it splenomegaly?

17. Son: هآ [Hepatitis]  
 [Hepatitis] ?aah  
 [Hepatitis] Yes  
 Hepatitis, Yes

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.

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

11. →Dr.: شو اخبارك↑?  
ʃwo ?aXBaarak↑?  
What news your↑?  
What is your news↑?
12. Pat.: الحمدلله. عملت الفحوصات ↓  
?alHamdo lilAllah. ?içmiliT ?ilfoħos?aaT↓.  
Thank God. I made the tests↓  
Thank God. I made the tests↓
13. Dr.: عملت الفحوصات؟  
?aah ?içmilThaa  
Made you the tests?  
Have you had the tests?
14. Pat.: آه عملتها ↓  
?aah °?i'milthaa↓ °  
Yes ° I had them↓ °  
Yes. I had them↓

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]**

62. →Dr.: [رمضان ؟] كيف انت و الامور كويسه انشاءالله. كيف ?inTa  
 ?il?omowr ?kwaysih ?infa Allah. kiyf ?inTa  
 The things good willing God . How you  
 wa [Ramadan?]  
 with [Ramadan?]  
 God willing, the things are good. How are you with  
 Ramadan?
63. Pat.: [بعدييين] صح تمانى تنصحنى بالنسبه للدسك Tins'aħniy  
 [BaʕDiyŋ] sʔah Tamaniy Tins'aħniy  
 [Also] right I am looking for advice  
 BilnisBih lal Disk  
 for for the herniated disk  
 Also, right, I am looking for youe advice for the  
 herniated disk

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.

**Extract 11- [Abu El-Rob: JMT: C 13:2015]**

3. Dr.1: مین حولها علينا؟ =  
 = myn hawallhaa ʕalynaa?  
 =who referred here for us?  
 =who referred you?
4. Son: والله احنا اخذنا الموعد مش تحويل يعني كنا بالأول ب----- فأخر اشي  
 Wa Allah ?iħnaa ?aXōnaa ?olmawʕiD  
 Well we took the appointment  
 miʃ Tahwyl yaʕny konaa Bilʔawal Bi  
 not referral I mean we were firstly in  
 ( the name of the hospital) faaXir ?iʃy  
 (the 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: 2013 ب----- المراجعة عند دكتور  
 ?imoraazaʕah ʕinD 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 prefaces 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]**

28. و بتصير كويسه. متى شافوك بالمستشفى؟  
 Wa BiTsʔiyɾ ?ikwaysih. maTaa ʃafwok

- And it will be good. When have they seen you  
BilmosTaffaa?  
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.: متى شافوك؟  
MaTaa ʃafwok?  
When have they seen you?  
When have they seen you?
31. Pat.: آآ العمليه ب 6 الشهر  
?a:: ?ilʃamaliyih Bi 6 ?ilʃahar  
Oh The surgery on 6 the month  
Oh. The surgery is on the 6th of the month
32. →Dr.: آه اعطوك اعطوك علاج؟  
?aah ?aʃtʔowk ?aʃtʔowk  
Okay have they given you have they given you  
ʃilaaʒ?  
the medication?  
Okay. Have they given you, have they given you the  
medication?
33. Pat.: آه اعطوني لللشوا اسمو  
?aah ?aʃtʔoniy lallʃow ?ismow  
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]**

29. Pat.: معدتي و تحت معدتي بشوي في اشي بصير يشد على معدتي و احيانا  
بستفرغ بحس بدي استفرغ  
MiçDiTie wa TaħiT içDiTie Biʃway  
Stomach my and under stomach my a little  
fie ?iʃie Bisʔier yiʃiD ʒlaa  
there is something becomes press On  
miçDiTie wa ?aħyaanan BasTafriy Baħis  
stomach my and sometimes I vomit I feel  
BiDie ?asTafriy

- 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 haḏaa?  
Since when this?  
Since when is this?
31. Pat.: من ز[مان]  
Min za[maan]  
Since a lon[g time]  
Since a long time
32. → Dr.: [تقر] يبا قديش زمان؟  
[Taq]reeBan gaDieʃ zamaan?  
[Near]ly how long ?  
Nearly, how long?
33. Pat.: يعني صارلو من 3 اشهر بحس=  
Yaçniy sʔarrlwo min 3 ?aʃhor Baḥis=  
This since 3 months I feel=  
I feel this since 3 months=
34. Dr.: =3 اشهر. يعني نقول من سنه كنت كويس؟  
=3 ?aʃwor . yaçniy ?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 احس بدوخه او استفر[اغ]  
KonT yaçniy kaan Biwaçiçniy Batʔniy Bas  
I was I mean it was pain me my belly but  
maa kaan ?aḥis BiDwoXah ?aw isTifr[aay]  
not was feel of dizziness or vomi[ting]  
I was I mean there was a pain in my belly but there was no  
feel of dizziness or vomiting
36. → Dr.: [آه]بتستفرغ؟  
[?aah] ?iBTisTafriy ?  
[Okay] Do you vomit?  
Okay. Do you vomit?
37. Pat.: لا  
La?  
No  
No
38. → Dr.: والالم كل قديش بيچيك؟  
Wa ?il?alam kol gaDiyf Biziyk?  
And the pain how often it comes to you?  
And how often does the pain come?
39. Pat.: كل ما اكل كل ما مثلا العب [بصير]



49. Pat.: ايبي نفس الاشي  
 ?ii nafs ?il?ifie  
 Imm the same thing  
 The same thing
50. →Dr.: والالم لما يجي ، قديش بطول؟  
 Wa ?il?alam lamaa yizie gaDieJ  
 And the pain when it comes how long  
 Bit?awil?  
 it stays?  
 And how long does the pain stay when it comes?
51. Pat.: [ بطولش [كثير  
 Bit?awilif [?ikTeer]  
 not stay [too much]  
 Not too much
52. Dr.: [ تقريبا ]  
 [TaqrieBan]  
 [around]  
 Around
53. Pat.: يعني بضل نص ساعه  
 Yaçniy Bid?al nos? saaçah  
 Nearly it stays half an hour  
 Nearly, it stays half an hour
54. Dr.: نص ساعه . وبختفي منه لحاله ولا؟ حويلا السره . ه ؟  
 nos? saaçah. wa BiXTafie  
 Half an hour. And then it disappears  
 minoh lahaaloh wila la? Hawielaa ?is?orrah?  
 by itself or not? Around the navel?  
 Right?ha?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.: تقريبا  
 TaqrieBan  
 Around  
 Around
57. →Dr.: في اسهال؟  
 Fie ?ishaal  
 Is there a diarrhea  
 Is there a diarrhea
58. Pat.: احيانا  
 ?aħyaanan  
 Sometimes  
 Sometimes
59. Fath.: في؟  
 Fie?  
 Is there?  
 Is there?
60. Dr.: في اسهال؟



- What?  
What?
72. →Dr.: بتوكل كويس ؟  
?iBTwokil ?ikwayis?  
You eat well?  
Do you eat well?
73. Pat.: بقدرش اكمل اكل يعني باكل شوي وبعدين بصير بطني يوجعني=  
BagDarif ?akamil ?akil yaçniy Bakol ?ifway  
I can't continue eating I mean I eat a little  
wa BaçDien Bis'ier Bat'nie ?iywajişnie=  
and then it starts my belly hurt me=  
I can't continue eating I mean I eat a little and then my  
belly starts hurting me=
74. Pat.: اه و بوقف =  
=?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 بزيد ؟  
Waznnak Bingos? willa θaBiT willa  
weight your decreases or stable or  
Bizied?  
increases?  
Does your weight decrease, stable or increase?
77. Pat.: احيانا بنقص .  
?aňyanan Bingos?  
Sometimes it decreases  
Sometimes it decreases
78. Dr.: بتلعب رياضه كويس انت؟ لعيب رياضه ؟  
?iBTilçaB riyaad'ah ?ikwayis ?inTa? laçieB  
you play sports very well you? Masterful  
riyaad'ah?  
in sport?  
Do you play sports very well? Are you masterful in sport?
79. ((It seems that the patient is nodding with yes))

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.: [رمضان ؟] كيفك انت و انشاءالله. كويسه الامور  
 ?il?omowr ?kwaysih ?infa Allah. kiyf ?inTa wa  
 The things good willing God. How you with  
 [Ramadan?]  
 [Ramadan?]  
 God willing, the things are good. How are you with Ramadan?
63. →Pat.: [بعدييين] صح تماني تمنحني بالنسبه للدسك  
 [BaʕDiyn] sʔah Tamaniy Tinsʔahniy BilnisBih  
 [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.: ايوا  
 ?aywaa  
 Okay  
 Okay
65. Pat.: الدسك معطلني يا خوي وذا بطني من الوجع لا بنام لا بالليل ولا نهار ان نمت الله وكيك ما بتريح وان قعدت ما بتريح ا  
 ?iDisk ?imʕatʔilniy yaxowy wa ʔaaBiħniy  
 The herniated disc bothers me brother and hurts me  
 min? ilwazaʕ laa Banaam laa ?iBiliyl walaa  
 from the pain not sleep either at night or  
 ?inhaar ?in nimT Allah wakiylak maa  
 at the day If I slept believe me not feel  
 BaTrayyah wa ?in gaʕaDiT maa  
 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. [اييبيي]  
 [ʔie::]  
 [Imm]  
 imm
67. Dr.: [الله يعينك]  
 [Allah yiʕiynak]  
 [God be with you]  
 May God be with you
68. Pat.: فشو رأيك بالعملية ؟ لانه أكثر من دسك على قولهم هاظا الي  
 صوره الشو اسمو هاظا الرنين  
 Fafow raʔyak Bil ʕamaliyihʔ

So what do you think of the surgery↓?  
 Liʔanoh ʔakθar min Disk ʕalaa gowlhom  
 Because more than a disc as say they  
 haðʔaa ʔilii sʔawaroh ʔilʃow  
 that who have taken the photo this which  
 ʔismoh haðʔaa ʔilraniyn  
 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 consulataion (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 اعطوك علاج؟  
 ?aah ?aʕtʔowk ?aʕtʔowk  
 Okay have they given you have they given you  
 ʕilaaʕ?  
 the medication?  
 Okay. Have they given you, have they given you the  
 medication?
33. Pat.: آه اعطوني للـشـو [اسـمـو]  
 ?aah ?aʕtʔoniy lallʃow [ʔismow]  
 Yes They have given me for what [ is called]  
 Yes. They have given me for what is called
34. Dr. to Res.: [اكتبـي] اكتبـي  
 [ʔokToBiy] ?okToBiy  
 [Write] write  
 Write, write
35. Pat.: اعطوني حديد  
 ?aʕtʔowniy ʔaDiyD  
 They have given me iron  
 They have given me iron
36. Dr.: آه هو حديد  
 ?aah hoʔa ʔaDiyD

- Yes            It is            iron  
 Yes. It is iron  
 .  
 .  
 .
43. Dr. to Res.: = اكتبني هون =  
 =?okTobiy            hown=  
 =Write                    here=  
 =Write here=
- 44.→ Dr. to pat.: = الحديد غالي عاديك ولا لا؟ =  
 =?iħaDiyD    yaliy            ƣaaDak            wila    la?  
 =The iron    expensive    by the way    or    not?  
 =By the way, the iron is expensive, is not it?
45. Pat.: [ انداري [عنه ↓ (0.1)  
 (0.1) ?inDaariy            [ƣannoh ↓            ]  
 (0.1) I do not know            [about it ↓            ]  
 (0.1) I do not know about it
46. Dr.: [الحديد] ما ارتفع؟ ارتفع سعره؟  
 [?ilħaDiyD]    ma            ?irTafaƣ?            ?irTafaƣ?  
 The iron            has not            increased?            Increase  
 siƣroh?  
 its price?  
 The iron's price has not increased? Has its price  
 increased?
47. Pat.: ما بدريش ↓  
 Maa            BaDriyƣ↓  
 not            I know↓  
 I do not know↓
48. Dr.: لا يا زلمه !  
 Laa            yaa za[lammih]  
 No            m[an]  
 No, man!
49. Pat.: [ ما بد ] ريش ↑ مهو انت  
 [Ma            BaD]riyƣ↑            ma hoa            ?inTa  
 [not            I kn]ow↑.            Well            you  
 I do not know↑. Well, you
50. Dr.: [ ( ) ]
51. Pat.: [معي] هالقد [داري؟]  
 [Dariy?]            halgaD            [ maƣiy]  
 [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            ?adziyB            Taniy

- [I like this] till I bring till  
 ?adziyB min hal ?ilfhows?aaT↑  
 I bring from the the tests↑  
 I am like this till I bring, till I bring from the tests↑
54. Dr.: آه  
 ?aah  
 Yes  
 Yes
55. Pat.: الله وكيك هالقد  
 Allah wakiylak halgaD  
 Believe me this much  
 Believe me, this much
56. Dr. to Res.: [( )] because of ( ) اکتبي  
 ?okTobiy ( ) because of [( )]  
 Write ( ) because of [( )]  
 Write ( ) because of ( )
57. Pat.: [بيجي] ميت بيحي ميه  
 [Biziy] miyT Biziy miyih  
 [About] hundred about hundred  
 About hundred about hundred
58. →Dr.: انا بقول الحديد الي ارتفع تاع البناء يا زلمه  
 ?anaa Bagowl ?ilhaDiyD ?ili ?irTafaS  
 I say the iron that has been increased  
 TaaS ?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.: آه  
 ?aah  
 Oh  
 Oh
60. Dr.: [ والله العظيم! ] انت- شو بدي اسوي [فيك؟!]  
 Wall Alllah ?ilfaD?iyM↓ ?inTa - fow BiDiy  
 Really↓ you - what can i  
 ?asawiy [fiyk?!]  
 do [with you?!]  
 Really↓... you are- what can I do with you?!
61. Pat.: [والله] ما انا عارف  
 [waAllah] maa ?anaa Saarif  
 [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.: =64, وقفي ؟ قديش عمرك =  
 =gaDief ʕomrik? wagfie , 64=  
 =How old are you? wait, 64=  
 =How old are you? Wait ((the doctor is looking at her

- file)), 64=
18. Pat.: =64 64 =
19. →Dr.: =والله مهو ميين ! =  
 =Wa Allah mahowi ?imBayin.  
 =Really it not look like this.  
 =Really you do not look in this age.
20. →Pat.: هه  
 hh
21. Dr. to the patient's son: امك؟  
 ?omak?  
 mother Your?  
 Your mother?
22. Son: أمي  
 ?omie  
 Mother my  
 My mother
23. Dr.: = والله ني تي 44 =  
 waAllah nieTie 44.=  
 really thought 44.=  
 I really thought 44=
24. Son: =بعدين أنا اصغر واحد عندها =  
 =BaʕDien ?ana ?asʕyar waañhid ʕinDhaa  
 =Also I the little one for her.  
 =Also, I am the little one of her sons and daughters
25. →Dr.: =والله مهو ميين .  
 waAllah mahwi ?imBayin.  
 Really it not obvious.  
 Really it is not obvious.
26. → Son: هه  
 hh
27. Dr.: وين ساكنه انت؟  
 Wien saknih ?inTi?  
 Where live you?  
 Where do you live?
28. Pat.: بجرش, مخيم سوف  
 Bi Jarash. MoXayam Swof.  
 In Jarash. camp Swof.  
 In Jarash, Sowf camp.
29. Dr.: =والله انك مرفه =  
 walAllah ?inik ?imrafaha  
 Really you live a luxury life.  
 you really live a luxury life.
30. Pat.: عز عز  
 ʕiz ʕiz  
 glory glory  
 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                    ?içmilThaa  
 Made you                the tests?  
 Have you had the tests?
- 14.Pat.: ° [ها↓] عملت ° آه °  
 ?aah                    °?içmilT[haa↓] °  
 Yes                      ° I had th[em↓] °  
 Yes. I had them↓
- 15.Dr.: = [ آه ]  
 [?aah]=  
 [Okay]=  
 Okay=
- 16.Pat.: = الأربعاء =  
 =?il?arbiçaa?  
 =Wednesday

- =On Wednesday
17. Dr. to Resident: آه . كيف فحوصاته ؟  
 ?aah. kief foħwo s'aaToħ?  
 Okay. How are tests his?  
 Okay. How are his tests?
18. Resident: ايبيي ؟ بفتح عليهم  
 ?ie? Baftah řaliehom  
 What? I am opening on them.  
 What? I am opening them.
19. (0.1)
20. Dr.: lab الفحوصات هون على ال  
 ?ilfoħwo s'aaT hwon řalaa ?il lab  
 The tests here on the lab  
 The tests are here on the lab
21. Resident: lab آه هاي  
 ?aah haay lab  
 Okay. This is lab  
 Okay. This is lab
22. Dr.: ؟ . حطيتي استعمال انت عليه ↓ الإستعلام ↑  
 ?al?isTtiřlaam↑ ĥat?iitie ?isTiřlaam ?inTi  
 Inquiry↑. have press you inquiry you  
 řalieħ↓?  
 on it↓?  
 Inquiry↑.Have you pressed on inquiry↓?
23. Resident: [ آه ] هيو  
 ?aah [ haywo]  
 Yes [here it is]  
 Yes. Here it is
24. Dr.: [ هيو ] الفحوصات.  
 [Haywo] ?ilfoħwos'aaT.  
 [here] the tests.  
 Here are the tests.
25. Resident: هلا بنحط lab اصح؟  
 hala? Binħot? lab s'ah?  
 Now we are pressing lab, right?  
 Now, we are pressing lab, am I right?
26. Dr.: آه  
 ?aah  
 Yes  
 Yes
27. Resident: آه حطيت lab ! (0.1) مش طالعلي ↓ مش عارفه ايش هلا  
 ?ah ĥat'eT lab (0.1) miř  
 Yes I have pressed lab (0.1) is not  
 t'aliřlie↓ miř řarfiħ ?ieř hala?!  
 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. : ؟ أشوف هيك ليش مش طالعلك↓  
 ?afwof heik lief mij Taliʕlik↓?  
 Let me see this why is not opening with you↓?  
 Let me see why it is not opening with you?
29. Dr. to Pat.: يوم الاربعاء عملتها؟  
 Ywom ?il?arbiʕaa? ?i ʕmilThaa?  
 Day Wednesday I had them?  
 Have you had them on Wednesday?

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 [ ين بتشتغل؟  
 [ʔinta wi] yn ?iBTiʕTayil?  
 [ you wh]ere you work?  
 Where do you work?
19. Pat.: أنا في الترييه  
 ?anaa fiy ?ilTarBiyih  
 I am in the education  
 I am in education
20. Dr.1: مدرس ايش؟  
 moDarris ?iyʕ?  
 teacher what?  
 What do you teach?
21. Pat.: لغة عربييه  
 Loyah ʕaraBiyih  
 Arabic

- Arabic
22. Dr.1: والله  
 Wa Allah  
 Really  
 Really
23. (0.4)
24. معك تحويل ولا بدونه جاي؟  
 maʕak Tahwiyl wilaa BiDownoh dʒaay?  
 You have referral or without it you came?  
 Do you have referral or you came without it?

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.: ° ↓ حجه ° يا اه  
?aah                      yaa ° Hajih↓ °  
Yes                              ° Hajih↓ °  
yes, Hajih↓.
16. →Pat.: =                      الله يسعدك. دكتور أنا كل عظامي بتوجعني↓  
Allah    yisçidak                      DokTwor.                      ?anaa    kol  
May Allah make you happy                      Doctor                      I                      all

- ?içð'aamiy            BiTwadziçniy↓=  
bones my                hurt me↓=  
May Allah make you happy ((thank you)). Doctor! All my  
bones hurt me↓.=**
17. Dr.:                =    64    قديش عمرك ↓؟ وقفي, 64 =  
=QaDiyf                çomrik↓?                                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.: =64 64 =
19. Dr.:    والله مهو مبين =  
= Wa Allah    mahowi                ?imBayin.  
=Really                it not                look like this.  
Really you do not look in this age.
20. Pat.:    هه  
              hh
21. Dr. to the patient's son: امك؟  
    ?omak?  
    mother Your?  
    Your mother?
22. Son:    أمي.  
              ?omiy  
              Mother my  
              My mother
23. Dr.:    = 44    والله ني تي  
              waAllah                niyTiy                                44=  
              really                                thought                                44=  
              I really thought 44=
24. Son:    =بعدين أنا اصغر واحد عندها  
              =BaçDiyn                ?ana                ?as'çyar                                waañiD                çinDhaa  
              =Also                I                                the little                one                                for her.  
              =Also, I am the little one of her sons and daughters
- 25.→ Dr.:    والله مهو مبين.  
              waAllah                mahwi                                ?imBayin.  
              Really                                it not                                obvious.  
              Really it is not obvious.
26. Son:    هه  
              hh
27. Dr.:    وين ساكنه انت؟  
              Wiyn                                saknih?  
              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.:    والله انك مرفه



walAllah            ?inik            imrafaha  
 really            you            live a luxury life.  
 You really live a luxury life.

30. Pat.: عز عز  
           çiz            çiz  
           glory        glory  
           What such a glory!

31. →Son: هلا ↑ احنا دكتور اجينا قبل هيك اجينا قبل هيك اه وعملنا  
 =فحوصات كامله واعطيتنا دوا وحكيتلنا بترجعو بعد ما توخدو الدوا  
 Hala↑            ?ihnaa        DokTwor        ?aziynaa gaBil        hiyk  
 Now↑            we            doctor            come            before        this  
 ?aziynaa        gaBil        hiyk        ?aah        wa            ?içmilnaa  
 come we        before        this        yes        and            have made we  
 foħwos?aaT    kamlih        wa            ?açt?iyTnaa            dawaa  
 tests            full            and            you have given us        medicine  
 wa            ħakiyTilnaa        ?iBiTirdzaçwo        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.

**Extract 20- [Abu El-Rob: JMT: C 3:2015]**

- 1.Dr.1: ايش يا باشا اتفضل  
 ?ief yaa Bafaa ?iTfad?al  
 Yes Pasha. come in.  
 Pasha! Yes. Come in.
- 2.Pat.: =السلام عليكم=  
 ?asalaam çalaykom=  
 Peace upon you=  
 Peace upon you=
- 3.Dr.: =هلا=  
 =Hala  
 =Hello  
 =Hello
- 4.-Pat.: [انا]. هسعات ° استقبال ↓ ° عمل ° الشب قلبي اعمل  
 DwokTwor ?anna ?ilfaB 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 ؟ اعملت ↑ ؟  
 [?isTiqBaal] ?iyf? ?içmiliT↑?  
 [AN APPOINTMENT] what? Did you do↑?  
 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: ه آ  
 ?aah  
 Okay  
 Okay

8.→Pat.: [تور؟] عيادتك الإثنين الجاي. اجيت الإثنين الجاي. ابيييبي لو اجيت الإثنين الجاي.  
 Maçliʃ ?iThammalinyi DokTwor↓. ?iiii law ?azieT  
 Please be patient with me doctor↓. Imm if I come  
 ?il?iθniyn ?iDʒaay çiyaadTak ?il?iθniyn ?iDʒaay  
 Monday Next clinic your Monday next  
 Dok[Twor?]  
 doc[tor?]  
 Please doctor↓be patient. Imm,if I come next Monday,  
 your clinic is next Monday, doctor?

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 ↑ اليوم ؟  
 =Kiefik ↑ ?ilywom ?  
 =How are you↑ today?  
 =How are you↑ today?  
 21.Pat.: الحمد لله كويسه دكتور  
 ?ilħamDolillAllah ?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 لله =  
 =Tamaam ?ilħamDo lillAllah  
 =Good Thank God  
 =Good. Thank God
- 24.Dr.1: اليوم فحص الدم احسن  
 ?ilywom faħs? ?ilDam ?aħsan  
 Today test the blood better  
 The blood test for today is better
- 25.Pat.: آه فحمت  
 ?aah faħs?iT  
 Yes I did it  
 Yes, I did it
- 26.(0.2) ((the doctor is typing))
- 27.Dr.1: ايبيني العمليه شو صار بالطحال؟  
 Irrmm ?ilçamaliyih ŷwos?aar Bil?it?ħaal  
 Irrmm the surgery what happened with the spleen  
 Irrmm, what happened with the spleen surgery?
- 28.Pat.: ( )
- 29.Hus.: ما كان معاها قحه يوميتها.  
 Ma kaan maçaahaa gaħah 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 ‘?itfad?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**

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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 (Perakyla, 1997 and 1998). In SFA, the doctor's authority is obvious when a strong assertion from the doctor occurs while delivering the diagnosis (Perakyla, 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: [
  - 9 [really I was wondering whether] I should
  - [

10 Dr: -> [is involved. (Peraklya, 1997, p. 206)

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’.

### 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. →((The Res. is reading the report again and this time for (0.8) seconds))

17.→ Res.: طيب فحوصاتك اجمالا كلها منيحه ايبي بس الدهنيات شوي على الحد العالي

tʔayiB foħwosʔaaT ik ʔigmaalan kolhaa  
okay tests your in general all of them  
minyħah ʔiee Bas ʔilDohniyaaT ʔifway  
good Umm But the fats a little  
ʕalaa ʔilhaD ʔilʕaaly  
on rate the highest  
Okay, your tests, in general, are all good. Umm but the fats are near the highest rate.

18. Pat.: امهم  
Immhm

19. Res.: ↓ʔ okay. الدهنيات.  
ʔilDohniyaaT Okay?↓  
The fat Okay?↓  
The fats. Okay?↓

20. Pat.: =طيب بالزملها علاج ولا ما فيش داعي?  
tʔayiB Bilzamhaa ʕilaadʒ wilaa maa fiyʃ  
okay need it treatment or no there  
Daaʕy?=  
a need?=  
Okay Does it need treatment or no need for this? =

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-Harabsheh, 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 هاظا هو. عندك انت في زياده و في فحص طلبناه بس المشكله مش  
 - (0.1) بقلك كمية الدم مش كافيه مش ساحبين منه دم.  
 Bas haað'aa howa. ʕinDDak ?inTa fiy ?izyaaDih  
 just that it have you there increase  
 wa fiy faħis' t'alaBnaah Bas ?ilmofkilih miʃ -  
 and there test asked for him but the problem not-  
 (0.1) Bagwolak kamiyiT ilDam miʃ kafyih  
 (0.1) I am telling you amount blood not enough  
 miʃ 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 ليش هيك محمرين؟  
 ?iʕyonak liyʃ hiyk miħmariyn  
 Your eyes why like this reddishness  
 Your eyes, why are they reddishness like this?
51. Pat.: دائما هيك دكتور:  
 Dayman hiyk DokTwor  
 Always like these Doctor  
 Always like this, Doctor!
52. → Dr.1 to Dr.2: قديش هو عنده ال Hemoglobin كان؟  
 qaDiyʃ hoɑ ʕinDoh ?il hemoglobin kaan?  
 How much it he has the Hemoglobin was?  
 How much his hemoglobin was?
53. Dr.1 to Pat.: صداع عندك؟  
 s'odaaʕ ʕinDak?  
 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)

56. احمرار في العيون  
 ?ihmiraar fiy ?ilʕywon  
 Reddishness in the eyes  
 Reddishness is in the eyes.
57. Dr.1: آه  
 ?aah  
 Yes  
 yes
58. →Dr.2: Hemoglobin 13.5
59. →Dr.1: آه عندك كمان قوة الدم عالية  
 ?aah ʕinDDak kamaan qowiT ?ilDam  
 Yes you have also hemoglobin  
 ʕaalyih  
 high  
 Yes, the hemoglobin is also high
60. Pat.: قوة الدم آه عالية  
 qowiT ?iDam ?aah ʕaalyih  
 the hemoglobin yes high  
 yes, the hemoglobin is high
61. Dr.1: كنت تس[حب؟]  
 konT Tis[ħaB?]  
 did you gi[ve samples?]  
 Did you give samples?
62. Pat.: [مبار]ح سحبت وحدة دم  
 [ʔimBaari]ħ saħaBiT wiħDiT Dam  
 [yesterd]ay I gave unit blood  
 Yesterday, I gave a unit of blood
63. (0.1)
64. Dr.2: ( ) graded?
65. Pat.: برضوش يسحبولي ورا بعضه دكتور  
 Birdʔowʃ yishaBowliy waraa Baʕdʔoh  
 Refuse they take blood all of them  
 DokTwor  
 Doctor  
 They refuse to take all the units at the same time, Doctor  
 .  
 .  
 .
69. Dr.1: بنعطيك. خرينا نعملك فحص دم بلأول. في فحوصات بدنا اتعيدلنا [هلا]اياها  
 [halaa] ?iBnaʕtʔiyk Xaliynaa niʕmallak faħisʔ  
 [now] will give you let us do for you test  
 Dam Bilʔawal. fiy foħowsʔaaT BiDnaa  
 Blood firstly there tests need we  
 ?iTʕiyDiylnaa ?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: [ CBC و شايف Jack 2 وو BCR طلبنا له اعملنا الة  
 بدنا

?iSmallinaa ?iloh BiDnaa BCR  
 Do for him we need BCR  
 t?alaBnaaloh ?aah wa wa jack 2  
 we asked for him yes and and jack 2  
 faayif [wa CBC]  
 you see [and CBC]  
 Do for hi, we need BCR, we asked for him yes and and  
 jack 2, you see and CBC

71. →Pat.: [اتشوفها؟] للصوره؟

[?iTfowfhaa?] lals?orah?  
 [check it] the x-ray picture?  
 Do you need to check the x-ray picture?

72.→ Dr.1: شوفناه التقرير. عندك تضخم بالطحال من المرض:

fofnaah ?ilTaqriyr. finDak  
 we see the report you have  
 Tad?Xom Bil?it?haal min ?ilmarad?  
 splenomegaly from the disease  
 We see the report. You have splenomegaly from the disease.

73.→ Pat.: آه

?aah  
 Okay  
 Okay

The patient here suffers from leukemia and it is the second visit to the clinic after the doctor asked for some tests and for an X- ray picture. In line 52, Doctor 1 asks Doctor 2 to check the patient's page to look for the hemoglobin test results and Doctor 2 provides Doctor 1 with the result in line 58. Then, Doctor 1 tells the patient that the hemoglobin is so high, in line 59, which causes the reddishness of his eyes. In line 71, 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 (1997, 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.: بس غالباً غالباً بدي احكيك هالشغله، هسه انشاءالله رح اعطيك  
فحوصات كمان، بتعرفي شو اسباب الارهاق العام

Bas ḡaliban ḡaliban BiDiy ?aḡkiylik  
But oftenly oftenly I want to tell you  
hal ḡaylih hassah ?infa? Allah raḡ aḡt?iykiy  
something now willing God will recommend  
foḡwos?aaT kamaan, ?iBTiḡrifiy fow ?asBaB  
tests also, know you What the reasons  
**il?irhaaq alḡaam?**  
**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?**

107.→ والدوخه أكثر أسباب الها؟

Wa ?alDoxah? ?akθar ?asBaaB ?ilhaa?  
And dizziness? The popular reasons for it?  
**And dizziness? The popular reasons for it?**

108. Pat.: اه. ما بعرفش.

?ah. Ma baḡrifiḡ  
Well. I do not know  
Well, I do not know

109. Dr: يعني اتوقعي

Yaḡniy ?iTwaqaḡiy  
I mean guess.  
I mean guess.

110. Pat.: يعني بتوقع انه بحكلنا نسوان قبل مع دوره-ما الهاش خص؟

Yaḡniy baTwaqaḡ ?inoh biḡkilinna niswaan gabil  
Well I guess that told us the ladies before  
maḡ ?ildawrah- ma ?ilhaaḡh xas?  
with the period- not related?

Well, I guess that old ladies told us that with the period-  
it is not related, is it?

111. →Dr.: لا لا الها خص. واحد من الاسباب بس 50% من الاسباب نفسيه.

La la ?lihaa xas? Waḡhid min ?il?asbaab  
No no has a relation. One of the reasons  
**Bas 50% min ?il?asBaaB 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.**





Causes. Lack of blood causes. Vitamin D causes  
 Vitamiin B 12 Biçmal Mafakil ?ilyoDih ?ilDoraqiyih  
 Vitamin B 12 causes Problems thyroid  
 ?iBTiçmal. haay ?il?asBaB ?il?akθar joywoçan.  
 causes. These reasons the most popular  
 causes them. Lack of blood causes them. Vitamin D causes them.  
 Vitamin B 12 causes them. Thyroid problems cause them. These are  
 the most popular reasons

126. → الاسباب الاقل شيوعا هي اسباب متعددة لانه تقريبا مئات الاسباب. احنا دائما بندور على الاسباب الي ايش السباب الي

?il?asBaaB ?il?açal joywoçan hiyi moTaçaDiDih li?anoh  
 Reasons The least popular are many because  
 TaqriyBan mi?aaT?il ?asBaaB. ?ihnaa Da?iman BinDawir  
 about hundreds reasons. We always look  
 çalaa ?il?asBaaB ?iliy ?iyç ?il?asbaab ?ily  
 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

127. شائع. و بنشوف اذا في اي دليل على سبب قليل الحدوث، بالفحوصات → بندور عليه.

çaa?içah. wa Binçwof ?iðaa fiy ?ay Daliyl çalaa  
 popular. And we see if there any evidence of  
 saBaB çaliyl ?ilhodwoθ Bilfohwos?aaT  
 a reason rarely to happen. by tests  
 Binilhaqoh. BinDawir çaliyh.  
 we will follow it. We will look for it  
 popular. And we see if there is any evidence of a rare  
 reason to happen, bytests we will follow it. We will look  
 for it.

128. Pat.: انشاء الله. ↓

?infa Allah↓  
 infaAllah↓  
 infaAllah↓

129. Dr.: اذا مش موجود ما في داعي. تمام؟

?ðaa miç mawçwoD ma fiy Daaçiy  
 If not exist no there need.

Tamaam?

Okay?

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

130. Pat.: [عندي] الله انا هون دكتور ( تشير الي الرأس) الألم بصير [عندي] بجزاك الخير.

Allah yiçziyk ?ilXiy? ?anaa hwon  
 May Allah reward you well. I here  
 DokTwor ((it seems that she is pointing to her head))  
 doctor ((it seems that she is pointing to her head))  
 ?il?alam Bis?iy? ?inDiy]

- 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 [و د و خ ه ]  
 [?alam] wa dwoxah=  
 [Pain] and dizziness=  
 Pain and dizziness
132. → Pat.: = ا ي و ا =  
 =?aywaa=  
 =Right=  
 =Right=
133. Dr.: = و غ ب ا ش ب ا ل ع ي و ن و ق ل ة ت ر ك ي ز =  
 =Wa yabaaʃ bilʕywon 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
3.       everything and also the fact that his speech is
4.       very hard to understand what he's saying, lots of
5.       time.
6. Dr. E: Right.
7. Dr. E: Do you have any ideas WHY it is? Are you – do?
8. Mrs C: No
9. Dr. E: Okay I you know I think we BASICALLY in some ways
10.      agree with you, insofar as we think that D's MAIN
11.      problem, youknow DOES involve you know LANGUage,
12. Mrs C: Mm hmm
13. 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 Peraklyia (1997) identified in which the doctor deals with the patient as a knowledgeable 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 ‘mhmm’, 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 Peraklyia’s collection (1997) in which the doctor describes his observation before delivering the diagnosis as a reason for the diagnostic conclusion. In Peraklyia’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 4– [Abu El-Rob: JMT: C 18:2015]**

259. →Hus.: دكتور بالنسبه لهل المعلومه في عندها شد عضلي في أسفل البطن: Hus.  
**DokTwor BilnisBih lahal ?ilmaçlomih fiy**  
**Doctor according to the this information there**  
**çinDhaa faD çad?aliy 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**

260. Dr.: ام (0.4) كيف يعني شد عضل في أسفل البطن؟  
 ?im (0.4) kief yaçniy faD çadaliy ?asfal  
 umm (0.4) what mean cramps muscle under  
 ?ilBatin?  
 the abdomen?  
 Umm (0.4) what do you mean by a muscle cramps under the  
 abdomen?

261. Pat.: يعني لما فحصت عند الدكتور بين عندها على الجهاز إنه في زي  
 عضله ضاغطه

Yaçniy lamaa fañas?aT çinD  
 This means when examined she has by the  
 ?ilDokTowrah Bayyan çinDhaa çalaa  
 doctor it was occurred she has on  
 ?ilgihaaz ?inoh fiy zay çad?alih  
 the device that there as muscle  
 d'aayt?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

263. Dr. to Res.: بس اتشوفيلنا بطنها  
 Bas ?iTfowfiylnaa Bat?inhaa  
 Just to examine abdomen her  
 Just to examine her abdomen.

264. → Res.: في دكتور ال ال extension الي بصير  
**Fiy DokTowr ?il ?il extension ?iliy**  
**There doctor the the extension that**  
**Bis?iyr**  
**happens**  
**There is, doctor, the the extension that happens**

265. Dr.: آه يعني مش إنه شد عضل هاد مع كل ما كبر حجم الرحم بده [حوليه]  
 بس هادا عادي normal يشد المنطقه الي

Bas haDaa çaaDiy normal ?aah miç ?inoh  
 But this normal normal yes not that  
 faD çad?al haad maç kol maa  
 cramps muscles this with every time  
 yikBar haçim ?ilraħim BiDoh yifiD  
 becomes bigger size the womb will press on



- ?ilmantiqah                      ?iliy [ħawaliyh]  
the area                              that [Around]  
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.: [الفطريات]  
[?ilfit?riyaaT]  
[the fungi]  
The fungi
- .
273. ((The Res. is leaving the room with the Pat. For physical  
examination for (0.26)seconds))
277. Dr. to Res.: ايش?  
?iyf?  
What?  
What?
278. Res.: فيش اشي  
fiyf                                      ?ifiy  
there not                              thing  
There is nothing
279. Dr. to Pat: آه. أختي مع الحمل طبعاً هاي الشغلات كلها لأول مره زي  
فيش اشي . Normal extension .  
fiyf                      ?ifiy normal extension ?aaħ ?oXTiy  
there not thing normal extension yes sister  
maç ?ilħamil                      t?aBçan haay ?ilfaýlaaT  
with the pregnancy ofcourse these things  
kolhaa li?awal marah                      zay  
all of them                              for the first time as  
maa qalik                      BiTs?iy r çaaDiy                      maç  
he said                      happen normally                      with  
?ilħamil  
the pregnancy  
There is nothing. Yes, it is normal extension.  
Sister! As he told you of course all these  
things with the pregnancy for the first time happens  
normally with the pregnancy.

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 Perakly’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 شي انك تترك الدخان يا سيد  
Laa ?aham fiy 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  
infa Allah  
infaAllah  
infaAllah

73. Dr.1: [يعني] الدخان  
?ilDoXaan [yaʕniy]  
The smoking [ is what]  
Smoking is what

.  
.  
.

77. Dr.1: اييه؟ لا ↑ انت الدخان ↓ مخرب الرئتين.  
?ie::h? la? ↑ ?intTa ?ilDoXaan ↓ ?imXariB ?ilri?aTiy  
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 يكتبك الادويه  
Xaliyh yokToBlak ?il?aDwiyih  
Let him write you the medications  
Let him write the medications for you

81. →Pat. : انشاء الله.  
infaAllah  
infaAllah  
infaAllah

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 'inʃaAllah' (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 فحوصاتها كاملة. على الشاشة. ,  
افتحيلنا بالله

?ifTaḥiylnaa BaAllah la (name) ?inʃwof  
Open for us please for (name) to see  
hassah foḥwosʔaaThaa kaamlīh. ʃalaa  
now tests her accomplished on  
alʃaʃih.  
the screen  
Please open for (name) to see now if her tests were  
accomplished. On the screen

.  
.  
.

108.→ Dr. to the nurse: medication -----افتحيلنا لـ

?ifTaḥiylnaa la (name) medication  
Open for us for (name) medicatin  
Open for (name) medication

109. الان اهم اشى اکتيلها فيتامين دال حبه يوم بعد يوم عيار 5000  
?ilʔaan ?aham ?ifiy viTamiyn Daal ywom  
Now the most important thing vitamin D day  
BaʃiD Ywom ?iʃyaar 5000  
after day dose 5000  
Now, the most important thing is vitamin D, day after another,  
titer 5000

.  
.  
.

126.→ Pat.: بس اخذ من هاد المسكن؟

Bas ?aXoD min haaD ?ilmosakin?  
Well I take from this pain relief?  
Well, shall I take from this pain relief?

127. Dr.: خاله خالص انت ردي علي  
 Xaalah Xalas? ?inTi roDiy ʕalay↓  
 Aunt that's enough you answer me↓  
 Aunt! That's enough, do as I told you↓
128. Pat.: توكلنا على الله  
 Tawakkalnaa ʕalaa Allah  
 Entrusting ones soul to Allah  
 We trust in Allah
129. Dr.: لوحلو. هاظ وانت توخذ:يه يضربك كلاك ↑ يخربك دمك  
 lawaħwelow. haað? wa ?inTi ToXðiyh yid?roBlik  
 come on this and you taking it affect badly on your  
 kilaakiy↑ yiXariBlik Damik  
 kidneys↑ destroy blood your  
 Come on. While you are taking this, it is affecting badly on  
 your kidneys↑ and destroying your blood.
130. Son: ما احنا هاظ الي بدنناش اياه بتعرف ايام ايام  
 maa ?iħnaa haað ?iliy BiDnaaf ?iyaah  
 That we this what do not want it  
 ?iBTiʕrif ?ayaam [ʔayaam]  
 you know some[times]  
 This is what we do not want it. You know, sometimes

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.: [بس ابيبي مآثر عليك الكورتزو [ن نصحان  
 Bas imm ?im?aθir ʕaliyk ?ilkowrTizow[n nasʔhaan]  
 But imm affect on you the cortiso[ne you became fat]  
 But imm the cortisone has affected you. You became fat.
12. Pat.: [الكورتزون] اليببي اصلا [مش حابه  
 [ʔilkorTizown] ?lie ?asʔlan [miʃ haaBoh]  
 [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؟  
 ?ief?  
 What?  
 What?
15. Dr.2: moon face
16. Dr.1: آه وجه مدور moon face  
 Moon face ?aah widʒih ?imDawar  
 Moon face yes FACE ROUNDED  
 Moonface yes ROUNDED FACE
17. →Pat.: يعني هو الكورتزون - اصلا مدايقني  
**Yaçniy howa ?ilkorTizwon - ?asʔlan ?imDaayigniy**  
**i mean it is the cortisone - anyway bothers me**  
**I mean it is the cortisone - which bothers me**
18. Dr.1: ايه؟ بدنا ↑ نخففه ↓ هلا بشوف (0.1) بدنا نخففه  
 ?ie:h? BiDnaa ↑ ?inXafifoh.↓ halaa Binʃwof (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.: انشاء الله (0.1) احسن ههه يعني عادي بسحب دم وبروح وباجي عادي  
 ?infa Allah (0.1) ?ahssan hh yaçniy BašhaB  
 willing God. (0.1) better hh I mean I pull  
 Dam wa Barwoħ wa Baazie ʕaDie  
 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 doctor s are asking the patient about his study and this was  
 for (1.37)))

- .
- .
- .
58. Dr.1 to pat.: [ باشا ] بس بدنا نخفف الكورتزون يا  
 Bas BiDnaa ?inXafif ?ilkworTizwon [ya BaJaa]  
 But we will TO REDUCE the cortisone [sir]  
 But we will TO REDUCE the cortisone, sir
59. Pat.: احسن اشى [ اه ]  
 [?aah] ?aHsaan ?ifie.  
 [Yes] The best thing  
 Yes. It is the best thing

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.



**Extract 8- [Abu El-Rob: JMT: C 20:2015]**

20. → Pat.: =؟ فيش داعي؟ ولا ما فليش داعي؟  
 tʔayiB Bilzamaa ʕilaadʒ wilaa maa fiyf  
 okay need it treatment or no there  
 Daaʕy?=  
 a need?=  
**Okay Does it need treatment or no need for this? =**
21. Res.: = لا طبعا لوضعك انت. انت مدخن اشي؟  
 = laa tʔaBʕan lawadʕik ʔinta. ʔinta  
 =No of course for your case you. You  
 moDaXin ʔify  
 smoking thing  
 = in your case, of course not. Are you a smoker?
22. Pat.: لا لا  
 La? La?  
 No no  
 No, no
23. Res.: لا. بتلعب رياضة بتمشي؟  
 Laʔ. ʔiBTilʕaB riyaaDah ʔiBTimʕy  
 No you play sport walk  
 No. Do you do sport or walk?
24. Pat.: ولا ههههه بعمل اش[ي]  
 Wa laa hh Baʕmal ʔif[y]  
 And not hh do thi[ng]  
 I do not, hh, do anything
25. Res.: يعني كونك مافي عندك مشاكل صحيه عمرك صغير ايبي مش مدخن ايبي .  
 [آه] بنعطيك فرصة الي هي النمط الحياه.  
 [ʔaah] yaʕny kawnik mafy ʕinDak maʕaakil  
 [okay] this means since no have you problems  
 sihiyih ʕomrak ʔisʕyʕ ʔie::h ʔiBnaʕtʕyk forsʔiT  
 Healthy Age your little ʔie::h we give you chance  
 ʔily hiyih ʔilnamatʕ ʔilhayaah  
 that the style life  
 Okay, this means that since you have health problems, you are  
 young imm (ʔieeh) we will give you the chance of life-style.
26. [الي] هو الأكل  
 [ʔily] hoa ʔilʔakil  
 [which] is the food  
 Which is the food
27. Pat.: [آه]  
 [ʔaah]  
 [okay]  
 Okay
28. Res.: الرياضة الها تأثير كثير على مستوى الدهون في الجسم فالرياضه  
 المشي السريع 3 أيام بالأسبوع أي نوع رياضه  
 ʔilriyadʕah ʔilhaa Taʕθiyʕ ʔktiyr ʕalaa mosTawa

The sport has effect strong on level  
 ?ilDohniyaaT fiy ?ildʒisim fa?ilriyaadʔah  
 The fats in the body so the sport  
 ?ilmafy ?ilsariyʕ 3 ?ayaam Bil?osBwoʕ  
 the walking brisk 3 days in a week  
 ?ay nwoʕ riyaadʔah  
 any kind of sport  
 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. بتحب تمارسه تعمله بالاضافه لأنك Okay؟ ايبي بنرجع بنعيدهم بعد 3 شهور .  
 قدر الإمكان يكون غذائك صحي و متوازن

BiThiB ?iTmaarsoh Tiʕmaloh Bil?idʔaafih li?annak  
 You like do it do it in addition to that you  
 Okay?qaDar? ?il?imkaan yikwon yiðaa?ak sʔiħy wa  
 Okay?can As much as you can to be food healthy and  
 moTawaazin. ?ie::h ?iBnirgaʕ BinʕiyDhom Baʕid 3  
 balanced ?ie::h we again do them again after 3  
 ?afhor  
 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

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 Stivers 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)



- Okay Mr.?
86. ((The patient is coughing))
87. →Pat.: انشاء الله ↑ يا دكتور  
 ?inʃa Allah↑ DokTowr  
 willing God↑ Doctor  
 God willing↑, Doctor.
88. Dr.1: اذا شو بدك تعمل؟  
 ?iðan ʃow BiDDak Tiçmal ?  
 So what have you do?  
 So, what do you have to do?
89. →Pat.: انشاء الله ↓ اذا الله راد  
 ?inʃa Allah↓. ?iðaa Allah raad  
 Willing God↓. If God wants  
 God willing↓. God willing
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 'inʃa Allah' 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 'inʃa Allah' to indicate his acknowledgment of the doctor's recommendations and treatment. Clift and Helani (2010) proved that the using of the religious expression 'inʃa Allah' expresses acknowledgment. In lines 85 and 88, the doctor seeks acceptance of his recommendation by asking the patient 'okay Mr.?' and 'so, what do you have to do?' to which the patient shows acceptance. Stivers (2005) stated that doctors seek patients' acceptance in several ways, such as requests for acceptance as in 'okay?', 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 'inʃa Allah'.

**Extract 10- [Abu El-Rob: JMT: C 6:2015]**

56. Dr.: [آه] بدك ابناء عاملين لانه ال الديني [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.: [ امهم ]  
 [Imhm]  
 [Imhm]  
 imhm
58. Dr.: شوي مرتفعه عندك ↓ . آه- بتمشي ↓ ؟  
 ?ifway mirTafçah çinDak↓. ?aah- ?iBTimfii↓?  
 A little have been risen for you↓. Yes- do you walk↓?  
 They have been risen a little↓. Yes- do you walk↓?
59. →Pat.: والله مش كثير. بس بديت امشي  
**waAllah miç ?ikθier. Bas BaDieT**  
**To be honest not much. But I already started**  
**?amçie**  
**walking**  
**To be honest, not much. But I already started walking**
60. Dr.: [المشي] ( ) ليش ما تمشي ↓ ؟ والله ( )  
 Lief maa Timfie↓? waAllah ( ) [?ilmaçie]  
 Why not you walk↓? Really ( ) [the walk]  
 Why do not you walk↓? Really ( ) the walk
- 61.→ Pat.: [ والله ] هو هسه الجو مناسب.  
**waAllah hoa hassah ?ilçaw monaasiB**  
**Really it now the weather good**  
**The weather is really good now**
62. Dr.: ما ما لانه ( ) الي جابلنا الامراض شو هو؟  
 Maa maa li?annoh ( ) ?ilie çaaBilnaa  
 It is it is because ( ) what brought us  
 ?il?amraad? çow hoa?  
 diseases what is it?  
 It is, itis because ( )what are the causes of diseases,  
 what are they?
- 63.→Pat.: . عدم الحركة ↓  
**çaDam ?ilçharakih↓**  
**Not moving↓**  
**Not moving↓**  
 .  
 .  
 .

68. Dr.: ما مآكانش في مرضى لا. مهو اهم شي التغيير. هسه الغرب- بالسكر  
والضغط سبقونا اكثر بكثير السبب انه هو ب  
Maa kaanif fie mard'aa la?. Mahoa  
Not were not there sick people no. it is  
?aham fie ?ilTayyir. hassah ?ilyarB -  
the most important thing the change. Now the western -  
Bilsokar wa ?ld'ayt? saBagwonaa  
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
70. تبعهم لا احنا صرنا مثلهم بدنا نلحقهم. ف  
TaBaçhom laa ?iħnaa s'irnaa miθilhom BiDnaa  
Of them. No we became like them we want  
?inilħaghom. Fa  
to follow them. So  
Of them. We did not become like them, we want to follow them. So
71. Style of life اكيد مهم. .  
Style of life ?akied mohim  
Style of life surly important  
Style of life is surly important
72. Pat.: امهم  
Immhm  
Immhm  
immhm
73. Dr.: و الحركة ↑ مهمه كثير ↓ . بتعرف ( ) الحركة. مع انه كل  
المطلوب نص ساعه ترى  
Wa ?ilħarakiħ↑ mohimmih ?ikθier. ?iBTiçraf ( )  
And the move important so much↓. you know ( )  
?ilħarakiħ. maç ?inoh kol ?ilmat?lwoB  
the move. Although all what is required  
nos? saaçah 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: نص ساعه  
nosç saaçah  
half an hour  
half an hour
75. Dr.: نص ساعه ↑ مشي سريع ↑ يوميا ↑ او يوم بعد يوم بعدك الضغط،  
السكر، دقات القلب، الدهون، الوزن، هشاشة  
nosç saaçah↑ maç ie sarieç↑ yawmiyan↑ ?aw  
half an hour↑ walking fast ↑ daily↑ or  
ywom Baçid ywom BiçaDillak ?ld'ayt?,



a day after day will control the pressure,  
 ?ilsokar, DagaaT ?ilgalB, ?ilDohniyaaT, ?ilwazin,  
 the sugar, the beats the heart, the fats, the weight,  
 haf aaf iT

osteoporosis  
 walking fast↑for 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. [ العظام ]

[?ilçitʔaam]

[The bones (osteoporosis)]

The bones (osteoporosis)

77. -Pat.: اشعر حتى مشكله بالمشي لانو بمشيش يعني صرت لما امشي شوي اشعر [لا وصرت]رجلي

[Laa wa sʔirT] ?aʃʔor haTaa moʃkillih

[No and I became] I feel even problem

Bilmaʃie liʔanwo Bamʃieʃ yaçniy

in the walking because I do not walk this means

sʔirT lamaa ?amʃie ?iʃway ?aʃçor riçlay

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 ]

[sʔaħ]

[Right]

Right

79. -Pat.: تعاني

Toçaaniy

Suffer

Suffer

.

.

.

84. Dr.: نعطيك فرصه بعد شهر

naçtʔiek forsʔah Baçid ʃahar

We will give you a chance after

a month

We will give you a chance after a month

85. Pat.: امهم

Immhm

Immhm

Immhm

86. Dr.: ضبط الحمية

dʔaBBitʔ ?ilħimiyih

Control the diet.

Control the diet.

87. Pat.: امهم

Immhm

Immhm  
immhm

88. Dr.: دير بالك على الدهنيات يعني شو الزيوت الي بتستعملوها ؟  
Dier Baalak çalaa ?ilDohniyaaT yaçniy fow  
Take care of the fats in other words what  
?ilziyoT ?ilie ?iBisTaçmilwohaa?  
the oil that you use it?  
Take care of the fats in other words what is the oil that you  
use?

.  
.  
.

96. Dr. to Pat.: فخلينا نعطيك فرصه  
Fa Xalienaa naçt?iek fors?ah  
So let us give you a chance  
Do let us give you a chance

97.→ Pat.: انشاء الله  
?inʃa Allah  
Willing God  
God willing

98.Dr.: [ العيد ] بعد  
Baçid [?ilçied]  
After [ Al Eid]  
After Al Eid

99.Pat.: [ امهم ]  
[Imhm]  
[Imhm]  
imhm

100.Dr.: شايف ؟ عنا بتيجي بعد شهر. وبنشوف اذا بضل موجود هيك ممكن نعطيك  
دوا للدهنيات بس السكر خلينا انشوفه- ممتاز  
ʃaayif ?inaa ?iBtiezie Baçid ʃahar. Wa  
You see? Here you come after a month.And  
Binʃwof ?iðaa Bid?al mawʒwoD hiek  
we will see if it stays there like  
naçt?iek Dawaa lalDohniyaat Bas  
we give you medicine for the fats but  
?ilsokar Xalienaa?inʃwofoh- momTaaz  
the sugar let us see it - excellent  
You see? Come here after a month. And we will see if it  
stays like this, we will give you medicine for the fats  
but the sugar let us see it- excellent

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 'inŷa 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.: [ باشا ]  
 Bas BiDnaa ?inXafif ?ilkworTizwon [ya Baŷaa]  
 But we need TO REDUCE the cortisone [sir]  
 But we need TO REDUCE the cortisone, sir

59.→ Pat.: [ اه احسن اشي ]  
 [ʔaah] ?aHsaan ?ifie.  
 [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]**

117. [بإيديهم] اعراض اخرى. طبعا احيانا بصير عندهم خدر  
 ?aʕraadʔ ?oXraa tʔaBʕan ?aħyannan Bisʔiyɾ  
 Symptoms other Of course sometimes there might be  
 ʕinDhom XaDar [ BiʔiDiyhom]  
 there Numbness [hands]  
 Other symptoms. Of course, sometimes there might be numbness in  
 their hands,

118.→ Pat.: [ايوا ]  
 [ʔaywaa]  
 [Exactly]  
 Exactly

In general, acceptance of doctors’ decisions occurs in different forms in the Jordanian medical encounters; it might occur in saying ‘inʕa 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 ‘inʕa 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)

161. Dr.: [انه هيك ] نصيحه [بصير الولد يشعر  
 [nas'ieħah] laa Tiçmalwo foħos'aaT ?ikθier wa  
 [an advice] do not do you tests much and  
 laa Torkod'wo min t'aBieB la  
 not run from doctor to  
 t'aBieB li?annoh Bis'ier ?ilwalaD yiʃçor  
 doctor because he becomes the boy feel  
 [?inoħ]  
 [ that]

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

162. → Fath.: [انا] بالصيف بعمله عند دكتور ----- بالمختبر  
 [?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)

.  
 .  
 .

167. Dr.: [داعي] ما بقلك ما فيش =  
 =Ma Baqollak ma feiʃ [daaçie]  
 =I am tlling you no [need]  
 =I am telling you no need

168. → Fath.: [لانه] هو بضل [يشكي]  
 [Li?annoh] Bidal [ yiʃkie]  
 [Because] he keeps [complain]  
 Because he keeps complain

.  
 .  
 .

171. Dr.: ما فيش داعي تعملو فحوصات. كل ما عملت فحوصات- كل ايش- يعني  
احنا الان ايش حلقه مفرغه احنا هاي بدنا نقصها.

Maa fief Daacie Tiçmalwo ?fhwos'aaT. kol maa  
No there need do the tests. As much as  
?içmiliT foħos'aaT- kol ?ief?- yaçny?iħnaa ?il?aan  
you do tests - every thing- I mean we now  
?ief ħalaqah mofrayah ?iħnaa haay BiDnaa  
what circle vicious we this we want to  
?ingos'haa  
cut it  
No need to do tests. As much as you do tests- everything is  
what- I mean we are now in vicious circle. We want to cut it

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: هلا انتو بتبلغو الدكتوره ولا احنا شفوي ولا كيف ؟  
Halaa ?inTwo BiTBalywo ?ilDokTworah wala  
Now you will tell the doctor or  
?ihnaa safawiy walaa kiyf?  
we orally or how?  
Now, will you tell the doctor or we do it orally  
or how?
- 60.Dr.1: بعرفش [فيش]  
Baçrifif [fiyʃ]  
I do not know [There is not]



- I do not know. There is not
61. Dr.2: [لا لا] انتو احكولها  
 [Laa laa] ?inTwo ?iħkwolhaa  
 [No no] you tell her.  
 No no. you tell her.
62. Hus.: [لأنه هي]  
 Li?anoh [hiyi]  
 Because [she is]  
 Because she is
- 63:→ Dr.2 to Dr.1: [هما [حكومعي وقالوا اذا في مجال يجو على الع [يادة  
 [homaa] hakwo mafie wa galwo ?iðaa  
 [They] called me and said if  
 fiy mazaal yiedzwo ʕalaa?ilʕi[yaaDih]  
 there is a chance come to the cl[inic]  
 They called me and said if there is a chance to come  
 to the clinic
64. Dr.1: [ اهلا [وسه [ لا ↓  
 ?ahllan wa sah[llan]↓  
 Welco[me]↓  
 Welcome↓
65. Dr.2: [وقلت] لهم اه خليها تيجي اليوم ونشوف كيف امورها بس  
 [Wa golT]ilhom ?aah Xaleihaa Tiedzie ?ilywom  
 [So I to]ld them yes let her come to day  
 wa ?infwof 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

##### Extract 13- [Abu El-Rob: JMT: C 5:2015]

70. ((The resident is typing the prescription)) (0.31)  
 71. ((The doctor is coming back after he finished his call))  
 72. Pat. to Dr.: شاي ف صلاة التراويح بنروح بالسياره.  
 ʃaayif sʕalaT ?iTaraawieħ Binrwoħ Bilsiyaarah  
 You see prayer Taraaweeħ we go by the car  
 You see, we go to Taraaweeħ pray by the car

73. (0.14)
74. Dr.: نعم؟  
Naçam?  
What?  
What?
75. Pat.: [ ياره ] بقولك صلاة التراويح الجامع بعيد 400 متر بنروح بالس  
Bagwollak s?allaT ?ilTraweeh ?ildzamiç ?iBçieD  
I say to you pray Taraweeh the mosque far away  
400 meTer Binrwoh Bilsiy[aarah]  
400 meters we go by the c[ar]  
I say to you Taraweeh prayer, the mosque is far away 4000 meters  
and we go by car
76. Dr.: [ بالس ] ياره.  
[Bilsi]yaarah  
[By the c]ar  
By the car
77. (0.1)
78. Dr.: والولاد ما ببنشرو العجل؟  
Wa ?il?awlaaD maa Banfarwo ?ilçadçal?  
And the sons not flat the tires?  
And do not the sons flat the tires?
79. (0.2)
80. انا لو اني جارك والله لبنشر العجل  
?anaa law ?inie dzaarak wa ?allah laBanfir  
I If I neighbor your really I will flat  
?ilçadçal  
the tire  
If I were your neighbor, I will really flat the tire
81. (0.1)
82. Pat.: [ والله ]  
[Wa Allah]  
[Really]  
Really
83. Dr.: [ 400 ] متر بالله [ عليك ]  
[400] meTer Bil Allah [çaliek]  
[400] meters God [you]  
400 meters, Are you serious!
84. Pat.: [ ما انا ] عارفك أص [ يل ]  
[Maa ?anaa] çarfak ?a s?[iel]  
[ I ] know you go[od person]  
I know that you are a good person
85. Dr.: = [ بالله ] عليك بالله عليك 400 متر =  
[BiAllah] çaliik BiAllah çaliik 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 maç ?il mobaalayah

- =Less than 400 this is with the exaggeration  
 =Less than 400 this is with the exaggeration
87. Dr.: = بتحتاج انك تبشر العجل ولا لا  
 ?iBihtaadʒ ?inak ?iTBanfir ?ilçadʒal wilaa la? ?=  
 he needs you flat the tire or not?=  
 Does he need to flat the tire or not? =
88. Resident: = عنده دوام تاني يوم.  
 =çinDoh Dawaam Tanie ywom  
 =He has to go work next day  
 =He has to go work next day
89. (0.1)
90. = البنشر ( )  
 ( )?ilBanfar=  
 ( )The flat =  
 ( )The flat =
91. Dr.: [ والله ما الهاش علا ] =  
 =Wa Allah maa ?ilhaaf çilaa[qah]  
 =I swear no connection  
 =I swear there is no connection
92. Pat. To the Res.: [ الله ] يبارك فيك.  
 [Allah] yiBaarik fiek  
 [God] bless you  
 God bless you
93. Resident: hh
94. Dr.: فلك من هالسوالف اجي تا يكحلها اعورها. شو قال ايش عنده دوام.  
 Fikak min hal sawaalif ?idʒaa Taa yikañilhaa ?içwarhaa.  
 Forget from these talks, gild the lily.  
 ʃow gaal ?iif çindoh Dawam  
 it is what he has to go to work  
 Forget these talks, gild the lily. It is what ! He has to go  
 to work.
95. (0.2)
96. لا لا الله يرضى عليك والله بفيد  
 Laa laa Allah yirdʒaa çaliik wa Allah BifiiD  
 No no God may bless you. I swear it is useful  
 No no may God bless you. I swear it is useful

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.: يعني قديش بتدفع بتشتري دخان بالشهر باليوم؟  
 Yaçnie qaDieʃ ?iBTiDfaç ?iBTiʃTarie DoXaan  
 I mean how much you pay you buy cigarettes  
 Bilʃahar Bilywom?  
 every month every week?  
 I mean how much do you pay, buy the cigarettes every month or every week?
60. Pat.: [ يعني كنت بكيّتين أقل شي ]  
 Yaçnie konT BakeeTeen ?agal [ʔiʃie]  
 About I was 2 packets at least [thing]  
 About two packets at least
61. Dr.1: [ بكيّتين ] ين باليوم؟ شو بتشتغل حضرتك؟ قديش حقهم؟  
 [BakeeT]een Bil ywom? ʃow ?iBTiʃTayil  
 [packet]s two within a day? What you work  
 ʃahar DoXaan?  
 hadʔirTak? gaDieʃ ʃaghom?=  
 presence your? How much price their?=  
 Two packets within a day? What do you do? How  
 much are these?=  
 =3 JD=  
 =3 lieraaT=  
 =3 JD=  
 =3 JD=
62. Pat.: = 3 ليرات =  
 =3 lieraaT=  
 =3 JD=  
 =3 JD=
63. Dr.1: = يعني كل يوم بندق قديش بالشهر دخان؟  
 =Yaçnie kol ywom ?iBTiDfaç qaDieʃ Bil  
 =This mean per day you pay how much per  
 ʃahar DoXaan?  
 month cigarettes?  
 =This mean how much do you pay per day, per month for  
 cigarettes?
64. Pat.: = يعني مبلغ  
 Yaçnie maBlay=  
 It is an amount=  
 It is an amount=
65. Dr.1: = 100 دينار. كم سنه الك بدخن؟

- =100 Dinaar kam ?ilak BiDDaXin?  
 =100 JD. How long for you smoke?  
 =100 JD. How long do you smoke?
66. Pat.: [ بدخن ] يعني زمان الي  
 Yaçnie zamaan ?ilie [BaDaXin]  
 Its long time that [I smoke]  
 I smoke since a long time
67. Dr.: [ قديش؟ ]  
 [qadiʃ?]  
 [How long?]  
 How long?
68. Pat.: الي بيحي اكثر من 25 سنه  
 ?lie Biedzie ?akθar min 25 sanih  
 It is about more than 25 years  
 It is about more than 25 years
69. Dr.1: طيب 25 = 1500X 40 الف دينار دافع بحالك. اتقي الله الدخان  
 عاملك مشكله بالرئه. بالله نسمعله عنده ( )?  
 tayieB 25 fie 1500 yosaawie 40 ?alf Dinar  
 Okay 25 by 1500 equals 40 thousand dinar  
 Dafiç Bi haalak. ?iTaqie Allah ?ilDoXaan  
 you paid in yourself. FEAR GOD the cigarettes  
 çaamillak moʃkilih Bilri?ah. BalAllah  
 is making you a problem in the lung Please  
 nismaçloh çinDoh ( )?  
 Let's listen for him he has ( )?  
 Okay 25 by 1500 equals 40 thousand you paid in yourself. FEAR  
 OF GOD the cigarettes is making for you a problem in the lung.  
 Please let's listen if he has ( )?
70. ((1.81) for physical examination.))

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

##### Extract 15- [Abu El-Rob: JMT: C 6:2015]

42. Dr.: (0.1)
43. → بسم الله الرحمن الرحيم. طبعاً الي بتزرعو بتحصدو. ولا لا؟  
 Bi?ism Allah ?alrahman ?alrahiem. t?aBçaan  
 In The Name of Allah, **Most Gracious Most Merciful.** Of course,  
 ?ilie ?iBTizraçwo ?iBTòhs?oDwo Wilaa la? £ ?



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 كويسه انشاءالله. كيفك انت ورمضان ؟  
 ?il?omwor ?kwaysih ?infa Allah. kief ?inTa  
 The things good willing God How you  
 wa Ramadan?  
 with Ramadan?  
 God willing, the things are good. How are you with  
 Ramadan?

63. → Pat.: [ بعد ] يبيين صح تمانى تنصحنى بالنسبه للدسك  
 [BaçD]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.: [شباب] بتعرف شو الفلاسفه اختلفو بتعريف الشيخوخه؟ شباب  
 [ʃaBaaB] ʃaBaaB ?iBTiçraf ʃow  
 [Young] young. Do you know what  
 ?ilflaasifh ?iXTalafwo  
 the philosophers divergent opinions  
 ?iBTaçrief ?ilʃayXwoXah?  
 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.: ها؟ تعريف الشيخوخه بتعرفيه؟  
haa? Taçrief ?ilʃayXooXah  
What? The definition of aging  
?iBTiçrafieh?  
you know it?  
What? Do you know the definition of aging?

106. Res.: هأ.  
Ha?  
No  
No

107. →Dr.: ترى اتفقو الفلاسفه الشيخوخه من عمر- الرجال هاض دايمًا يجي هو ويضحك

Taraa ?iTafagwo ?ilfalaasifih ?ilʃayXwoXah  
They have been agreed the philosophers the aging  
min çomor ?ilridzaal haad? Dayman yidzie  
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.: [يا الحمد لله]  
?lihamDo lilAllah [ya]  
Thank God [ya]  
Thank God ya

109. Dr.: [هاض [شبه في الروح [ح  
[Haad?] ʃaB fie ?ilrwo[h]  
[He] young in the so[ul]  
He is a young in his soul

.  
. .

111. →Dr.: [هاض] شبه في الروح  
[haad?] ʃab fii ?ilrwoh  
[He] young in his soul  
He is a young in his soul

.  
. .

113. → Dr.: الروح آه بتلاق الواحد عمره 40 سنه بتطلع عليه- ختياار.  
وواحد بتطلع 74 سنه بدور تا يجوز.  
?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- ol::d. And a person  
 ?iBTit?allç 74 sanih BiDawir Taa yidzawwaz  
 you look 74 years LOOKING FOR A WIFE  
 The soul. Yes. Once you look at a person who has 40years, you  
 will find him- very olllld. And a person who has 74 years is  
 LOOKING FOR A WIFE

114.→ Pat.: hh

115.→ Dr.: مهي مرته مش معاه ولهذا بحكي.  
 Mahiyie maraToh miJ maçaah wa lihaz?aa  
 that wife his not with him and for that  
 Bañkie  
 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: [وي]ن بدرس؟ وين بدرس؟  
 [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: والله! شو بدرس؟  
 WaAllah! fow BiDDaris?  
 Really what you teach?  
 Really, what do you teach?

93. Pat.: لغة عربية ومهارات اتصال  
 loyah                   ʕaraBiyih           wa           mahaaraaT   ʔiTisʔaal  
 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 دائما أو لا ك [يف د]كتور؟  
 yaʕniy           faħisʔ   ʔilDam           lalqowih   ʔilDam  
 this means   test           the blood           for hemoglobin  
 Daaʔiman   ʔaw   laʔ   Ki[yf   Do] kTowrʔ  
 Always   or   no   h[ow   do]ctorʔ  
 This means, Does the blood test always for hemoglobin or what,  
 doctor?

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.: [بعدييين] صح تمانى تنصحنى بالنسبه لىدسك  
 [BaʕDiyn] 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 بالعمليه ↓ ؟ لانه أكثر من دسك على قولهم هاظا الي صوره  
 الشو اسمو هاظا الرنين  
 Fafow raʔyak Bil ʕamaliyih↓?  
 So what do you think of the surgery↓?  
 Liʔanoh ʔakθar min disk ʕalaa gowlhom  
 Because more than disk on as they say  
 haðʔaa ʔilii sʔawaroh ʔilʃow?  
 that who have taken the photo this which  
 ismoh haðʔaa ʔilraniyn  
 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.: يعنى دايمما بالعمليات هاي احسن خذ رأي اثنين الي بقلك راسك مش  
 عليك اتلمسه  
 Yaʕniy Daymaan BilʕamaliyaaT haay ʔahsaan  
 I mean always in the surgeries these it is better  
 Xoð raʔiy ʔiθniyn ʔiliy Bigollak raasak  
 take opinion two Who tells you your head  
 miʃ ʕaliyk ʔiTlammaʃoh  
 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

.

88. Controversial خذ اكثر من رأي  
 Controversial XoD ?akθar min ra?ie  
 Controversial take more than one opinion  
 Controversial take more than one opinion
- 89.Res.: نعم  
 Naʕam  
 Yes  
 yes
- 90.→Pat.: يا سيدي بعين الله ↓ تالي هالعمر [بروح↓]  
 ya siedei Biʕien Allah↓ Talei hal ʕomor  
 Sir be with us God↓ the rest of the age  
 [Birwoh↓]  
 [will go↓]  
 Sir! God↓ be with us, the rest of age will go↓
- 91.Dr.: [ لا لا لا ↑ ] بعدك شباب ما احنا قلنا  
 [Laa laa↑] BaʕDak ʃaBaaB ma ?ihnaa [ golnaa]  
 [No no↑] you still young We have [ said]  
 No, no↑. We have said that you still young.
- 92.Pat.: [ الحمد لله ]  
 [ʔilħamDolilAllah]  
 [Thank God]  
 Thank God
93. Dr.: [ هذا ]  
 [Haðaa]  
 [This is]  
 This is
- 94.Pat.: الحمد لله  
 ʔilħamDolilAllah  
 Thank God  
 Thank God
- 95.Dr.: [ بتعرف ] شباب  
 ʃaBaaB [ʔiBTiʕrif]  
 Young [you know]  
 Young you know
- 96.Pat.: [ الحمد لله ] يا دكتور  
 [ʔilħamDolila Allah] ya DokTwor  
 [Thank God] Doctor  
 Thank God, Doctor
- 97.Res.: [ مهم ] لا  
 Laa [mhm]  
 No [mhm]  
 No.mhm
- 98.Dr. to Res.: [شباب] بتعرف شو الفلاسفه اختلفو بتعريف الشيخوخه ؟  
 [ʃaBaaB] ʃaBaaB ?iBTiʕraf ʃow  
 [Young ] young. Do you know what



**Extract 18-[Abu El-Rob: JMT: C 3:2015]**

56.Dr.1:(0.1) انت عندك انسداد رئوي مزمن. انت الدخان يعني ما كان هوا من الدخان. هاي النتيجة تبعه. فبدك

?inTa ?inDak ?insiDaaD ri?awiy↑ mozmin↑. ?inTa  
 You have obstructive pulmonary↑ CHRONICAL↑ You  
 ?ilDoXaan yaʕniy ma kaan hawaa min  
 the smoking that not was air from  
 ?ilDoXaan↓. haay ?ilnatiydziḥ TaBaʕoh↓  
 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. تتقي الله في نفسك من الدخان ↓

?iTaqiy Allah fiy naffsak↑ min ?ilDoXaan↓  
 FEAR GOD in selfyour↑ from smoking↓  
 FEAR OF GOD in yourself↑from smoking↓

58. (0.1)

59. يعني قديش بتدفع بتشتري دخان بالشهر باليوم؟ →

Yaʕniy qadiyʕ ?iBTiDfaʕ ?iBTiʕTariy DoXaan Bil  
 I mean how much you pay you buy cigarettes every  
 ʕahar Bilyowm?  
 month every week?

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

60.Pat.: يعني كنت بكيوتين أقل [شي]

Yaʕniy kont BakiyTiyn ?agal [ʔiʕiy]  
 About you were 2 packets at least [ thing]  
 About two packets at least

61.Dr.1: [ بكيوتين] باليوم؟ شو بتشتغل حضرتك؟ قديش حقهم؟ =

[BakiyTiyn] Bil yowm? ʕow ?ibTiʕTayil  
 Two packets within a day? What you work  
 ḥadʕirtak? gaDiyʕ ḥaghom?=  
 presence your? How much price their?=  
 Two packets within a day? What do you do?  
 How much are these?

62.Pat.: = ليرات 3 =

=3 liyaaT=  
 =3 JD=  
 =3 JD=

63.Dr.1: =يعني كل يوم بندق قديش بالشهر دخان؟ =

=Yaʕniy kol yowm ?iBTiDfaʕ aDiyʕ Bil  
 =This mean per day you pay how much per  
 ʕahar DoXaan?  
 month cigarettes?  
 = This mean how much do you pay per day, per month for

- cigarettes?
- 64.Pat.: = يعني مبلغ  
Yaʕniy maBlay=  
It is an amount=  
It is an amount=
- 65.Dr.1: =دينار. كم سنه الك بدخن؟100  
=100 Dinaar. Kam ?illak BiDDaXin?  
=100 JD. How long for you smoke?  
=100 JD. How long do you smoke?
- 66.Pat.: .يعني زمان الي بدخن.  
Yaʕniy zamaan ?iliy BaDaXin  
Its long time that I smoke  
I smoke since a long time
- 67.Dr.: [ قديش؟ ]  
[gaDiyʃ ?]  
[How long?]  
[How long?]
- 68.Pat.: .الي بيحي اكثر من 25 سنه  
?liy biydziy ?akθar min 25 sanih  
It is about more than 25 years  
It is about more than 25 years
- 69.Dr.1: طيب 25 × 1500 = 40 الف دينار دافع بحالك. اتقي الله الدخان عاملك  
مشكله بالرئه. بالله نسمعه عنده ( ) ؟  
tʔayiB 25 fiy 1500 yosaawiy 40 ?alf Dinar  
Okay 25 by 1500 equals 40 thousand dinar  
Dafiʕ bi haalak. ?iTaqiy Allah ?ilDoXaan  
you paid in yourself. FEAR GOD the cigarettes  
ʕaamillak moʕkilih Bilriʔah. BalAllah  
is making you a problem in the lung. Please  
nismaʕloh ʕinDoh ( ) ?  
Let's listen for him he has ( ) ?  
Okay 25 by 1500 equals 40 thousand you paid in yourself.  
FEAR OF GOD, the cigarettes is making for you a problem in the  
lung.Please let's listen if he has ( ) ?
70. (((1.81) for physical examination.))
- 71.Dr.1: .لا أهم شي انك تترك الدخان يا سيد.  
Laa ?aham ʕiy ToTrok ?ilDoXaan  
No the most important thing to give up smoking  
ya Said  
sir  
No. the most important thing is to give up, sir.
- 72.Pat.: 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:؟صح ب. صحتك الكبد الوبائي ب. صحتك الكبد الوبائي ب. صحتك الكبد الوبائي ب. صحتك الكبد الوبائي ب.  
Bas ?inTa ?inDak ?ilTihaaB ?ilkaBiD ?ilwaBaa?y  
But you you have Hepatitis  
B. s?aħ? roD ya  
B. Right? Reply Mr.  
But you have Hepatitis b, right? Reply Mr.  
72.Friend to Pat.: رد عليه  
roD ?alyh  
answer him  
answer him  
73.Pat.: نعم  
naʕam  
What?  
What?  
74.Dr.1: عندك التهاب الكبد الوبائي؟  
?inDak ?ilTihaaB ?ilkaBiD ?ilwaBaa?y? B?  
have you Hepatitis? B?  
Do you have Hepatitis B?  
75.Pat.: ما بعرف  
Maa Baʕrif  
Not I know  
I do not know  
76.Friend: عندك التهاب الكبد؟  
?inDak ?ilTihaaB ?ilkaBiD?



- have you                    Hepatitis?  
Do you have Hepatitis?
- 77.Pat.: ما بعرف والله ما بعرف ما حدا قلبي شي  
Maa            Baʕrif        waAllah        maa        Baʕrif        maa  
Not            I know        really        not        I know        not  
ħaDaa                            ?aly                            ʃy  
anybody                    tell                            anything  
I really do not know, I do not know
- 78.Dr.1: هما كاتبينه  
Homaa            kaTbyn  
They                            wrote  
They wrote
- 79.Pat.: كاتبينه! بس ما حدا ألي  
kaTBynoh                    Bas        maa        ħaDa                            ?aly  
they wrote it        but        not        anybody                            told me  
They wrote it! But nobody told me
- 80.Friend: دكتور انت عارف بالمفرق يعني  
DokTwor        ?inta        ʕaarif        Bilmafrag                    yaʕny  
Doctor        you                    know                    in Mafrag                    I mean  
Doctor, you know doctor that in Mafrag, I mean
- 81.Dr.1: أنا مش عارف بس مهو المشكله احنا مش القصه مين بدو يدفع  
?ana        miʃ                    ʕarif        Bas                    mahoa        ?ilmoʃkilih  
I am        not                    know                    but                    well        the problem  
?iħnaa        miʃ                    ?ilgisʕah        miyn        BiDwo        yiDfaʕ  
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: ابيي الدفع ما عندنا الدفع ما عندنا الدفع ↑  
?e::h        ?ilDafig        maa        ʕinDnaa        maa                    ʕinDnaa  
?e::h        the payment        not                    use                    not                    us  
?ilDafig        maa                    ʕinDnaa        ?ilDafiʕ↑  
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: مين انتو↓?  
Myn                            ?intwo↓?  
Who                            you↓?  
Who are you↓?
- 84.Friend: حنا  
ħina  
We  
we
- 85.Dr.: حنا مين?  
ħina                            myn?  
We                            whom?  
Whom we?
- 86.Friend: فاعلين الخير

**faaflyn ?ilXyr**  
**man of a good will**  
**man of a good will**

87.Dr.1: انشاء الله

?infa? Allah  
If want God  
If God wants

88.Friend: جاهز الرجال انشاء الله

gaahiz ?ilrigaal ?infaa? Allah  
ready the man if want God  
the man is ready, if God wants

89.Dr.1: عند الدكتور هاد بنعمه اياه اليوم ونشوفه خليه يستنى عبين ما  
أقلك اهم اشى أسهل إشي نعمله CBC no fill انشوفه. اذا

?agwolak ?aham ?ify ?ashal ?ify  
Let me say the most important thing the easiest thing  
nigmaloh CBC no fill ?inD ?ilDokTwor haaD  
do it CBC no fill with the doctor this  
?iBni?maloh ?iyaah ?ilywom wa ?infwofoh Xalyh  
we do it for him today and we see him Let him  
yisTanaa ?aBiyn maa ?infwofoh  
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

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**

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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 ‘inŷa 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: هي بس مشكلتها على المسكنات  
 Hiyi Bas mofkilThaa ʕalaa ?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** -----ل فتحيلنا  
 ?ifTaḥiylnaa la (name) medication  
**Open for us for (name) medication**  
**Open medication for (name)**
109. الان اهم اشى اکتيلها فيتامين دال حبه يوم بعد يوم عيار 5000  
 ?ilʔaan ?aham ?ifiy vitamiyn Daal  
 Now the most important thing vitamin D  
 ywom baʕiD ywom ?iʕyaar 5000  
 day after day dose 5000  
 Now, the most important thing is vitamin D, every other  
 Day, dose 5000



110. Nurse: [ تور؟ ↑ ] نفس ادويتها دك  
 Nafs ?aDwiyaThaa Dok [Twor? ↑ ]  
 Same medicines doc [tor? ↑ ]  
 The same medicines, Doctor ↑?
111. Son: [ انت ] اعطيتها حبة اسبوعي  
 [?inTa] ?aʕtʔiyThaa haBih ?isBwoʕiyn  
 [You] have given her a pill weekly  
 You have given her a pill weekly.
112. Dr.: ↑ 5000 هسه عياري 50000 ↑ هداك عيار  
 haDaak ?iʕyaar 50000 ↑ ?iliy ʕindiy hassah 5000 ↑  
 that dose 50000 ↑ that have I now 5000 ↑  
 That dose was 50000 ↑ and that I have now is 5000 ↑
113. Son: خلص لعاد  
 Xalasʔ laʕaaD  
 Okay so  
 So, okay
114. → Dr.: فبتوخده يوم بعد يوم يعني 3 حبات بالاسبوع. ماشي يا حجه؟  
 Fa ?ibToXDoh ywom BaʕiD ywom yaʕniy  
 So take she day after day in other words  
 3 haBaat BilʕisBwoʕ. mafiy 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 توخذ علاج وارجعت غيرته  
 Wa ?ildʔyT ermm yayarTinaa  
 And the blood pressure ermm changed you for us  
 ?ildawaa? kanaT TowXiD ʕilaadz wa ?irziʕiT  
 the medicine used to she take treatment and again you  
 yayarToh  
 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 للدهون  
 BiDnaa laʕiDohwon  
 We need for the fats  
 We need for the fats
120. Cardisantan  
 121. lanzoprazol

122. Folic Acid  
 123. تحطيسهوش حديد قيميه لا  
 ḥadiyd giymToh laa ?iThwot?iyhooʃ  
 Iron remove it not add it  
 Remove the iron, do not add it.  
 124. Cardisantán  
 125. Hydrocloric  
 126. Paracitamál  
 127. والڊال 5000  
 Wa ?ilDal 5000  
 And the D 5000  
 And vitamin D, 5000

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))

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]

17.Res.: طيب فحوصاتك اجمالا كلها منيحه ايبي بس الدهنيات شوي على الحد العالي

tʔayiB fohwosʔaaT ik ?igmaalan kolhaa  
okay tests your in general all of them  
minyħah ?iee Bas ?ilDohniyaaT ?ifway ʕalaa  
good Imm But the fats a little on  
?ilħaD ?ilʕaaly  
rate the highest  
Okay, your tests, in general, are all good. Umm but the fats  
are near the highest rate.

.  
.  
.

25.Res.: يعني كونك مافي عندك مشاكل صحيه عمرك صغير ايبي مش مدخن ايبي  
[بنعطيك فرصة الي هي النمط الحياه. ]آه

[ʔaah] yaʕny kawnik mafy ʕinDak mafaakil siħiyih  
[okay] this means since no have you problems healthy  
ʕomrak ?isʔgyr ?ie::h ?iBnaʕtʔyk forsʔiT  
Age your little ?ie::h we give you chance  
?ily hiyih ?ilnamatʔ ?ilħayaah  
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. [الي] هو الأكل  
[?ily] hoaa ?il?akil  
[which] is the food  
Which is the food

27. Pat.: [آه]  
[?aah]  
[okay]  
Okay

28. Res.: الرياضة الهيا تأثير كبير على مستوى الدهون في الجسم فالرياضة  
المشي السريع 3 أيام بالأسبوع أي نوع رياضة  
?ilriyaad?ah ?ilhaa Ta?θiyr ?ktiyr ?alaa mostTawa  
The sport has effect strong on level  
?ilDohniyaaT fiy ?ildz̄isim fa?ilriyaad?ah  
the fats in the body so the sport  
?ilmaf̄y ?ilsariy? 3 ?ayaam Bil?osBwo?  
the walking brisk 3 days in a week  
?ay nwo? riyaaad?ah  
any kind of sport  
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. بتحب تمارسه تعمله بالأضافه لأنك Okay ؟ ايبي بنرجع بنعيدهم بعد 3 شهور.  
قدر الإمكان يكون غذائك صحي و متوازن

BiThiB ?iTmaarsoh Ti?maloh Bil?id?aafih li?annak  
You like do it do it in addition to that you  
qaDar ?il?imkaan yikwon yiθaa?ak s?ihy  
can as much as you can to be food healthy  
wa moTawaazin Okay? ?ie::h ?iBnirga?  
and balanced Okay? ?ie::h we again  
Bin?iyDhom Ba?iD 3 ?afhor  
do them again after 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

.  
.  
.

79. Pat.: بعد 3 أشهر بقدر أعيد الفحص؟  
Ba?iD 3 ?afhor BagDar ?a?iyD ?ilfa?his??  
After 3 months can i repeat the test?  
Can I repeat the test after 3 months?

80. →Res.: ممكن الدهون. بس آه حاول اذا بنزل الوزن تعمل رياضة الأمور  
بتمير أحسن

Momkin ?ilDohniyaaT Bas ?aah haawil ?izaa  
May be the fats but yes try if  
Binzil ?ilwazin Ti?mil riyaaDah

Comes down the weight to do sport  
 ?il?omwor BiTs?yr ?ahsaan  
 The health status Will be improved  
 May be the fats. But, yes, try if your weight becomes down,  
 do sport, the health status will be improved.

81. Pat.: طيب شكرا شكرا [الك غل] بناك  
 t?ayiB fokran fokran [?ilik yal] aBnaaky  
 okay thank thank [ you sorry for bo]thering you  
 okay. Thank, thank you. Sorry for bothering you.
82. Res.: [سلمات] أهلا و سهلا  
 [salammaT] ?ahlaan wa sahlaan  
 [take care] you are welcome

Take care. You are welcome

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]

185. →Dr.: لا الولد كويس برضو بقول نصيحه لا تروحو لاطباء كثير لا تعملو فحوصات كثير

Laa ?lwalad ?kwayis BarDwo Baqwol nasiyħah laa  
 No the boy good also I say an advice do not  
 ?iTrwoħwo la ?at?Bbaa? ?ikθiyɾ laa tiʃmalwo  
 go to doctors too much do not do  
 foħosʔaaT ?ikθiyɾ  
 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

186. Fath. to pat.: هي اسمع. سامع؟ مش تقولي بطني بوجعني ان شربت [مي]

Hay ?ismaʃ samiʃ? miʃ  
 Listen Did you hear? Do not  
 ?iTgwoliy Batʔniy Biwaʒʔniy ?in ?iʃriBiT  
 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.

187. Dr.: [لا] لا خلي يصيرعندك وجع بطن. وجع البطن ما رح يسوي شي. رح يروح

[Laa] laa Xaliyh yisʔiyɾ ʃinDak wazaʃ  
 [No] no let happen for you pain  
 Batʔin. Wjadʒaʃ ?ilBatʔin maa raħ yisawiy  
 belly. Pain belly not will do  
 ʃiy. raħ yirwoħ  
 thing. It will go

No, no. let it happen. Belly pain will not do anything. It will go

188. مرضي يعني هو وجع البطن عندك موجود بس مش

Yaʃniy hoa wadʒaʃ ?ilBatʔin ʃinnDak  
 In other words, that pain belly for you  
 mawodʒwoD Bas miʃ maradʔiy  
 there but it not a disease

In other words, that belly pain is there but it is not a disease

189. Pat.: اهم

?imhm

- Imhm  
imhm
190. Dr.: الامعاء طبيعيه بس بتتحرك اكثر من الازم. بصير الالم معك .  
 ?il?am?aa? t?aBiy?iyih Bas ?iBTiTharrak ?akθar  
 The intestines normal but it moves more  
 min ?ilaazim. Bis?iyr ?ilalam ma?ak  
 than it is supposed to be happens pain with you  
 The intestines are normal but they move more than it is  
 supposed to be. So the pain happens with you
191. (0.2)

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 'Ya?niy' 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

Arrangments for future occur in Extract 4 as in the following:

#### Extract 4- [Abu El-Rob: JMT: C 12:2015]

122. Dr.1: أكم حبة كورتزون بتوخذ؟  
 ?akam ħaBiT kworTizwon ?iBTwoXið?



- How may pills cortisone you take?  
How many cortisone pills do you take?
123. Son:[6]  
124. Pat.: [6]  
125. Dr.: نزلهم ل ابيي  
Nazilhom la ?iiiiii  
Reduce them to imm  
Reduce them to imm
126. Pat.: Four?  
127.→ Dr.1: ل 4 آه . كل أسبوع نقص حبه وبنشوفك بعد العيد  
La 4 ?aah kol ?osBwoç nagis? haBih wa  
To 4 yes every week reduce a pill and  
Binʃwofak 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.: [الله يرضى عليك]  
Allah yirdʔaa [çalyk]  
God pleased [with you]  
May God be pleased with you
129. Dr.1: [خلص] ماشي  
[Xalas] maafy  
[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?

169. →Dr.1: آه. ايوا 3 أيام كل يوم كبسوله وبنشوف كيف: كيف?  
 ?aah ?aywaa 3 ?ayaam kol yowm kaBsowlih  
 Yes right 3 days every day a capsulate  
 wa Binʃowf kief  
 and We will see how it will be  
**Yes, right. 3 days a capsulate for everyday and we will see  
 The effect of it**

170. →Dr.1 to Pat.: وهلا بنخلي دكتور ----- (0.2) أو اذا بتحبي اتشوفي  
 الدكتور ----- لحتى تطلع الفحوصات

Wa hala BinXaliy DokTowr (name) (0.2)  
 And now we will let doctor (name) (0.2)  
 ?aw ?iðaa BiThiBiy ?iTʃowfiy ?ilDocTowr  
 or if like you to see doctor  
 (name) laħaTaa Titʔlaç ?ilfoħowsʔaaT  
 (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: بدني كمان وحده عشان آخذ من كل جهة  
 BiDiy kamaan waħDih çafaan ?aaXoD min kol  
 I need another one to take from each  
 zihah  
 side  
 I need another one to take from each side

172. Dr.1: ايه؟  
 ?ie::h?  
 What?  
 What?

173. Dr.2: [بدني كمان وحده] عشان آخذ من كل جهة  
 BiDiy kamaan waħDih [çafaan ?aaXoD min kol zihah]  
 I need another one [to take from each side]  
 I need another one to take from each side

174. Dr.1: [من وين بدنا نجيبهم؟]  
 [ min wien Bidnaa ?indziyBhom?]  
 [from where we will bring the?]

- From where will we bring them?
175. Nurse: آلتلي ----- هلا بتجيلنا كمان  
 ?aalaTliy (name) hala BiTd3iyBilnaa kamaan  
 told me (name) now will bring us more  
 (name) told me now she will bring us more.
176. Dr.1: يلا ماشي!  
 Yalaa mafiy!  
 Okay!  
 Okay!
177. (0.10)
178. Dr.1: طيب اتفضلي ستي لجوا عبين ما يجيبولنا ال هاي  
 t?ayiB ?iTfad?aly siTy lazowaa ʕaBiyn  
 Okay please Madam go inside until us  
 maa yizyBwolnaa ?il haay  
 they bring us the  
 Okay madam. Please go inside until they bring us the
179. Dr.2: بغرفة الاستراحة هون  
 BiyorfiT ?i?isTiraahah hwon  
 In room waiting here  
 In the waiting room, here

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 ‘t?ayiB’ (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]

79. Pat.: شوف هاد بالله دكتور اتعالجت عند دكتور خاص اعطاني هاد [بس] الدواء

=fwof            haaD        BaAllah        DokTwor        ?iTçalaziT  
=Look            this            please            doctor        I have been treated  
çinD        DokTwor        Xaas?            ?aç t'aaniy        haaD  
by            doctor        Private        has given me        this  
?ilDawaa        [Bas]  
medicine        [but]  
=Look at this please, doctor. I have been treated by a  
privet doctor and he has given me this medicine, but

.  
.  
.

81. Dr.: هاظ للعظم مسكن بسكن انتهي مفعوله ↑ وبعدين؟  
haað?        lal            çað'im            mosakin  
This        for        the arthritis        pain relief  
Bisakin        ?inTahaa        mafçwoloh↑        wa        BaçDiyn?  
relief        gone        effect its↑        and        then?  
This is for the arthritis, pain relief  
relief to the pain. It effect is gone↑ and then?

82. Pat.: اه مسكن  
?ah            mosakin  
Yes            pain relief  
Yes. Pain relief

83. Son: مهي المشكله بتوخذ الحبه طبيعي ↑ بعديهها [بترجع]  
 Mahiyi ?ilmoʃkilih ?iBTwoXiD ?ilħaBih tʔaBiyçiy↑  
 The problem she takes the pill normal↑  
 BaçDiyhaa [ʔiBTirzaç]  
 after that [she starts again]  
 the problem that once she takes the pill, she is normal↑.  
 After that she starts complaining again.
- .
- .
86. Dr.: (يقراً المكتوب على الدواء) = اه وهاظا ↑  
 =?ah wa haaðʔ↑ -(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 !  
 ʃow haaðʔaa!  
 What this!  
 What is this?
91. Pat.: ما بعرف ↓  
 Ma Baçrif↓  
 I do not know↓  
 I do not know↓
92. Dr.: ,Orameed
93. مسكن برضو , خالص ضييلي اياه ,  
 Mosakin Bardʔwo, Xalasʔ dʔoBiyliy ?iyaah  
 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.: بس اخذ من هاد المسكن؟  
 Bas ?aXoD min haad ?ilmosakin?  
 Well I take from this pain relief?  
 Well, shall I take from this pain relief?
129. Dr.: خاله خلص انت ردي علي ↓  
 Xaalah Xalasʔ ?inTi roDiy ʃalay↓  
 Aunt that's enough you answer me↓  
 Aunt! That's enough, do as I told you↓
130. Pat.: توكلنا على الله  
 Tawakkalnaa ʃalaa Allah  
 Entrusting ones soul to Allah  
 We trust in Allah
131. Dr.: لوحلو. هاظ وانت توخذ:يه يضربك كلاك ↑ يخربك دمك

- lawahwolow. haað? wa ?inTi ToXðiyh yid?roBlik  
 COME ON this and you taking it affect badly  
 kilaakiy† yiXariBlik Damik  
 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: [ايام بتعرف اياه بتعرف ايام] ما احنا هاظ الي بدناش اياه بتعرف ايام  
 maa ?ihnaa haað ?iliy BiDnaaf ?iyaah ?iBTiGrif  
 That we this what do not want it you know  
 ?ayaam [?ayaam]  
 some [times]  
 This is what we do not want it. You know, sometimes
133. Dr.: [علي الامان يا خاله] [خليكي] علي الشط  
 [Xaliykyi] ʕalaa ?ilʕat?. ʕalaa ?il?amaan yaa Xaalaa  
 [Stay] on the beach. In the peace aunt  
 Aunt! Stay on the beach, in the peace.
134. Son: بتصير من الوجع بتصير تبكي  
 BiTs?iyr min ?ilwazaʕ Bits?iyr TiBkiy  
 She starts from the pain she starts crying  
 She starts, from the pain, she starts crying.
135. Dr.: لا تسبحيش بالعقبه في سمك قرش  
 Laa tisBaḥiyʕ Bil ʕagaBih fiy samak qirʕ  
 Not swimming no in Aqaba there sharks  
 Do not swim in Aqaba, there are sharks.
136. Pat.: والله لا يعرف اسبح † ولا عنا بحر  
 Wa Allah laa baʕrif ?asbaḥ† wa laa ʕinaa  
 Really not know swimming† and not have  
 Baḥar  
 sea  
 Really, I do not know swimming†and we do not have sea.
137. Dr.: لا تخافيش بنجيبلك بحر  
 Laa ?itXaafiyʕ binziyBlik Baḥar  
 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.

187.Dr.: [لا] لا خلي يصير عندك وجع بطن. وجع البطن ما رح يسوي شي. رح يروح  
 [Laa] laa Xaliyh yis'iyir ʕinDak waʒaʕ Bat'in.  
 [No] no let happen for you pain belly.  
 Wadʒaʕ ?ilBat'in maa raħ yisawiy fiy. raħ  
 Pain belly not will do anything. It  
 yirwoħ



- will go  
No, no. let it happen. Belly pain is not dangerous. It  
will go
188. يعني هو وجع البطن عندك موجود بس مش مرضي  
Yaʕniy                   hoa           wadʒaʕ           ʔilBatʔin           ʕinnDak  
In other words,   that           pain           belly           for you  
mawodʒwoD       Bas           miʕ           maradʔiy  
there           but           not           a disease  
In other words, belly pain is there but it is not a disease.
189. Pat.: امهم  
ʔimhm  
Imhm  
imhm
190. Dr.: الامعاء طبيعيه بس بتتحرك اكثر من الازم. بصير الالم معك .  
ʔilʔamʕaaʔ           tʔaBiyʕiyih       Bas   ʔiBTiTharrak   ʔakθar  
The intestines   normal           but   it moves           more  
min   ʔilaazim                           Bisʔiyr   ʔilalam       maʕak  
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]بتنصحننا؟  
**Wa   ʔil   mayalaan           ʕow   DokTwor,   ʕow**  
**And   the   slanted foot       what Doctor,   what**  
**[ʔiBTinsʔahnaaʔ]**  
**[you advise us?]**  
**And the slanted foot, Doctor. what do you advise us?**
193. → Dr.: [الميلان] شوف دكتور عظام ما بعرف انا  
[ʔilmayalaan]       ʕwof   DokTwor   ʕiðʔaam   maa   Baʕrif  
[The slanted foot] see   doctor   bones       not   know  
ʔanaa  
I  
See orthopedic doctor for slanted foot, I do not know
194. Fath.:    دكتور -----؟  
Doktwor   (name)?  
Doktowr   (name)?  
Doctor (name)?
195. → Dr.: آه دكتور ----- شوفه .  
ʔaah           DokTwor   (name) ʕwofoh  
Yes           doctor   (name) See him  
Yes. See doctor (name)
196. Fath.: [ياضه] معنا احنا تحت بسكنا compound مغلق فهو مبدع  
ʕinna   ʔihnaa   TaħT           Bisakanna           compound  
For us   We                           under   our accommodation compound  
moylaq           fa   hoa   moBDiʕ   Bilri[yaadʔah]  
closed           so   he           an ath[lete]  
We have under our accommodation in a closed compound, so he

- is athlete
197. Dr.: ↓ ماشاءالله. واحد واحد مبدع بالرياضه ↑ يكون مريض والي بلعب  
 [طيب]رياضه خليه يتحمل شوية ألم  
 [tʔayiB] mafa Allah. waħaD waħaD mobdBDiç↑  
 [Okay] willing God. A person a person athlete↑  
 Bikown Bilriyaadʔah mariydʔ! Wa ?ilii Bilçab  
 Is being in sport sick! And who plays  
 riyaadʔah Xaliyh yiThammal ?fiwayyit ?alam  
 sport let him bear a little pain  
 Okay, God willing. A person a person who is athlete↑, being  
 sick! And who plays sport let him bear a little of pain
198. pat.: hhhh
199. Fath.: hhh
200. Dr.: الف سلامه عليه انشاءالله. اموره كويسه ماشاءالله عليه ولا لا؟  
 Wilaa la? ? ?alf salami Çaliih  
 Or no? thousands wishing him a speedy recovery  
 ?infa Allah. ?omworoh ?kwaysih mafaa?Allah Çaliyh  
 willing God. health status his good as Allah wills  
 Or no? Wish him a speedy recovery, God willing. His  
 Healt status is good as God willing

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 specialism; 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 ‘tʔayiB’ 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: أم حبة كورتزون بتوخذ؟  
 ?akam haBiT kworTizwon ?iBTwoXið?  
 How may pills cortisone you take?  
 How many Cortisone pills do you take?

123.Son:[6]

124.Pat.: [6]

125.Dr.: نزلهم ل ابي  
 Nazilhom la ?iiiiii  
 Reduce them to imm  
 Reduce them to imm

126.Pat.: ؟4

127.Dr.1: ل 4 آه . كل أسبوع نقص حبه وبنشوفك بعد العيد  
 La 4 ?aah kol ?osBwoç nagis? haBih wa  
 To 4 yes every week reduce a pill and  
 Binʃwofak BaçiD ?ilçyD  
 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 يرضى [عليك]  
 Allah yirdʔaa [çalyk]  
 God pleased [with you]  
 May God be pleased with you

129. Dr.1: [خلص] ماشي  
 [Xalas] maafy  
 [okay] done

- Okay, done
130. Pat.: هسه انيسطت ههههه  
 Hassah ?inbas?aTiT hh  
 Now I am happy hh  
 Now, I am happy hh
131. Dr.1 to Son: اذا صار نزيف بيجي على المستشفى  
 ?iðaa saar nazyf Biyzy çalaa  
 If occur a bleeding he comes to  
 ?ilmostaʃfaa  
 the hospital  
 If a a bleeding occurs, come to the hospital
132. Son: لا انشاء الله خير. آه  
 Laa ?inʃaa?Allah Xiyɾ  
 No ?inʃaa?Allah good  
 No all will be good, ?inʃaa?Allah
133. Dr.1: لأنه لاز [م]  
 Li?annoh laazi[m]  
 Because mus[t]  
 Because it is a must
134. Pat.: [ لا ] زم موعد يعني؟  
 [laa] zim mawçid yaçny?  
 [mu]st an appointment I mean?  
 I mean, is an appointment a must?
135. Dr.1: بدون موعد يا زلمه. انت ليش هيك !  
 BiDwon mawçid yaa zalamih. ?inta lyʃ  
 Without an appointment man you why  
 hyk!  
 like this!  
 Without any appointment man. Why you are like this!
136. Son: بدون موعد هيك مراجعه. يوم احد  
 BiDwon Mawçid hyk moraaʒaçah Ywom ?ahiD  
 Without an appointment just a visit day Sunday  
 Without an appointment. Just a visit. On Sunday.
137. Pat.: بدون موعد  
 BiDwon mawçid  
 Without an appointment  
 Without an appointment
138. Dr.1: آه بتيجي من شان نقلك هيك هيك  
 ?aah ?iBTyzy min ʃaan ?ingollak hyik hyik  
 Yes you come to tell you this this  
 Yes. You come to tell you this and this
139. Pat.: طيب  
 tʔayiB  
 okay  
 Okay
140. Son: [يوم احد بكون؟]  
 [ywom ?ahiD Bikwon?]

- [day Sunday it is?]  
Will it be Sunday?
141. →Pat.: [دكتور لو باخذ] ان هسه [المغرب] لو مددتهن للسحور بصير؟  
[DokTwor law BaXoðhi]n hassah [ʔilmaɣriB] law  
[Doctor if I take the]m now [the sunset] if  
maDaDiThin lalʔishwor Bisʔyr?  
left them to the pre-dawn meal can?  
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: [بصير] آه آه بصير  
[Bisʔyr] Bisʔyr ʔaah ʔaah  
[you can] you can yes yes  
You can, you can yes yes
143. Pat.: بلا الله يعطيك العافيه  
Yalaa Allah Yaçtʔiyk ʔilçaafyih  
Okay God gives you wellness  
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 ‘?inʃa Allah’. Clift and Helani (2010) discovered that ‘inʃa 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-Harabsheh (2015) claims that ‘yaçniy’, 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 ‘yaçniy’.

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:d

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 line132:

#### Extract 9- [Abu El-Rob: JMT: C 17:2015]

- 130.Pat.: أعملهم و أرد أرجع عليك؟  
?aʕmalhom wa ?aroD ?aroD ?ardʒaʕ  
I shall to do them and again again come back  
ʕaliyk?  
to you?  
Shall I do them and to come back agin again to you?
- 131.Dr.1: آه آه  
?aah ?aah  
Yes yes  
Yes, yes
- 132.→Pat.: يسلمو دكتور  
**Yislamow Doctwor**  
**Thanks doctor**  
**Thanks doctor**
- 133.Dr.1: هلا  
Halaa  
Any time  
Any time
- 134.Pat.: أشكرك  
?aʕkorak  
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]**

80.Res.: ممكن الدهنيات. بس آه حاول اذا بنزل الوزن تعمل رياضه الأمور بتصير أحسن

Momkin	?ilDohniyaaT	Bas	?aah	ħaawil	?izaa
May be	the fats	but	yes	try	if
Binzil	?ilwazin	Tiʕmil		riyaaDah	
Comes down	the weight	to do		sport	
?il?omwor	BiTsʕyr			?aħsaan	
the matters	becomes			better	

May be the fats. But, yes, try if your weight becomes down , do sport, the matters becomes better.

81.→Pat.: طيب شكرا شكرا [الك غل] بناك

tʕayiB	ʃokran	ʃokran	[?ilik	yal]aBnaaky
okay	thank	thank	[ you	sorry for bothering]ing you

Okay. Thank, thank you. Sorry for bothering you.

82.Res.: [سلمات] أهلا و سهلا

[salammaT]	?ahlaan	wa	sahlaan
[take care]	you are	welcome	

Take care. You are welcome

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.: آه آخر الشهر هاظ عند دكتور ----- تمام؟ و أي اشي أنا حاضر موجود

?aah	?aaXir	?ilfahar		Hað?aa	?inD
Yes	end	the month		this	with
DokTwor	(name)	Tamaam?	Wa	?ay	?ify ?anaa
doctor	(name)	okay?	and	any	thing I am
haad?ir	maw3woD				
Ready	there				

Yes. At the end of this month with doctor(name), okay? and I am ready for anything.

306. →Hus.: شكرا جزيلاً بس بدي رقمك.

ʃokran	zazylan	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 اتفضل

309. →Hus.: شكرا جزيلاً

ʃokran	zaziylan
Thanks	so much
Thanks so much	

310. →Dr.: بالسلامه هلا

Bilsalamih	hala
Goodbye	bye
Goodbye, bye	

311. →Hus.: يعطيك العافيه دكتوراه

Yaçtiyk	?ilçaafyih	DokTowr
---------	------------	---------

	Give you	health	Doctor
	May God give you health,	Doctor	
312. →Res.:	هلا مع السلامه		
	Halaa	maç	?ilsalaamih
	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: الطابق الأول عند الدرج ابتطلع قبالك في ----- بتحكيه هيك هيك  
 ?ilt?aaBig ?il?awal ?inD ?ilDaradz  
 The floor the first beside the stair  
 ?iBTit?la? ?igBaalak fy (name) BTiñkyloh  
 go up in front of you there (name) Tell him  
 hiyk hyik  
 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.: يعطيك العافيه  
 ya?t?yk ?il?afyih  
 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]

199. Dr.: الف سلامه عليه انشاءالله. اموره كويسه ماشاءالله عليه ولا لا؟  
Wilaa la? ? ?alf salami ʕaliih  
Or no? thousands wishing to get well soon  
ʕinfa Allah. ?omworoh ?kwaysih mafaaʕAllah ʕaliyh  
Willing God. matters his good as God wills  
Or no? Wish him to get well soon God willing. His matters  
are good as God wills
200. Fath.: الله يسلمك  
Allah yisallmak  
Allah protect you  
May Allah protect you
- 201.→Dr.: سلامته انشاءالله سلامته  
SalaamToh ?infa Allah salaamToh  
Wish you a speedy recovery willing God Get well soon  
Wish you a speedy recovery, God willing. Get well soon
202. →Fath.: الله يعطيك العافيه  
Allah yaʕtʕiyk ?ilʕaafyih  
God give you good health  
May God give you good health
- 203.→Dr.: مع السلامه  
Maʕ ? salaamih  
Good bye  
Good bye

In line 199, the doctor provides the patient and his father with a summary, which forms the pre-closing 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: بطلعن متى تقريبا دكتور؟  
 MaTaa TaqrieBan Bit'laʕin DokTwor?  
 When nearly available doctor?  
 When do they be nearly available, doctor?
- 202.Dr.: هني بطلعن بكرة بكونن جاهزات بس انا عيادتي الثلاثاء الجاي. بدك  
 توخذ موعد.  
 Hinie Bit'laʕin Bokrah Bas ?anaa  
 They will be available tomorrow but I  
 ʕiyaaDTie ?ilθolaaθaa? ?ilʒay. BiDak  
 clinic my Thursday next. You will need  
 ToXiD mawʕiD  
 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: آه الثلاثاء  
 ?aah ?ilθolaaθaa?  
 Oh Thursday  
 Oh Thursday
- 204.Dr.: لازم تدفع توخذ موعد آه عشان فتح ال  
 Laazim TiDfaʕ TwoXiD mawʕiD ?ah  
 have You pay make an appointment yes  
 ʕaʕaan faiTh ?il system  
 to open the system  
 You have to pay to make an appointment, yes, to open the  
 system
205. →Son: امهم. بإذن الله. الله يعطيك العافيه  
 Imhm. Bi?iðin Allah. Allah yaʕtʕiyk alʕaafyih.  
 Imhm. willing God God gives you good health.  
 Imhm. God willing. God gives you good health.
206. →Dr.: اتوكلي على الله. ولا يهملك. هلا مع السلامة  
 ?iTwakaliy ʕalaa Allah wa laa yihimik.  
 Entrusting your soul to Allah. And not worry.  
 Halaa maʕ ?ilsalaamih  
 Okay Goodbye  
 Entrusting your soul to Allah. And do not worry. Okay, Goodbye
207. →Pat.: شكرا الك.

ʃokran      ?ilak  
 Thanks      for you  
 Thanks

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 ‘inʃa Allah’

There is an occurrence of the use of ‘inʃaAllah’ as a closing of the consultation as in the next example:

#### Extract 15- [Abu El-Rob: JMT: C 10:2015]

86. Dr.1: -----اتفقنا  
           ?iTafagnaa      (name)?  
           Okay              (name)?  
           Okay (name)?  
 87. →Pat.: انشاءالله  
           ?inʃa              Allah  
           wiiling            God  
           God willing  
 88. ((leaving the room))

In this extract, the patient’s use of ‘inʃa 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 بتمر علي وتعمل [فحوصات ]  
[BaçiD] ?ilçieD BiTmor çlay wa ?iBiTiçmmal  
[After] AlEid she stops by me and do  
[foħwos?aaT]  
[tests]  
After Al Eid, she stops by me and does tests
- 94.Pat.: [دكتور] انا اهلي مش مخليني اصوم  
[DoTtwor] ?anaa ?ahlie mij ?imXalienie  
[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?  
?ief?  
What?  
What?
- 96.Pat.: يعني بفطروني خصب [عني↓]  
Yaçniy Bifat?rwonie yas?iB [çanie↓]  
I mean they break my fast force [me↓]  
I mean they force me↓ to break my fast
- 97.Dr.1: [إذا] إذا إذا ما لتحملت بتفطري . خالص انا بقلك صومي. اذا ما اتحملتي بتفطري  
?ðaa ?ðaa ?ðaa maa ?iThamalTiy ?iBiTift?riy.  
If if if not bear you break your fast.  
Xalas? ?anaa Bagollik s'owmiy. ?ðaa ma ?iThamalTiy  
Okay I tell you to fast. If not bear you  
?iBiTift?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.: [اذا حسيت بدو [خه]  
?ðaa ħasiyT Bi Dow[Xah]  
If I felt of dizziness  
If I felt of dizziness
99. Dr.1: [آه] بتفطري  
[?ah] ?iBiTift?riy  
[Yes] Break it  
Yes. Break it
100. →Pat.: ماشي  
Maafiy



**Okay**  
**Okay**

101. (( The patient and her husband are leaving))

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.: [نعم] [انشاء الله على راسي. شكرا دكتور  
[naʕam] ?infa Allah ʕalaa raasiy. ʃokran  
[yes] willing God on my head thanks  
DokTowr  
Doctor  
Yes, God willing. I agree thanks, Doctor.
125. →Dr.1: هلا. سلامتھا  
**Halaa salaamiThaa**  
**Welcome wish her to get well soon**  
**You are welcome. Wish her to get well soon**
126. Fath.: الله يخليك  
Allah yiXaliyk  
God protect you  
May God protect you
127. →Dr.1: سلامتک يا بنت  
**salaamTik yaa BinT**  
**wish you to get well soon girl**  
**Wish you to get well soon, Girl**

128. Fath.: يالا السلام عليكم  
Yallaa        ?isalaam        ʕalaykom  
Okay        peace        upon you  
Okay, peace upon you
129. Dr.1: أهلين  
?ahliyn  
Welcome  
Welcome

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.: يالا السلام عليكم  
Yalaa        ?ilsalaamo        ʕalaykom  
Okay        Peace        upon you  
Okay.    Peace upon you
211. →Dr.: الف سلامه عليك. سلامتک انشاء الله  
?alf                salamih ʕaliyk.        SalamTak  
Thousands        getting well soon.    Wish to get well soon  
?inʃa    Allah  
willing God  
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 انشاءالله  
 ?alf salamih ʕaliyk ?infa Allah  
 Thousands health for you willing God  
 Get well soon a thousand times, God willing
144. ((The doctor is giving the patient the prescription))
145. Pat.: الله [يسلمك]  
 Allah [yisalmak]  
 God [Protect you]  
 May God protect you
146. Dr.: = [ويعطيك] الصحه والعافيه انشاءالله =  
 [Wa yaʕtʔiyk] ?ilsihhah wa ?ilʕaafyih  
 [And give you] the health and good health  
 ?infa Allah=  
 Willing God=  
 May God give you the good health=
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 [حيك الله ]  
 Kol ʕaam wa ?inTa biʔalf Xiyr  
 Every year and you in thousands of good  
 [ħayaak Allah]  
 [ Bless you God]  
 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 العافيه  
 ʃokran Allah yaʕtʔiyk ?ilʕaafyih  
 Thank you God gives you the good health  
 Thank you. May God give you good health.

152. Dr.: مع السلامه  
 Maç ?ilsalaamih  
 Good bye  
 Good bye

In line 143, the doctor demonstrates an acceptance of the close implicative turn and replies with, ‘Get well soon a thousand times, infa 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)

177.Dr.1: طيب اتفضلي ستي لجوا عيين ما يجيبولنا ال هاي  
 tʔayib ?iTfadʔaliy siTy laɣowaa ?aByn  
 Okay please Madam go inside until  
 maa yizyBwolnaa ?il haay  
 they bring us the  
 Okay madam. Please go inside until they bring us the

178. Dr.2: بغرفة الاستراحة هون  
 BiyorfiT ?i?isTiraaħah hwon  
 In room waiting here  
 In the waiting room, here

179. → Dr.1: لأنه لازم نوخذ على الجهتين. اتفضلي هون بالغرفة. هلا بس تيجي  
 عشان نوخذها و بدنا نكتبك كمان احتياط دوا فطريات عشان

Li?anoh laazim nowXiD ʕalaa ?ilʕihatiyn  
 Because it is a must to take from the both sides  
 ?iTfadʕaliy hown Bilyorfiḥ hala Bas Tiyʕiy  
 please go here in the room now just comes  
 ʕaʕaan noXiDhaa wa BiDnaa nokToBlik kamaan  
 to take it and we need write for you also  
 ?iḥTiyaaʕ? Dawaa fitʕriyaaT ʕaʕaan  
 just in case a medicine fungies to  
 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

180. انشوف لأنه في مريضه زي هيك قعدت هديك سنين بس أخذت سبحان الله. نتأكد  
 ما يكونش اشي ثاني

?inʕowf li?anoh fiy mariydʕah zay hiyk gaʕDaT  
 To see because there a patient like this stayed  
 ?isniyn Bas ?aXDaT soBḥaan Allah niTʕakaD  
 Years when she took Glory be to Allah let's check  
 maa yikowniʕ ?ifiy ʕaaniy  
 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.

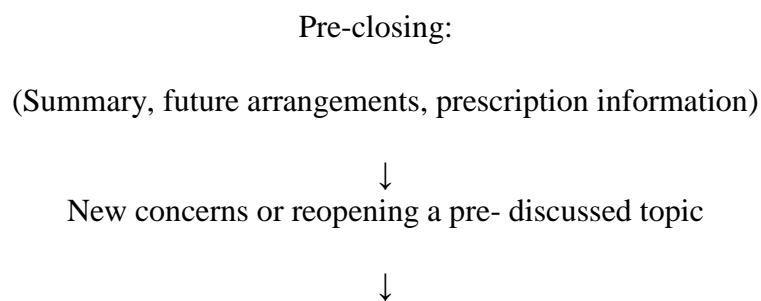
181. ((The patient is going to the another room))

182. (( the doctor 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[ʃa 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:



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 ‘?in[ʃa 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.: لوجلو. هاظ وانت توخذ:يه يضربك كلاك ↑ يخريلك دمك  
 lawaħwolow. haaðʔ wa ?inTi ToXðiyh yidʔroBlik  
 COME ON this and you taking it affect badly  
 kilaakiy ↑ yiXariBlik 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.: [خليكي] على الامان يا خاله على الشط  
 [Xaliykyi] ʕalaa ?ilʕatʔ. ʕalaa ?ilʔamaan yaa Xaalah  
 [Stay] on the beach. In the peace aunt  
 Aunt! Stay on the beach, in the peace.
134. Son: بتصير من الوجع بتصير تبكي  
 BiTsʔiyr min ?ilwazaʕ Bitsʔiyr TiBkiy  
 She starts from the pain she starts crying  
 She starts, from the pain, she starts crying.
135. Dr.: لا تسبحيش بالعقبه في سمك قرش  
 Laa tisBaħiyʕ Bil ʕagaBih fiy samak qirʕ  
 Not swimming no in Aqaba there sharks  
 Do not swim in Aqaba, there are sharks.
136. Pat.: والله لا بعرف اسبح ↑ ولا عنا بحر  
 Wa Allah laa baʕrif ?asbaħ↑ wa laa  
 Really not know swimming↑ and not  
 ʕinaa Baħar  
 have sea  
 Really, I do not even know swimming↑and we do not have sea.
137. Dr.: لا تخافيش بنجيبك بحر  
 Laa ?iTxaafiyʕ binziyBlik Baħar  
 No afraid we will bring you sea  
 Do not be afraid. We will bring you 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 نوخذ على الجهتين. اتفضلي هون بالغرفه. هلا بس تيجي. عشان نوخذها و بدنا نكتبلك كمان احتياط دوا فطريات عشان  
 Liʔanoh laazim nowXiD ʕalaa ʔilzihatiyn  
 Because it is a must to take from the both sides  
 ʔiTfadʔaliy hown Bilyorfih hala Bas Tiyziy  
 please go here in the room now just comes  
 ʕafaan noXiDhaa wa BiDnaa nokToBlik kamaan  
 to take it and we need write for you also  
 ʔihTiyaaʔ Dawaa fitʔriyaaT ʕafaan  
 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

- you a medicine for fungus for  
 180. انشوف لأنه في مريضه زي هيك قعدت هديك سنين بس أخذت سبحان الله. نتأكد ما يكونش اشي ثاني  
 ?infowf li?anoh fiy mariyd'ah zay hiyk  
 To see because there a patient like this  
 gaʕDaT ?isniyn Bas ?aXDaT soBhaan Allah niT?akaD  
 stayed years when she took Glory be to Allah let's check  
 maa yikownif ?ifiy ʕaaniy  
 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.
181. ((The patient is going to the another room))  
 182 ((Dr.1 is talking with other 2 patients for (6.16) minutes))  
 183. →Dr.2: خليني اخد لها بس  
 Xaliyniy ?aaXoDilhaa Bas  
 Let me take for her just  
 Just let me take for her
184. →Dr.: آه توخذ لها على الجهتين. آه  
 ?aah TowXDilhaa ʕalaa ?ilʒihaTiyn ?aah  
 Yes take for her from the t6wo 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 sister يا بس بدنا ناخذ culture للمريضه  
 Yaa sister yaa (name) Bas Bidnaa culture  
 Sister (name) just need smear test  
 lalmariyd'ah  
 for the patient  
 Sister, (name) just need to perform the smear test for the  
 patient
187. Dr.2: بس بدني شفرات  
 Bas Bidiy ʕafraat  
 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 pat. To the  
 another clinic))

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, ‘inŷa 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**

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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 ‘?itfad?al’ or ‘?itfad?aliy’. 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: طيب في مره مريضه هي حالتها نادره من سبب هاظا مرات فطريات وأخذت علاج  
 tʔayiB fiy marah mariydʔah hiyi ħaaliThaa naaDirah  
 Okay there was a patient she case her rare  
 min saBaB haaðʔaa maraaT fitʔriyaaT wa ʔaXDaT  
 because of imm sometimes fungus and she took  
 çilaadʒ  
 medication  
 Okay there was a patient and her case was rare because of imm  
 fungus sometimes and she took medication

152.Pat.: ام  
 imm  
 imm  
 imm

153.Dr.1: اتحسنت  
 ʔiThasanaT  
 She became better  
 She became better

154.(0.1)

155. إذا بدك توخدي يعني عبين ما تطلع النتائج حبوب فطريات مضاد للفطريات وبنشوف كيف.  
 ʔiða BiDik ToXDiy yaçniy çabiyn maa Titʔlaç  
 If need you take I mean until come out  
 ʔilnaTaaʔiç ʔihBowB fitʔriyaaT midʔaaD lal fitʔriyaaT  
 the results the pills fungus antibiotic for fungus  
 wa Binʃowf 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

156.(0.4)

157. هلا بس انوديكي على الدكتورايبي اذ بتحي اتشوفيه اليوم الدكتور ---- (0.1) وبلشي دوا  
الفطريات من اليوم اذا طابت انتهيانا. ما

Hala Bas ?inwaDiykiy çalaa ?ilDokTowr ?ie:: iðaa  
Now once we take you to the doctor ?ie:: if  
BiThiBiy ?iTfowfiyh ?ilyowm ?ilDokTwor (name) (0.1) wa  
you like to see him today doctor (name) (0.1) and  
Balfiy Dawaa ?ilfit?iyaaT min ?ilyowm ?iðaa  
start not Medication the fungus from today if  
t?aaBaT ?inTahiynaa maa  
treated done  
Now once we take you to the doctor ?ie:: if you like to see  
doctor (name) today, if it is treated so done. If not

158. طابت بنشوف سبب آخر غير البكتيريا وهاي ابنعمك زراعته.  
t?aaBaT Binjowf saBaB ?aaXar yiy  
treated we will see reason another other than the  
?ilBikTieria wa haay ?iBniçmilik ziraaçah  
Bacteria and are we will make smear test  
treated, we will see another reason other than the Bacteria and  
we will make smear test now

.  
.  
.

166. Dr.1to Dr.2: خلينا نوخذ نكتبلها Ofloxacin وبعدين بنوخذها  
Xaliynaa noXiD nokToBilhaa Ofloxacin wa  
Let us take write for her Ofloxacin and  
BaçDiyn ?iBnowXiDhaa  
then we will take her  
Let us take write for her Ofloxacin and then we will  
take her.

The doctor mentions in line 151 that a pervious 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:

- 19.Res.: ؟ ↓ okay الدهنيات  
 ?ilDohniyaaT okay↓?  
 The fats okay↓?  
 The fats. Okay↓?
- 20.Pat.: =؟ ما فيش داعي؟ طيب بالزملها علاج ولا ما فيش داعي؟  
 tʔayib Bilzamhaa ʕilaadz wilaa maa fiyf Daaʕy?=  
 okay need it treatment or no there a need?=  
 Okay? Does it need treatment or no need for this?=  
 21.Res.: = لا طبعاً لوضعك انت. انت مدخن اشي؟  
 = laa tʔaBʕan lawadʕik ?inTa. ?inTa moDaXin ?ify  
 =No of course for your case you. You smoking thing  
 = for you case, of course not. Are you smoking?  
 .  
 .  
 .
30. هما مش كتير عاليين بس إحنا ما بنفضل يكونو هيك خاصه إنه انت صغير  
 يعني افهمت علي؟ بقيت الفحوصات كلياتها  
 Homaa mij ?kTyir ʕalyin Bas ?ihnaa maa Binfadʕil  
 They not too much high but we not prefer  
 yikwonwo hiyk xaasʔah ?inoh ?inTa ?isʔiyer  
 to be like this especially that you young  
 yaʕny ?ifhimiT ʕalay? BaqiyiT ?ilfoħwosʔaaT  
 I mean you understand me? the rest tests  
 kolayaaThaa  
 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
31. ممتازه ماشي؟ بس ممكن إنه اذا انت التزمت اشوي [اييي]  
 Momtaazih mafy? Bas momkin ?inoh ?izaa ?inta ?ilTazamiT  
 Excellent okay? But maybe that if you followed  
 ?ifway [ʔie::h]



- a little [ʔie::h]  
 Excellent. Okay? But it might be that if you slightly followed the rules imm
- 32.Pat.: low [معل] ش في هاي ال low  
 [maʕli] ʃ fiy haay ʔi low  
 [excuse] me there is the low  
 Excuse me, this one is low.
- 33.((The Pat. is looking at his report))
- 34.Pat.: هاي ايش هي هاي؟  
 Haay ʔiyʃ hiyi haay?  
 This what it this?  
 Which one?
- 35.Res.: لا ↑ هدول إنه مش يعني الي هما هدول كريات الدم البيضاء  
 Laʔ↑ haDwol ʔinoh miʃ yaʕny ʔily homaa haDwol  
 No ↑ these that not I mean that they these  
 korayaaT ʔilDam ʔilBaydʔaa?  
 cells blood White  
 No↑. These are not, I mean, that they are the white blood cells
- 36.Pat.: = ام  
 ʔim=  
 ʔim=  
 Imm=  
 .  
 .  
 .
- 40.Pat.: طيب معلش فيتامينات كنت بدى [B 12] مش عاملين  
 tʔayiB maʕlif VitamiynaaT konT Bidy [B12]  
 okay please vitamins I was want [B12]  
 miʃ ʕamlyin  
 not they did  
 Okay. Please vitamins. I want B12. They did not do it for me.
- 41.Res.: [B 12]
- 42.Res.: مش عاملينك الف[حص؟]  
 miʃ ʕamlynnak ʔilfa[ħisʔ]  
 not did they the tes[t]  
 Did not they do the test?
- 43.Pat.: ( ) [آه] على أساس إنى طلبت بس  
 [ʔah] ʕalaa ʔasaas ʔiny tʔalaBiT Bas ( )  
 [yes] for that I asked but ( )  
 Yes. For that, I asked but ( )
- 44.Res.: هلا بطلبك اياه بس فيتامين دال مش موجود  
 Hallaʔ BatʔloBlak ʔiyaah Bas vitaamyn  
 Now I will ask for you it but vitamin  
 Daal miʃ mawjwoD  
 D not there  
 I will ask it for you now but vitamin D is not there
- 45.Pat.: مش مشكله

mif                    mofskilih  
no                     problem  
No problem

46.Res.: الفحص  
?ilfaħis?  
The test  
The test

47.(0.5)

48.Pat.: شو السبب إنه مش موجود؟  
fwo ?ilsaBaB ?inoh mif mawgwoD?  
What the reason that not there?  
What is the reason that it is not there?

49.Res.: عرف. المادة [ما] والله من المختبر هاد  
waAllah min ?ilmoXTaBar haaD [maa] ?iBniGrif. ?ilmaaDih  
really from the lab this [not] know. the material  
It is really from the lab. We do not know this. The material

50.Pat.: [آه] لأنه فوق نفس الإشي كانوا الناس يسألو  
[?aah] li?anoh fwo? nafs ?il?ify kanwo ?ilnaas yis?alwo  
[okay] because upper the same thing they were the people ask  
Okay. Because people are also asking the same thing in the upper stair.

51.Res.: آه هي المادة مو موجوده  
?aah hiyi ?imaaDih mwo mawgwoDih  
Yes it the material not there  
Yes. The material is not there

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 phrases, 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, ‘inʃa 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 ‘inʃaAllah’, 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 ----- شو لإيش محوله؟  
 ?itfad?aliy siT (name) fow la?iyf ?imħawlih?  
 Come in please Miss (name) what why comehere?  
 Come in please, Miss (name). What, why did you come here?
2. The Pat. Cousin: مرحبا دكتور  
 Marħabaa dokTwor  
 Hello doctor  
 Hello doctor

- .
- .
- .
- 6.Cousin:-----أنا اذا بتتذكرني أبوي المرحوم  
?anaa ?iðaa ?iBTiTðakarniy ?aBowy ?ilmarħowm (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: [اييبي] آه انت قرابت  
?aah ?inta garaaBiT [?e:::]  
Okay you relative [imm]  
Okay. you are one of imm relatives
- 8.Cousin:[ام]  
[?em]  
[Yes]  
Yes  
.  
.  
.
- 13.Dr.1: [ان] ت أمك التركييه  
[?in]Ta ?omak ?ilTorkiyih  
[yo]ur mother the Turkish  
Your mother is the Turkish.
- 14.Cousin: [ههه] أمي التركييه  
?omiy ?ilTorkiyih [hh]  
My mother the Turkish [hh]  
My mother is the Turkish one hh
- 15.Dr.1: [ههه] كيف حالك؟  
[hh] kief ħaalak?  
[hh] how are you?  
hh. How are you?
- 16.Cousin: الحمد لله  
?ilħamdolilAllah  
Thank God  
Thank God
- 17.Dr.1: شو بتقربلك؟-----  
ʃow ?iBTigraBlak (name)?  
What the relationship with (name)?  
What is your relationship with (name)?
- 18.Cousin: بتكون ايبي بنت عمي  
BiTkown ?ie:: BinT çamiy  
She is ?ie:: my cousin  
She is ?ie:: my cousin.
- 19.Dr.1: آه شو مالها؟  
?aah ʃow 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 specialism 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 et al 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 empower 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 Benjemins.

(h)	<b>Shows that there is laughter</b>
(0.2)	Timed pause shows timed pause
(( ))	Double parentheses show the researcher's comment
( )	Empty parentheses show inaudibility
[ ]	Square brackets show overlapping
:::	Colons indicate a stretch in sound
=	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.

↑	Rise pich
↓	Low pitch
◦	The degree symbol means reduced volum speech or wishper
CAPITALS	indicates that a speech is louder than surrounding.
£	indicates a smile while speaking
—	indicates that the underlined word is stressed
–	a hyphen after a word indicates self interruption

**The following are the abbreviations that the researcher used in the transcription:**

Dr.1	<b>Indicates that there are two doctors in the room and this is doctor # 1</b>
Dr.2	Doctor # 2
Pat.	Patient
Fath	Father
Hus	Husband
<b>Res</b>	Residant



## B. The analysed consultataions

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

The duration: 20: 5

1. Nurse:---- هاي الحجه  
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. : ----- ؟----- ولا  
(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.: = كل عام وانت بخي:ر =  
Kol çam wa ?inti ?iBixi:::r  
Every year and you goo::d  
Happy Eid
8. Pat.: الله ↑ يسعدك دكتور. الله يخليك  
Allah↑ yisçiDak 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.: شلو:نك؟ العيد الجاي وانتو جاين من عرف, [ات]  
?i]lwo:nik? ?il Eid ?idzay wa ?inTwo zaayiin min çaraf[aaT.]  
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.: [انشأ] الله  
[In]fa ] Allah  
[willing ]God  
God willing
11. Dr.: اتفضلي ↑ يختي  
?iTfad?aly↑ yaXTiy.  
Come in↑ sister  
Come in↑sister

12. Nurse: يلا شخصي شخصي هون  
 Yalaa    jaX çiy                      jaX s'iy                      hwon.  
 Come on Set and feel yourself set and feel yourself here.  
 Come on! Set and feel yourself, set and feel yourself here
13. Pat.: اه شايفه ° والله بدني اشخص £ °  
 °?aah    Jayfih °    walAllah £    BiDiy    ?aJaXis?  
 ° Yes    you see ° really    £ I want    set here and feel myself  
 Yes. You see. I really £ want to set here and feel myself
14. Dr.: ° اه يا ° حجه ↓ °  
 ?aah    yaa ° Hajih↓ °  
 Yes                      ° Hajih↓ °  
 Yes, Hajih↓.
15. Pat.: =    الله يسعدك. دكتور أنا كل عظامي بتوجعني ↓  
 Allah    yisçiDak                      DokTwor.    ?anaa kol    ?içð'aamiy    BiTwadziçniy↓=  
 May Allah make you happy Doctor    I    all    bones my    hurt me↓=  
 May Allah make you happy ((thank you)). Doctor! All my bones hurt me↓.=
16. Dr.: =    قديش عمرك ↓ ؟ , وقفي 64 =  
 =QaDiy] çomrik↓?                      wagfiy , 64=  
 =How    old are you↓?    wait,    64=  
 How old are you↓? Wait ((It seems that the doctor is looking at her file)), 64
17. Pat.: =64 64 =
18. Dr.: =! والله مهو مبين =  
 = Wa Allah    mahowi    ?imBayin.  
 =Really    it not    look like this.  
 You really do not look in this age.
19. Pat.: هه  
 hh
20. Dr. to the patient's son: امك ؟  
   ?omak?  
   mother Your?  
   Your mother?
21. Son: أمي.  
           ?omiy  
           Mother my  
           My mother
22. Dr.: = والله نيئي 44  
           waAllah    niyTiy                      44=  
           really    thought                      44=  
           I really thought 44
23. Son: =بعدين أنا اصغر واحد عندها  
           BaçDiyn    ?ana    ?as'çyar    waahiD    çinDhaa  
           Also    I    the little    one    for her.

- Also, I am the little one of her sons and daughters
24. Dr.: والله مهو مبين.  
waAllah mahwi ?imBayin.  
Really it not obvious.  
It is really not obvious.
25. Son: هه  
hh
26. Dr.: وين ساكنه انت؟  
Wiyn saknih?  
Where you live?  
Where do you live?
27. Pat.: بجرش, مخيم سوف  
Bi Jarash. MoXayam swof.  
In Jarash. camp swof.  
In Jarash, Sowf camp.
28. Dr.: والله انك مرفه  
walAllah ?inik imrafaha  
really you live a luxury life.  
You really live a luxury life.
29. Pat.: عز عز  
çiz çiz  
glory glory  
What such a glory!
30. Son: =هلا انا دكتور اجينا قبل هيك اجينا قبل هيك اه وعملنا فحوصات كامله واعطينتنا دوا وحكيتنا بترجعو بعد ما توخذو الدوا  
Hala↑ ?ihnaa DokTwor ?aziynaa gaBil hiyk ?aziynaa gaBil hiyk  
Now↑ we doctor come before this come we before this  
?aah wa ?içmilnaa foħwos?aaT kamlih wa ?aç?iyTnaa dawaa  
yes and have made we tests full and you have given us medicine  
wa ħakiyTilnaa ?iBiTirdzaçwo BaçiD ma TwoXDwo ?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.: = على راسي↓ على راسي↑  
çalaa raasiy↓ çalaa rasiy↑  
Okay ↓ okay↑  
Okay↓, okay↑.
32. ضجه بالعياده ( الممرضات تتحدث مع بعض والكور يتكلم مع مريض اخر) لمدة دقيقه و 59 ثانيه  
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: المره الي مضت جاي عامله عنا فحوصات. طبيب اقتحلنا فحوصات – كاملات↑?  
t?ayiB ?ifTahiylnaa foħwos?aaT (name) kamlaaT↑? ?ilmarah  
Okay open for us tests (name) available↑? Time

- ?iliy mad'aT dʒaay ʒaamlɪh ʒinaa foħwos'aaT  
that gone she has come has made here tests  
Okay, open for us on (name)'s tests, are all of them available↑? Last time,  
she has come and has made tests here.
34. ((الدكتور يتحدث مع مريض اخر لمدة لدقيقة و 24 ثانية))  
((The doctor is talking to another patient for a minute and 24 seconds))
35. The son: !طبي:ب اببي كملتي للدكتور كلشي بصير معاكي انت قولتيلو بس عظامي بوجعوني  
t'ayi::B ermm kamliy lalDokTwor kolʒiy Bis'iyɾ maʒakiy ?intiy  
Oka::y ermm continue to the doctor everything happens with you. You  
gwolTiɪylwo Bas ?içð'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 مشكلتهن النصاح ↓  
?ilniswaan moʒkilThin ?ilnas'aah↓.  
The women problem the fat↓  
The problem of the women is the fat↓.
38. Son: لا أنا - دكتور احنا دكتور مشكلتنا [معها]  
La?↑?anaa- DokTwor ?ihnaa DokTwor moʒkilTnaa [maçhaa]  
No↑ I - Doctor we doctor problem our [with her]  
No↑. I- doctor, we doctor our problem with her
39. Dr.: [زيادة] [الوزن] [للضغط]  
[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 نزل وزنها بفترة قصيرة كثير بسيطة كثير  
Nizil nizil wazinhaa BifaTrah gas'iyrih ?ikθiyɾ Basiyt'ah ?ikθiyɾ  
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. ((يتحدث الدكتور مع مريض اخر لمدة 48 ثانية))  
((The doctor is taking with another new patient for 48 seconds))
44. Son: اه دكتور؟

- ?ah DokTwor?  
 Okay doctor?  
 Okay, doctor?
45. Dr. to the nurse: افتحيلنا بالله-----نشوف هسه فحوصاتها كاملة. على الشاشة. على الشاشة.  
 ?ifTahiylnaa BaAllah la (name) ?in[wof hassah foħwos'aaThaa  
 Open for us please for (name) to see now tests her  
 kaamliah. çalaa al[afih.  
 accomplished on the screen  
 Please open for (name) to see now if her tests were accomplished. On the screen
46. (0.1)
47. Dr. to the pat.: طيب سكرك طبيعي,قولي الحمد [الله]  
 t'ayiB sokarik t'abiyçiy gwoliy ?ilhamDo[lilAllah]  
 Okay. Sugar normal, say thank [God]  
 Okay. Sugar is normal, say thank God
48. Pat.: الحمد [الله]  
 [?ilhamD] lilAllah↓  
 [Thank] God↓  
 Thank God↓
49. Dr.: =.الغده الدرقيه طبيعي. عندها الدهنيات عاليه. الدهنيات النوعين والثلاثي ودهون لكوليسترول:  
 ?ilyoDih ?ilDoraqiyih t'abiyçiy çinDhaa ?ilDohniyaaT çaalayih ?ilDohniyaaT  
 Glandula thyroidea normal has she the acylglycero high the acylglycero  
 ?ilnoçiyin wa ?ilθolaaθiy wa Dohwon ?ilkolisTrwol=  
 the two kinds and triacylglycerol and the cholesterol=  
 Glandula thyroidea is normal. The acylglycero is high. The two kinds of acylglycero  
 and the triacylglycerol and the cholesterol=
50. Son: = اه =  
 =?ah=  
 =Oh=  
 =Oh=
51. Dr.: =الكولسترول الخبيث الخام =  
 =Wa ?ilkolisTrwol ?ilXabiyθ ?ilXaam  
 =And the cholestrol malignant worst  
 =And the malignant worst cholestrol
52. Pat.: تمام  
 Tamaam  
 Got it  
 Got it
53. Dr.: فهو انت بتوكلي وبتقعدي. بتشتغلي؟  
 Fahwa ?intiy ?iBTwokliy wa ?iBiTogçoDiy ?iBiTijTyliy?  
 So you eating and setting. work?  
 So, you are eating and setting. Do you work?

54. Pat.: لا  
La?  
No  
No
55. Dr.: و ماشاء الله الشباب يجيبو: لك و بتو: كلي و عوامه و جا: جنا كله دسم ولحمنا دسم. الدهنيات بالمناسف والسمنه والزبد  
Wa maʃaʔAllah ?ilʃaBaB BiʒiiBo:lik wa ?iBiTwo:kliy wa ʔawamih  
And without envy the youngs bringing for you and eating you and sweat  
wa ʔa: ʔnaa koloh Dasam wa lahimnaa Disim.  
and chicken our all of it full of fats. And meat our full of fats  
?ilDohniyaaT Bi lmanaasif wa ?ilsammih 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 بعينك.  
Taʔaal ʃwof Biʔiynak  
Come see in your eyes  
Come and see by yourself
57. انت شو بتشتغل؟  
?inTa ʃow ?iBiTiʃTayil?  
You What your job?  
You! What is your job?
58. Son: أنا أستاذ  
?anaa ?osTaað  
I teacher  
I am a teacher
59. Dr.: اه يا استاذ - شو هاظ السهم لوين؟  
?ah yaa ?osTaað - ʃow haað?a ?ilsahim lawiyn?  
Okay teacher - what this arrow where?  
Okay, teacher!- where is the direction of this arrow?
60. Son: آه. فوق عالي  
?ah fwog ʔaliy  
Yes above high  
Yes. Above, high.
61. Dr.: = عاليات هدول بدها دوا للدهنيات ولا تخاف يكون عندها نقرص. دير بالك ه دقيقه ه . هاظ هاظ بدل انه في نقرص =  
ʔalyaaT haDwol BiDhaa Dawa la lDohniyaaT wila ?iTxaaf yikwon  
High these need treatment for acylglycerol or frightening to be  
ʔinDhaa nogros? Diyr Baalak ha Dagiyyah haað? haað? 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: = اه=  
=?ah=  
=Oh=  
=Oh=
63. Dr.: =دلاله. (0.3) و دال عندها بالحضيض واطي 3  
=Dalalih. (0.3) wa Daal çinDhaa 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: فيتامين دال  
ViTamiyn Daal  
Vitamine D  
Vitamine D
65. Dr.: لطبيعي لازم يكون 30. هاظ وجع المفاصل (ينظر الي المريضه)  
?ilt?abiyçiy laazim yikwon 30. haað? waçaç ?ilmafaas?il  
The normal must be 30. This the arthritis  
The normal must be 30. This is the arthritis.
66. Son: اه  
?ah  
Oh  
Oh
67. Dr.: دال عندها 3 (0.2) من 30 الطبيعي فوق  
Daal çinDhaa 3 (0.2) min 30 ?ilt?abiyçiy 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: طبيب ↑ يا دكتور اله هاد دخل كمان هاد فيتامين دال بالذاكره؟ لانه احيانا بتنسى حتى الصلاة انه صلت او لا ↓  
t?ayiB↑ yaa DokTwor ?iloh DaXal viTamiyn Daal Bilðaaakirah? li?anoh  
Okay↑ doctor does affect vitamine D on the memory? Because  
?ahyanan ?iBiTinsaa haTaa ?ils?alaah ?inoh s?alaT ?aw la?↓  
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.: لالا هاي شغلة - الذاكره استاذ زمان واحنا قد ولادكو نقرا ونروح وبالليل نطفي هالبنوره وانام ما حدا يفكر  
Laa laa haay ?i?aylih – ?ilðakirah ?osTaað zamaan wa ?ihnaa gaD  
No no this thing - the memory Mr in the past when we in the age  
?wlaaDkwo nigraa wa ?inrwiħ wa biliyl ?init?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

70. اليوم ليل نهار وانت ماشي بالشارع بتفكر وانت بتتوضى بتفكر وانت بتوكل بتفكر وبتقرب لسانك . الناس ليل نهار  
 ?ilywom liyl ?inhaar wa ?inTaa maʃiy Bilʃariç BiTfakir wa ?inTaa  
 Today night day and you walking in the street thinking and you  
 BiTiTwadʹaa Bitfakir wa ?inTaa ?iBiTwokil BiTfakir wa  
 the ritual ablution thinking and you eating thinking and  
 ?iBiTogrotʹ ?ilsanak. ?ilnaas 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
71. محمله دماغها اكثر من طاقتها  
 ?imħamliħ ?iDmaayħaa ?akθar min tʹaqitʹħaa  
 Put their mind more from capability  
 Put in their minds more that their capability.
72. Son: بس يعني أنا الموضوع الموضوع بد[ناش]  
 Bas yaçniy ?anaa ?ilmawdʹwoç ?ilmawdʹwoç BiD[naaʃ]  
 But I mean I the point the point n[ot]  
 But I mean, I, the point, the point does not
73. Dr.: لا لا لا تخافش. لا لا لا تخافش  
 [Laa laa] laa ?iTXafiʃ laa laa laa ?iTXafiʃ  
 [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.
74. لانه عندها ب12 منيح عالي ميتين 228. دمها  
 Liʹanoh çinDħaa B12 ?imniyh çaliy miyTiy 228 Damħaa  
 Because has she B12 good high 200 228 blood her  
 Because her B!2 is good, high 200, 228. Her blood
75. عندها زواده بالدم . اه ونقص. عندها زواده ونقص بالحديد صابمه ↑ انت اليوم؟  
 çinDħaa ?izwaaDih BilDam ?ah wa naqisʹ çinDħaa ?izwaaDih BilDam wa  
 Has she high in blood yes and anemia. Has she high in blood and  
 naqisʹ BilħaDiyD sʹaaymih↑ ?inTiy ?ilywom?  
 anemia fast↑ you today?  
 She has high blood and anemia. She has high blood and anemia. Are you fast↑ today?
76. Son: اه  
 ?ah  
 Yes  
 Yes
77. Dr. to the nurse:= -----؟-----ل اطلبى فحص اعملها بالله ل  
 BiDiy ?açmalilħaa faħisʹ ?tʹloBiy 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)?=
78. Pat.: شوف هاد بالله دكتور اتعالجت عند دكتور خاص اعطاني هاد الدواء [بس]  
 [Bas]



- =fwof haaD BaAllah DokTwor ?iTçalažiT çinD DokTwor  
 =Look this please doctor I have been treated by doctor  
 Xaas? ?aç t'aaniy had ?ilDawaa [Bas]  
 private has given me this medicine [but]  
 =Look at this please, doctor. I have been treated by a private doctor and he has given me this medicine, but
79. Nurse: [آه] شو اکتبها؟  
 [?aah] fow ?akTobilhaa?  
 [I am waiting] what I write for her?  
 I am waiting. What should I write for her?
80. Dr.: هاظ للعظم مسکن بسکن انتھی مفعوله ↑ وبعدين؟  
 haað? lal çað'im mosakin Bisakin ?inTahaa mafçwoloh↑ wa BaçDiyn?  
 This for the arthritis pain relief relief gone effect its↑ and then?  
 This is for the arthritis, pain relief. Its effect is gone↑ and then?
81. Pat.: اه مسکن  
 ?ah mosakin  
 Yes pain relief  
 Yes. Pain relief
82. Son: مهی المشكله بتوخذ الحبه طبيعی ↑ بعديها [بترجع]  
 Mahiyi ?ilmo[kilih ?iBTwoXiD ?ilhaBih t'aBiyçiy↑ BaçDiyhaa [?iBTirçaç]  
 The problem she takes the pill normal↑ after that [she starts again]  
 the problem that once she takes the pill, she is normal↑.After that she starts complaining again.
83. Dr.: [السبب] السبب عندك نقص فيتامين دال يا خاله ↓  
 [?ilsaBaB] ?ilsaBaB çinDik naqs? viTamiyn Daal ya Xalah↓  
 [The reason] the reason have you shortage vitamin D aunt↓  
 The reason, the reason that you have shortage In vitamin D,aunt↓!
84. Pat.: = عند طبيب خاص هاظ  
 çinD tðaBiyB Xas? haað?=  
 from doctor private this=  
 This is from a private doctor.=
85. Dr.: =اه وهاظا- (يقرأ المكتوب على الدواء)  
 =?ah wa haað?↑ -((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))
86. Pat.: و ب 12 اخدت 3 كورسات (0.1)  
 Wa B 12 ?aXaDiT 3 kworsaaT (0.3)  
 And B 12 I have taken 3 courses (0.3)  
 And I have taken 3 courses of B12 (0.3)
87. Dr.: يعني القط من ذيله ↓  
 Yaçniy ?ilgoT min ð'iylah↓  
 This means the cat from tail it's↓ (a Jordanian proverb)

This means 'it's the same↓'.

88. Oral F

89. ! شو هاظا

ʃow haað²aa!

What this!

What is this?

90. Pat.: ↓ ما بعرف

Ma Baçrif↓

I don't know↓

I don't know↓

91. Dr.: ,Orameed

92. خلص ضييلي اياه, مسكن برضو

Mosakin Bard²wo, Xalas² d²oBiyliy ?iyaah

A pain relief also, that's enough put a side it

It is also a pain relief. That's enough, put it aside.

93. Dr. to the nurse: حطيلنا بالله للحجه ----- اطلبيلي اليوم اتحط عينه

hot²iylnaa BaAllah la ?ilHajih (name) ?ot²loBiy ?ilywom

Write please for Al-hajih (name) ask today

?iThot² çayinih

to leave a sample

Please write for Al-Hajih (name) to leave a sample today.

94. Dr. to the pat.: و اتركها لبعده شهر

Wa ?oTrokiyhaa laBaçid ʃahar

And leave it for a month

And leave for a month

95. Dr. to the nurse: فحص نقرص,

faḥis² nogros²

Test gout

Gout test

96. Urine acid

97. Dr. to the pat.: رجليكي اصابع رجليكي من قدام بيرمن؟ بيصر حمار فيهن؟

Rizliyki ?as²aaBiç rizliyki min goDaam Biyramin? Bis²yir

feet your toes your from front swollen becomes

hamaar fiyhini?

redishness in them?

Your feet, the front of your toes become swollen, is there red color in them?

98. Dr. to the nurse: جيبيلنا جهاز الضغط.

dziBiylnaa zihaaz ?ild²ayt²

Bring for us device the pressure

Bring for us the pressure device.

99. Nurse: هيو

Haeo

- Here  
Here it is
100. Dr.: هاتش قيسيلنا ضغطها.  
HaaTʃ gisiylnaa dʔayitʔhaa  
Take measure pressure her  
Take it to measure her pressure
101. Dr. to the son: شو بتوخذ للضغط دوا  
ʃow ʔiBTwoXiD laldʔaytʔ Dawaa  
what she takes for pressure medication  
What is medication she takes for pressure?
102. Pat.: دوا ضغط عادي ↓  
Dawaa dʔaytʔ ʃaDiy↓  
Medication pressure normal↓  
Normal pressure medication↓
103. Son: من عندك انت وصفته.  
Min ʃinDak ʔinTa wasʔafToh  
From you you prescribed it  
From you. You have prescribed it.
104. Dr.: خلص. اذا عندنا خلص هسا بنشوف على الشاشة.  
Xalasʔ ʔiðaa ʃindnaa Xalasʔ hasa Binʃwof ʃalaa ʔilʃaafih  
Okay if here okay now we will see on the screen  
Okay, if it's here okay now we will see it on the screen.
105. Son: هي بس مشكلتها على المسكنات  
Hiyi Bas moʃkilThaa ʃalaa ʔilmosakinaaT  
It's just problem her on the pain  
Relief her problem is just the uses of the pain relief
106. ((Side talk for (0.26) seconds))
107. Dr. to the nurse: medication افتحيلنا ل-----  
ʔifTaʃiylnaa la (name) medication  
Open for us for (name) medicatin  
Open for (name) medication
108. الان اهم اشئ اكتيلها فيتامين دال حبه يوم بعد يوم عيار 5000  
ʔilʔaan ʔaham ʔiʃiy vitaminy Daal ywom baʃiD Ywom ʔiʃyaar 5000  
Now the most important thing vitamin D day after day dose 5000  
Now, the most important thing is vitamin D, every other day, dose 5000
109. Nurse: نفس ادويتها دك [ثور↑؟]  
Nafs ʔaDwiyaThaa Dok[Twoʃ↑?]  
Same medicines doc[tor↑?]  
The same medicines, doctor↑?
110. Son: [انت] اعطيتها حبة اسبوعي  
[ʔinTa] ʔaʃtʔiyThaa ʃaBih ʔisBwoʃiy  
[You] have given her a pill weekly

- You have given her a pill weekly.
111. Dr.: هداك عيار 50000 ↑ الي عندي هسه 5000 ↑  
 haDaak ?iʕyaar 50000↑ ?iliy ʕindiy hassah 5000↑  
 that dose 50000↑ that have I now 5000↑  
 that dose was 50000↑ and that I have now is 5000↑
112. Son: خلص لعاد  
 Xalasʔ laʕaaD  
 Okay so  
 So, okay
113. Dr.: فبتوخده يوم بعد يوم يعني 3 حبات بالاسبوع. ماشي يا حجه؟  
 Fa ?ibToXDoh ywom baʕiD ywom yaʕniy 3 haBaaT BilʔisBwoʕ.  
 So take she day after day in other words 3 pills weekly.  
 maʕiy yaa Hajih?  
 Okay Hajih?  
 So, she take every other day. In other words, 3 pills weekly. Okay, Hajih?
114. Son: والضغط اي... غيرتنا الدوا؟ كانت توخذ علاج وارجعت غيرته  
 Wa ?ildʔyT ermm yayarTinaa ?ilDawaaʔ kanaT  
 And the blood pressure ermm changed you for us the medicine used to  
 TowXiD ʕilaadz wa ?irziʕiT yayarToh  
 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 اياه  
 Hassaa Baʕfoeflak ?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.: بدنا للدهون  
 BiDnaa laʔiDohwon  
 We need for the fats  
 We need for the fats
119. Cardisantan
120. Neprzal
121. Folic Acid
122. حديد قيميه لا تحطيهوش  
 hadiyd giymToh laa ?iThwotʔiyhoof  
 Iron I removed it not add it  
 I removed the iron, do not add it.
123. Cardisantan

124. Hydrochloric  
 125. Paracitamal  
 126. والدال 5000  
 Wa ?ilDal 5000  
 And vitamin D 5000  
 And vitamin D, 5000
127. Pat.: بس اخذ من هاد المسكن؟  
 Bas ?aXoD min haaD ?ilmosakin?  
 Well I take from this pain relief?  
 Well, shall I take from this pain relief?
128. Dr.: خاله خلص انت ردي علي ↓  
 Xaalah Xalas? ?inTi roDiy ʕalay↓  
 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.: توكلنا على الله  
 Tawakkalnaa ʕalaa Allah  
 trust We in Allah  
 We trust in Allah
130. Dr.: لو حلو. هاظ وانت توخذ: يه يضر بلك كلاك ↑ يخر بلك دمك  
 lawahwolow. 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 الي بدنناش اياه بتعرف ايام [ايام]  
 maa ?ihnaa haað ?iliy BiDnaaf ?iyaah ?iBTiʕrif ?ayaam [ʔayaam]  
 That we this what do not want it you know some[times]  
 This is what we do not want it. You know, sometimes
132. Dr.: [خليكي] على الامان يا خاله على الشط  
 [Xaliyki] ʕalaa ?ilʕat? ʕalaa ?il?amaan yaa Xaalah  
 [Stay] on the beach In the peace aunt  
 Aunt! Stay on the beach, in the peace.
133. Son: بتصير من الوجع بتصير تبكي  
 BiTs?iyr min ?ilwazaʕ Bits?iyr TiBkiy  
 She starts from the pain she starts crying  
 She starts, from the pain, she starts crying.
134. Dr.: لا تسبحيش بالعقبه 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.

135. Pat.: والله لا يعرف اسبح ↑ ولا عنا بحر  
 Wa Allah laa baʕrif ʔasbaħ↑ wa laa ʕinaa Baħar  
 Really not know swimming↑ and not have sea  
 Really, I do not know swimming↑and we do not have sea.
136. Dr.: لا تخافيش بنجيبك بحر  
 Laa ʔitXaafiy] binziyBlik Baħar  
 No afraid we will bring you sea  
 Do not be afraid. We will bring you sea.
137. سلامتك.  
 slamTik  
 Wish you to get well soon  
 Wish you to get well soon
138. Dr. to the nurse: اكتبيلها موعد بعد شهر  
 ʔokToBilhaa mawʕiD BaʕD ʔahar  
 Write her an appointment after a month  
 Write for her an appointment after a month
139. Pat.: الله يسلمك  
 Allah yisalmak  
 Thank you  
 Thank you
140. ((The patient and the son leave.))

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

Duration: 7: 98

- 1.Hus.: السلام عليكم  
?asalaam çalaykom  
Peace upon you  
Peace upon you
- 2.Dr.1: أهلين هلا  
?ahleen hala  
Hi hello  
hello
- 3.Hus.: دكتور ؟----  
Doktwor (name?  
Doctor (name)?  
Doctor (name)?
- 4.((The patient enters the room))
- 5.Pat.: [ السلام عليكم ]  
?ilsalaam çalay[kom]  
Peace upon[ you]  
Peace upon you
- 6.Dr.1: [ اهل ]ين هلا =  
[?ahl] een hal=  
[Hi] heloo=  
Hello=
- 7.Pat.: [ كيفك دكتور ] تور ؟  
= Kiyfak doc[twor?]  
=How are you doc[tor?]  
=How are you, doctor?
8. Dr.1: [ اهل ]ين [ هلا ]  
[?ahl]iyn [ hala]  
[Hel]lo [hello]  
Hello
- 9.Pat.: [ شو ] اخبارك ؟  
[low] ?aXBaarak?=  
[What] your latest news?=  
What is your latest news?=  
10.Dr.1: [ أهلين هلا مين ]المريض ؟ [ ?  
=?ahliyn hala miyn [?ilmariyd?]  
=Hi hello Who [the patient?]  
=Hello. How is the patient?

- 11.Pat.: = [ كل عام وا] نت بخير. أنا دكتور ↑ ههههههههه  
 Kol çaam wa ?inTa ?iBiXiy. ?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: =أه ↑ ما انتي من زمان ↑ £ . ايش مالك؟  
 =?ah↑ ma ?inTi min zamaan↑ £ ?iy| maalik?  
 =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 اهلا و [سهلا ]  
 =?ahliyn ?ahllan wa [sahllan]  
 =Hello You are wel[come]  
 =Hello. You are welcome
- 15.Pat.: = [كيفك؟] شو أخبارك؟  
 [Kiyfak?] ]ow ?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: أه. اتفضلي  
 ?ah. ?iTfad'aliy  
 Yes please go ahead  
 Yes please go ahead
- 18.Pat.: =يعطيك العافيه. كيفك دكتور؟  
 Yaçtiyk ?ilçaafiyih Kiyfak doktwor?=  
 May God grant you health. How are you doctor?=  
 May God grant you health. How are you doctor?=  
 19.Dr.1: =اهلين هلا  
 =?ahleen hala  
 =Hi Hello  
 =hello
- 20.Pat.: =دكتور انا ازوجت. واجيت  
 Doktwor ?ana ?Tzawadʒ iT wa ?a dzyiT  
 Doctor I got married and came  
 Doctor I got married and came
- 21.Dr.1: [أه]  
 [?aah]  
 [Okay]  
 Okay
- 22.Pat.: [ 80] 70 على اساس انه كانت الصفائح عندي



- çalaa ?asaas ?ilsfaa?ih kaanT çinDiy 70 wa [80]  
On the basis the platelets were for me 70 and [80]  
That my platelets were 70 and 80
- 23.Dr.1: [أه] [طيب!]  
[?aah] [tayiiB!]  
[Okay] [then!]  
Okay. Then!
- 24.Pat.: [هيك] استقرت الامور. بعدين سافرنا على  
[Hiik] ?isTaqaarraT ?il?mwor BaçDyin safarnaa çalaa  
[Like this] settled the things then we travelled to  
The things settled like this. Then we travelled to
25. [السعوديه و عملت فحص دم عندهم هناك وكانت [40000]  
?isuaDiyih wa ?içmiliT fahis? Dam çinDhom honnak wa kaanaT [40000]  
Suadi Arabia and did test blood there and it was [40000]  
Suadi Arabia and did blood test there and it was 40000
- 26.Dr.1: [هلا] [حامل ايشي؟]  
[Halla] haamil ?ijiy?  
[Now] pregnant something like that?  
Are you pregnant now?
- 27.Pat.: [أنا هلا بالشهر بداية الساببع] ↑  
?anaa halaa Bil[ahar BiDaayiT ?ilsaa[Big↑]  
I now in month at the beginning the sev[enth↑]  
Now I am in month, at the beginning of the seventh↑ month
- 28.Dr.1: [أه]  
[?aah]  
[Oh]  
Oh
- 29.Pat.: [مبارح عملت فحص بالملك عبدالله طلع 63 الف]  
?imBarih ?içmiliT fahis? 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. [انراقبه بس خليه يعيد الفحص يعني انت مش رح تعملي اشي غير المراقبه لانه على 50 الف].  
?inraaqBoh Bas XaliYh yiçiyD ?ilfahis? yaçniy ?intiy mi] rañ Tiçmaliy ?ijiy  
Wach it but let him repeat the test I mean you will not do anything  
yiir ?ilmoraaqaBih 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.: [ مبارحه ] [الدكتوره]  
 [ʔmBaarih] [ʔilDokTworah]  
 [Yesterday] [the doctor]  
 Yesterday the doctor
- 33.Dr.1: [ منعطيكى ] كورت [زون]  
 [ʔimnaçʔiykiy] Kworti[zwon]  
 [We will give you] corti[sone]  
 We will give you Cortisone
- 34.Pat.: [الدكت]وره  
 [ʔilDwokT]worah  
 [The doct]or  
 The doctor
35. [-----] ما رضيت تعلمي ولا اشي. حكت لازم اتشوفي دكتور  
 Maa ridʔyyaT Tiçmaliy walaa ʔiʔiy hakaT laazim ʔiT]wofiy 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: [ يا عمى ] ماشى. اهلا و سهلا بس لازم مايعدنوها! احنا  
 [Yaçamiy] maaʔiy ʔahllan wa sahlan Bas laazim ma ʔiçagDwohaa! ʔihnaa  
 [My uncle] okay Welcome but necessary to complicated! We  
 Okay dear. You are welcome but is it necessary to complicated!we
37. كل مره لازم نفس المشكله  
 Kol marrah laazim nafs ʔilmoʔkilih  
 Every time it's necessary the same problem  
 It is the same problem every time.
- 38.Dr.2: مش مشكله  
 Mi] moʔkilih  
 No problem  
 No problem
- 39.Dr.1: اذا تحت هاظ فوق 50 ما بنعمل اشي بس مراقبه  
 ʔzaa TahT haað fwog 50 ma niçmil ʔiʔiy 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.: بس مراقبه؟ يعني في احتمال دكتور يرد ينزل؟  
 Bas moraaqaBih? Yaçniy fiy ʔihTimaal 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: اذا نزل ما انت بتصيري تعلمي فحوصات كل اسبوعين مره. اذا نزل ,  
 ʔiðaa nizil maa ʔinTiy BiTsʔiyriy Tiçmaliy foħosʔaaT kol ʔosBwoçiy  
 If it came down you will do tests every two week  
 marrah ʔiðaa nizil  
 once If it came down

If it came down, you will do tests once every two weeks. If it came down

42. بدك توخدي كورتزون

BiDik ToXDiy kworTizone

You have to take cortisone

You have to take Cortisone

43.Pat.: ليش دك [تور؟]

Liy] Dok[Twor↓?]

Why doc[tor?↓]

Why doctor↓?

44.Hus.: [هي] خايفه دكتور.

[Hiyi] Xayfih DokTwor

[She] afraid doctor

she is afraid, Doctor.

45.Dr.1: من اية؟

Min ?iih↓?

From what↓?

From what↓?

46.Hus.: ما يعرف.

Ma Baçrif

I do not know

I do not know

47.Dr.1: لا ما فيش اشي يخوف

Laa ma fyil] ?i]iy yiXawif

No there is nothing to be afraid of

No. there is nothing to be afraid of

48.Hus.: طول الوقت وهي بتحسب

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. احنا بالعادة فوق ال 50 الف ما بنعمل شي بس مراقبه. الي تحت ال 50 الف بنعطيه كورتزون

Laa maa fiish ?i]iy ?ihnaa BilçaaDih fwog ?il 50 ?alf maa ?iBniçmil ]iy

No there is nothing We usually above the 50 thousands not do anything

Bas moraqaBih ?iliy TaħaT ?il 50 ?alf ?iBnaçt'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.: امهم

?imhim

Mhm

mhm

51.Pat.: طيب هلا شو بتوصي دكتور؟

t'ayiB halaa ]ow BiTwas'iy DokTwor?

- Okay now what do you advice doctor?  
 Okay. What is your advice now, doctor?
- 52.Dr.1: [مراقبه بس] [Bas]  
 MoraaqaBih [Bas]  
 Watching [just]  
 Just watching
- 53.Pat.: [آه]  
 [?aah]  
 [?aah]  
 ?aah
- 54.Dr.1: مش رح نعمل اشئ غير مراقبه  
 Mi] raħ niçmil ?i]iy yiir moraaqaBih  
 Will not we do anything except watching  
 We will not do anything except watching
- 55.Pat.: اعيد الفحص كمان مره؟  
 ?açiyD ?ilfaħis? kamaan marrah?  
 repeat the test another time?  
 Shall I repeat the test again?
- 56.Dr.1: [كل اسبوعين]  
 [Kol ?osBwoçiyñ]  
 [Every two weeks]  
 Every two weeks
- 57.Pat.: [عشان اخلص]  
 [ça]aan ?aXllas?  
 [To be free]  
 To be free
- 58.Hus.: مش اليوم. كمان اسبوعين  
 Mi] ?il ywom Kamaan ?isBwoçiyñ  
 Not today after two weeks  
 Not today. After two weeks
- 59.Hus. To Dr.: هلا انتو بتبلغو الدكتوره ولا احنا شفوي ولا كيف؟  
 Halaa ?inTwo BiTBalywo ?ilDokTworah wala ?ihnaa ]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: بعرفش [فيش]  
 Baçrifi] [fiy]  
 I don't know [There is not]  
 I don't know. There is not
- 61.Dr.2: [لا لا] انتو احكولها  
 [Laa laa] ?inTwo ?ihkwolhaa  
 [No no] you tell her.  
 No no. you tell her.

62.Hus.: لأنه[هي]

Li?anoh [hiyi]  
Because [she is]  
Because she is

63.Dr.2 to Dr.1:[ياده] هما [حكو معي وقالو اذا في مجال يجو على الع ]

[homaa] hakwo maʕie wa galwo ?iðaa Fiy maʕaal yiedʒwo  
[They] called me and said if there is a chance come  
ʕalaa ?ilʕi[yaaDih]  
to the cl[inic]  
They call me and said if there is a chance to come to the clinic

64.Dr.1: [اهلا] [لا] وسه [لا]

[?ahllan] wa sah[llan]  
[We]lc[ome]  
Welcome

65.Dr.2: [وقلت] لهم اه خليه تيجي اليوم ونشوف كيف امورها بس

[Wa golT]ilhom ?aah Xaleihaa Tiedʒie ?ilywom Wa ?infwof Kief  
[So I to]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. حكيتلهم انه الاحتمال الأكبر بس مراقبه لا اكثر ولا أقل مدام الصفائح أكثر من 50 الف

hakieTillhom ?inoh ?il?ihTimaal al?akBar bas moraaqaBih laa ?akθar wa  
I told them that the possibility biggest just watching not more and  
laa?aqa madam ?il sʔafaa?ih ?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: اذا 50 الف ما بنعملش اشي الا اذا صار نزيف لاسمح الله ↓ . يعني هاي القاعده هيك

?iðaa 50 ?alf↑ ma ?iBniʕmalif ?iʕie ?ilaa ?iðaa sʔaar naziif  
If 50 thousand↑ not do anything expect if happened bleeding  
laa samañ Allah↓. Yaʕnie haay ?ilgaaʕiDih hiek  
God forbid↓. I mean this is the rule like this

If 50 thousand↑, we do not do anything expect if a bleeding is happened, God forbid↓ I mean this is the rule

68.Dr.2: هلا اذا بدهم بدخلوكي مره تانيه ولا اشي ساعيتها. بيستشيرونا استشاره رسميه

Halaa ?iðaa BiDhwom yiDaXlwokiy marrah Taaniyih wa laa ?iʕiy saʕiyThaa  
Now if they will enter you another time nothing at that time  
BisTafiyrwonaa ?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 الحكي مش رح نغيره بنعمل فحوصات. اصلا اذا نزل

Nafs ?ilhakiy miſ rah ?inyayroh ?iBniſmil foħwos'aaT ?as'laan  
 the same talk not be changed we make tests it is  
 ?iðaa nizil  
 if came down

It is the same nothing will be changed. We will do tests. If it is less

70.Hus.: [مبارح] مبارح  
 ?imBaariħ [?imBaariħ]  
 Yesterday [ yesterday]  
 Yesterday yesterday

71.Dr.1:[ بس] الف بنوخذ كورتزون [ عن 50 ]  
 [ſan 50] ?alf ?iBnwoXiD kworTizon [bas]  
 [Than 50] thousand we will take cortisone [just]  
 Than 50 thousand we will take cortisone. Just

72.Hus.: [كتبو] لها دخول  
 [KaTaBwo] lhaa DXwol  
 [They wro] te here entry  
 They wrote for her to enter the hospital

73.Dr.1: هيك بنعمل  
 Hiyk ?iBniſmil  
 This is what we do  
 This is what we do

74.Hus.: خير انشاء [الله]  
 Xiyр infа [Allah]  
 good willing [ God]  
 good God willing

75.Pat.: [ الكور ] تزون ببلش [ ايمنى؟ ]  
 [?ilkwor]Tizwon BiBalliſ [?iyMtaa?]  
 [The cor] tisone starts [when?]  
 When did we start with the cortisone?

76.Dr.1: [ اذا ] نزل اذا [ نزل ]  
 [?iðaa] nizill ?iðaa [nizil]  
 [If ] it came down if [it came down]  
 If it came down if it came down

77.Pat.: [ بالسابع؟ ]  
 [Bil saaBiſ?]  
 [In the seventh?]  
 In the seventh?

78.Dr.1: اكثر من 50 الف  
 ?akθar min 50 ?alf  
 More than 50 thousand  
 More than 50 thousand

79.Pat.: بس؟

- Bas?  
Just?  
Just?
- 80.Dr.1: =نعم  
Naʕam=  
Yes=  
Yes=
- 81.Pat.: = اما هيك الوضع طبيعي؟  
=?ammaa hiik ?ilwaDiʕ tʔabiyʕiy?  
=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 ! ] فيش داعي يعني  
[Ma] fiyʕ daʕiy yaʕniy!  
[N]o need you mean!  
You mean there is no need!
- 84.Dr.1: بضلها مراقه  
Bidʔdʔalhaa moraqaBih  
just watching  
Just watching
- 85.Pat.: بارك الله فيكيا دكتور تسلم يا ربي انشاء الله  
Baarak Allah fiyk yaa DokTwor Tisllam ya rabiy ?inʕa Allah  
God bless you doctor Thank you willing God  
God bless you doctor. Thank you, God willing
- 86.Dr.1: الله بخلكي هلا  
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] قديش رقمك اصلا  
[?inTiy] gaDiyʕ raqamik?  
[you] What I number your?  
What is your number?
- 89.Dr.2: رقم المستشفى بتعرفيه؟  
Raqam ?ilmosTajfaa ?iBTiʕrafiyh?  
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 Baʕrif  
[I really] I do not know.  
I really do not know.
- 93.Dr.2: طبيب شو الاسم بالضبط؟  
tʔayitb fow ?ilʔisim BildʔaBtʔ?  
Okay what the name exactly?  
Okay. What is your exact name?
- 94.Pat: اعطته الاسم  
((The patient gives him her name.))
- 95.Dr.2: يعيد اسمها واسم الاب ليتأكد من صحته  
((The doctor repeats her first and second to be sure of it.))
- 96.Pat.: والمريضه تكمل باقي الاسم  
((The patient continues her family name.))
- 97.((Telephone is ringing but the doctor does not reply))
- 98.Dr.1 to Hus.: انت وين بالسعوديه؟ انت هلا بالسعوديه؟  
?inTi wiyn BilswuʔwoDiyih? ?inTiy halaa BilswuʔwoDiyih?  
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.: [ انا رح ارجع ]  
?anaa rah ?ar[dzaʕ]  
I will return [back]  
I will return back
- 100.Pat.: [ اه ] رح ارجع هون. بس [ زوجي ]  
[ʔaah] rah ?ardzaʕ hwon Bas [zwoziy]  
[Yes] will return back here But [my husband]  
Yes I will return back here. But my husband
- 101.Hus.: [ جامعة ] الملك سعود  
[ zaamiʕaT] ?ilmalik Saud  
[University] King Saud  
King Saud University
- 102.Dr.1: انت تركتي يعني هون؟  
?inTiy TarakTiy yaʕniy hwon?  
You left this means here?  
Is this mean you left here?
- 103.Pat.: [ سنه ] لا اخدت اجازه



- Laa ?aXaDiT ?iʒaazih [ sanih]  
 No I took a leave [a year]  
 No. I took a one year leave
- 104.Dr.1:[ آه آه ]  
 [ʔaah? aah]  
 [Oh yes]  
 Oh yes
- 105.Pat.: راجعه ان شاءالله على الوظيفة. راجعه  
 radʒʒah ?inʒa Allah ʒalaa ilwaðiyfih radʒʒah  
 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 biʔay ʒaamiʒah ?  
 Where which university?  
 Where? which university?
- 108.Hus.: جامعة الملك سعود  
 ʒaamiʒaT ?ilmalik Saud  
 University King Saud  
 King Saud University
- 109.Dr.1: بالله! 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 انشاءالله تمام؟  
 Kief sʔihTak DokTwor ?inʒaʔAllah Tamaam?  
 How are you doctor Hope fine?  
 How are you doctor? Hope you are fine?
- 113.Dr.1: بس كورتزون. بس هيك هي يعني - , كويس والله كويس. المهم امورك كويسه؟ انت اهم اشئ اذا الصفائح نزلو:  
 ?ikwayis wa Allah ?ikwayis ?ilmohim ?omworik ?ikwaysih? ?inTiy  
 Good really good the important your matters good? you  
 ?aham?il ?ijiy ?iðaa sʔafaa?ih nizlwo Bas kwortizwon  
 the most important just thing if the platelet came down Just cortisone  
 Bas hiek hiyi yaʒniy-  
 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. اذا صار فيش [نزيف]  
iðaa s'aar fiyʃ [naziyf]  
If there is no [bleeding]  
If there is no bleeding
- 115.Hus.: [يعني] على البيبي يعني في اي مشاكل مستقبلا ؟. [بأثر]  
[Bi?aθir] ʃalaa ?ilBaBie 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: [البيبي؟] ممكن ممكن بس يعني ممكن بس ما حدش  
[?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. بفر هيك يعني خلص عاد هههه  
Bifakir hiek Yaʃniy Xalasʃ ʃaad hh  
thinks like this I mean that's enough hh  
thinks in this way.i mean that's enough. hh
- 118.Hus.: امهم  
imhm  
imhm  
imhm
- 119.Dr.1: [ممكن وممكن لا بس يعني مهو بعملو فحص للصل [فأح]  
Mommkin wa mommkin laa bas Yaʃniy mahwo Biʃmalwo fahisʃ  
May be and may be no but I mean that they do test  
lalsʃa[faaʃih]  
for pl[atelet]  
It might be but I mean they do test for the platelet
- 120.Hus.: [هاي] مخاوفها=  
[Haay] maXawifhaa=  
[These are] her fears=  
These are her fears=
- 121.Dr.1: [لا ما بصيرش هيك مهو الي بخاف من اشي] [بطلعه]  
=Laa ma Bisʃyriʃ hiek mahwa ?iliy BiXaaf min ?iʃiy [bitʃlaʃloh]  
=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.: [هههه]  
[hh]
- 123.Dr.1: خلص توكلي على الله ↑  
Xalasʃ ?Twakaliy ʃalaa ?Allah↑

- Okay Trust in Allah↑  
 Okay. Trust in Allah↑
- 124.Pat.: والنعم بالله دكتور ↓  
 Wa ?iniSim Bi Allah DokTwor↓  
 Blessing God Doctor↓  
 Blessing God, Doctor↓
- 125.Dr.1:↑. مھو المشكله الي بضل يخاف من شي سبحان الله ↓ . خلص ↑  
 Mahoa ?ilmojkilih ?iliy Did?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.: دكتور بتعرف انه انا نتيجة الاستقراغ والحمل وجهي هيك فجاء بصير احمر بطريقه مش طبيعيه يعني  
 DokTowr ?iBtiçraf ?inoh ?anaa naTiyzit il?isTifraa wa ?alhamil  
 Doctor you know that I am because of the vomiting and the pregnancy  
 ? wizhiy faz?ah Bis?iyr ?ahmmar Bit?ariyqah miJ Tabiyçiyih yaçniy  
 my face suddenly become red in a way not normal I mean  
 You know doctor, my face suddenly becomes red in an unnatural way because of the  
 vomiting and pregnancy
- 128.Dr.2: النتيجة 60  
 ?alnaTiyzih 60  
 The result 60  
 The result is 60
- 129.Dr.1: أه؟ أه الأمور طيب كويسه مافيش اشي. يعني ما في اشي ابيبي كويسه الأمور. بس مراقبه. ماشي؟  
 ?aah? ?aah ?il?omowr t?ayiB ?kwaysih ma fiyJ ?iJiy. yaçniy  
 What? yes the things okay good no there thing. I mean  
 maa fiy ?iJiy ?ie:: ?ikwaysih ?il?omwor. Bas moraqaBih. Maafiy?  
 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.: خير انشاءالله  
 Xier ?inJa Allah  
 Good willing God  
 Good God willing
- 131.Pat.: يعني اخذ موعد عند الدكتور كل اسبوعين؟  
 Yaçniy ?aaxoD mawçid çinD ?ilDwokTworah kol ?osBwoçien?  
 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: كل اسبوعين اعلمي فحص دم. هلا انت امتي مسافره؟  
 kol ?osBwoçien ?içmaliy fahis? Dam Hala ?inTiy ?immTaa ?imsaafrih?

- Every two weeks have test blood Now you when will you travel?  
 Every two weeks have blood test. Now when will you travel?
- 133.Dr.1 to Husband: راجع على السعوديه؟  
 Raaziç çalaa ?isçwoDiyih?  
 Returning back to Saudi Arabia?  
 Returning back to Saudi Arabia?
- 134.Hus.: لا لسه ل 8-1  
 La lissah la 1-8  
 No till 1 August  
 No. till 1 August
- 135.Dr.1: طيب [طيب]  
 t'ayiB [t'ayiB]  
 Okay [Okay]  
 Okay. Okay
- 136.Hus.: [هي ] جالسه جالسه  
 [Hiyi] dzaalsih dzaalsih  
 [she] will stay will stay  
 she will stay will stay
- 137.Dr.1: ماشي. اعلميه كل اسبوعين مره ↑ . أو كل اسبوع ↑ . الي بريحك  
 Ma]ie ?içmalieh kol ?osBwoçiyin marrah↑ ?aw kol ?osBwoç↑  
 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.: انشاءالله ↓  
 ?in]a Allah↓  
 Willing God↓  
 God willing↓
- 139.Pat.: يعني كل اسبوعين ↓  
 Yaçniy kol ?osBwoçiyin↓  
 This means every two weeks↓  
 This means every two weeks↓
- 140.Dr.1: آه CBC  
 ?aah CBC  
 Yes CBC  
 Yes CBC
- 141.Dr.2: أو اذا بلشتي تلاحظي طفح جلدي او شوية [نزيف ↑]  
 ?aw iðaa Bala]Tiy ?iTlaahðiy t'afih zilDiy ?aw ?i]wayiT [nazief ↑]  
 Or if started you notice rash or little [bleeding ↑]  
 Or is you started notice rash or little bleeding↑
- 142.Dr.1: [اذا] صار نزيف بتيجي علينا  
 [Iðaa] s'aar nazief ?iBTiezie çalienaa

[If] happened bleeding come to us  
If a bleeding is happened, come to us

143.Dr.2: طيب؟ زي هيك بتجي مباشره على المستشفى اول كل اسبوع اسبوعين شيكي  
t'ayiB? Zay hiek ?iBTiezie moBaa[arah çalaa ?ilmosTa]faa ?awal kol  
Okay? Like this come directly to the hospital Firstly every  
?sBwoç ?sBwoçiyñ [jaykiy  
week 2 weeks check

Okay? in this case come directly to the hospital. Firstly check every week or two weeks.

144.Pat.: [خلص انشاءالله. خالص تمام الا مور؟]  
Xalas? ?in]a Allah. Xalas? Tamam ?il?o[mwor?]  
Okay willing God Okay good every[thing?]  
Okay, God willing. Okay, is everything good?

145.Dr.1: [آه ] انشاءالله آه  
[?aah] ?in]a Allah ?aah  
[Yes] willing God yes  
Yes, God willing yes

146.Pat.: شكرا جزيلاً و كل عام وانتم بخير  
[okran dçaziylan wa kol çaaam wa ?inTom BiXiy  
Thank so much and every year and you good  
Thank you so much and Happy Ramadan

147.Dr.1: اهلين هلا  
?ahleen hala  
Thank you  
Thank you

148.Pat. To Dr. 2: شكرا دكتور  
[okran DokTowr  
Thank you doctor  
Thank you doctor

149.Dr.2: اهلين هلا  
?ahlien hala  
You are welcome  
You are welcome

[Abu El-Rob: JMT: C 3:2015]

Duration: 14:59

1.Dr.1: ايش يا باشا اتفضل  
?ie| yaa Baʃaa ?iTfadʔal  
Yes Pasha. come in.  
Pasha! Yes. Come in.

2.Pat.: =السلام عليكم=  
?asalaam ʒalaykom=  
Peace upon you=  
Peace upon you=

3.Dr.: هلا=  
=Hala  
=Hello  
=Hello

4.Pat.: دكتور انا الشب قلي اعمل ° استقبال ↓. ° هسعات [انا]  
DwokTwor ?anna ?il|aB galie ?açmal °?istigBaal↓ ° hasaçiyaaT  
Doctor I am the young person told me to take ° an appointment↓ ° now  
[?anaa]  
[I am]  
Doctor! The young person t told me to take an appointment↓. Now I am

5.Dr.1: ؟ ↑ اعملت ؟ [استقبال] ايش ؟  
[?isTiqBaal] ?iy|? ?içmiliT↑?  
[AN APPOINTMENT] what? Did you do↑?  
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: أه  
?aah  
Okay  
Okay

8.Pat.: [معلش اتحملني دكتور ↓. ابيني لو اجيت الإثنين الجاي. عيادتك الإثنين الجاي دك ؟ تور؟]  
Maçli| ?iThammalinyi DokTwor↓. ?iiii law ?aʒieT ?il?iθniyn ?iDʒaay ʒiyaadTak  
Please be patient with me doctor↓. Imm if I come Monday next clinic your  
?il?iθniyn ?iDʒaay 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] خليه يطلبك فحص سيدي  
[Mahoa] Xalieh yitʔloBlak faħsʔ sieDie  
[Well] let him he ask for you a test sir

- Well, let him ask for you a test, sir
10. [م] ما احنا لازم نشوف فحص الد  
Maa ?ihnaa lazim ?in[wof fahs? ?ilDa[m]  
Well we have we see test the bloo[d]  
Well, we have to see the blood test
- 11.Pat.: = [ما]كتبش. بده لازم استقبال من هون =  
[Maa] kaTaBi] BiDoh laazim ?isTiqBaal 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: =أه. لازم  
=?aah laazim  
=Yes must  
=Yes. It is a must
- 13.Pat.: لازم ↓ . ابيني خطني يعني اني مش شايل فلوس. لو عملت cbc [وجيته ]  
Laazim↓ ?iiii Xat?a?iy Yaçniy ?inie mi] [ayil ?iflwos. law ?içmilit  
Must↓ Imm fault my that I not bring money. If I did  
CBC [ wa ziBToh]  
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: [ بالرمثا؟ ↑ ]  
[Bil Romθa? ↑]  
[In Romtha? ↑]  
In Romtha↑?
- 15.Dr.2: [ بره؟ ↑ ]  
[Barrah?↑]  
[Outside?↑]  
Outside?↑
- 16.Dr.1: بصير آه. جيبه بس انشوفه. اعملو وين ما بدت  
Bis'iyir ?aah zieBoh Bas ?in[wofoh. ?içmalwo wien ma BiDDak  
IT'S OKAY yes Bring it just we see it. Do it where ever want you.  
IT'S OKAY, you can. Just bring it with you to see it. Do it where ever you want.
- 17.Pat.: = آه واجيبه الإثنين الجاي =  
?aah wa ?azieBoh ?il?iθniyn ?iDzaay=  
Yes. And I bring it Monday next=  
Yes. And bring it next Monday=
- 18.Dr.1: = اهلا وسهلا ↑ فيك يا ز [لمه]  
=?ahllan wa sahllan↑ fiek yaa za[lamih]  
=Welcome and welcome↑ in you m[an]  
=You are welcome↑, man
- 19.Pat.: [قابد]هم أأجل الموعد و قالولي بعد شهرين. لو [أجله ]  
[Fabi]Dhom ?a?açil ?ilmawçid wa galwo Baçid [ahrien Law  
[So the]y want i delay the appointment and told they after 2 months If

- [?a?a3loh]  
[I delay it]  
So they want me to deny the appointment 2 months later. If I deny it
- 20.Dr.1: [انه] عشان عندي انا ؟ =  
[?innoh] ʒaʃaan ʒinDiy ?anaa?=  
[That is] because with me I am?=  
That is because it is with me?
- 21.Pat.: [انت عارف دكتور اجلولي اياه] =  
=?inTa ʒaarif DokTwor ?adʒalwoliy [?iyaah]  
=You know doctor they denied for e [it]  
=You know doctor, they denied it
- 22.Dr.: [يا] زلمه شو قتللك ؟ بتجيب فحص الدم الأسبوع الجاي وخلصنا.  
[Yaa] zalamih ʃow goTillak?↑ BiTzieB faħs? ?ilDam ?il?osBwoʒ ?iDzaay wa  
[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.: [لا انا معك. موعده دكتور ب 24-8]  
Laa laa ?anaa maʒak MawʒiDak 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: [انسى] الموعد هلا  
[?insaa] ?al mawʒiD halaa  
[Forget] the appointment now  
Forget the appointment now
- 25.Pat.: أه القصد انه دكتور ----- موعده ضروري يشوفني ؟  
?aah ?ilqas?D ?inoh DokTwor (name) mawʒiDoh d?aroriy ?iʃwofniy?  
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 لانه عندك انت- عفوا مش فاهم انت شو الي كنت تشكي منه ؟  
?aah li?annoh ʒindak ?inTa - ʒafwan miʃ fahim ?inTa ʃow ?ilyi konT  
Yes because have you you - sorry not understand you what that was  
Tiʃkiy minoh?  
complained from?  
Yes because you have- sorry I can't understand what did you complain from?
- 27.Pat.: [أنا كان عندي نقص بالصفائح] [نح]  
?anna kaan ʒinDiy naqs? Bils?afaa[?ih]  
I am there was with me lack of platelets  
I had lack of platelets
- 28.Dr.1: [انسى] الصفائح ↓. شو الي بتشكي منه مش الصفائح =.  
[?insaa] ?ils?afaa?ih↓ ʃow ?ilie ?iBTiʃkie minnoh miʃ ?ils?afaa?ih =  
[Forget] the platelets ↓ What that you complain of not the platelets =



- Forget the platelets. What do you complain of? Not the platelets=  
 29.Pat.: ((يشير الى صدره)) كان عندي ألم هون  
 =Kaan çinDiy ?alam hwon  
 =There was with me a pain here.  
 =There was a pain here. ((Pointing to his chest))
- 30.Dr.1: =وغير الألم من شو كنت تشكي؟=  
 Wa yier ?i?alam min fow konT Tijkie?=  
 And other than the pain from what was you complain?=  
 From what did you complain other than the pain?=  
 31.Pat.: =التهاب الرئة و[القحة]=  
 =?iiii ?ilTihaaB ?ilri?ah wa [gaħah]  
 =Imm the pneumonia and [cough]  
 =Imm, the pneumonia and cough
- 32.Dr.1: [القحة]  
 [gaħah]  
 [cough]  
 cough
- 33.Pat.: و الصداع  
 Wa ?il s'odaac  
 And the headache  
 And the headache
- 34.Dr.1: القحة  
 ?ilgaħah  
 The cough  
 The cough
- 35.Pat.: القحة هي التي ذبحتني  
 ?ilgaħah hiyi ?ilie ðaBħaTnie  
 The cough is it what hurt me  
 The cough is what hurt me
- 36.Dr.1: =أكثر ايشي القحة=  
 ?akθar ?i?ie ?ilgaħah =  
 The most thing the cough=  
 The most hurting thing is the cough=
- 37.Pat.: =آه=  
 =?aah=  
 =Yes=  
 =Yes=
- 38.Dr.1: =هلا القحة انت عندك شو حكينا السبب؟ عندك من الدخان حساسيه عندك حساسيه قصبية↑ الدليل=  
 halaa ?ilgaħah ?inTa çinDak fow ħakienaa ilsaBaB? ↑ çinDak min  
 now the cough you have what we said the reason? ↑ have You from  
 ?ilDoXaan hasasiyih qas'aBaT↑ wa ?ilDaliel  
 the smoking allergy bronchitis↑ and the evidence

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. على ذلك لما اخدت الكورتيزون شو صار؟ في قحه؟ هلا في قحه؟  
çlaa ðaalik lammaa ?aXaDiT ?ikworTizwon [ow s'aar? fie gaḥah↑? Hala  
On that when you took the cortisone what happened? is there a cough↑? now  
fei gaḥah↑?  
is there a cough↑?  
so what happened when you took the Cortisone? Is there a cough?Is there a cough , Now?

40.Pat.: [ اولها ↑ ]

[?awalhaa↑]

[At its beginning↑]

At its beginning↑

41.Dr.1: [ هسه في قحه؟ ]

[Hassah] fei gaḥah?

[Now] there is a cough?

Is there a cough, now?

42.Pat.: هسه في قحه.

hassah fie gaḥah

Now there is a cough.

There is a cough now.

43.Dr.1: خفيفه ↑ ولا شديده ↑ ؟

Xafiefih↑ willa [aDieDih↑?

Weak↑ or strong↑?

Is it weak↑ or strong↑?

44.Pat.: لا والله شديده. لاني الصحيح ارجعت ادخن من [أول]

Laa wa Allah [aDieDih. Li?anie ?ls'aḥieh ?irziḥiT ?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: [آه] معناته

[?aah] maḥnaToh

[Yes] This means

Yes. This means

46.Pat.: [ يعني] أكون صادق [معك]

[Yaḥniy] ?akwon s'aadig [ maḥak]

[That] to be honest [ with you]

That to be honest with you

47.Dr.1: [فانت] عندك مشكله من التدخين.

[Fa?inTa] ḥindak moḥkilih min ?ilDoXaan

[So you] have a problem from smoking

So you have a problem from smoking

48.Pat.: أنا أول يعني بالمستشفى دخنت

?anna ?awwal yaɣniy BilmosTajfaa DaXanniT

I am in the past mean in the hospital I smoked

In the past, I smoked in the hospital

49.Dr.1: [يا سيدي] انت عندك مشكله من الدخان. فانت قضيتك قضية الدخان اهم من قضية اي شي ثاني.

[Yaa siydiy] ?inTa ɕinDak moʃkilih min ?ilDoXa:~:n. fa?inTa qad?iyTak

[Sir] you have a problem from cigarettes. So you case your

qad?iyiT ?ilDoXan ?aham min qad?iyiT ?ay ?iʃiy [θaaniy]

the case smoking more important from the case any thing [else.]

Sir! you have a problem from cigarettes. So your case is the smoking which is more important than anything else.

50.Pat.: (0.1) [طيب [فانا]

[t?ayiB] fa?anaa (0.1)

[Okay] So I am(0.1)

Okay. So I am(0.1)

51.Dr.1: فانت مجبر و ملزم اتراجع الدكتور تبع -القحه. بعدين الدخان مائر على القصبات على على بالله هات السمعات

Faa ?inTa modʒBBar wa molzzam ?iTraadʒiʃ ?ilDokTowr TaBaʃ-

So you have to and you have to you see the doctor of course-

?ilgaʃah Baʃdiyn ?ilDoXaan ?im?aθir ʃalaa ?ilqas?aBaaT ʃalaa ʃalaa

the cough also the cigarettes affected on the bronchitis on on

Bal Allah haaT ?ilsamaaʃaaT

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. عنده

ɕinDoh

He has

He has

53.Dr.2: ( )

54.Dr.1: بدنا سماعه يا ست

BiDnaa ?samaaʃah yaa sit

We need the head set, Mrs

We need the head set, Mrs

55.(0.5) ( physical examination)

56.Dr.1:(0.1) انت عندك انسداد رئوي ↑ مزمن ↑ . انت الدخان يعني ما كان هوا من الدخان ↓ . هاي النتيجة تبعه ↓ . فيدك

?inTa ɕinDak ?insiDaaD ri?awiy↑ mozmin↑. ?inTa ?ilDoXaan yaʃniy

You have obstructive pulmonary↑ CHRONICAL↑ You the smoking that

ma kaan hawaa min ?ilDoXaan↓. haay ?ilnatiydzih TaBaʃoh↓

not was air from 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. تتقي الله في نفسك ↑ من الدخان ↓

?iTaqiy Allah fiy naffsak↑ min ?ilDoXaan↓

FEAR GOD in selfyour↑ from smoking↓

FEAR OF GOD in yourself↑from smoking↓

58. (0.1)

59. يعني قديش بتدفع بتشتري دخان بالشهر باليوم؟

Yaʕniy qadiyʃ ?iBTiDfaʃ ?iBTiʃTariy DoXaan Bil jahar Bilyowm?

I mean how much you pay you buy cigarettes every month every week?

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

60.Pat.: يعني كنت بكيئين أقل [شي]

Yaʕniy konT BakiyTiyn ?agal [ʔiʃiy]

About you were 2 packets at least [ thing]

About two packets at least

61.Dr.1: [ بكيئين ] باليوم؟ شو بتشتغل حضرتك؟ قديش حقهم؟ =

[BakiyTiyn] Bil yowm? ʃow ?ibTiʃTayil hadʔirTak? gaDiyʃ

Two packets within a day? what you work presence your? how much

haghom? =

price their? =

Two packets within a day? What do you do? How much are these?

62.Pat.: = ليرات 3 =

=3 liyaaT =

=3 JD =

=3 JD =

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

=Yaʕniy kol yowm ?iBTiDfaʃ aDiyʃ Bil jahar DoXaan?

=This mean per day you pay how much per month cigarettes?

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

64.Pat.: = يعني مبلغ =

Yaʕniy maBlay =

It is an amount =

It is an amount =

65.Dr.1: = 100 دينار. كم سنه الك بدخن؟ =

=100 Dinaar. Kam ?illak BiDDaXin?

=100 JD. How long for you smoke?

=100 JD. How long do you smoke?

66.Pat.: = يعني زمان الي بدخن.

Yaʕniy zamaan ?iliy BaDaXin

Its long time that I smoke

I smoke since a long time

67.Dr.: [ قديش؟ ]

[gaDiyf ?]

[How long?]

[How long?]

68.Pat.: الي بيحي اكثر من 25 سنه

?liy biydziy ?akθar min 25 sanih

It's about more than 25 years

It's about more than 25 years

69.Dr.1: طيب 25 × 1500 = 40 الف دينار دافع بحالك. اتقي الله الدخان عاملك مشكله بالرئيه. بالله نسمعله عنده ( ) ؟

t'ayiB 25 fiy 1500 yosaawiy 40 ?alf Dinar DafiS bi haalak.

Okay 25 by 1500 equals 40 thousand dinar you paid in yourself

?iTaqiy Allah ?ilDoXaan Saamillak moSkilih Bilri?ah. BaAllah

Fear God the cigarettes is making you a problem in the lung. Please

nismafloh fiDoh ( )?

let's listen for him he has ( )?

Okay 25 by 1500 equals 40 thousand you paid in yourself. Fear God, the cigarettes is making for you a problem in the lung. Please let's listen if he has ( )?

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

71.Dr.1: لا أهم شي انك تترك الدخان يا سيد.

Laa ?aham fiy ToTroK ?ilDoXaan ya Said

No the most important thing to give up SMOKING sir

No. the most important thing is to give up SMOKING, sir.

72.Pat.: انشاءالله

infa Allah

willing God

God willing

73.Dr.1: [يعني] الدخان

?ilDoXaan [yaSniy]

The cigarettes [that]

The cigarettes that

74.Pat.: [ يعني ] [ اتغلبننا في الوصول ] [ل عندك ]

[YaSniy] ?iTyaalaBnaa fiy ?ilwosowl [ laSinDak]

[Any way] suffered we till reaching [for you]

Anyway, We suffered till reaching you

75.Dr.1: [ هاي ] يا زلمه قلّه الدخان قلّي الدكتور

[Haay] yaa zalamih golloh ?ilDoXaan galiy ?ilDokTowr

[This is] man tell him the smoking told me the doctor.

Man, tell him that this is the smoking as the doctor told me.

76.Pat.: مهو يكون انا والمره قاعد بسولف انا واياها نفس السوالف ↓

Mahowa Bikown ?anaa wa ?ilmarah gaaSiD Basowlif ?anaa wa

The point is being I and the wife sitting talking I and

?iyahaa nafs ?ilsawaalif ↓

her the same talk ↓

- The point that I talk with my wife about the same thing↓
- 77.Dr.1: مخرب الرئتين↓ انت الدخان↑ ابيه؟ لا↑  
 ?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 الادويه  
 Xaliih yokToBlak ?il?aDwiyih  
 Let him write you the medications  
 Let him write the medications for you
- 81.Pat.: انشاءالله  
 inʃa Allah  
 willing God  
 God willing
- 82.(0.8) ((the another doctor is writing the prescription))
- 83.Dr.1: اتفضل يا باشا  
 ?iTfadʔal yaa Baʃaa  
 Please pasha  
 Please, pasha
- 84.Pat.: شكرا  
 ʃokran  
 Thanks  
 Thanks
- 85.Dr.1: ماشي يا استاذ؟  
 Maʃiy yaa ?osTaað ?  
 Okay Mr.?  
 Okay Mr.?
- 86.((the patient coughs))
- 87.Pat.: انشاءالله↑ يا دكتور  
 ?inʃa Allah↑ DokTowr  
 willing God↑ Doctor  
 God willing↑, Doctor.
- 88.Dr.1: اذا شو بديك تعمل؟  
 ?iðan ʃow BiDDak Tiçmal ?  
 So what have you do?  
 So, what do you have to do?
- 89.Pat.: انشاءالله↓ اذا الله راد  
 ?inʃa Allah↓. ?iðaa Allah raad  
 willing God↓. If God wants  
 God willing↓. God willing
90. (0.5)

- 91.Dr.1: [بتعملنا فحص دم. وبتوقف الدخان اذا [سمحت  
 ?iBTiçmallinaa fahis' Dam. wa ?ibiTwağif ?ilDoXaan ?iðaa [ samahiT]  
 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
- 92.Pat.: [انشاء الله  
 [?infa Allah]  
 [willing God]  
 God willing
- 93.Dr.1: .الدخان مآثر على الرئتين وعامله تصلب شرايين. يعني اذا انت مآيس عن حياتك ↑ كمل الدخان هيك بنحكليك اياها ↓  
 ?ilDoXaan ?im?aθir çalaa ?iri?aTiyn wa çamillak Tas'alloB  
 The smoking affected on the lungs and caused for you hardening  
 [araayiy. Yaçniy ?iðaa ?inTa ?im?aayis çan hayaaTak↑  
 the arteries. This means if you do not care about life your↑  
 kammil ?ilDoXaan hiyk ?iBniħkiylak ?iyahaa ↓  
 keep smoking like this we say to you as this↓.  
 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↓.
- 94.Pat.: ↓ هاي حياه  
 Haay ħayaah↓  
 This is a life↓  
 This is a life↓
- 95.Dr.1: !ما انت مش يعني بتدفع مصاري اضر حالك ؟  
 Ma ?inTa mi] yaçniy ?iBTiDfag mas'aariy ?id'or ħaalak?!  
 You not mean you pay money to harm yourself?!  
 You do not, I mean you pay money to harm yourself.
- 96.((Interruption from another patient for two seconds))
- 97.Pat.: [معه] ---- لو عملت دكتور موعد ايبينيبي للدكتور [معه]  
 Law ?içmmiliT DokTowr mawçiD ?iiiiii la?DokTowr (name) [maçoh]  
 If I take doctor an appointment imm for doctor (name) [with it]  
 If I take an appointment with it for doctor (name)
- 98.Dr.1: [ بصير ] يا زلمه. ايتمى ما بدك تعال. =  
 [Bis'iyr] yaa zalamih. ?immTaa maa BiDDak Taçaal=  
 [It's okay] man. when ever want you come=  
 It's okay, man. Whenever you want, you can come=
- 99.Pat.: =آه. الاثنين الجاي مداوم دكتور ؟  
 =?aah. ?il?iθniyn ?idzaay ?imDawim DokTwor?  
 =Okay. Monday next you be here Doctor?  
 =Okay. Will you be here next Monday, Doctor?
- 100.((interruption from another patient for (0.47) seconds))
- 101.Pat.: دكتور الاثنين الجاي ↑ ولا في عياده قبل الاثنين ؟  
 Doktwor ?il?iθniyn ?idzaay↑ willa fii çiyaaDih gaBil ?il?iθniyn  
 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?iθniyn

Come day Monday

Come on Monday

103.Pat.: انشاءالله. شكرا دكتور

?inʃa Allah ʃokran 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 العافيه =

=Allah yaçt?iek ?ilçaafyih

=God gives you a wellness

=God gives you a wellness



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

Duration: 8:26

1.Hus.: السلام عليكم

?aslaam ɟalekom

Peace upon you

Peace upon you

2.Dr.1: ؟--- اهلين تعال شو عملت فحص دم

?ahlien Taɟaal ʃow ?iɟmlaT faħis? Dam (name)

Hello. Come what did she do test blood (name)

Hello. Come. Did (name)do the blood test?

3.Hus.: = عملت اليوم بس ما ادري طلعت النتيجة ولا ما طلعت =

ɟimlat ?ilywom Bas ma ?aDree tʔilɟaT ?ilnaaTiidzih wilaa ma tʔilɟaT =

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: = شو ليش هديك المره تعال هيك خلينا نشوفها =

=ʃwo lieʃ haDiek ?ilmarrah- Taɟaal hiek Xalienaa ?injwofhaa

=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: لسه مش طالعه ↓ . ولا هاي طالعه ↑ من هون. تانشوف اذا طالعه او لا

Lissah miʃ tʔalɟah↓ wa laa hiyi tʔalɟah↑ min hwon Taanʃwof

Not yet not available↓ and not this available↑ from here Let me see

?iðaa Taalɟah ?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: هيا طالعه .

Hayhaa tʔalɟah

It is available

It is available

10.((The doctor is reading the results for (0.3) seconds))

11.Dr.1: [ناديلنا اياها]

NaDieInna ?iyaa[haa]

Call h[er]

Call her

12.Hus.: [يلا]

[Yallaa]

[Okay]

Okay

13.Dr.1: والله فحوصات ----- اليوم-ممتازة

- Wa Allah foḥos'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.: السلام عليكم  
 ?aslaam çalekom  
 Peace upon you  
 Peace upon you
- 17.(0.6) the doctor is typing
- 18.Dr.1: -----اتفضلي يا ست  
 ?iTfad'aliy yaa siT (name)  
 Come in please Mrs (name)  
 Come in please, Mrs (name)
- 19.Pat.: =السلام عليكم↓=  
 ?aslaam çalekom↓=  
 Peace upon you↓=  
 Peace upon yo
- 20.Dr.1: = كيفك ↑ اليوم ؟  
 =Kiefik ↑ ?ilywom ?  
 =How are you↑ today?  
 =How are you↑ today?
- 21.Pat.: الحمد لله كويسه دكتور  
 ?ilhamDolillAllah ?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 لله =  
 =Tamaam ?ilhamDo lillAllah  
 =Good Thank God  
 =Good. Thank God
- 24.Dr.1: اليوم فحص الدم احسن  
 ?ilywom faḥs' ?ilDam ?aḥsan  
 Today test the blood better  
 The blood test for today is better
- 25.Pat.: آه فحصت  
 ?aah faḥs'iT  
 Yes I had it  
 Yes, I had it

26.(0.2) (the doctor is typing)

27.Dr.1: ايبيبي العمليه شو صار بالطحال؟

Irm m ?ilçamaliyih jwos'aar Bil?it'haal  
Irm m the surgery what happened with the spleen  
Irm m, what happened with the spleen surgery?

28.Pat.: ( )

29.Hus.: ما كان معاها قحه يوميتها.

Ma kaan maçaahaa gaħah ywomieThaa  
There was with her a cough that day  
She suffered from the cough that day

30.Dr.1: [أه هلا كيف امو]رك؟

?aah ?aah halaa kief ?omwo[rik?]  
Yes Yes Now how are your mat[ters?]  
Yes, yes. How are you now?

31.Pat.: [لا الحمد لله]

[Laa] al ħamDo lillAllah  
[No] Thank God  
Thank God

32.Dr.1: بطنك بس بدنا انعيد تاع الطحال ultrasound

Bat'nik Bas BiDnaa ?inçieD ultrasound Taaç ?ilt'haal  
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؟

Naçam?  
What?  
What?

34.Dr.1: . انعيد الليبيبي خلينا نشوف الطحال كبران ولا صغرانا

?inçieD ?liiii Xalienaa ?inçwof ?ilt'haal kaBraan wa la? s'ayraan  
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 دك [تور]↓

Ma]ie Dok[Two]r↓  
Okay doc[tor]↓  
Okay Doctor

36.Hus.: [مافي] مشكله↓

Ma fie mo]kilih↓  
No there problem↓  
There is no problem↓

37.Dr.1: دمك اليوم احسن امورك =

Damik ?ilywom ?ahssan ?omworik=  
Your blood today better matters your=  
Today your blood and matters are better=

- 38.Hus.: =قديش؟  
 =gaDief?  
 =How much?  
 =How much?
- 39.Dr.1: 10.9 اليوم دمها  
 ?ilywom Damhaa 10.9  
 Today blood her is 10.9  
 Today her blood is 10.9
- 40.Hus.: ما شاء الله  
 Maa Jaa? Allah  
 As Allah wills  
 As Allah wills
- 41.Dr.1:[ انا اليوم يعني احكي الصر [احه]  
 Yaçniy ?anaa ?ilywom yaçnie ?ahkie ?ls'ar[aaħah]  
 I mean I am today I mean i tell the tr[uth]  
 I mean, today, I mean to tell you the truth
- 42.Pat.: [ انا ] حاسه وضعي متحسن احسن من [ اول ]  
 [?anaa] ħaasih wad'çie ?ahsan min [?awal]  
 [I] feel situation my better than [ before]  
 I feel my situation is better than before
- 43.Dr.1: [ يعني ] فحوصات [ يعني ]  
 [Yaçniy] foħwos'aaT [Damhaa]  
 [I mean] tests [blood her]  
 I mean her blood tests
- 44.Pat.: [ الحمد لله ]  
 [?ilħamDolilAllah]  
 [Thank God]  
 Thank God
- 45.Dr.1: شو اليوم اشي ههه  
 Jow ?ilywom ?ijie hh  
 What today super hh  
 What super is today! hh
- 46.Hus.: المناعه دكتور؟  
 ?ilmanaaçah DokTwor?  
 The immune Doctor?  
 The immune, Doctor?
- 47.Dr.1: =380 المناعه أحسن  
 ?ilmanaaçah ?ahssan 380=  
 The immune better 380=  
 The immune is better 380=
- 48.Pat.: = والقحه راحت كمان يا دكتور  
 =Wa ?ilgaħah raahaT kamaan ya DokTwor

=And the cough disappeared also doctor  
=And the cough has also disappeared, Doctor.

49.Dr.: آه  
?aah  
Yes  
yes

50.Pat.: الحمد لله والشكر  
?ilhamDo lilAllah wa aljokor  
Thank God and the thank  
Thank God

51.Dr.1:[ والليل ]  
[Wail:::]  
[And imm]  
And immm

52.Hus.: [ الصفائح ؟ ]  
[?ils'afaa?ih?]  
[The platelets?]  
The platelets?

53.Dr.1: =الدم 10.9 و الصفائح أحسن 64 الف=  
?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.: =كويس ماشي الحال=  
=?kwayis majie ?ilhaal  
=Good Not bad.  
=Good. Not bad.

55.Dr.1: هلا بضل الطحال  
Hala Bid'al ?ilt'haal  
Now still the spleen  
Now we still have the spleen

56.Hus.: متحسن كثير  
miThassin ?ikθier  
better much  
It is much better

57.Dr.1: آه. بس بصير نفحص بطنها بس يطلع هالمريض ؟ (0.1) وبنعملها  
?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  
?iBniçmalilhaa 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: = ايمنى العملية قال الدكتور؟- بس قبل العملية خليه يتأكد من الطحال حجمه =  
 ?imTaa ?ilçamaliyih gal ?ilDokTwor?- Bas gaBil ?ilçamaliyih Xalieh yiT?akaD  
 When the surgery said the doctor? – but before the surgery let him check  
 min ? ilt?haal ħazmoh=  
 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.: [اليوم] =  
 =?lhaa mawçid [ ?ilywom]  
 =She has an appointment [ today]  
 =She has an appointment today
- 61.Dr.1: = [طيب] ماشي =  
 [t?ayiB] maa?ie=  
 [Okay] done=  
 Okay done=
- 62.Hus.: = ↓-----عند الدكتور  
 =çinD ?iDokTwor (name)↓  
 =With doctor (name)↓  
 =With doctor (name)↓
- 63.Dr.1: [أه؟] [أه؟] أناجلها بعد العيد؟  
 ?in?adzilhaa BaçD ?ilçieD? [?aah?]  
 We delay it after Al Eid? [Okay?]  
 Let's delay it after Al Eid? Okay?
- 64.Dr.2: [اجلها] ]  
 [?adzilhaa]  
 [Delay it]  
 Delay it
- 65.Hus.: [ والله ]  
 [Wa Allah]  
 [Really]  
 Really
- 66.Pat.: [ والله ] اذا الوضع كويس اه  
 [Wa Allah] ?ðaa ?ilwad?iç ?ikwayis ?ah  
 [Really] If the situation good yes  
 Really! If the situation is good, yes.
- 67.Hus.: اذا عنده مجال  
 ?ðaa çinDoh maçaal  
 If he has a space  
 If he has a space
- 68.Dr.1: أه أناجله أه  
 ?aah ?in?adzloh ?aah  
 Yes. Let's deny it yes

- Yes. Let's deny it, yes.
- 69.Pat.: طيب دكتور ما تعملها انت  
 t'ayib DokTwor maa Tiçmallhaa ?inTa  
 Okay doctor you do you  
 Okay you do it, doctor.
- 70.Dr.1: ابيبيبي بالله ما بحب على العيد و رمضان والناس ابيبيبي  
 Irm m Bal Allah ma BaħiB çalaa ?ilçieD wa Ramadan we ?inaas irmm  
 Irm m, really not I like in Al Eid and Ramadan and the people irmm  
 Irm m, I swear I don't like in Al Eid and Ramadan and the people irmm
- 71.Dr.2: شو بدھا؟  
 ſwo BiDhaa?  
 What want she?  
 What does she want?
- 72.Dr.1: ultrasound طلبتلھا  
 t'alabTilhaa ultrasound  
 I asked for her ultrasound  
 I asked for her ultrasound
- 73.Dr.1 is talking with a patient standing in front of the room: بس بالله بدنا انسكر الباب. معلش بس أسكر الباب  
 Bas Ba Allah BiDnaa ?insakir ?ilBaaB. maçliſ ?insakir ?ilbaaB  
 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  
 çaſaan nifhas? ?Imaried'ah  
 To examine the patient  
 To examine the patient
- 75.Dr.1: بس بدنا انشوف بطنك (0.2) قديش ( )  
 Bas BiDnaa ?inſwof Bat'nik ( ) gaDieſ (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؟  
 BaAllah ?ðaa samaħTie ?inſwof Bat'nik?  
 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: اتفضلي ابقني خاينا نشوفك حجه  
 ?iTfad'aliy ?iBgiy Xalienaa ?inſwofik hajih  
 Please let's see you Hajih  
 Please, let us see you, Hajih.
- 79.Pat.: ماشي  
 Maſie  
 Okay  
 Okay

- 80.Dr.1 to Hus.: آه دخلها موعد للصوره  
 ?aah XoDilhaa mawçid lals'orah  
 Oh take her an appointment for the photo  
 Oh, take her an appointment for the photo
- 81.Hus.: [يعني؟] ماشي. موعد  
 Maʃie Mawçid [yaçniy?]  
 Okay. An appointment [mean?]  
 Okay. an appointment you mean?
- 82.Dr.1: [آه آه] موعد. و هاهي فحص الدم للمرءه الجاي بتجيبيلنا  
 [?aah ?aah] mawçid wa haay fahis' ?Dam lalmarrah ?ildzaay  
 [Yes Yes] An appointment And this test blood for the time next  
 BiTziebielnaa  
 You come to us  
 Yes. Yes. An appointment. And this a blood test for the next time. you come
- 83.Dr.1 to Hus.: خليه تعمل اللي بيبيبي انشوف ابينيبي فحص الدم. بعد العيد  
 Xaliihaa Tiçmal? ?il::::: ?in[wof irmm fahis' ?Dam. Baçid ?ilçieD  
 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]  
 The doctor
- 85.Dr.1: [بعد العيد]  
 Baçid ?ilEid  
 After Al Eid  
 After Al Eid
- 86.Hus.: اذا دخلت اليوم بتشجع؟  
 ?ðaa DaXlaT ?ilywom BiT[dziç?  
 If entered she today you support?  
 If she entered today, do you support this?
- 87.Dr.1: والله شوف انا والله ما بحب برمضان حدا يعمل اشني  
 Wa Allah [wof ?anaa wa ?al Allah maa BaçiB biRamadan hadaa yiçmmal  
 Really look I really not like in Ramadan anybody have  
 ?iʃie  
 anything  
 I really, look I really don't like anybody to have anything in Ramadan
- 88.Hus.: [طيب]  
 [tʔayiB]  
 [Okay]  
 Okay
- 89.Dr.1: [انا م] ش من انصار هالشي  
 [?anaa mi] min ?ansʔaar halʃie



[I am no]t from the supporters for this  
I am not one of supporters for this?

90.Pat.: خلص  
Xalas?  
Okay  
Okay

91.Dr.1: لانه الواحد بلاش تتمشكل اموره ماتمشي الناس معيده وهو اببيبي بالمستشفى. أنا بحب  
Li?anoh ?ilwaaħaD 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 BilmosTajfaa. ?anaa BaħiB  
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.: [مناسب] الى تشوفه  
?ilie ?iT]wofoh [monaasiB]  
As see you [suitable]  
As you see

93.Dr.1: [بعد] العيد بتمر علي وتعمل [فحوصات]  
[BaçiD] ?ilçieD BiTmor çlay wa ?iBiTiçmmal [foħwos'aaT]  
[After] AlEid she stops by me and has [tests]  
After Al Eid, she stops by me and has tests

94.Pat.: [دكتور] انا اهلي مش مخليني اصوم  
[DoTtwor] ?anaa ?ahlie mi] ?imXalienie ?as'wom  
[Doctor] I am my family not allow me to fast.  
Doctor! My family does not allow me to fast.

95.Dr.1: ايش؟  
?ie]?  
What?  
What?

96.Pat.: [عني] بظروني خصب  
Yaçniy Bifat'rwonie yas'iB [çanie↓]  
I mean they break my fast force [me↓]  
I mean they force me↓ to break my fast

97.Dr.1: [إذا] اذا اذا ما لتحملتي بتظري . خلص انا بقلك صومي. اذا ما اتحملتي بتظري  
?ħaa ?ħaa ?ħaa maa ?iThamalTiy ?iBiTift'riy. Xalas' ?anaa Bagollik  
If if if not bear you break your fast. Okay I tell you  
s'owmiy. ?ħaa ma ?iThamalTiy ?iBiTift'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.: [خه] اذا حسيت بدو  
?ħaa ħasiyT Bi Dow[Xah]

If I feel of dizzin[ess]

If I feel dizzy

99.Dr.1: [أه] بتقطري

[?ah] ?iBiTift'iriy

[Yes] break it

Yes. Break it

100.Pat.: ماشي

Maafiy

Okay

Okay

101.((The patient and her husband leave))

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

Duration: 12:35

1.Pat.: السلام عليكم

?asalaam çalaykom  
Peace upon you  
Peace upon you

2.Dr.: و عليكم السلام هلا هلا↑

Wa çalaykom ?ilsalaam hala hala↑  
And be upon you peace. Welcome welcome↑  
Peace be upon you. You are welcome↑

3.Pat.: سلامات↑ سيدي

SalamaT ↑ siede  
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 بالف 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؟

low ?aXBaarak?

- What your latest news?  
 What is your latest news?
- 12.(( A telephone rings ))
- 13.Pat.: الحمد لله ↓  
 ?ilhamDo lillAllah↓  
 Thank God↓  
 Thank God↓
- 14.Dr.: ؟ ↓ الأمور تمام انشاء الله  
 ?il?omwor Tamaam ?infa 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 معك؟  
 Yaa raBiy lak ?ilhamD kief Ramadan maçak?  
 Oh God for you the thanks. How is Ramadan with you?  
 Oh God thanks for you. How is Ramadan with you?
- 17.Pat.: والله- كويس ↓ . خلص ↓ . كلشي بخلص  
 Wa Allah - ?ikwayies↓. Xilis'↓ Kol'ie BiXlas?  
 really- it's good↓. It's finished↓. Everything ends  
 It is really good↓. It is finished↓. Everything ends
- 18.Dr.: يا الله  
 Yaa Allah  
 Oh my God  
 Oh my God
- 19.(0.2)
20. مين رفع ضغطك؟  
 Miyn rafaç d'ayt'ak?  
 Who raised pressure your?  
 Who caused the raising of your pressure?
- 21.Pat.: كثار  
 ?ikθaar  
 Too many  
 Too many
- 22.Dr.: كثار  
 ?ikθaar  
 Too many  
 Too many
- 23.Pat.: hh
- 24.Dr.: منو أكثر واحد؟  
 Manwo ?akθar waħaD?  
 Who is the most one?  
 Who is the most one?

25.(0.1)

26.Pat.: أنا↑  
?anaa↑  
I am↑  
I am↑

27.Dr.: انت؟  
?inTa?  
You?  
You?

28.Pat.: آه. انو الي يرفع ايبيبيبي ضغط الانسان ↑ نفسه هههههه  
?aah ?inwo ?ilie yirfaʕ imm dʔaytʔ ?il?insaan↑ nafsoh hh  
Yes. That who raises imm pressure the human↑ himself hh  
Yes. Who raises imm pressure, the human↑himself hh

29.Dr.: الانسان نفسه  
?il?insaan nafsoh  
The human himself  
The human himself

30.Pat.: [هههه]  
[hh]

31.Dr.: [ليش؟]  
[Lieʔ?]  
[Why?]  
Why?

32.Pat.: والله ما انا عارف بجوز عشان جاي  
Wa Allah maa ?anaa ʕaarif Bizwoz ʕaʕaan ʕay  
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 عشان جايبك من المحاضره  
Bizwoz ʕaʕaan ʕaayiek min ?ilmohaadʔarah  
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.: آيوأ↑  
?aywaa↑  
Oh↑  
Oh↑

37.Pat.: آه. والله أنا استغربت  
?aah wa Allah ?anaa ?isTayraBiT  
Yes really I got surprised  
Yes. I really got surprised

- 38.Dr.: آه انت ملتزم بالعلاج كويس بتوخذده؟  
 ?aah ?inTa molTazim Bil ʕilaaʒ ?kwayis ?iBTwoXDoh?  
 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 انا باخده على الإفطار يعني  
 Yaʕniy hassaʕiyaaT ?iliy 14 saaʕah maXiD ?anaa BaXDoh ʕalaa  
 I mean now since 14 hours took I take it on  
 ?ilʕtʕaar ?ilʕilaaʒ yaʕniy  
 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.: ايوا نعم نعم ↓ كيف انت والحركه؟  
 ?aywaa naʕam naʕm kief ?inTa wa ?ilʕarakih?  
 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.: طيب ليش؟  
 tʕayib lieʕ?  
 So why?  
 So why?
- 44.Pat.: والله ما بدري ليش.  
 Wa Allah maa BaDrir lieʕ  
 really do not I know  
 I really do not know
- 45.Dr.: [؟° ]  
 [Ha?]  
 [What?]  
 What?
- 46.Pat.: ( ) [ كان ]  
 [Kaan] ( )  
 [was] ( )  
 Was ( )
- 47.Dr.: يا زلمه ( )  
 Yaa zalamih ( )  
 Man ( )  
 Man ( )
- 48.Pat.: ه؟ يعني الحركه مش كثير  
 Ha? Yaʕniy ?ilʕarakih miʕ ?ik0ier  
 What? I mean the moving not much  
 What? I mean the moving is not much
- 49.Dr.: يعني اذا للضغط ضيظ حالك مع دوا الضغط مع السكر و دقات القلب  
 Yaʕn ?i0aa ?ildʕaytʕ dʕaBitʕ haalak maʕ Dawaa ?ildʕaytʕ maʕ

- 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 haʔaaʔiT [ʔilʕiðaaam]  
 Fats waight osteopo[rosis]  
 Fats, waight, and osteoporosis
- 52.Pat.: [المشكلة [مش والله ما هي [هيك]  
 [ʔilmoʔkilih] miʔ wa Allah maa hiyi [hieʔ]  
 [The problem] is not really it is not [like this]  
 Really, the problem is not like this
- 53.Dr.: [شو [بدك أحسن من [هيك]  
 [ʔow] BiDak ʔaħsan min [hieʔ]  
 [What] want you better than [this]  
 Nothing is better than this!
- 54.Pat.: [المشكلة [مش معرفه او قناعه المشكله مع(0.1)  
 [ʔilmoʔkilih] miʔ maʕrifih ʔaw qanaaʕah ʔilmoʔkilih maʕ (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 ههههه  
 QowiT ?ilʕaaDih hh  
 The power the habit hh  
 The power of the habit. hh
- 56.Res.: فيش عاده- للمشي والحركه  
 Fieʔ ʕaadih- lillmaʕʕie wa ?ilħarakih  
 No habit- for walking and the moving  
 No habit- for walking and the moving
- 57.Pat.: كأنه هيك أه ↓ . بنخترع وسائل من شان ما[نمشيش]  
 Kaʔanoh hieʔ ʔaah↓ ?iBniXTariʕ wasaaʔil min ʕaan maa [nimʕieʔ]  
 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.: [بقولك فيش وقت مع انه في وقت للمسلسلات [لل]  
 Bigwolak fieʔ wagT maʕ ?inoh fie wagT lilmosalsalaaT [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.: بط [ بالض ]

[Bild?]aBt?

[Exac]tly

Exactly

61.Pat.: مش محبوب والى- في برنامج↓

Mi] mahBwoB wa lll- fie Barnaami3↓

Not beloved and the- there is a program↓

It is unbeloved and the- there is a program↓

62.Resident: سلامتک انشاءالله↓

salaamTak ?in]a Allah↓

Get well soon willing God↓

Get well soon God willing↓

63.((The resident is typing on the computer))

64.(0.16)

65.Pat.: اذا ( ) الاردني بلاش منو

?i]aa ( ) ?il?orDonie Balaa] minwo

If ( ) the Jordanian no need for it

If ( ) it is the Jordanian, there is no need for it

66.Res.: بذك اتجدد علاج عمو؟

BiDDak Ta3DieD }ilaa3 }amwo?

need you to renew the medication uncle?

Uncle! Do you need to renew the medication?

67.Pat.: أه أه تجديد علاج ( ) الاردني عندي(0.1) اذا مش اردني اعطيني

?aah ?aah Ta3DieD }ilaa3 ( ) ?il?orDonie }inDie ?i]aa mi]

Yes yes. Renewing medication ( ) The Jordanian I have it if not

?orDonie ?a}f'ienie

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.: شاييف صلاة التراويح بتروح بالسياره

]aayif s?alaT ?iTaraawie] Binrwo] Bilsiyaarah

You see prayer Taraawee] we go by the car

You see, we go to Taraawee] prayer by the car

72.(0.14)

73.Dr.: نعم؟

Na}am?

What?

What?

74.Pat.: بقولك صلاة التراويح الجامع بعيد 400 متر بنروح بالس[ياره]



Bagwollak s'allaT ?ilTraweeh ?ildzamiç ?iBçieD 400 meTer Binrwoh  
 I say to you prayer Taraweeh the mosque far away 400 meters we go  
 Bilsiy[aaarah]  
 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 ] ياره

[Bilsiy]yaarah  
 [By th]e car  
 By the car

76.(0.1)

77.Dr.: والولاد ما بينشرو العجل؟

Wa ?il?awlaaD maa Banfarwo ?ilçadzal?  
 And the sons not flat the tires?  
 And do not the sons flat the tires?

78.(0.2)

79.انا لو اني جارك والله لينشر العجل.

?anaa law ?inie dzaarak wa ?allah laBanfir ?ilçadzal  
 I If I neighbor your really I will flat the tire  
 If I were your neighbor, I will really flat the tire

80.(0.1)

81.Pat.: [ والله ]

[Wa Allah]  
 [Really]  
 Really

82.Dr.: [ 400 ] متر بالله عليك

[400] meTer Bil Allah [çaliek]  
 [400] meters God [ you]  
 400 meters, Are you serious!

83.Pat.: [ ما انا ] عارفك أص [ يل ]

[Maa ?anaa] çarfak ?a s?[iel]  
 [ I ] know you go[od person]  
 I know that you are a good person

84.Dr.: = بالله عليك بالله عليك 400 متر =

[BiAllah] çaliik BiAllah çaliik 400 meter=  
 [Are you] serious are you serious 400 meters=  
 Are you serious! Are you serious!400 meters=

85.Pat.: =اقل من 400 هاي مع المبالغة =

=?agal min 400 haay maç ?il mobaalayah  
 =Less than 400 this is with the exaggeration  
 =Less than 400 this is with the exaggeration

86.Dr.: بتحتاج انك تينشر العجل ولا لا ؟ ه ؟ صدقه =

?iBihtaadz ?inak ?iTBanfir ?ilçadzal wilaa la? ?=

he needs you flat the tire or not?=  
Does he need to flat the tire or not?=  
87.Resident: =عنده دوام تاني يوم =

=çinDoh Dawaam Tanie ywom  
=He has to go work next day  
=He has to go work next day

88.(0.1)

89. =الينشر= ( )

( )?ilBanfar=

( )The flat=

( )The flat=

90.Dr.: =والله ما الهاش علا[قه]=

=Wa Allah maa ?ilhaa] çilaa[qah]  
=really no connec[tion]  
= There really is no connection

91.Pat. To the Res.: [الله] يبارك فيك.

[Allah] yiBaarik fiek  
[God] bless you  
God bless you

92.Res.: hh

93.Dr.: فكك من هالسوالف اجي تا يكحلها اعورها. شو قال ايش عنده دوام.

Fikak min hal sawaalif ?id3aa Taa yikahilhaa ?içwarhaa. [ow gaal ?ii] çindoh  
Forget from these talks gild the lily. it is what he has  
Dawam  
to go to work

Forget these talks, gild the lily. It is what ! He has to go to work.

94.(0.2)

95. لا لا الله يرضع عليك والله بفيد.

Laa laa Allah yird'aa çaliik wa Allah Bifiid  
No no God may bless you. really it's useful  
No no may God bless you. It's really useful

96.Pat.: =انشاءالله انشاءالله=

?in]a Allah ?in]a Allah=  
willing God willing God=  
God willing. God willing=

97.Dr.: =بعدين اول اشني انت بعدك [شب]=

=BaçDien ?awal ?i]ie ?inTa BaçDak [jaB]  
=Also the first thing you still [young]  
=Also, the first thing, you still young

98.Pat.: =الله] يجبر بخاطرک=

[Allah] yo3Bor BiXaat'rak=  
[God] forcing your mind as sums my mind=

God forcing your mind as sums my mind=

- 99.Dr.: ( ) =بندناش يصير عندك سكر ولا ايشي فاهاي ( )  
=BiDnaa] yis'ier çinDak sokar waa ?ijie 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.: =انشاءالله  
?in]a Allah=  
willing God=  
God willing=

- 101.Dr.: =شاييف؟ المره الجاي بدنا شو الان مش رح نعمل اشي بالضغط. المره الجاي لما تيجي بتكون رمضان انت مش غلط  
=]aayif? ?ilmarrah ?ilzaay BiDnaa - ]ow ?il?aan ilmarrah mi] rah  
=You see? time next we will - what now time not we are  
niçmil ?ijie Bild'ayt? ?ilzaay lamaa Tizie BiTkwon  
do anything with pressure next when you come it will be  
Ramadan ?inTa mi] 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.: [انشاءالله]  
?in]a [ Allah]  
willing[ God]  
God willing

103.Dr.: [اول] اشي  
[?awaal] ?ijie  
[The first] thing  
The first thing

104. ما يتكونش ماشي مشوار طويل وانت بدخ [نش]  
Maa BiTkwon] ma]ie mi]waar t'awiel wa ?inTa BiDDaXi[ni]  
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] بدخنش  
[La?] BaDaXini]  
[No] I do not smoke  
No. I do not smoke

106.Dr.: بدخن؟  
BiDaXin?  
you smoke?  
Do you smoke?

107.Pat.: لا لا  
La? La?  
No no  
No, no

- 108.Dr.: لا لما تيجي بتعدلك هيك نص ساعه وبعدين بتخليهم يقيسو ضغطك وبتيجي انشاء الله ↓  
 Laa. Lamaa Tizie ?iBTogçoDDLak hiek nos' saaçah wa BaçDien  
 No. when you come sit for half an hour and then  
 BiTXaliehóm Yiqieswo d'ayt'ak wa ?iBTizie ?infa 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↓
- 109.Pat.: انشاء الله  
 ?infa Allah  
 willing God  
 God willing
- 110.Dr.: Okay?
111. انشاء الله  
 ?infa Allah  
 willing God  
 God willing
- 112.Pat.: ممكن ممكن تعطيني كرتك ؟  
 Momkin momkin Taçt'ieniy karTak?  
 Can can you give me your card?  
 Can you, can you give me your card?
- 113.(( The doctor is giving him one))
- 114.(( The residential is discussing the treatment with the doctor for (0.81)seconds))
- 115.Pat.: أنا مستغرب من التي تحت التي فوق قلت العوامل الخارجيه بس التي تحت مائه علاقه بIntrinsic؟  
 ?anaa misTayriB min ?ilie Taht ?ilii fwog GoIT ?ilçawaamil  
 I am surprised from the bottom the top said you the reasons  
 ?ilXaariziyih Bas ?ilie Taht maa?iloh çilaaqah Bi intrinsic  
 the external but the bottom not have relation with intrinsic  
 I am surprised from the one in the bottom. You said the one in the top affects by the  
 external reasons but the one in the bottom does not have a relation with intrinsic
- 116.Dr.: اياه [الضغط؟]  
 ?ayaah [?ild'ayt'??]  
 Which one? [The pressure?]  
 Which one? Do you mean the pressure?
- 117.Pat.: [ الثاني ]  
 [?ilθanie]  
 [The second]  
 The second
- 118.Dr.: الثاني؟  
 ?ilθanie?  
 The second?  
 Do you mean the second?
- 119.Pat.: 100

- 120.Dr.: الضغط الثاني هو 100  
 ?ildʔaytʔ ?ilθanie hoā 100  
 The pressure the second is 100  
 The second pressure is 100
- 121.Pat.: 100
- 122.Dr.: =نعم عالي 100=  
 100 naçam çaalie=  
 100 yes I high=  
 100 yes it is high=
- 123.Pat.: =أه شاييف=  
 =?aah ʃayif=  
 =Yes you see=  
 =Yes, you see=
- 124.Dr.: = احنا بدنا اياه 90 =  
 =?ihnaa BiDnaa ?iyaah 90  
 =We want it 90  
 =We want it 90
- 125.(( the doctor's telephone is ringing))
- 126.(0.17)
- 127.Resident: انت الدوا بتاخده مره باليوم؟ الضغط؟  
 ?inTa ?ilDawaa ?iBTwoXDoh marrah Billywom? ?ildʔaytʔ ?  
 You the medicine you take it once a day? the pressure?  
 Do you take the medicine once a day? The pressure?
- 128.Pat.: [ رمضان ] أه أه مره. كلهن مره وحده مع [ رمضان ]  
 ?aah ?aah marrah. Kolhin marrah waħDih maç [ Ramadan]  
 Yes yes once. All of them once for all with [ Ramadan]  
 Yes, yes once. With Ramadan, all of them are once for all.
- 129.Res.: [ امهم ]  
 [imhm]  
 [imhm]  
 imhm
- 130.Pat.: [ كانك ] (0.1) صرت كله مره وحده اريح  
 sʔirT kolloh marrah waħDih (0.1) ?aryah [kaʔannak]  
 I became all of them once for all (0.1) more comfortable [as you]  
 I became take all of them with each other once for all (0.1)it is more comfortable as you
- 131.Res.: [ امهم ]  
 [imhm]  
 [imhm]  
 imhm
- 132.Pat.: =بتنساش=  
 ?iBTinsaaʃ=  
 You not forget=

You will not forget=

133.Res.: = صح  
=s'ah  
=Right  
=Right

134.Pat.: بعد الإفطار ↓ (0.2). حتى بغير رمضان كنت اخذهن مره وحده.  
BaʕD ?ilʔftʔaar↓ (0.2) ħataa Biʔier Ramadan konT ?aaXoDhin  
After breaking the fast ↓ (0.2) even not in Ramadan I was taken them  
marah waDih  
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.: اذا احنا انشاءالله المره الجاي  
?iðaan ?ihnaa ?inʔa Allah ?ilmarrah [ʔilʔaay]  
So we willing God time [next]  
So, God willing, next time we

138.Pat.: [انشاءالله] [انشاءالله]  
[ʔinʔa Allah] [ʔinʔaaʔ Allah]  
[willing God] [willing God]  
God willing, God willing

139.Dr.: [بتكون] ايش الأمور انشاءالله احسن  
[BiTkwon] ?iyʃ ?ilʔomwor ?inʔa Allah ?ahsan  
[It will be] what the things willing God better  
The things will be what, God willing, better

140.Pat.: انشاءالله انشاءالله  
ʔinʔaaʔ Allah ?inʔaʔ Allah  
Willing God willing God  
God willing, God willing

141.(0.2)

142.Dr.: الف سلامه عليك انشاءالله  
ʔalf salamih ʔaliyk ?inʔa Allah  
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]  
Allah [yisallmak]  
God [Protect you]  
May God protect you

145.Dr.: [ ويعطيك ] الصحه والعافيه انشاءالله =  
[Wa yaʔtʔiyk] ?ilsihħah wa ?ilʔaafiyih ?inʔaʔ Allah

[And give you] the health and good health willing God  
May God give you the good health

146.Pat.: = يسلمو اديك

=Yislamwo ?iDiyk

=Thanks hands your

=Thank you

147.Dr.: كل عام وانت بخير

Kol řaam wa ?inTa ?iBXiyr

Every year and you good

Ramadan Kareem

148.Pat.: [ كل عام وانت بالف خير ]حياك الله

Kol řaam wa ?inTa bi?alf Xiyр [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 ]

[Hala hala]

[Thank you thank you]

Thank you, thank you.

150.Pat.: شكر ا الله يعطيك العافيه

řokran Allah yařt?iyk ?ilřaafyih

Thank you God gives you the good health

Thank you. May God give you good health.

151.Dr.: مع السلامه

Mař ?ilsalaamih

Good bye

Good bye

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

Duration: 20:54

- 1.Dr.: ↑ اتفضل ↑ اتفضل  
?iTfadʔal↑ ?iTfadʔal↑  
Come in please↑ come in please↑  
Come in please↑, come in please↑
- 2.((it seems that they are shaking hands))
- 3.Dr.: = ↓ اهلين ↑ هلا  
Hala↑ ?ahliin↓=  
hello↑ hello↓=  
Hello↑, hello↓=
- 4.Pat.: ↓ يعطيك العافيه =  
= yaʔtʔyk ?ilʕaafiyh↓  
=grant you health↓  
=May God grant you health↓
- 5.Dr.: ? تحياتي. كيف حالك?  
TaḥiyaaTie. Kief ḥaalak?  
all greetings. How are you?  
All greetings are for you. How are you?
- 6.Pat.: ( )=  
7.Dr.: =الله يرضى عليك. اهلين=  
=Allah yirdʔaa ṣaliek. ?ahlien  
=God bless you. welcome  
=God bless you. You are welcome
- 8.Pat.: =حياك الله=  
ḥayyak Allah=  
preserve your life Allah=  
May Allah preserve your life=
- 9.Dr.: =اهلين اتفضل. كيف حالك?  
=?ahlien ? iTfadʔal kief ḥaalak?  
= welcome.Come in please. How are you?  
=You are welcome. Come in please. How are you?
- 10.Pat.: ↓ الحمد لله  
?ilhamDo lilAllah↓  
Thank God↓  
Thank God↓
- 11.Dr.: شو اخبارك ↑ ?  
ʃwo ?aXBaarak↑?  
What news your↑?  
What is your news↑?
- 12.Pat.: الحمد لله. عملت الفحوصات ↓ .



- ?alhamdo lilAllah. ?içmiliT ?ilfohos?aaT↓.  
 Thank God. I had the tests↓  
 Thank God. I has had the tests↓
- 13.Dr.: عملت الفحوصات؟  
 ?aah ?içmilThaa  
 Made you the tests?  
 Have you had the tests?
- 14.Pat.: آه عملت [ها↓]  
 ?aah ?içmilT[haa↓]  
 Yes I had th[em↓]  
 Yes. I had them↓
- 15.Dr.: = [ آه ]  
 [?aah]=  
 [Okay]=  
 Okay=
- 16.Pat.: =الأربعاء=  
 =?il?arbiçaa?  
 =Wednesday  
 =On Wednesday
- 17.Dr. to Resident: آه كيف فحوصاته؟  
 ?aah. kief foħwo s?aaToh?  
 Okay. How are tests his?  
 Okay. How are his tests?
- 18.Res.: ابيني؟ بفتح عليهم  
 ?ie? Baftaħ çaliehom  
 What? I am opening on them.  
 What? I am opening them.
- 19.(0.1)
- 20.Dr.:lab الفحوصات هون على ال  
 ?ilfoħwo s?aaT hwon çalaa ?il lab  
 The tests here on the lab  
 The tests are here on the
- 21.Res.: lab آه هاي  
 ?aah haay lab  
 Okay. This is lab  
 Okay. This is lab
- 22.Dr.: الإستعلام ↑ . حظيتي استعلام انت عليه ↓ ؟  
 ?al?isTtiçlaam ↑ ħa t?iitie ?isTiçlaam ?inTi çalieh↓?  
 The inquiry↑. have press you inquiry you on it↓?  
 Inquiry↑. have you pressed on inquiry↓?
- 23.Res.: آه [هيو]  
 ?aah [haywo]

- Yes [here it is]  
 Yes. Here it is
- 24.Dr.: [هيو] الفحوصات  
 [Haywo] ?ilfohwos'aaT..  
 [This is] the tests.  
 This is the tests.
- 25.Res.: هلا بنحط lab اصح؟  
 hala? Binhot? lab s'ah?  
 Now we are pressing lab, right?  
 Now, we are pressing lab, am I right?
- 26.Dr.: آه  
 ?aah  
 Yes  
 Yes
- 27.Res.: آه حظيت lab (0.1) مش طالعلي. مش عارفه ايش هلا!  
 ?ah ha t'eT lab (0.1) mij t'aliɕlie↓ mij ɕarfiɕ ?ieɕ 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.: أشوف هيك ليش مش طالعليك؟  
 ?aɕwof heik lieɕ mij Taliɕlik↓?  
 Let me see this why is not opening with you↓?  
 Let me see why it is not opening with you↓?
- 29.Dr. to Pat.: يوم الاربعاء عملتها؟  
 Ywom ?il?arbiɕaa? ?i ɕmilThaa?  
 Day Wednesday I had them?  
 Have you had them on Wednesday?
- 30.Pat.: آه  
 ?aah  
 Yes  
 Yes
- 31.Dr.: يعني قبل أسبوع ↑ ؟  
 Yaɕniy gaBil ?osBwoɕ↑?  
 this before a week↑?  
 This before a week↑?
- 32.Pat.: آه  
 ?aah  
 Yes  
 Yes
- 33.Dr.while looking at the computer screen: شو (0.1) طيب ( ) (0.4) ليش ما فيش lab ؟  
 ɕow (0.1) t'ayiB ( ) (0.4) lieɕ maa fieɕ lab?  
 What (0.1) okay ( ) (0.4) why no there lab?  
 What (0.1) okay ( ) (0.4) why there is no lab?

34. طيب لو الله بع [ينك]

tʔayiB law Allah Biʕ[ienak.]  
Okay If God be wi[th you]

Okay. May God be with you

35.Pat.: [أه] شو

[ʔaah] fow

[Yes] What?

Yes. What?

36.Dr.: تنزل على الاستقبال. تحت. احكيلهم بقلو الدكتور اطبعولي نتائجي. وجيبهم

Tinzil ʕalaa ʔilʔisTiqBaal. TahT. ʔihkielhom Bigolkwo ʔiDokTwor  
Go down to the reception. Down. Tell them tell you the doctor

ʔitʔBaʕaolie naTaaʔizie.wa zieBhom  
print out for me results my.and bring them

Go down to the reception. Down. Tell them that the doctor tells you to print out my results and bring them.

37.Pat.: هسة ماشني. يعطيك العافية

Hassah maafjie. Yaʕtʔiek ʔilʕaafyih

Now okay. Give you health

Okay now. May God give you health.

38.Dr.: أهلين

ʔahlien

You are welcome

You are welcome

39.((The patient returned back after (1.67) ))

40.Dr.: اتفضل

ʔiTfadʔal

Come in please

Come in please

41.Pat.: ° يعطيك العافية °

° Yaʕtʔiek ʔilʕaafyih °

° Give you health °

May God give you health

42.Dr.: (0.1)

43. بسم الله الرحمن الرحيم. طبعاً الي بتزرعو بتحصدو. ولا لا؟

Biʔism Allah ʔalrahman ʔalrahiem. tʔaBʕaanʔilii ʔilie ʔiBTizraʕwo  
In The Name of Allah, Most Gracious Most Merciful. Of course as you sow,

ʔiBTohsʔoDwo Wilaa laʔ £ ?

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.: اكييد هههههه

ʔakieD hh



- hh Bilwaas?<sup>[tʰah]</sup>  
hh by crony[sim]  
hh. By cronyism.
- 56.Dr.: [ أه ] بدك ابناء عاملين لانه ال الديني [ ات ]  
[ʔaah] BiDak ʔaBnaa? ʕaamilien  
[Yes] need you sons of members of faculty and staff at the university  
liʔannoh ʔilʔalDiniy[aaT]  
because the fa[ts]  
Yes you need sons of members of faculty and staff at the university because the fats
- 57.Pat.: [ المهم ]  
[Imhm]  
[Imhm]  
imhm
- 58.Dr.: شوي مرتفعه عندك ↓ . أه- بتمشي ↓ ؟  
ʔi[way mirTafʕah ʕinDak↓. ʔaah- ʔiBTimʕii↓?  
A little have been risen for you↓. Yes- do you walk↓?  
They have been risen a little↓. Yes- do you walk↓?
- 59.Pat.: والله مش كثير. بس بديت امشي  
waAllah mi] ʔikθier. Bas BaDieT ʔamʕie  
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 ↓ ؟ والله ( ) ] [المشي]  
Lie] maa Timʕie↓? waAllah ( ) [ʔilmaʕie]  
Why not you walk↓? Really ( ) [the walk]  
Why do not you walk? Really ( ) the walk
- 61.Pat.: [ والله ] هو هسه الجو مناسب  
[waAllah] hoa hassah ʔilʕaw monaasiB  
[Really] it now the weather good  
I really the weather is good now
- 62.Dr.: ما ما لانه الي جابلنا الأمراض شو هو ؟ ( )  
Maa maa liʔannoh ( ) ʔilie ʕaaBilnaa ʔilʔamraadʔ ʕow hoa?  
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 ↓  
ʕaDam ʔilharakih↓  
Not moving↓  
Not moving↓
- 64.Dr.: الحركة ↑ . و الأكل ↑ ترى قبل 40 سنه ما كان [هيك] .  
ʔilharakih↑. wa ʔilʔakil↑ Taraa gaBil 40 sanih maa kan [hieK.]  
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 ]

[sʔah]  
[Right]  
Right

66.Dr.: = بقولو لانه ما كانش في فحوصات. مش ماكانش في فحوصات  
Bigwolwo liʔanoh maa kaniʃ fie foħosʔaaT. Miʃ maa kaniʃ  
They say because no were not there tests. It is not were not  
fie foħosʔaaT=  
there tests=  
They say because there were no tests. It is not because there were no tests=

67.Pat.: = ما كانش في مرضى =  
=Maa kaniʃ fie mardʔaa=  
=Not were not there sick people=  
=There were no sick people=

68.Dr.: =ما ماكانش في مرضى لا. مهو اهم شي التغيير. هسه الغرب- بالسكر والضغط سبقونا اكثر بكثير السبب انه هو ب  
Maa kaaniʃ fie mardʔaa laʔ. Mahoa ʔaham ʃie  
Not were not there sick people no. it is the most important thing  
ʔilTayyir. hassah ʔilyarB - Bilsokar wa ʔldʔaytʔ  
is the the change. Now the western – in the sugar and the pressure  
saBagwonaʔakθar Bikθier ʔilsaBaB ʔinoh 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

69.Style of life

70. تبعهم لا احنا صرنا مثلهم بدنا نلحقهم. ف.  
TaBaçhom laa ʔihnaa sʔirnaa miθilhom BiDnaa ʔinilhaghom. 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

71. اكيد مهم. Style of life  
Style of life ʔakieD mohim  
Style of life surly important  
Style of life is surly important

72.Pat.: امهم  
Imhm  
Imhm  
imhm

73.Dr.: و الحركة ↑ مهمة كثير ↓ . بتعرف ( ) الحركة. مع انه كل المطلوب نص ساعه ترى  
Wa ʔilħarakih ↑ mohimmih ʔikθier↓. ʔiBTiçraf ( ) ʔilħarakih. maç ʔinoh kol  
And the move↑ important so much↓. you know ( ) the move. Although all  
ʔilmatʔlwoB nosʔ saaçah 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

74.Res.: نص ساعه

nosç saaçah  
half an hour  
half an hour

75.Dr.: نص ساعه ↑ مشي سريع ↑ يوميا ↑ او يوم بعد يوم بعدلك الضغط، السكر، دقات القلب، الدهون، الوزن، هشاشة  
nosç saaçah↑ ma]ie sarieç↑ yawmiyan↑ ?aw ywom BaçiD ywom  
half an hour↑ walking fast↑ daily ↑ or a day after day  
BiçaDillak?ld'ayt?, ?ilsokar, DagaaT ?ilgalB, ?ilDohniyaaT, ?ilwazin,  
will control the pressure, the sugar, the beats the heart, the fats, the weight,  
ha] aa] iT  
osteoporosis  
walking fast↑ for 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. [العظام]  
[?ilçið'aam]  
[The bones (osteoporosis)]  
The bones (osteoporosis)

77.Pat.: [ لا وصرت ] اشعر حتى مشكله بالمشي لانو بمشييش يعني صرت لما امشي شوي اشعر رجلي  
[Laa wa s'irT] ?a]?'or haTaa mo]killih Bilma]ie li?anwo Bam]ie]  
[No and I became] I feel even problem in the walking because I do not walk  
yaçniy s'irT lamaa ?am]ie ?i]way ?a]çor rizlay  
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'aħ]  
[Right]  
Right

79.Pat.: تعاني  
Toçaaniy  
Suffer  
Suffer

80.Dr.: كويس؟ فهي شغلة الهاي. اذا احنا شو عليك؟ انت ما بتوخذ بتوخذ دوا دهنيات؟  
?ikwayis? fa hiyi ]ayliT ?ilhaay. ?iðan ?ihnaa ]ow çalie? ?inTaa  
Good? So it is thing of this. so we what you have to do? You  
maa ?iBTwoXiD Dawaa DohniyaaT?  
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 ( ) للكولسترول  
Laa↑. Kolloh ( ) lalakolisTrwol  
No↑. all of it ( ) for cholesterol  
No↑. all of it ( ) for cholesterol

82.Dr.: خاينا نعطيك فرسه.

Xalienaa naçt'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

naçt'iek fors'ah Baçid }ahar  
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 الي بتستعملوها ؟

Dier Baalak çalaa ?ilDohniyaaT yaçniy }ow ?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 نباتيه كله]والسمنه و

ZiywoT naBaaTiyih 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 هالاكل و اللحم

?ilsamnih wa ?i}wayiT 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 كلها خليها للجنه



Haay kolhaa Xaliehaa lalzannih  
This all of it leave it to the paradise  
Leave all of this to the paradise

93.Pat.: hh

94.Dr.: انشاءالله بالجنه ولا توكل ( ) لا في لا في امراض ولا شي

?inʃa Allah Bil zannih wa laa Twokil ( ) laa fie laa fie?amraad? wa  
willing God in paradise and do not eat ( ) no there is no there is diseases and  
laa ʃie  
nothing there

In paradise, God willing and do not eat ( ) there is no, there is no diseases and there is nothing

95.Dr. to Res.: 0.6 ( ) فانا بقول الان NDN form

Fa ?anaa Bagwol ?il?aan NDN form wa ( ) 0.6  
So I say now NDN form and ( ) 0.6  
So ,I say now NDN form and ( ) 0.6

96.Dr. to Pat.: فخلينا نعطيك فرصه

Fa Xalienaa naçt?iek fors?ah  
So let us give you a chance  
Do let us give you a chance

97.Pat.: انشاءالله

?inʃa Allah  
Willing God  
God willing

98.Dr.: [العيد] بعد

BaçiD [ʔilçieD]  
After [Al Eid]  
After Al Eid

99.Pat.: [امهم]

[imhm]  
[imhm]  
imhm

100.Dr.: شاييف ؟ عنا بتيجي بعد شهر. وينشوف اذا بضل موجود هيك ممكن نعطيك دوا للدهنيات بس السكر خلينا انشوفه ممتاز.

ʃaayif ? inaa ?iBtiezie BaçiD ʃahar. Wa Binʃwof ?iðaa Bid?al mawʒwoD  
You see? Here you come after a month. And we will see if it stays there  
hieK naçt?iek Dawaa lalDohniyaat Bas ?ilsokar Xalienaa ?inʃwofoh-  
like we give you medicine for the fats but the sugar let us see it-  
momTaaz  
excellent

You see? Come here after a month. And we will see if it stays like this, we will give you medicine for the fats but the sugar let us see it- excellent

101.Pat.: ماشي؟

Maafie?

- Okay?  
Okay?
- 102.Dr.: آه لا ممتازو Fasten [كويس] [?ikwayis]  
?aah la? MomTaaz wa fasten [good]  
Yes no excellent and the fasten [good]  
Yes no excellent and the fasten sugar is good
- 103.Pat.: [وعندي] مشكله جديده دكتور أنا شهر تقريبا الي هو الامساك (0.1)  
[Wa çinDie] mo[kilih ?izDieDih DokTwor ?anaa (0.1) ]ahar TaqrieBan  
[And I have] problem new doctor I am (0.1) a month nearly  
?ilie hoa ?il?msaak  
it is the constipation  
Doctor, and I have a new problem I am (0.1) nearly a month is the constipation
- 104.Dr.: الامساك  
?al?im saak  
The constipation  
The constipation
- 105.Pat.: عندي امساك شديد كان وحتى اضطريت رحمت يعني على المستشفى.  
çinDie ?imsaak ]aDieD kaan wa haTaa ?id?t?arieT rohT yaçniy  
I have constipation strong it was and even I had to went this means  
çalaa ?ilmosTajfaa  
to the hospital  
I have a strong constipation, it was, I mean I even had to go to the hospital
- 106.Dr.: ايوا  
?aywa  
Okay  
Okay
- 107.Pat.: ° اعطوني حقنه ° شر [جبهه] °  
?açt?wonie hoqnih ° ]ar[çiyih] °  
They gave me ° ene[ma] °  
They gave me enema
- 108.Dr.: [آه آه]  
[?aah ?aah]  
[Yes yes]  
Yes, yes
- 109.Pat.: . اخدت كل الحبوب و كله ما زبط .  
?aXiDiT kol ?ilhBwoB wa koloh maa ziBit?  
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.: آه  
?aah  
Okay  
Okay

- 111.Pat.: و مشيت. الي شهر ( ) الي قبل 3 ايام رجع الامساك مره اخرى  
 Wa ?imʃieT. ?ilie ʃahar ( ) ?ilaa gaBil 3 ?ayaam riʒiç  
 And I went. Since a month ( ) till before 3 days it came back  
 ?il?msaak marah ?oXraa  
 the constipation time again  
 And I went. Since a month ( ) till before 3 days the constipation came back again
- 112.Dr.: امهم  
 imhm  
 imhm  
 imhm
- 113.Pat.: اليوم الصبح نزلت شوي. بس شاعر انه في امساك مش مش منتظم عندي الخروج  
 ?ilywom ?is?oBiħ nazaliT ?iʃway. Bas ʃaaçir ?innoh fie ?imsaak miʃ  
 Today morning I shit a little. But I feel that there is constipation not  
 miʃ monTað?im çinDie ?iXorwoʒ  
 not organised for me the shit  
 Today morning, I shit a little. But I feel that there is constipation it is not it is not an  
 organised shit
- 114.Dr.: في وجع بيطنك؟  
 Fie wazaç BiBat?nak  
 Is there a pain in your belly?  
 Is there a pain in your belly?
- 115.Pat.: لا  
 La?  
 No  
 No
- 116.Dr.: انتفاخ؟  
 ?inTifaaX?  
 Bullation?  
 Bullation?
- 117.Pat.: لا نهائيا  
 Laa laa nihaa?iyan  
 No no never  
 No no never
- 118.Dr.: والامساك يعني كل قديش امساك بتروح على الحمام؟  
 Wa ?il?msaak yaçniy kol gaDieʃ ?imsaak BiTrwoħ çalaa  
 And the constipation in other words how often constipation do you go to  
 ?ilhamaam?  
 the toilet?  
 And the constipation, in other words, how often do you go to the toilet?
- 119.Pat.: انا الي 3 ايام مش رايح. [بس]  
 ?anaa ?ilie 3 ?ayaam miʃ rayiħ. [ Bas]  
 I am since 3 days not go. [ But]

- I did not go since 3 days. But
- 120.Dr.: [أه]  
[?aah]  
[Okay]  
Okay
- 121.Pat.: أه بس الصبح اليوم  
?aah Bas ?ils'oBiħ ?iywom  
Yes But morning today  
Yes. But today morning
- 122.Dr.: [طيب قبل شهرين ثلاث؟ قبل ( )] [يعني]  
t'ayiB gaBil ]ahrien θalaaθ? gabil ( ) [ yaçniy]  
Okay before two months three? before ( ) [ in other words ]  
Okay before 2 or 3 months? before ( ) in other words
- 123.Pat.: [أه أه] كان نفس الاشي ، كنت كل 3 ايام بروح مره [يعني]  
[?aah ?aah] kaan nafs ?il?i]ie, konT kol 3 ?ayaam Barwoħ marah  
[Yes yes] it was the same thing, I was every 3 days I go once  
[ yaçniy]  
[I mean]  
Yes, yes it was the same thing, I mean I was going once every 3 days
- 124.Dr.: [أه] يعني هيك عادتك؟  
[?aah] yaçniy hiek çaaDTak?  
[Okay] you mean this is your habit?  
Okay do you me that this is your habit?
- 125.Pat.: [لا لا هاد كلهم فوجائيات] [من]  
Laa laa haad kolloh fozaa?iyaaT [ min]  
No no this all suddenly [since]  
No, no all of this happens suddenly since
- 126.Dr.: [ من ؟ ]  
[Min?]  
[since?]  
Since?
- 127.Pat.: من شهر و  
Min ]ahar wa  
since a month and  
Since a month and
- 128.Dr.: من شهر .  
Min ]ahar  
Since a month  
Since a month
- 129.Pat.: طيب بنقدر نقول قبل 6 اشهر كنت كويس؟  
t'ayiB ?iBnigDar ?ingwol gaBil 6 ?a]hor konT ?ikwayis?  
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 haTTaa↑ gaBil jahriein

Normal even↑ before 2 months

Normal even↑before 2 months

131.Dr.: آه يعني يوميا كنت تروح على الحمام ؟

?aah yaçniy yawmiyan konT ?iTrwoh çalaa ?ilhammam?  
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 الاخراج طبيعي .

?aah yawmiyan çaaDie. Wa ?ilXiraaç t'aBieçie.

Yes daily normal. And the foul normal

Yes, daily, normal. And the foul was normal

133.Dr.: آه

?aah

Okay

Okay

134.Pat.: بس من شهر وشوي يعني انووو

Bas min jahar wi ?iJway yaçniy ?inwo

But since a month and a few I mean that

But since a month and a few I mean that

135.Dr.: نعم

Naçam

Go ahead

Go a head

136.Pat.: صار معاي امساك مرتين ثلاث ورا بعضهن. اخدت حبوب كذا وبالاخير ما رضى يطلع =

saar maçaay ?imsaak marTien θalaaθ waraa Baçid'hin.

It happened with me constipation twice three frequently.

?aXaDiT?ihBwoB ?aXaDiT kaða wa Bil?aXier maa rid?ie yit?laç=

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.: طيب في المستشفى عملوك فحص ولا ما عملوك فحص؟

t'ayiB fie ?ilmosTafaa çimlwolak fahis? wila maa çimlwolak

Okay In the hospital have they done for you a test or not they did you

fahis??

a test?

Okay. In the hospital, have they done you a test or not?

138.Pat.: . ماع- عملو اشعه قالو فيي تليك او

Maa çi- çimlwo ?aJiçah galwo fie TalaBok ?aw

not ha- have done x-ray they said there is intestinal Altabak or  
They have not ma- they have made x-ray they said there is intestinal Altabak or

139.Dr.: اشعه؟

?a]içah?

x-ray?

x-ray?

140.Pat.: أه

?aah

Yes

Yes

141.Dr.: طبيب عملو منظار؟

t'ayiB çimlwo miðaar?

Okay have they made gastroscop?

Okay. Have they made gastroscop?

142.Pat.: لا

Laa

No

No

143.Dr.: وانت نشيط بشكل عام يعني مش اضل قاعد. ايدك على [كذا]

Wa ?inTa na]iet? Bi]akil çaaam yaçniy mi] ?id'd'al gaaciD.

And you active in general in other words not you keep sitting.

?ieDak çalaa [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.: [اه] بتحرك

[?aah] BaTharrak

[Yes] I move

Yes. I move

145.Dr.: اه

?aah

Okay

Okay

146.Pat.: اه اه شويه

?aah ?aah ?i]way

Yes yes a little

Yes, yes a little

147.Dr.: واكلك فيه اليف؟ في اشي؟

Wa ?aklak fieh ?alyaaf? fie ?i]ie?

And your food there fiber? There anything?

And is there fiber in your food? Is there anything in it?

148.Pat.: – بالعكس انا يعني يعتبير اكلى فيه مبالغ بالاليف. يعني انا باكل بندوره وخيار – وخضار وفاكه كثير يعني اكثر من

Bilçaks ?anaa yaçniy yoçTaBar ?aklie fieh moBaalayah Bil

The opposite I am I mean consider my food there is exaggeration in  
 ?alyaaf. yaçniy ?anaa Bakol Bandworah wa ?iXyaar - wa  
 fibers. In other words I eat tomato and cucumber – and  
 Xwod'aar wa faakihah ?ikθier yaçniy ?akθar min-  
 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 اتشوف الجراح.

[wof çalay hoa mi] yalat' mi] yalatç ?iT]wof ?ilzaraah  
 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.: ( ) شاييف علي. بس للاطمأنان بعملك منظار بسيط يعني مش

[jayif çaly. Bas lil ?it'mi?naan Biçmillak minðaar Bas'iet yaçniy  
 You see. Just to reassure he will makes you gastroscop simple this means  
 mi] ( )  
 not ( )

You see. Just to reassure he will make a simple gastroscop. This means it is not

152.Pat.: امهم

imhm  
 imhm  
 imhm

153.Dr.: بس الاكل- ما فيش ما فيش انشاء الله.

Bas ?il?akil- maafies] maa fie] ?in]a 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 ارتحت الاسبوع الماضي. هاي يعني ]

?anna ?irTaht ?il?osBwoç ?ilmaad?ie. haay [ yaçniy]  
 I relaxed week last. This [means]  
 I relaxed last week. This means

155.Dr.: [ أه أه [ هو السكر [ يعمل ]

[?aah ?aah] hoa ?ilsokar [ Biçmal]  
 [Yes yes] it is the sugar [ makes]  
 Yes. Yes it is the sugar which makes

156.Pat.: [ يعني ] صار في استجابته

[Yaçniy] s'aar fie ?isTizaaBih  
 [This means] it became there a response  
 This means there became a response

157.Dr.: السكر يعمل بعمل اسهال ويعمل امسك. وانت عندك امسك. بس بقول مش غلط الواحد يشوف جراح. ايبيي بعملك

?ilsokar Biçmal Biçmal ?ishaal wa Biçmal ?imsaak. wa ?inTa çinDak  
 The sugar causes causes diarrhea and causes constipation. And you have  
 ?imsaak. Bagwol mi] yalat? ?ilwaahaD yi]wof zaraah. Bas ?iii  
 constipation. I say not wrong the person to see a surgeon. But imm  
 Biçmallak  
 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

158. منظار. منظار يعني بنفس الوقت فبتأكد منه.

minð'aar. minð'aar yaçniy Binafs ?ilwaqT fa ?iBTiT?akkaD  
 gastroscop. Gastroscop this means at the same time so you will be sure  
 minoh  
 of it

gastroscop. Gastroscop this means at the same time so you will be sure of it

159. Dr. to Res. Regarding the computer system: هسه بشوفه

Hassah Ba]wofoh  
 Now I will see it  
 I will see it now

160. Dr. to pat.: و سلامتك انشاء الله

Wa salamTak in]a? Allah  
 And get well soon willing God  
 And get well soon, willing God

161. Pat.: الله يسلّمك يا سيدي

Allah yisallmak ya sieDie  
 God protect you sir  
 God protect you, sir

162. Dr.: [ الامور انا شايفها كويسه. في فحص بالنسبه للغده الدرقيه ]

?il?omwor ?anna ]aayifhaa ?ikwaysih. fie fa]his? Bilnisbih  
 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.: [ امهم ]

[imhm]  
 [imhm]  
 imhm

164. Dr.: الغده الدرقيه فحص طبيعي

?iyoDih ?ilDoraqiyyih fa]his? t'abieçie  
 Thyroid test normal  
 Thyroid's test is normal

165. Pat.: امهم

imhm



imhm  
imhm

166.Dr.: بس قريب لواحد من القدرات المنخفضه عندك فانا بقول هاد الفحص بتعيده بعد 4 اشهر

Bas garieB lawahaD min ?iqoDoraaT ?ilmonXafidah çinDak fa  
But near to one of the capabilities the low for you so  
?anaa Bagwol haaD ?ilfaħis? BiTçieDoh BaçD 4 ?a]hor  
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 4months

167.Pat.: اه

?aah  
Okay  
Okay

168.Dr.: [اه اذا الغده الدر]قيه

?aah ?iðan ?ilyoDih ?iDora[qiyyih]  
Okay so thyr[oid]  
Okay, so thyroid

169.Pat.: [امهم]

[imhm]  
[imhm]  
imhm

170.Dr.: بتعيدها بعد 4 اشهر

BiTçieiDhaa Baçid 4 ?a]hor  
repeat it after 4 months  
Repeat it after 4 months

171.Pat.: [تكتب عندك او شي]

TokToB çinDak ?aw [jie]  
Write there or [something]  
Write there or something

172.Dr.: [أيه؟] اه

[?ieh?] ?aah  
[What?] Okay  
What? okay

173.Pat.: لانو ما يكون متذكر انا مش رح اتذكر ههههه

Li?anwo maa Bakwon miTðakkir ?anaa mi] rah ?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 hoħhie hoħ?ie nizmih  
Right put put a star  
Right put, put a star

175.Res.: امهم

imhm

imhm

imhm

176.Dr.: FSH to be repeated after 4months ايو ا  
?aywaa. FSH to be repeated after 4 months  
Okay. FSH to be repeated after 4 months  
Okay. FSH to be repeated after 4months

177.(0.3)

178.Pat.: بس الادويه بس الادويه دكتور تكتبلي

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

?aah

Okay

Okay

180.Pat.: 10:30 عندي محاضره لانه انا على

Li?anoh ?anaa çalaa 10:30 çindie moaħd'arah  
Because I am on 10:30 I have a lecture  
Because I have a lecture at 10:30

181.Dr.: اه لا يهكم اه بسرعه بسرعه الادويه اكتبيله الادويه

?aa laa yihimmak ?aah ?iBsorçah ?iBsorçah ?il?aDwiyih ?okToBooloh  
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 ال

Nasf ?ill

the same of

Is it the same of

183.Dr.: نفس

Nafs

The same

The same

184.Pat.: اه نفس الادويه

?aah nafs ?il?aDwiyih

Yes The same medications

Yes. The same medications

185.Dr. to Res.: نفس الادويه الادويه موجوده

Nafs ?il?aDwiyih ?il?aDwiyih mawçwoDih

The same medications medications are there

The same medications, medications are there

186. 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 بتوخده من عنا؟  
?inTa ?iBTwoXiD min çinaa?  
You take from us?  
Do you take from us?

188.Pat.: اه باخده منك.  
?aah BaXDoh minnak.  
Yes I take it from you.  
Yes. I take it from you.

189.Dr.: امهم  
imhm  
imhm  
imhm

190.((the doctor is writing the prescription for (0,26) seconds))

191.Dr.: حاول تمشي انشاءالله يعني المشي كويس ترى.  
haawil Timʃie ?inʃa Allah yaçniy ?ilmaʃie ?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.: ناع الامساك هذا اعطاني اياه عيادة الجامعة مبارح  
Taaç ?il?imsaak haðaa ?açtʔanie ?iyaah çiyaaDiT ?ilzaamçah  
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.: ايوا  
?aywaa  
Okay  
Okay

194.Pat.: الطبيب العام كتيلي اياه.  
?iltʔaBieB ?ilçaam kaTaBlie ?iyaah  
The doctor general wrote for me it  
The general doctor wrote it for me

195.Dr.: اه نعم. احنا بنحبش تستعمل كثير ادوية الامساك  
?aah naçam. ?ihnaa BinhiBBi] TisTaçmil ?ikθier ?aDwiyiT ?il?imsaak  
Okay yes. We don't like you to use much medications constipation  
Okay yes. We don't like you to use much of constipation medications

196.Pat.: امهم  
imhm  
imhm  
imhm

197.(0.7) (( the doctor is continuing writing the prescription))

198.Pat.: ارواح على المستشفى اسوي العمليه ايبيي اسوي

?arwoh ɟalaa ?ilmosTafaa ?asawie ?ilɟamaliyyih ?i::: ?asawie

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. مش غلط انا بقول مش غلط

?ilminɟaar. mi] ɟalat? ?anaa Bagwol mish ɟalat?

the gastroscop. Not wrong I say not wrong

the gastroscop. It is not wrong, I say it is not wrong.

200. والف سلامه عليك انشاءالله

Waa ?alf salaamih ɟaliek ?in]a Allah

And thousands getting well soon willing God

And thousands of getting well soon, God willing

201.Pat.: الله يسلّمك

Allah yisallmak

God protect you

God protect you

202.(0.11)

203.Dr.: ايبيي هاي الادويه – وانشاءالله ربنا يسهل عليك

?i::: haay ?il?aDwiyih – wa ?in]a Allah raBnaa yisahil ɟaliek

imm these the medications- and willing God our God make it easy for you

imm, these are the medications- and God willing may our God make it easy for you

204.Pat.: وشكرا لك يا سيدي ويعطيك العافيه

Wa ]okran ?ilak yaa sieDie wa yaɟt?iek ?ilɟafyih

And thanks for you sir and give you health

And thanks for you, sir. And May God give you good health

205.Dr.: وخبرنا شو بصير معك اه؟

Wa XaBirnaa ]ow Bis?ier maɟak. ?aah?

And tell us what will happen with you okay?

And tell us what will happen with you, okay?

206.Pat.: ( ) يعني بعد شهر انا

Yaɟniy BaɟiD ]ahar ?anaa

In other words after a month I

In other words, after a month I

207.Dr.: [ اه ]

[?aah]

[Yes]

Yes

208.Pat.: [ انا ] تقريبا

[?anaa ] TaqrieBan

[I am] about

I am about

209.Dr.: انشاءالله انشاءالله

?infa Allah ?infa Allah  
willing God willing God  
God willing, God willing

210.Pat.: يلا السلام عليكم

Yalaa ?ilsalaamo çalaykom  
Okay Peace upon you  
Okay. Peace upon you

211.Dr.: الف سلامه عليك. سلامتک انشاءالله

?alf salamih çaliyk. SalamTak ?infa Allah  
Thousands getting well soon. Wish to get well soon willing God  
Get well soon a thousand times. Wish you a speedy recovery

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

Duration: 29: 72

1.Fath.: السلام عليكم

?asalaam çalaykom

Peace upon you

Peace upon you

2.Dr.: هلا وعلیکم السلام

Hala wa çalaykom ?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 بیک

TaħiyaaTie hala Biek

my greeting welcome of you

my greeting. You are welcome

6.Fath.: الله یسلمک

Allah yisallmak

God bless you

God bless you

7.Dr.: اتفضل

?iTfad'al

Come in please

Come in please

8.Fath.: افضلت كنت بدی استشيرك من شان ---- من شان

?Tfd'aliT konT BiDie ?asTajiera min jaan (name) min jaan

Thank you. Was need to consult for (name) for

Thank you. I needed your consultation for,for (name)

9.Dr.: طيب اتفضل

t'ayiB ?itfad'al

Okay come in please

Okay come in please

10.Fath.: افضلت. انتو مشغو [ليين ؟]

?afd'alT. ?inTwo ma[γwo[lien?]

Thank you you busy [you?]

Thank you. Are you busy?

11.Dr.: [ لا لا ] فوت جاي

[Laa laa] fwoT dzaay

- [No no] come in  
No, No. come in
12. فوت يا بوي  
Taʕaal ya (name)  
Come in dad  
Come in, dad
13. Fath.: ---يا تعال  
Taʕaal ya (name)  
Come in (name)  
Come in Omar
14. Dr.: خلي الولد هون  
Xaliy ?ilwalaD hown  
Let the boy sit here  
Let the boy sit here
15. Fath.: تعال تعال  
Taʕaal Taʕaal  
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 الامارات  
?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?  
Doctor of Medicine?
19. Fath.: لا ↑  
La?↑  
No↑  
No↑
20. Dr.: أه ↓؟  
?aah↓?  
So what↓?  
So what↓?
21. Fath.: في التربية ↓  
Fiy ?ilTarBiyih↓  
In Education↓  
In Education↓

22. كيف الامور؟↓

Kief ?il?omwor↓?

How is everything↓?

How is everything↓?

23.Fath.: تمام الحمد لله

Tamaam ?ilhamdolilAllah

Good Thank God.

Good. Thank God.

24.Dr.: والامارات كويسه؟↓

Wa ?il?maaraaT ?ikwaysih↓?

And the United Arab Emirates good↓?

And is the United Arab Emirates good↓?

25.Fath.: مليحه

?mliyhah

Good

Good

26.Dr.: طيب و الشب هادا سلامتته =

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 شو مالك؟

?il]ieX (name)- ?ihkie BaBa ]ow maalak?

Mr. (name)- speak dad what up?

Mr. (name)! Speak dad what's up?

28.Dr. to pat. : سلامتک

salaamTak

wish you a speedy recovery

Wish you a speedy recovery

29.Pat.: معدتي و تحت معدتي بشوي في اشي بصير يشد على معدتي و احيانا يستقرغ بحسن بدني استقرغ

MiçDiTie wa TahiT miçDiTie Bi]way fie ?i]ie Bis'ier yi]iD

Stomach my and under stomach my a little there is something becomes press

çlaa miçDiTie wa ?ahyaanan BasTafriy Bahis BiDie ?asTafriy

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 haðaa?

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.: [تقر؟ زمان] قديش  
 [Taq]reeBan gaDie] zamaan?  
 [Nea]rly how long ?  
 Nearly, how long?
- 33.Pat.: = يعني صارلو من 3 اشهر بحس  
 Yaçniy s'arrlwo min 3 ?a]hor Baħis=  
 This since 3 months I feel=  
 I feel this since 3 months=
- 34.Dr.: = اشهر. يعني نقول من سنه كنت كويس؟ 3  
 =3 ?a]hwor . yaçniy ?ingwol min sanih konT ?kwayis?  
 =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.: [كنت يعني كان بوجعني بطني بس ما كان احس بدوخه او استقر] اغ  
 KonT yaçniy kaan Biwaziçniy Bat'niy Bas maa kaan ?aħis BiDwoXah  
 I was I mean it was pain me my belly but not was feel of dizziness  
 ?aw ?isTifr[aaç]  
 or vomit[ing]  
 I was I mean there was a pain in my belly but there was no feel of dizziness or vomiting
- 36.Dr.: [أه]بتستفرغ؟  
 [?aah] ?iBTisTafriy ?  
 [Okay] Do you vomit?  
 Okay. Do you vomit?
- 37.Pat.: لا  
 La?  
 No  
 No
- 38.Dr.: والالم كل قديش بيحيك؟  
 Wa ?il?alam kol gaDiyf Biziyk?  
 And the pain how often it comes to you?  
 And how often does the it come?
- 39.Pat.: [بصير] كل ما اكل كل ما مثلا العب  
 Kol maa ?aakol kol maa maθalan ?alʕaB [ Bis'yir]  
 When I eat when for example I play [ it starts]  
 For example When I eat and play
- 40.Dr.: [لا توكل] [ولا تلعب]  
 [Laa Twokil] wa laa [TilʕaB]  
 [ Not eat] and not [play]  
 Do not eat and do not play
- 41.Fat.: [هههههه]  
 [hh]
- 42.Dr.: بتصير كويس ولا لا؟

- BiTs'iyr            ?ikwaysi    wila    la??  
 You will be        good        or        not?  
 Will you be good or not?
- 43.Fath. To son: [يحننا] هههه بتريح حالك وبتتر  
 hh BiTrayih        halak        wa BiTra[yihnaa]  
 hh you will help yourself and you h[elp us]  
 hh. You will help yourself and you well help us.
- 44.Dr.: [مهو] ولا لا اذا بتعرف السبب الامور كويسه اذا بتعرف السبب الامور كويسه ↑ ولا لا؟  
 [mahowa] ?iðaa ?iBTiçraf    ?ilsaBaB    ?il?omowr ?ikwaysih    ?iðaa    ?iBTiçrif  
 [it is]        If        you know    the reason    the things    good        If        you know  
 ?ilsaBaB    ?i?omowr    ?ikwaysih↑    wilaa    la? ?  
 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. شو رايك ↑ بطل اكل وبطل تلعب؟  
 ↓ow ra?yak↑        Bat'il ?okil    wa Bat' il TilçaB?  
 What think you↑ stop eating and stop playing  
 What do you think↑of stopping the eating and stopping the playing?
- 46.Pat.: £
- 47.Dr.: مين بضايق اكثر الاكل ولا اللعب الي بعمل اكثر الم ↓ ؟  
 Mien Bid'aaig ?akθar ?l?akil wila ?iliçiB ?ilie    Biçmal    ?akθar    ?alam↓?  
 Which bothers more eating or playing that    cause more    pain↓?  
 Which bothers↓ more eating or playing?
- 48.(0.1)
- 49.Pat.: ايبي نفس الاشي  
 ?ii    nafs        ?il?i]ie  
 Imm    the same thing  
 The same thing
- 50.Dr.: والالم لما يجي ، قديش بطول ؟  
 Wa ?il?alam lamaa yizie    gaDie]    Bit'awil?  
 And the pain when it comes how long it stays?  
 And how long does the pain stay when it comes?
- 51.Pat.: بطولش [كثير]  
 Bit'awili]    [?ikTeer]  
 not stay [too much]  
 Not too much
- 52.Dr.: [تقريباً]  
 [TaqrieBan]  
 [around]  
 Around
- 53.Pat.: يعني بضل نص ساعه  
 Yaçniy Bid'al    nos?    saaçah

- Nearly it stays half an hour  
 Nearly, it stays half an hour
- 54.Dr.: نص ساعه. وبختقي منه لحاله ولا؟ حويلا السره. ه ؟  
 nos? saaçah. wa BiXTafie minoh lahaaloh wila la? hawielaa ?is'orrah?  
 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.: تقريبا  
 TaqrieBan  
 Around  
 Around
- 57.Dr.: في اسهال؟  
 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 اسهال؟  
 Fie ?ishaal?  
 Is there diarrhea?  
 Is there diarrhea?
- 61.Pat.: احيانا  
 ?ahyaanan  
 Sometimes  
 Sometimes
- 62.Dr.: احيانا يعني شو بالاسبوع مره باليوم مره. يعني كيف؟  
 ?ahyaanan yaçniy [ow 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.: [مين] مثلا ببيبيبيي مثلا كل يو  
 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.: [ايوا]  
 [?aywaa]  
 [Okay]

- Okay
- 65.Pat.: كل اس [بوع]  
 Kol ?os[Bwoç]  
 Every w[EEK]  
 Every week
- 66.Dr.: [ايوا] امساك ↑ في ↓؟  
 [ʔaywaa.] ?imsaak↑ fie↓?  
 [Okay.] Constipation↑ there ↓?  
 Okay. Is there↓ Constipation↑?
- 67.Pat.: لا خفيف.  
 Laa Xafief  
 No it's weak  
 No, not much
- 68.Dr.: البول في حرقه؟  
 ?ilBwol fie haraqah?  
 The urine there is burning  
 Is there burning in the urine
- 69.Pat.: لا  
 La?  
 No  
 No
- 70.Dr.: ( ) طيب ايش  
 tʔayiB ?iʃ ( )  
 Okay what ( )  
 Okay what ( )
- 71.Pat.: ايش؟  
 ?ieʃ?  
 What?  
 What?
- 72.Dr.: بتوكل كويس؟  
 ?iBTwokil ?ikwayis?  
 You eat well?  
 Do you eat well?
- 73.Pat.: = بقدرش اكل يعني باكل شوي وبعدين بصير بطني وجعني  
 BagDariʃ ?akamil ?akil yaçniy Bakol ?iʃway wa BaçDien Bisʔier  
 I can't continue eating I mean I eat a little and then it starts  
 Batʔnie ?iywajičnie=  
 my belly hurt me=  
 I can't continue eating I mean I eat a little and then my Belly starts hurting me=
- 74.Pat.: = اه و بوقف  
 =?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.

?aḥyanan Bingos?  
Sometimes it decreases  
Sometimes it decreases

78.Dr.: بتلعب رياضة كويس انت؟ لعب رياضة؟

?iBTilḥaB riyaad?ah ?ikwayis ?inTa? laḥieB riyaad?ah?  
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.: بالمدرسه انت مش هيك؟

BilmaDDrasah ?inTa miḥ hiək?  
at school you right?  
You are at school, right?

81.((the patient is nodding with yes))

82.Dr.: اي 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.: هههه لا دريس

hh laa Darrees  
hh no he is a hard worker.  
hh. No,he is a hard worker.

89.(0.1)

90.Dr.: شو بتخاف؟ شو بتخاف من الامتحانات؟

ʃow BiTXaaf? ʃow BiTXaaf min alʔimTihanaaT?  
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.: [آه] [آه هاي]

?aah haay [ʔaah]  
Yes this is [right]  
Yes. This is right

92.Pat.: = [مش] كثير =

[Miʃ] ?ikθier=  
[Not] too much=  
not too much=

93.Fath.: لا لا هاي عاملين قصه

Laa laa haay çamilien çaliehaa gisʔah  
No no this we are making on it story  
No. we are making a story of this.

94.Dr.: جبان يعني؟

zaBaan yaçniy  
You are coward in other words  
In ither words, you are coward

95.Fat.: لانه احنا بنمتحن وزاره هناك

Liʔannoh ?ihnaa ?iBnimTahin wazarie honaak  
Because we examine ministerial there  
Because we examine ministerial exams there

96.Dr.: اه

?aah  
Okay  
Okay

97.Fath.: و من الاوائل فيضل خايف اسمه ينزل بالقائمه

Wa min ?ilʔawaaʔil faBidʔal Xayif ?ismoh yinzil min ?ilqaaʔimih  
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 ?ilwaħaD ʃwof [yaçniy]  
It is that the person look [I mean]  
It's that the person, look I mean

99.Fath.: [هههه] قلق الصراحه

[hh] qaliq ?ilsʔaraħah

- [hh] he is worried to be honest  
hh. To be honest he is worried
- 100.Dr.: [هيك] لا  
Laa [hie]k  
No [in this case]  
No. In this case
- 101.Fath.: [قلق]  
[qaliq]  
[worried]  
worried
- 102.Dr.: الواحد كويس يكون طموح بس مش جبان صح ولا لا؟ يعني انا بحب اكون طموح و بحب علاماتي اتكون عاليه وكذا بس ما  
?ilwaahaD ?ikwayis yikoon t'amooħ Bas miĵ zaBaan s'aħ wa laa? ?yaçniy  
The person good to be ambition but not coward true or false? I mean  
?anaa BaħiB ?akoon t'amwoħ wa BaħiB çalaamaaTie ?iTkwon çalyih  
I love to be ambition and I love marks my to be high  
wa kađaa 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 behigh but don't
- 103.اجوبنش.  
?ižoBiniĵ  
Not to be coward  
Not to be coward
- 104.Fath.: hh
- 105.Dr. to pat.: تعال اطلع على السرير اشوفك  
Taçaal ?it'llaç çalaa ?ilsarier ?aĵwofak  
Come lay on the bed see you  
Come to lay on the bed to examine you
- 106.Fath. To Pat.: يلا يروح.  
Yalaa rwoħ  
Go  
Go
- 107.Fath. To Dr.: بس هو قبل سنه دخل المستشفى دكتور ( )  
Bas gaBil sanih DaXal ?ilmosTaĵfaa DokTwor ( )  
But before a year he entered the hospital doctor ( )  
But before a year, he entered the hospital, doctor
- 108.Dr.: ليش؟  
Lief?  
Why?  
Why?
- 109.Fath.: على الطوارئ زي هيڪ. وقالى الدكتور خوفني في معه زايده فحولته على دكتور ثاني يعني  
çalaa ?ilt'awaari? zay hie]k. Wa galie ?ilDokTwor Xawafnie

To the emergency like this. And told me the doctor he frightened me  
 fie Maçoh zaayDih FaḥawallToh çalaa DokTwor θanie yaçniy  
 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.: =امهم=  
 =Imhm=  
 =Imhm=  
 =imhm=

111.Fath.: =قال لا ما في شي وعمله فحوصات بسيطة شي اربع خمس ساعات وروحنا=  
 =gaal laa maa fie j̄ie wa çimilloh foḥosʔaaT  
 =He said no nothing there is something and he had made him tests  
 Bassitʔah j̄ie ʔarbaç Xamis saaçaaT wa rawaḥnaa  
 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  
 ʔitʔllaç çalaa ʔilsarier  
 Lay on the bed  
 Lay on the bed

113.(( physical examination for ( 1.40)))

114.Dr. to Fath.: قديش عمره؟  
 QaDiej̄ çomroh?  
 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 كويسه. وجع البطن عند الاولاد مش الولاد، الرجال أو بين الولاد والرجال ، شوف انشاءالله!  
 j̄wof ʔinʃa Allah ʔomworoh ʔkwaysih. wazaç ʔilBatʔin çinD ʔiʔawlaaD  
 Look willing God matters his Okay. The pain the belly for boys  
 mi] ʔilʔawlaaD, ʔilʔirzaal ʔaw beyn ʔilwolaad wa ʔilʔirzaal,  
 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. بنحطك بالنص.  
 ʔinTa razol willa walaD? Wilaa nosʔʔBilnosʔ Binḥotʔak Bilnosʔ  
 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.: شاييف؟  
 j̄aayif?  
 You see?



You see?

120.(( The doctor is talking with somebody outside the clinic for 0.19) seconds))

121.Dr.: شاييف؟ بقول الانطباع الامور كويسه. وجع البطن البطن عند العمر هاظ كثير بصير. معظم الامام اه، يعني بعثيروها

Jaayif? Bigwol ?il?nit?iBaaç ?il?omoor ?kwaysih. wazaç ?ilBat?in ?ilBat?in

You see? I say the impression the things good Pain the belly the belly

çinD ?ilçomor? haað? ikθier Bis?iir. Moçð'am ?il?aalaam ?aah, yaçniy

for age this much it happens. Most of the pains yes, I mean

yiçTaBrwohaa

they consider them

You see? I say the impression is that the things are good.Pain in the belly, the belly for

this age happens much. Most of the pains yes,I mean they consider them

122. كيف يعني الامعاء بتتحرك اكثر من الازم طبعا قبل انساويها. الصبح قبل ما نروح على المدرسه. No specific

No specific. Kief yaçniy ? ?il?amçaa? ?iBTiTharrak ?akθar min

No specific. How in other words? The intestines move more than

?illazim t'aBçan gaBil ?insawiihaa. ?isoBiħ

it is supposed to be of course before going to the toilet. In the morning

gaBil maa ?inrwoħ çalaa ?ilmaDrasih

before going to school

No specific. How? The intestines move more than it is supposed to be, of course, before going

to the toilet. In the morning, before going to school

123. ممكن انساويها. فانا -نصيحه لا تعملو فحوصات ولا ولا

Momkin ?insawiihaa. fa?anaa- nas?ieħah laa Tiçmalwo foħwos'aaT wa laa

Maybe go to the toilet. So I am- an advice do not make tests and don't

wa laa

and don't

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.: عمو الامور هاي بتصير كثير و وجع البطن بصير عند الاولاد كثير بس انت الان بتحكي بحالك يعني لو سألته انت

çamwo ?il?mwor haay BiTs?ier ?kθier wa wazaç ?ilBatin Bis?ier çinD

Nephew the things these happen too muc and pain the belly happens for

?il?awlaaD ?ikθier Bas ?inTa ?il?aan ?iBTiħkie Biħaalak yaçniy law

boys too much but you now you talk to yourself I mean if

sa?aITak ?inTa

I ask you you

Nephew these things happen too much and pain in the belly for boys happens too much

but you now talk to yourself I mean if i ask you

125. صحتك ممتازة ولا مش ممتازة؟

s?iħtak momTaazih willa miħ momTaazih?

Your health excellent or not excellent?

Your health is excellent or not?

126.Pat.: ممتازة

MomTaazih

Excellent

- Excellent
- 127.Dr.: ممتازه ولا مش ممتازه؟  
 momTaazih willa mi| momTaazih?  
 Excellent or not excellent?  
 Excellent or not?
- 128.Pat.: ممتازه  
 MomTaazih  
 Excellent  
 Excellent
- 129.Dr.: [صحتك] انت ممتاز ولا؟  
 Li?annoh BiDnaa ?inhot? wazaç ?il?alam çalaa zanib.?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.: بتلعب رياضه؟  
 ?iBtillçaB riyaad'ah?  
 Do you play sports?  
 Do you play sports?
- 132.((The patient is nodding with yes))
- 133.Dr.: و ما شاء الله عليك ولا لا؟  
 Wa maşa Allah çaliek 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.: أه اطمئن  
 ?aah. ?it'ma?in  
 Okay. Don't worry.  
 Okay. Don't worry.
- 136.Fath.: كمان هو قلق  
 Kamaan howa qaliq  
 Also he worried  
 Also he is worried
- 137.Dr.: [بعدين]  
 [BaçDien]  
 [Also]  
 Also
- 138.Fath.: [كمان]

[Kamaan]

[Also]

Also

139.Dr.: لا ايش؟

Laa. ?ieʃ?

No. what?

No. what?

140.Fath.: هو نفسه قلق على المسأله

Howa nafsoh qaliq min ?ilmas?alih

He himself worried about the problem

He himself is worried about the problem

141.Dr.: لا مهو هيك عمو غلط. انت الان لانتك بتصير قلق، بزید. يعني انت الان هينا شوفناك. هلا انت من نفسك ما بتقول صحي

La mahoa hiek çamwo yalat?. ?inTa ?il?aan li?anannak BiTs?ier qaliq,  
No this is nephew incorrect. You now because you become worried,

BizieD. Yaçniy ?inTa ?il?aan hainaa ʃwofnaak. Hala  
it will increase. In other words you now we examined you. Now

?inTa min nafsak ma BiTgwol s?ihntie  
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. كويس؟ المرض عمو ما بعمل الواحد صحته

?kwayis? ?ilmarad? çamwo maa Biçmal ?llwaahaD s?ihToh

Good? The illness nephew doesn't make someone health his

Good? The illness, nephew, doesn't make for someone his health

143.Fath.: طبيب دكتور الرجلين الها الها فتره هسه هو كان معه تبسط وميلان هو وصغير عالجا التبسط بس الميلان ما ما وصلنا فيه

t?ayiB DokTwor ?lriçlien ?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?yier çaalaznaa ?ilt?abas?ot? Bas  
simplify and Milan he was a little We treated the feet simplify 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

144. لمرحله

limarrhalih

to a stage

to a stage

145.Dr.: ما الهاش شغل- بالبطن

Ma ?ilhaaʃ ʃwoyol – BilBat?in

It doesn't affect on - the belly

It doesn't affect on the belly

146.Fath.: [بدايق] ما الهاش شغل لا. لما يلعب رياضه

Ma ?ilhaaʃ [woyol la?. Lama yillçaB riyaaadah [BiDDayag]  
 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

147.Dr.: كثير في ولاد بصير عندهم. كثير كثير يتلاقي ولد بقعد الصبح بده يروح على المدرسه، اه؟ بنمغص بنمغص حتى الاهل شو؟

[?ikθier] fie ?iwlaaD Bis?ier çinDhom. ?ikθier ?ikθier BiTlaagie  
 [Too many] there children happens with them. Too much too much you find  
 walaD BiqçoD ?ils'oBih BiDoh ?irwoh çalaa ?ilmaDDrasah,  
 a boy wakes up in the morning wants to go to the school,  
 ?aah? Binmayis? Binmayis? haTTaa ?il?ahil [ow  
 okay? he cramps he cramps till the parents what

It happens with too many children. In the morning, you find a boy who wakes up to go to the school, okay? he feels cramps he feels cramps till the parents what

148. يقولو خلص تروحش على المدرسه. شاييف بعد ساعه ساعتين ولا كانه في اشي و الصحه

?igwolwo Xalas? ?iTrwohi] çalaa ?ilmaDrrasih. [aayif BaçiD saaçah saaçTien  
 They say it is over don't go to the school. you see after an hour two hours  
 wa laa ka?innoh fie ?i]ie. wa ?ils'iħah  
 and as nothing there something . And the health

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

149.Fath.: [مرض] مش

Mi] [married?]

Not [sick]

Not sick

150.Dr.: الصحه الصحه كويسه

?ils'iħħah ?ils'iħħah ?ikwaysih

The health the health good

The health, the health is good

151.Fath.: الحمد لله وانو بطيب بس يصحه

?ilhamdolilAllah wa ?inno Bit?ieB Bas yis?s'ħah

Thank God and that he becomes well once he wakes up

Thank God and that he becomes well once he wakes up

152.Dr.: مافيش عنده مؤشرات. بعددين بكير على الصيانه

Mafiesh çinDoh mo?a]ieraaT. BaçDien Bakieir çalaa ?ils'iyaañih

There no with him indicators. Also early for maintenance

There are no indicators. Also it's early for maintenance

153.Fath.: امهم

Imhm

Imhm

imhm

154.Dr.: ولا لا؟

Wlaa la? ?

Or not?

Or not?

155.Fath.: صحيح  
s'ahiieh  
Correct  
Correct

156.Dr.: بعده 14 سنة. واحد جايب سياره وكاله- طلعيها مبارح، اذا بتوخذاها على الصيانه بخريوها ولا ما بخريوها؟

BaçDoh 14 sanih. waħaD ʒaiB sayaarah wakaalih- t'allaçhaa ?imBaarih,  
still he 14 years. A person bought a car new - just yesterday,  
?iðaa ?iBTwoXiDhaa çalaa ?ils'iyaanih BiXarBwohaa wilaa  
if you take it for maintenance they will disrupt it or  
ma BiXarBwohaa?

not?

He still 14 years. A person who bought a new car- yesterday, if you take it for maintenance will they disrupt it or not?

157.Pat.: بخريوها

BiXarBwohaa  
They will  
They will

158.Dr.: بخريوها ↓. عمو انت بعدك وكاله الله يرضى عليك. لا تفكر بيهك شغلات. لا تكون قلق

BiXarBwohaa↓. çamwo ?inTa BaçDDak wakaalih Allah yird'aa çaliek. La  
They will↓. Nephew you still new God be pleased with you. Don't  
?iTfakir Bihiiek ļaylaaT. 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.Fat.: [طيب]

[t'ayiB]  
[Okay]  
Okay

160.(0.1)

161.Dr.: نصيحه لا تعملو فحوصات كثير ولا تركضو من طبيب لطبيب لانه هيك بصير الولد يشعر [انه]

[nas'ieħah] laa Tiçmalwo 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 li?annoh Bis'ier ?ilwalaD yiļçor [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 بعمله عند دكتور اسامه بالمختبر

[?anaa] BilS'ief Baçmalloh çinD 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.: اه

- ?aah  
Okay  
Okay
- 164.Fath.: فحوصات  
fohwos'aaT  
Tests  
Tests
- 165.Dr.: ابوا  
?aywa  
Okay  
Okay
- 166.Fath.: بعمله فحوصات كامله بس اموره تمام= =  
Baçmalloh 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.: = ما بقلك ما فيش [داعي]  
=Ma Baqollak ma fei] [daa'ie]  
=I am tlling you no [need]  
=I am telling you no need
- 168.Fath.: [ لانه ] هو بضل [يشكي]  
[Li?annoh] Bidal [yi]kie  
[Because] he keeps [complain]  
Because he keeps complain
- 169.Dr.: [ فاهم ] [ لا لا ]  
[Faahim] [laa laa]  
[I understood] [No No]  
I understood. No, no
- 170.Fath.: [ يشرب ] في احيانا يضايق  
[Bi]rab] fie ?ahyanan yid'd'ayaq  
[He drinks] there sometime feels not comfortable  
He sometimes drinks and he somtimes feels not comfortable
- 171.Dr.: ما فيش داعي تعملو فحوصات. كل ما عملت فحوصات- كل ايش- يعني احنا الان ايش حلقه مفرغه حنا هاي بدنا نقصها.  
Maa fie] Daacie Tiçmalwo ?fhwos'aaT.kol maa ?içmiliT foħos'aaT-  
No there need ask the tests. As much as you ask tests -  
kol ?ie]?- yaçny?ihnaa ?il?aan ?ie] halaqah mofrayah ?ihnaa haay  
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. اذا ما قصيناها بدها اضل تلف. فكل ما تعمل فحوصات بصير ايش يشعر انه طيب ليش بعمل فحوصات؟! احنا في عنا العقل  
?iðaa maa qas'ienahaa BiDhaa ?id'd'al ?iTlif. fakol maa Tiçmal

If not we do not cut it it will keep spin. So as much as you ask  
fohwos'aaT Bis'ier ?ie] yi]çor ?inoh t'ayiB lie] Baçmal  
tests there will what? he feels that okay why I do

?ilfhos'aaT?! ?ihnaa fie çinna ?ilçaql  
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

?ilBaat'in

Subconscious

The subconscious mind

174. Dr. to Pat.: شاييف. فالحنا ما بدنا عمو انت رد [علي]

Jaayif. Fa?ihnaa 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.: [انسى]

[?insaa]

[Forget]

Forget

176. Dr.: انت كويس. بعدين انا سألتك سؤال انت كويس ولا مش كويس؟

?inTa ?kwayis. BaçDien ?anaa sa?a]Tak so?aal ?inTa ?kwayis wilaa la? Mi]

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. وجع البطن بدناش اياه. وجع البطن موجود بسرعه بروح. الاكل بسوي وجع البطن، الامعاء بتتحرك كثير. لما

?ikwayis. Xalas?. Waçaç ?ilBat'in BiDnaa] ?iyaah. waçaç ?ilBat'in

Fine. It is over. Pain the belly we don't want it. pain of the belly

mawçwoD ?iBs'orçah Birwoh. ?il?akil Bisawie waçaç bat'in, ?il?amçaa?

is there quickly goes. The food causes pain belly, the Intestines

?iBTiTharrak ?ikθier. lammaa

move too much. when

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. تتحرك كثير بتعمل الم. بعدين بخف. في ناس هيك طبيعتهم امعاء بتتحرك بصير الم [صح؟]

TiTharrak ?kθier ?iBTçmal ?alam BaçDien BiXif Fie naas hiek t'aBieçiThom

it moves much it causes pain then it goes There are people that the nature.

?amçaa? ?iBTiTharrak Bis'ier ?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.: [العصبيه]

[?ilças'aBiyieh]

[The nervous]

The nervous

181.Dr.: العصبية العصبية لها أثر. طبيب لويش بتعصب ؟

?ilças'aBiyih ?ilças'aBiyih ?ilhaa ?aθar. t'ayiB lawie] BiTças'iB?

The nervous the nervous has an effect.Okay what you get nervous?

The nervous, the nervous has an effect. Okay what do you get nervous?

182.Fath.: [هههه 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 كويس برضو بقول نصيحه لا تزوحو لاطباء كثير لا تعملو فحوصات كثير

Laa ?lwalaD ?kwayis BarDwo Baqwol nasiyhah laa iTrowhwo la ?at'BBaa?

No the boy good also I say an advice do not go to doctors

?ikθiyr laa tiʃmalwo foħos'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 بوجعني ان شربت [مي]

Hay ?ismaʃ samiʃ? miʃ ?iTgwoliy Bat'niy Biwaʒ'niy ?in

Listen Did you hear? Do not tell me belly my hurts me if

?iʃriBiT [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] لا خلي يصير عندك وجع بطن. وجع البطن ما رح يسوي شي. رح يروح:

[Laa] laa Xaliyh yis'iyir ʃinDak wazaʃ Bat'in. Wadzaʃ ?ilBat'in maa raħ

[No] no let happen for you pain belly. Pain belly not wil

yisawiy ʃiy. raħ yirwoħ

I do anything. It will go

No, no. let it happen. Belly pain is not dangerous. It will go

188. يعني هو وجع البطن عندك موجود بس مش مرضي.

Yaʃniy hoə wadzaʃ ?ilBat'in ʃinnDak mawodʒwoD Bas miʃ



In other words, that pain belly for you there but not  
marad'iy  
a disease

In other words, belly pain is there but it is not a disease

189.Pat.: امهم

?imhm

imhm

imhm

190.Dr.: الامعاء طبيعیه بس بتتحرك اكثر من الازم. بصير الالم معك.

?il?amʕaa? t'aBiyʕiyih Bas ?iBTiTharrak ?akθar min ?ilaazim

The intestines normal but it moves more than it is supposed to be

Bis'iyr ?ilalam maʕak

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 [بتصحنا؟]

Wa ?il mayalaan ʃow DokTwor, ʃow [?iBTins'aħnaa?]

And the Milan what doctor, what[ you advise us?]

And the Milan doctor, what do you advise us?

193.Dr.: [الميلان] شوف دكتور عظام ما بعرف انا

[?ilmayalaan] ʃwof DokTwor ʕið'aam maa Baʕrif ?anaa

[The Milan] see doctor bones not know i

See orthopaedic doctor for Milan, I do not know

194.Fath.: ؟----- دكتور

DokTwor (name)?

Doctor (name)?

Doctor (name)?

195.Dr.: آه دكتور علي شوفه.

?aah DokTwor (name) ʃwofoh

Yes doctor (name) See him

Yes. See doctor (name)

196.Fath.: [طيبه] عانا احنا تحت بسكنا compound مغلق فهو مبدع بالز [ياضه]

ʕinna ?ihnaa TahT Bisakanna compound moylaq fa hoa

For us We under our accommodation compound closed so he

moBDiʕ Bilri[yaad'ah]

creator in ath[lete]

We have under our accommodation in a closed compound, so he is creator in athelete.

197.Dr.: [طيب] اشاءالله. واحد واحد مبدع بالرياضه بكون مريض! والي بلعب رياضه خليه يتحمل شوية ألم.

[t'ayiB] maʕa Allah. waħaD waħaD mobdBDiʕ Bilriyaad'ah Bikown

[Okay] willing God. A person a person creator in sport is being

mariyd?!Wa ?ilii BilʕaB riyaad'ah Xaliyh yiThammal ?ʕiwayyiT ?alam

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.: الف سلامه عليه انشاءالله. اموره كويسه ماشاءالله عليه ولا لا؟

Wilaa la? ? ?alf salami ʕaliih ?inʕa Allah.?omworoh  
Or no? thousands wishing him a speedy recovery willing God health status  
?kwaysih maʕaaʕAllah ʕaliyh  
.his good as Allah wills

Or no? Wish him a speedy recovery, God willing. His health status is good as God  
willing

201.Fath.: الله ييسلمك

Allah yisallmak  
Allah protect you  
May Allah protect you

202.Dr.: سلامتته انشاءالله سلامتته

SalaamToh ?inʕa Allah salaamToh  
Get will soon wiling God Get well soon  
Get will soon, God willing. Get well soon

203.Fath.: الله يعطيك العافيه

Allah yaʕṭ?iyk ?ilʕaafiyh  
God give you good health  
May God give you good health

204.Dr.: مع السلامه

Maʕ ? salaamih  
Good bye  
Good bye

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

Duration: 20:02

1.((The resident is calling the patient.))

2.Res.: اتفضل

?iTfad'al

Come in please

Come in please

3.((The patient is entering the room))

4.Dr.: ↑ هلا حجي .

Hala Hadziy↑

Hello Hajiy↑

Hello, Hajiy (Hajiy is said for an old person)

5.Pat.: [عليكم] السلام

?asalaamo [ʃalaykom]

Peace [upon you]

Peace upon you

6.Dr.: [مرحبا] كيف حالك ؟

[marħaBa] kiyf ?ilhaal?

[Hi] How are you?

Hi. How are you?

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

8.Pat.: ↑ يا هلا

Ya halaa↑

Hello↑

Hello↑

9.Dr.: ايبي ما شاء الله

?ie:: maʃfa Allah

imm willing God

imm God willing

10.Pat.: كيف الحال ؟

Kief ?ilhaal?

How are you?

How are you?

11.Dr.: رمضان بخليك منور .

Ramadan BiXaliyk ?imnawir

Ramadan is making you your face bright

Ramadan is makeing your face bright

12.Pat.:hh

13.Dr.: [صا]يم ضلك

d'allak s'aa[yim]  
Keep fas[ting]  
Keep fasting

14.Pat.: [شو] الواحد بدو يساوي! اسكت يا زلمه غلبتوني ↓  
[ʃow] ?ilwaħaD BiDow ?iysaawiy ?oskoT ya zalamih ʔalBTowniyi↓  
[What] the person will do! Keep silent man you tired me↓  
What we can do! Keep silent, man you tired me↓

15.Dr.: ! غلبناك ↑! مهو كيف بدك تكسب حسنات؟  
yalaBnaak↑! Mahowa kiyf BiDDak TtikssaB ħasanaaT?!  
We tired you↑! So how will you gain good deeds?!  
Did we tire you↑! So how will you gain good deeds?!

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

17.Dr.: اه  
?aah  
Yes  
Yes

18.Pat.: هسعيات قال طلعلونا رغم اني عملت عملية القرحة ↓  
HassʕiyaaT gaal t'alaʕolnaa rayim ?iniy ?iʕmiliT ʕammaliyiT  
Now that they found for us although I have had the surgery  
?ilqorħah↓  
the Ulcer↓  
Although I have had the ulcer↓surgery, now they found that

19.Dr.: أه  
?ah  
Okay  
Okay

20.Pat.: قال معك قرحتين ↑ ومن داري شو ↓ والدم 7 وما بعرف [شو ↓]  
gaal maʕak qorħiTiyn↑ wa man Dariy ʃow↓ wa ?ilDam 7  
That you have two ulcers↑ and I do not know what else↓ and the blood 7  
wa maa Baʕrif [ʃow↓]  
and I do not know [what else↓]  
I have two ulcers↑ and I do not know what else↓ and the blood is 7 and I do not know what  
else↓

21.Dr.: [أه]  
[?aah]  
[Okay]  
Okay

22.Pat.: والمشاكل – اطلعولي الم[شاكل]  
Waa mafaakil- ?t'illaʕowliy ?ilma[ʕaakil]

- And problems – they found for me the pro[blems]  
 And problems – they found for me problems
- 23.Dr.: [لا لا]مهي شغلہ بسيطہ. يعني بنعرف السبب، خالص نتهي  
 [Laa laa] mahiyi faylih Bas'iyt'ah. Yaʕniy ?iBTiʕrif ?il saBaB, Xalas' ?inTahaa  
 [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.: [لانو قالو نزول الدم]  
 Liʔanoh galow nozwol ?il[Dam]  
 Because they said the decrease of the [ blood]  
 Because as they said the decrease of the blood
- 25.Dr.: =[أيوأ]  
 [ʔyawaa] =  
 [Okay]=  
 Okay
- 26.Pat.: = بسبب القرحة =  
 = BisaBaB ?ilqorhah  
 =Because of the Ulcer  
 =Because of the Ulcer
- 27.Dr.: القرحة خالص كويس هيك. لما تتعرف الامور شغلہ القرحة بتعالج والدم بوقف ينزل ويتوخذ حديد  
 ?ilqorhah Xalas' ?ikwayis hiyk. Lamaa Tinʕarif ?ilʔomowr fayliT ?ilqorhah  
 The Ulcer that's good like this. When known the thing the matter the Ulcer  
 ?ibTiTʕaalaz 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. و بتصير كويسه. متى شافوك بالمستشفى؟  
 Wa BiTs'iyr ?ikwaysih. maTaa fawok BilmosTaffaa?  
 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.: متى شافوك؟  
 MaTaa fawok?  
 When have they seen you?  
 When did they see you?
- 31.Pat.: آآ العملية ب 6 الشهر  
 ?a:: ?ilʕamaliyih Bi 6 ?ilʕahar  
 Oh The surgery on 6 the month  
 Oh. The surgery is on the 6th of the month
- 32.Dr.: آه اعطوك اعطوك علاج؟  
 ?aah ?aft'owk ?aft'owk ʕilaaz?  
 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 اعطوني للثشو [اسمو]

?aah ?aʔʔoniy lallʃow [ʔismow]

Yes They have given me for what [is called]

Yes. They have given me for what is called

34.Dr. to Res.: [اكتبني اكتبني]

[ʔokToBiy] ?okToBiy

[Write] write

Write, write

35.Pat.: اعطوني حديد

?aʔʔowniy 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.: اه

?ah

Yes

Yes

39.Pat.: [قال بذك تست [عمل لل]

gaal BiDDak TisTa[ʃmil ?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 وابر

La 6 ʃowhowr wa ?iBar

For 6 months and injections

For 6 months and injections

42.Dr.: = اه اه نعم

?aah ?aah yes=

Okay okay yes=

Okay, okay. Yes=

- 43.Dr. to Res.: =اكتبي هون=  
 =?okTobiy hwon=  
 =Write here=  
 =Write here=
- 44.Dr. to pat.: =الحديد غالي عادك ولا لا؟=  
 =?ihaDiyD yaliy ʕaaDak 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 [ʕannoh↓]  
 (0.1) I do not know [about them↓]  
 (0.1)I do not know about them↓
- 46.Dr.: [الحديد] ما ارتفع؟ ارتفع سعره ؟  
 [?ilhaDiyD] ma ?irTafaʕ? ?irTafaʕ siʕroh?its  
 [The iron] have not increased? Increase price?  
 The iron's price have not increased? Have its price increased?
- 47.Pat.: ما بدريش↓  
 Maa BaDriyʃ↓  
 I do not know↓  
 I do not know↓
- 48.Dr.: لا يا زلمه!  
 Laa yaa za[lammih!]  
 No m[an!]  
 No, man!
- 49.Pat.: [ما بدريش↑] هو انت  
 [Ma BaD]riyʃ[↑] ma hoa ?inTa  
 [not I know↑] It is that you  
 I do not know↑.It is that you
- 50.Dr.: [ ( ) ]
- 51.Pat.: [معي] هالفد [داري؟]  
 [Dariy?] halgaD [maʕiy]  
 [ 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 ?adziyB Taniy ?adziyB min hal ?ilffhows²aaT↑  
 [ 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.: آه

- ?aah  
Yes  
Yes
- 55.Pat.: الله وكليك هالقد  
Allah wakiylak halgaD  
Believe me this much  
Believe me, this much
- 56.Dr. to Res.: [ ( ) ] because of ( ) اكتبني  
?okTobiy ( ) because of [ ( ) ]  
Write ( ) because of [ ( ) ]  
Write ( ) because of ( )
- 57.Pat.: [بيجي] ميت بيجي ميه  
[Biziy] miyT Biziy miyih  
[About] hundred about hundred  
About hundred about hundred
- 58.Dr.: انا بقول الحديد الي ارتفع تاع البنا يا زلمه  
?anaa Bagowl ?ilhaDiyD ?irTafaŝ ya zalamih Taaŝ  
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.: آه  
?aah  
Oh  
Oh
- 60.Dr.: والله العظيم ↓ انت- شو بدني اسوي [فيك]  
Wall Alllah ?ilŝaḏiyim↓ ?inTa - ŝow BiDiy ?asawiy [fiyk?!]do  
Really ↓ you - what can i can I do [with you]  
Really↓ you are – what with you
- 61.Pat.: [ والله ما انا عارف ]  
[waAllah] maa ?anaa ŝaarif  
[Really] not I know  
Really, I do not know
- 62.Dr.: الامور كويسه انشاءالله. كيفك انت و [رمضان ؟]  
?il?omowr ?kwaysih ?infa Allah. kiyf ?inTa wa [Ramadan?]  
The things good willing God. How you with [Ramadan?]  
God willing, the things are good. How are you with Ramadan?
- 63.Pat.: [بعدييين] صح تمانني تنصحنني بالنسبه للديسك  
[BaŝDiyŋ] sʔah Tamaniy Tinsʔahniy 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.: ايوا



?aywaa  
Okay  
Okay

65.Pat.: الدسك معطلني يا خوي وذابحني من الوجع لا بنام لا بالليل ولا نهار ان نمت الله وكيلك ما بتريح وان قعدت ما بتريح

?ilDisk ?imfat?ilniy yaXowy wa ðaaBiḥniy laa Banaam laa  
The herniated disk bothers me brother and hurts me not sleep either  
?iBiliyl walaa ?inhaar min ?ilwazaḥ ?in nimT Allah wakiylak maa  
at night or in the day from the pain If I slept believe me not  
BaTrayyaḥ wa ?in gaḥaDiT maa  
feel comfortable and If I sat not

The herniated disk 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.[ ايبيبي ]

[?ie::]

[imm]

imm

67.Dr.: [ الله يعينك ]

[Allah yiḥiyinak]

God be with you

God be with you

68.Pat.: فشو رأيك بالعمليه ل ؟ لانه أكثر من دسك على قولهم هاظا الي صورته الشو اسمو هاظا الرنين

Fafow ra?yak Bil ḥamaliyih↓? Li?anoh ?akθar min disk ḥalaa  
So what do you think of the surgery↓? because more than disk on  
gowlhom haḏ'aa ?ilii s'awaroh ?ilfow? ismoh  
as they say that who have taken the photo this which called  
haḏ'aa?ilraniy  
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

69.Dr.: [ والله شوف ]

[Wall Allah ḥowf]

[Well look]

Well, look

70.Pat.: [ هو تيع ] الشو اسمو خاف الله -----

[howa Tabaḥ ] ?ilfow ?ismow XaafaAllah (the family name of a doctor)

[The one] that called as I remember (the family name of a doctor)

The one who is as I remember (the family name of a doctor)

71.Dr.: ايوا

?aywaa

Okay

Okay

72.Pat.: قال والله انا بنصحك بهل السن هاظا انك ما تعملهاش

gaal wallAllah ?anaa Bans'ahak Bihal sin hað'aa ?inak ma Tiŕmallhaaf  
That really I advise you in this age that you do not do it  
Really, that I advise you in this age to not doingit

73.Dr.: [ والله ]

[Wall Allah]

[Really]

Really

74.Pat.: [ قائل ] يا ابن الحلال انت [داري]

[gowlTilloh] ya iBin ?ilhalaal ?inT [Daariy]

[I told him] my friend you [know]

I told him my friend you know

75.Dr.: [ نعم ]

[Naŕam]

[Yes]

Yes

76.Pat.: [ ما انا ]

[Maa ?anaa]

[I am]

I am

77.Dr.: [ مهور هو ] بخافو من المضاعفات احيانا. طيب اسمع كم واحد شافك ؟

[Maa howa] BinXaaf min ?ilmod'aaŕafaaT ?ahyaanan. t'ayiB ?ismaŕ

[ that] we afraid from the side effects sometimes. Okay listen

kam waħaD jaafak 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.: [ هو هاظا ]

Hoa hað'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.: [بس] واحد؟ طيب ليش ما تشوف واحد ثاني؟

[Bas] waaħaD? t'ayiB liyŕ maa ?iTŕowf waħiD θaaniy?

[Only] one? Okay why not you see one another?

Only one? Okay, why do not you see another one?

81.Pat.: منو واحد ثاني؟

Manow waħaD θaaniy?

Who the one another?

Who is another one?

82.Dr.: يعني دايمًا بالعمليات هاي احسن خذ رأي اثنين الي بقلك راسك مش عليك اتلمسه.

Yaŕniy Daymaan BilŕamaliyaaT haay ?ahsaan Xoð ra?iy ?iθniyn ?iliy

I mean always in the surgeries these it is better take opinion two who

Bigollak raasak mij 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.: والله صح والله  
 Wall Allah sʕaħ  
 really it is right  
 It really is right

84.Dr.: [مهو احسن]  
 [Mahwoa ʔaħsan]  
 [It is better]  
 It is better

85.Pat.: [ والله والله ] [الشيء]  
 [Wa Allah wa Allah] [ʔiʃie]  
 [really really] [the thing]  
 I really, I really the thing is

86.Dr.: [ اذا ] قالوا لا لازم عمليه بعملها بس اذا واحد في عمليه وواحد لا انت ممكن ايش؟  
 [ʔiðaa] galwolak laʔ laazim ʕamaliyyih Baʕmillhaa Bas ʔiðaa waaħaD  
 [If] they told you it is a must do it I will but if one  
 fie ʕamaliyyih wa waaħaD laʔ Momkin ʔieʃʔ-  
 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?

87. اجي اسأل اقول ايش انا بفكر انا والله انا اقرب ما اخذ عمليه أو اقرب حسب الشيء الي جواتي بس بيهيك أمور ال هي.  
 ʔazie ʔasʔal ʔagwol ʔieʃ ʔanaa Bafakir ʔanaa wa Allah ʔagraB maaʔ aaXoD  
 Then I ask I say what I am thinking of I am really closer not doing  
 ʕamaliyyih ʔaw ʔagraB hasaB ʔilʃie ʔilie zowaTie Bas Bihiək  
 the surgery or closer to regarding the thing which inside me only in these  
 ʔomwor ʔil hiyi  
 things which are  
 I ask myself 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. Controversial خذ اكثر من رأي  
 Controversial XoD ʔakθar min raʔie  
 Controversial take more than one opinion  
 Controversial take more than one opinion

89.Res.: نعم  
 Naʕam  
 Yes  
 Yes

90.Pat.: يا سيدي بعين الله ↓ تالي هالعمر [بروح↓]  
 ya siedeı Biʕien Allah↓ Taleı hal ʕomor [Birwoħ↓]

- 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 لا لا ] [بعدمك شباب ما احنا [قلنا ]  
 [Laa laa↑] BaʃDak [aBaaB ma ?ihnaa [ golnaa]  
 [No no↑] you still young We have [ said]  
 No, no↑. We have said that you still young.
- 92.Pat.: [ الحمد لله ]  
 [ʔilhamDolilAllah]  
 [Thank God]  
 Thank God
- 93.Dr.: [ هذا ]  
 [Haḏaa]  
 [This is]  
 This is
- 94.Pat.: الحمد لله  
 ?ilhamDolilAllah  
 Thank God  
 Thank God
- 95.Dr.: [ يتعرف ] شباب  
 [aBaaB [ʔiBTiʃrif]  
 Young [you know]  
 Young you know
- 96.Pat.: [ الحمد لله ] يا دكتور  
 [ʔilhamDolila Allah] ya DokTwor  
 [Thank God] doctor  
 Thank God, doctor
- 97.Res.: [ مهم ] لا  
 Laa [mhm]  
 No [mhm]  
 No.mhm
- 98.Dr. to Res.: [ شباب ] يتعرف شو الفلاسفه اختلفو بتعريف الشيخوخه ؟  
 [aBaaB] [aBaaB ?iBTiʃraf [ow ?ilflaasifh ?iXTalafwo  
 [Young ] young. Do you know what the philosophers divergent opinions  
 ?iBTaʃrief ? ilʃayXwoXah?  
 in the definition of aging?  
 Young, young. Do you know what the philosophers divergent opinions have been in  
 the definition of aging?
- 99.Res.: [ مهم ]  
 [imhm]  
 [imhm]  
 imhm
- 100.Pat.: [ نه ] س [74 ]

- [74] sa[nih]  
 [74] ye[ars]  
 74 years
- 101.Dr.: [أه]  
 [ʔaah]  
 [Okay]  
 Okay
- 102.Pat.: قال شباب بقلك  
 gaal ʃaBaaB gaal  
 What young what  
 What kind of young!
- 103.Dr.: شو قالو الشيخوخه ؟  
 ʃow gaalow ʔilʃayXooXah?  
 What have they said the aging?  
 What have they said about the aging?
- 104.Res.: ام  
 imm?  
 imm?  
 imm?
- 105.Dr. to Res.: تعريف الشيخوخه بتعرفيه؟ ها؟  
 haa? Taçrief ʔilʃayXooXah ʔiBTiçrafieh?  
 What? The definition of aging you know it?  
 What? Do you know the definition of aging?
- 106.Res.: ها.  
 Ha?  
 No  
 No
- 107.Dr.: ترى اتفقو الفلاسفه الشيخوخه من عمر- الرجال هاد دايمما يجي هو ويضحك  
 Taraa ʔiTafagwo ʔilfalaasifih ʔilʃayXwoXah min çomor- ʔilridzaal  
 They have been agreed the philosophers the aging from age- man  
 haad? Dayman yidzie hoa wa  
 this always come with yidʔhak a smile  
 The philosophers have been agreed that aging from the age-this man always comes with  
 a smile
- 108.Pat.: [يا] الحمد لله  
 ʔlihamDo lilAllah [ya]  
 Thank God [ya]  
 Thank God ya
- 109.Dr.: [هاد] شب في الرو [ح]  
 [Haadʔ] ʃaB fie ʔilrwo[h]  
 [He] young in his so[ul]  
 He is a young in his soul

- 110.Res.: [ال] ر [وح] [il]r[woh]  
[The] s[oul]  
The soul
- 111.Dr.: [هاض] شب في الروح  
[haadʔ] ʃab fii ʔilrwoh  
[He] young in his soul  
He is a young in his soul
- 112.Res.: الروح  
ʔilrwoh  
The soul  
The soul
- 113.Dr.: الروح أه بتلاق الواحد عمره 40 سنة بتطلع عليه- ختياار. وواحد بتطلع 74 سنة بدور تايجوز:  
ʔilrwoh ʔaah BiTlagie ʔilwahaD ɟomroh 40 sanih ʔiBTitʔalaɟ ɟalieh – XiTya:: r  
The soul yes you find a person his age 40years you look at him- ol::d  
Wa wahaD ʔiBTitʔallɟ 74 sanih BiDawir Taa yidzawwaz  
And a person you look 74 years LOOKING FOR A WIFE  
The soul. Yes. Once you look at a person who has 40years, you will find him- very ollld.  
And a person who has 74 years is LOOKING FOR A WIFE
- 114.Pat.: (h)
- 115.Dr.: مهني مرتته مش معاه ولهذا بحكي.  
Mahiyie maraToh miʃ maɟaah wa lihaðʔaa Baħkie  
that wife his not with him and for that I speak  
His wife is not with him for that I speak like this
- 116.Dr. to res.: اكتبني عندك  
ʔokToBie ɟinnDik  
Write there  
Write there
- 117.Res.: يلا  
Yallaa  
Okay  
Okay
- 118.Dr. to pat.: لا سلامتك انشاءالله  
Laa salaamTak ʔinʃa Allah  
No Get well soon willing God  
Get well soon, God willing
- 119.Pat.: الله يسلمك ↑ يا دكتور  
Allah yisalmak↑ yaa DokYwor  
Thank you ↑ doctor  
Thank you↑, doctor.
- 120.Dr.: ضلك على الحديد و انشاءالله بتصير كويس انشاءالله  
dʔallak ɟalaa ʔilhaDieD wa ʔinʃa Allah BiTsʔier ʔkwayyis ʔinʃa 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.: [ والله مليح والله [ ارتفع ]  
 Wa Allah ?imlieh wa Allah [?irTafaç]  
 Really good really [it is increased]  
 Really it is good. really it is increased
- 122.Dr.: = [ لا يرتفع ]  
 [Laa ByirTafiç]=  
 [No it will be increased]=  
 No. it will be increased=
- 123.Pat.: [ لانه اعطاني اخرى [ ابر ] =  
 =Li?annoh ?açtaanie ?oXraa [?iBar]  
 =Because he has given me also [ injections]  
 =Because he also has given me injections
- 124.Dr.: [ آه آه ]  
 [?aah ?aah]  
 [Yes yes]  
 Yes yes
- 125.Pat.: [ ما [بدرى] B12  
 B12 maa[ BaDrie]  
 B12 I do [not know]  
 B12 I do not know
- 126.Dr.: [ نعم [ B12 ]  
 [B12] naçam  
 [B12] yes  
 B12 yes
- 127.Pat.: 7 ما يعرف شو. كان B12  
 B12 ma Baçrif [ow. Kaan 7  
 B12 I do not know what. It was 7  
 B12 I do not know. It was 7
- 128.Dr.: [ ايوا ]  
 [?aywaa]  
 [Yes]  
 Yes
- 129.Pat.: [ آخر ] بقالك يوم ما عملت عليه اللل تنظير (0.1) دكتور --- [ ايبيبي ]  
 [?aaXir] Bagollak ywomma ma ?içmilliT çamaliyyiT ?il Tanðier  
 [The last] I told you day when I did surgery the endoscopy  
 (0.1) DokTwor [?immm] (name)  
 (0.1) doctor [ immm] (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.: [رحم الله والدك شو قلته والله هسعات اخذولي عينه دم والله اخذ العينه وراح على المختبر. لقاء الحمد لله [مرتفع]]  
rahim Allah waliDak ʃow golTilloh wa Allah hassaɕiyaaT ?aXaðwolie  
God bless father your what I said to him really now they took  
ɕayiniT Dam wa Allah ?aXað ?ilɕayyinih wa raah ɕalaa ?ilmoXTaBar.  
a sample of blood really he took the sample and went to the laboratory.  
lagaah ?ilhamDolilaAllah [mirTafiɕ]  
He found it thank God [has been increased]  
God bless your father. I told him they has just takenk a sample of blood and to the  
laboratory. Thank God he found it has been increased

132.Dr.: [ايواا]  
[?aywaa]  
[Oh]  
Oh

133.Pat.: 9.3

134.Dr.: [كويس]  
[?ikwayis]  
[Good]  
Good

135.Pat.: [كان]  
[Kaan]  
[It was]  
It was

136.Dr.: [بتعرف بعد شوي لما يصير 12]  
?iBTiɕrif BaɕiD ?iʃway lamaa ?is?eir [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 بدي] قال  
[Maa] gaal↑. gaal [BiDie]  
[He] said↑. he said [I want]  
He said↑, he said I want

138.Dr.: [انك بتصير افضل بكتيبيير ونشيط اكثر [تشعر]  
[Tiʃor] ?innak BiTs?ier ?afd?al Bikθi:r wa naʃiet? ?akθar  
[You will feel] you become better mu::ch and active more  
You will feel that you become much better and more active

139.Pat.: مهو الذبحه. لما كنت الله وكيلك طول النهار نايم ،  
Mahoa ?ilðabħah. lamaa konT Allah wakielak t?wol ?lnhaar 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.: امهم  
imhm  
imhm



imhm

141.Pat.: والشغله يعني شغلة بيني وبينك حتى الواحد ( ) [منها]  
Wa ?i[ayliħ yaçniy [ayliT Binie wa Bienak ħaTaa ?ilwaħaD ( ) [minħaa]  
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 يازلمه ]

[La ya zalamih]

[No man]

No. man

143.Pat.: والله العظيم انت داري - والله  
Wa Allah ?ilçaðiim ?inTa Darie - wa Allah  
Really you know- really  
Really, you know- really

144.(0.2)

145.Dr.: بعين الله ↓

Biçien Allah↓

God be with us↓

God be with us↓

146.Pat.: بعين ربك ↑

Biçien raBak↑

God be with us↑

God be with us↑

147.Dr.: بس خلي روحك شباب

Bas Xalie rwoħak [aBaB

Only keep your soul young

Only keep your soul young

148.Pat.: الحمد لله

?ilħamDolillAllah

Thank God

Thank God

149.Dr.: ابوا وخليك دائما ميسوط

?ywaa wa Xaliek Da?imaan maBswot?

Yes and keep always happy

Yes and always keep happy

150.((unrelated topic))

151.Pat. To Res.: ابيي بالله يختي الشو اسمو هاظا المنظم ↑ هاظا عندي

?iii BaAllah yaXTie ?il[wo ?ismwo hadħaa ?ilmonað?im↑ haðaa

imm please sister what is called this is the buffer↑ that

çinDie

I have

imm please sister this is what is called the buffer↑that I have it

152.Dr. to Res.: المنظم عنده ( ) اعطيه اياه و ( ) ما بدناش اياه

?ilmonað'im çinDoh ( ) ?açt'ieh ?iyaah wa ( ) ma BiDnaaf ?iyaah  
 The buffer he has it ( ) give it to him and ( ) we do not need it  
 The buffer he has it ( ) give it to him and ( ) we do not need it

153.Pat.: ايوا

?aywaa

Yes

Yes

154.Dr.: البيبي اسيرين ؟ البيبي اسيرين ما بدناش اياه الان ↑

?il baby aspirin? ?il baby aspirin maa BiDnaaf?iyaah ?il?aan↑

The baby aspirin the baby aspirin not we do not need it now↑.

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

I do not know about it

156.Dr.: لا بدنا نوقفه الان

Laa BiDnaa ?inwagfoh ?il?aan

No we need to stop it now

No. we need to stop it now

157.Pat.: [حجار] انا انا مثل ما قتللك لو تعطوني

?anaa ?anaa miθil maa golTillak law Taçt'wonie [ʔhʒaar]

I 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.: [ايوا]

[?aywaa]

[Yes]

Yes

159.Pat.: بقولكو الي تؤمرو عليه

Bagwolilkwo ?lii To?morwo çalieh

I tell you as you want it

I tell you as you want

160.Dr.: ايوا اللهم صلي على سيدنا محمد. الاسيرين الان لانه في قرحة لا تستخدمه

?aywa. ?Allahoma s'alie çalaa sayiDnaa Mohamad ?ilaspirin

Yes. God blessings and peace upon our prophet Muhammad the aspirin.

?il?aan li?annoh fie qorħah 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

because there is ulcer

161.Pat.: خلص

Xalas?

Done

Done

162.Dr.: وقفنا لك اياه okay خلص

Xalas' okay wagafnaalak ?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.: هاضما ما انداري عنه . بنطلبه اتقول الواحد بشحد شحده منكرو. وحطي دوا القحه. كثرو يا ابن الحلال للريفانين ↑

Wa hot'ie Dawaa ?ilgahah. kaθrwo ya ?iBin?ilhalaal la?ilrivaniē ↑ haað'aa

And write medicine the cough. too much my friend for Rivaniē ↑ that

maa ?inDaarie çanoh. ?iBnot'loBoh ?iTgwol ?ilwahaD Ba[ħaD ]ihDih

not know about it. We ask it as if the person begs them

minkwo

from you.

And write the cough medicine. Write too much of Rivaniē, My friend ↑ that I do not know about it. We ask it as if the person begs them from you.

165.Dr.: قديش يعني؟

gaDie] yaçnie?

How much you mean?

You mean how much?

166.Pat.: بتطونا تنتين

?iBTant'wonaa θinTien

You gave us two

You gave us two

167.Dr.: [نعطيك 10 بك في؟]

Naçt'iek 10 Bika[fi?]

Give you 10 eno[ugh?]

Is it enough to give you 10 tablets?

168.Pat.: [ما بدريش عنك]

[Maa] BaDrie] çannak

[I do] not know about you

I do not know about you

169.Dr.: [لا قلبي 10 بك في؟]

Laa golie Bika[fi?]

No tell me eno[ugh?]

No tell me. Is it enough?

170.Pat.: [بك في] [بك في]

[Bik]afie Bika[fi]

[Eno]ugh eno[ugh]

Enough enough

171.Dr.: [ 20 ؟ ]

172.Pat.: [ الحمد لله يا سيد ]

?ilhamDwolilAllah yaa siD[ie]

Thank God si[r]

- Thank God, sir
- 173.Dr.: [ 60ʕ]
- 174.Pat.: انا بالكثير راضي وبالفليل راضي  
 ?anaa Bi?ilikθeir radiʕe wa Bil galiel radʕie  
 I with the so much accept and with the little accept  
 I accept with the so much and with the little
- 175.Dr.: طيب شايف الله يسعدك ربي  
 tʕayieB ʃaayif Allah yisʕiDak raBie  
 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.: كتبلك 60 حبه. كويس؟  
 KaTaBTillak 60 ĥaBih. ?kwayyis?  
 I wrote you 60 tablets. good?  
 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 حبه؟  
 60 ĥaBih  
 60 tablets  
 60 tablets
- 180.Pat.: الله يكثر خيرك. 60 ولا 20 ليس على الكريم شرط  
 Allah yikθir Xierak. 60 wilaa 20 lays ʕalaa ?alkariem ʃartʕ  
 Allah rewards you with blessings. 60 or 20 no condition on the generous person  
 May Allah reward you with blessings. 60 or 20 there is ((no condition on the generous person)) /((open handed person))
- 181.Dr.: ايوا اذا هو الان بياخذ  
 ?aywaa ?ðan hwoa ?ilʕaan BiyaXoD  
 Yes so he now take  
 Yes. So now he takes
- 182.(( The doctor is reviewing the list of the medication))
- 183.(( The patient is asking the doctor about the another file which is on the desk and the doctor answered her that it is for the patient's wife))
- 184.Pat.: آه هاي بتوخذ الحجه بتوخذ ابيني كالسيوم و القطره ما بعرف شو  
 ?aah haay ?iBTwoXiD ?ilħazih ?iBTwoXiD kalisywom wa wa ?ilgatʕrah  
 Yes this takes Hajih takes calcium and and drops  
 maa Baçrif ʃow  
 not know what  
 Yes Hajih takes Calcium and, and drops I do not know what
- 185.Dr.: [الابر] كتبلك دوا الدهنيات ودوا السكر بس مش المساعد و[الابر]  
 KaTaBnaalak Dawaa ?ilDohniyaaT wa Dawaa ?isokkar Bas  
 We wrote for you medication for lipids and a medication for sugar but  
 miʃ ?ilmosaaçD wa [ʕilʕiBar]

- 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.: [اه] [المساعد صحيح. لا المساعد بديش اياه عندي  
 [ʔaah] ʔilmosaaɕiD sʔaHiiH. La ʔilmosaaɕiD BiDieʃ ʔiyaah ɕinDie  
 [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 ايوا  
 Laa ʔaywaa  
 No yes  
 No. Yes
- 188.Pat.: [بس في الحبوب الصغيره تبعت الس[كر  
 Bas fie ʔhBwoB ʔisʔyierih TaBɕiT ʔiso[kkar]  
 Only the pills the small for su[gar]  
 Only the sugar small pills
- 189.Dr.: [اه] [كتبتنها  
 [ʔaah] kaTabThaa  
 [Yes] I have written them  
 Yes, I have written them
- 190.Pat.: كتبتنها؟ الله يجزاك الخير  
 KaTabThaa? Allah yizzaak ʔilXir  
 Haveyou written them it?Allah rewards you with blessing  
 Have you written them? May Allah reward you with blessing
- 191.Dr.: والبنادول . هاد الك. وللحجه؟  
 Wa Panadol. Haad ʔilak. wa lil ʔazih?  
 And Panadol. This for you. And for Hajih?  
 And Panadol. This is for you. And for Hajih?
- 192.Pat.: اه يتوخذ كالسيوم وقطره آه ياخي ودوا اللل وجع الراس. المفاصل  
 ʔaah ʔiBTwoXiD kalisywom wa gatʔrah ʔaah yaa ʔaXie wa Dawaa  
 Oh she takes Calcium and drops yes brother and medicine  
 lallll waʔaɕ ʔilraas. ʔilmafaasʔil  
 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 كفييل  
 Allah kafiel  
 Allah takes care of everything  
 Allah takes care of everything
- 196.(0.4)
197. وكل عام وانت بخير  
 Waa kol ɕaamwa ʔinTa ʔiBixier

- And every year you good  
 Many happy returns. (Ramadan Kareem))
- 198.Pat.: وانت بالف خير  
 Wa ?inTa Bi?alf Xier  
 And you in thousands of good  
 And you too
- 199.Dr.: وعيد مبارك انشاء الله  
 Wa çieD moBaarak ?infa Allah  
 And Eid blessing willing God  
 And blessing Eid, God willing
- 200.Dr.: ويعطيك الصحة والعافية.  
 Wa yaç?iek ?ils?ihah wa ?ilçafyih  
 And give you health and good health  
 And may Allah give you good health
- 201.Pat.: الجميع انشاء الله يعافي عمرك الله ربي يبسر امرك بالنسبه لفحص السكر شوف  
 ?ilzamiic ?infa Allah Allah yiçaafie çomrak Allah raBie yiyassir  
 For all willing God God bless your age God facilitate  
 ?amrak. BilnisBih lafaħs? ?isokar ]wof  
 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.: ها؟  
 Haa?  
 What?  
 What?
- 203.Pat.: بدكو [تتطوني؟]  
 BiDkwo [Ta't'wonie?]  
 you want to [ give me?]  
 Do you want to give me?
- 204.Dr.: [اعملو] بعد العيد  
 [?içmalwo] Baçid ?ilçid  
 [Do it] after Al Eid  
 Do it after Al Eid
- 205.Dr. to Res.: اعطينا ورقه  
 ?aç?ienaa waragah  
 Give us a paper  
 Give us a paper
- 206.Dr. to Pat.: بعد العيد  
 Baçid ?ilçieD  
 After Al Eid  
 After Al Eid
- 207.Pat.: أه بعد العيد بعد

- ?aah BaçiD ?il çiD BaçiD  
 Yes After Al Eid after  
 Yes. After Al Eid, after
- 208.Dr.: باسبوعين مش اسبوع لانه الا ما تخريط بالعيد ولا لا ؟  
 Bi?osBwoçien mish ?osBwoç li?annoh ?illaa Maa ?iTXarBit? Bil çiD  
 Two weeks not one week because surly you will mix in Al Eid  
 wilaa la??  
 or not?  
 Two weeks not one week because surly you will mix while eating, right?
- 209.((It seems that the patient cannot hear the doctor.))
- 210.Dr.: الا تخريط بهل العيد. يعني طبيعه .  
 ?ila ?iTXarBit? Bi hal ?ilçiD. yaçnii t'aBieçah  
 Surly you will mix in the Eid. I mean habit  
 Surly, you will mix in Al Eid. I mean it is a habit
- 211.Pat.: ما ما والله بيني و بينك الواحد مش ضامن ههههههه  
 Maa maa wa Allah Binieny wa Bienak ?ilwaħaD miġ d'aamin hh  
 The the really between me and you the person not control hh  
 Really, between us, the person cannot control hh.
- 212.((The doctor is writing a paper for sugar test.))
- 213.(1.28)
- 214.Dr.: [هاي خليهها]  
 Haay [Xaliehaa]  
 This [leave it]  
 Leave this
- 215.Pat.: [أه آه] بعد  
 [?aa ?aa] BaçiD  
 [Yes yes] after  
 Yes, yes after
- 216.Dr.: بعد اسبوع ثلاث  
 BaçiD ?sbwoç θalaaθ  
 After a week three  
 After a week or three
- 217.Pat.: [ أه هاي ]  
 [?aah haay]  
 [Yes that's it]  
 Yes, that's it
- 218.Dr.: [ و الف سلامه ] عليك الك انت والحجيه  
 [Wa ?alf] salaamih çaliyk ?ilak ?inTa wa ?l Haçiyih  
 [And thousands] get well soon you for you you and the Hajih  
 And get well soon you and Hajih (his wife)
- 219.Pat.: الله الله  
 Allah Allah

God God

God God

220.Dr.: وكل عام وانتو بخير

Wa kol ʕaam wa ?inTo ?iBiXiyɾ

And every year and you good

And many happy returns ( Ramadan kareem)

221.Pat.: [و الله وانت بالف خير. الجميع انشاء الله]

Wa Allah wa ?inTa Bi ?alf Xiyɾ. ?ilʕamiyʕ ?in[a [Allah]

Really and you in thousands good for all willing [God]

And you too and for all, God willing

222.Dr.: [هلا بـيك]

[Hala Bi]yk

[welcome yo]u are

You are welcome

223.Pat.: يلا يعطيكو الف عافيه

Yalla yaʕTiykow ?alf ʕafiyih

okay give you thousands health

Okay, May God give you good health

224.Dr.: هلا

Hala

Thank you

Thank you

225.Res.: هلا

Hala

Thank you

Thank you



[Abu El-Rob: JMT: C 9:2015]

Duration: 29:33

1.Pat.: السلام عليكم

?asalaam ɟalaykom

Peace upon you

Peace upon you

2.Dr.: و عليكم السلام اتفضلي

Wa ɟalaykom ?salaam. ?iTfad?aliy

Upon you peace come in please

Upon you peace. Come in please

3.Pat.: انا والله تعبانه يا دكتور ↓

Ana wallah TaɟBaanih ya DokTwor↓

I really I am tired Doctor↓

I am really tired, Doctor↓.

4.Dr.: شو اكثر اشني بز عجك؟ الاشني الي جابك اليوم.

ʃow akTar ?iʃii bizdɟik? al?iʃiy ?ilii ɟaBik ?illywom

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]

[?iDwoxah]

[Dizziness]

Dizziness

7.Pat.: و الارهاق يعني

Wa ?al?irhaaq yaɟniy

And fatigue mean

And fatigue. I mean

8.Dr.: الارهاق عام؟ و دوخه.

?al?irhaaq ɟaam ? wa DwoXah

Fatigue general ? and dizziness

General fatigue? And dizziness.

9.Son: [جسمها]

[ɟisimhaa]

[body her]

Her body

10.Pat.: [ الارهاق ] عام وكلشي يعني اعصابي مرتخيه

[?al?irhaq] ɟaam wa kolʃie yaɟniy ?aɟs?aaBiy mirTaXiyih.

[Fatigue] general and everything mean my nerves are loose

- General fatigue and everything, I mean my nerves are loose
- 11.Dr.: طيب. قديش صار له هاد الحكي؟  
 t'ayiB. gaDief s'arloh haad alhakie?  
 Okay. How long this story?  
 Okay. How long is this story?
- 12.Pat.: والله صار لي سنه بعاني ↓  
 Walah s'arli sanah Baçanie↓  
 really have been a year I suffer↓  
 I really suffer↓ since a year
- 13.Dr.: سنه!  
 sanih!  
 A year!  
 A year!
- 14.Pat.: آه [ والله ]  
 ?ah [walAllah]  
 Yes [ really]  
 Yes. Really
- 15.Dr.: [ كامله؟ ]  
 [Kamlih?]  
 [The whole?]  
 The whole of it?
- 16.Pat.: اه والله صر لي سنه  
 ?ah walah s'arliy sanih  
 Yes it has been a year  
 Yes. It has been a year
- 17.Dr.: طيب  
 t'ayiB  
 Okay  
 Okay
- 18.Pat.: [ مسكنات ] وبأخذ  
 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.: وحالك وقلبي انه عندك جفاف بعينوك ↓  
 Wa hakaalak wa galie ?inoh çinDik zafaf Bi çywonik↓  
 And told you and told me that have you dry in eyes your↓  
 And told you, told me 'your eyes are dry↓'

22.Dr.: هاد الاشئ ما الهوش علاقه ولا بسوي لا ضعف بصر ولا غباش بالرؤيه ولا اله علاقه بالموضوع

HaD ?i?i?i maa ?ilhwof çilaqah wa laa Bisawie laa d'acַf Bas'ar wa la  
This thing not related and not cause no weak eyesight and no  
yaBaļ Bilro?yah wa la ?loh çilaqah Bilmawd'woç  
Ghobash vision and not related to the topic  
This thing is not related and will not cause weak eyesight and Ghobash Vision and it is  
not related to the topic

23.Son: بدنا اياهن احنا عشان الفحوصات

BiDnaa ?iyahin çafaan ?ilfoħwos'aaT  
We need them for the tests  
We need them for the tests

24.Dr.to pat.: حطيه على جنب هسه بنشوف مش مشكله. بس احنا هسه بدنا نشوف الامور كيف بتصير. طيب ابييي.

ħot'ieh çalaa zaniB hasah Bin'wof miļ moļkilih. Bas ?ihnaa hassah  
Put it aside now we will look no problem. but we now  
BiDnaa ?in'wof ?il?omwor kief BiTs'ier. t'ayiB immmmm  
want see the matters how become. Okay immmmm  
Put it aside now we will look at it. No problem. But now we want to see what will  
happen. Okay immmmm

25. بالنسبه لشغلة الارهاق العام هاي الي بتصير معاك. بالنسبه لشغلة الدوخه، يوميا موجوده؟

BilnisBih laġayliTY ?il?irhaaq ?ilçam ?ilei Bits'ir maçaakie. BilnisBih  
According to the thing of fatigue general that happens with you. according  
laġayliT ?ilDwoXah, yawomiyan mawzwoDih?  
to the thing of dizziness, daily there?  
According to the general fatigue and dizziness that happen with you, does it happen daily?

26.Pat.: ابيي بس الصبح. يومي

imm Bas ?is'oBiħ. Yawomie  
imm just the morning. Daily.  
imm, just in the morning. Daily.

27.Dr.: اول ما تصحي؟

?awal maa Tis'ħie  
Once you wake up?  
Once you wake up?

28.Pat.: الصبح بدي ساعه تا اتحلل تنني ( ) تنني اروح واقوم

?is'obiħ BiDie saaçah saaçah Taa ?thalhal Taniy ( ) Taniy ?arwoħ  
The morning I need an hour an hour to wake up to ( ) to go  
wa ?gwom  
and get up

In the morning I need an hour, an hour to wake up to ( ) and to get up

29.Dr.: ساعه بضلي موجوده بالفراش؟ يعني صاحيه وقاعده بالفراش؟

saaçah Bad'd'alie mawzwoDih Bilfiraaf? Yaçniy s'aaħyih wa gaçDih  
An hour you stay in the bed? I mean wake up you and sitting  
bilfiraaf?

in the bed?

You stay an hour in the bed? I mean you wake up and sitting in the bed?

30.Pat.: يعني بقوم بس مش قادر. مرهق

Yaçniy Bagwom Bas mi| gaDir. Morhaq

I mean I get up but I am tired. fatigued

I mean I get up but I am tired. Fatigued

31.Dr.: [عندك] امرار مهو لا سمح الله في

?amraar mahwo laa samah Allah fie [çinDik]

Sometimes that God forbid you [have]

God forbid, Do you have

32.Pat.: [ما عندي] رح ت على الوحده الصحيه بحكولي لا سكري عندك ولا ضغط

[Ma çindie.] roht çlaa ?ilwihDih ?ils?ihiyih Biħkwolie

[Not have.] I have gone to the center health care they have told me

laa swokarie ?inDik wa 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.: بصاحبها اشياء اخرى؟

Bis?aħiBhaa ?afyaa? ?oXraa?

Happen with it things other

Does other things happen with it?

36.Pat.: زي ايش يعني؟

Zay ?ief yaçny?

Like what you mean?

Like what, you mean?

37.Dr.: هسه شغلة غباش الرؤيه كيف بصير غباش الرؤيه؟

Hassah [ayliT yaBaa] ?ilro?yah. kiyf Bis?iyr yaBaa] ?ilro?yah?

Now the thing of Ghobash Vision. How happens Ghobash vision?

Now Ghobash Vision. How does Ghobash Vision happen?

38.Pat.: يعني بصيبي الوجع هون

Yaçniy Bis?iyBniy alwaçaç 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.: طيب هاد مختلف الوجع. ما الهوش علاقه. نظرك كويس يعني؟ ما بصير عندك مثلا بشوفي الاشي اشين؟ ومثلا بطاتي

t'ayiB haaD moXTalif ?ilwazaç. ma ?ilhwo] çilaqah. Naðarik ?ikwayis

Okay this different the Pain. not related. your sight good

yaçniy?Ma Bis'ier çinDik maθalaa BiT]wofie ?il?i]ie ?i]yin?

I mean? not happen with you for example to see the thing two?

wa maθalan Bat'allTy

And for example you never be able

Okay. This is a different pain. It's not related. Your sight is good? Does it happen to see the thing two? And for example you never be able

41. تشوفي؟ او بتحتاجي [مثلا]

?iT]wofie ?aw ?iBiTihTazie [maθalan]

See you or need you [for example]

See or for example you need

42.Pat.: [يعني]

[Yaçniy]

[I mean]

I mean

43.Dr.: تقربي لمسافه حتى تشوفي؟

?iTgarBiy la masafih ħaTaa ?iT]wofie

Becomes close to a distance to be able to see

Becomes close to a distance to be able to see

44.Pat.: يعني

Yaçniy

I mean

I mean

45.Dr.: بس بحس انه ( ) عدم قدره على التركز [كيز]

Bas Baħis ?inoh ( ) çaDam qoDrah çlaa ?iT]wofie

But I feel that ( ) not able to concen[trate]

But I feel that ( ) not able to concentrate

46.Pat.: [ايوه]

[?aywah]

[Yes]

Yes

47.Dr.: هاد اسمه

HaDaa ?ismoh

This is called

This is called

48.Pat.: ايوا لا لا

?aywah laa laa

Yes no no

Yes. No no

- 49.Dr.: هاد ما الهوش علاقه [بالنظر]  
 Haad ma ?ihwo] çilaaqah [Bilnaðar]  
 This not related [to the sight]  
 This does not related to the sight
- 50.Pat.: [يعني] اذا بدني اطلع على التلفون هيك بدوخ  
 [Yaçniy] ?iðaa BiDie ?at?t'alaç çalaa ?iTilifwon hiek BaDwoX  
 [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
- 51.Dr.: آه  
 ?aah  
 Yes  
 Yes
- 52.Pat.: بدوخ  
 BaDwoX  
 I dazed  
 I dazed
- 53.Dr.: طبيب شو الدوخه؟ كيف بتقدرني تشرحيلي عن الدوخه؟ احكي لي عن الدوخه شوي.  
 t'ayiB ]wo ?iDwoXah? Kief BiTigDarie Ti]rahielie çan ?iDwoXah?  
 Okay what the dizziness? How can you explain about dizziness?  
 ?ihkilie çan ?iDwoXah ?i]way.  
 Tell me about dizziness a little  
 Okay, tell me about dizziness? How can you explain dizziness? Tell me a little about dizziness.
- 54.Pat.: شو احكيك يعني؟=  
 ]ow ?ahkielak yaçniy?=  
 What tell you mean?=  
 What do you want me to tell you?=  
 55.Dr.: [يعني مثلا وانت قاعده بتحسي حالك انه دا]بخه؟=  
 =Yaçniy maðalan wa ?inTie gaaçDih BiThisie haalik ?inoh Da[yXah?]  
 =Mean for example and you sitting feel you yourself that dizz[y you ?]  
 =I mean, for example, do you feel dizzy while you are sitting?
- 56.Pat.: [حتى] واحنا قاعدين واحنا قاعدين هيك يعني عيوني اغمضن بعدين ↓  
 [haTTa] wa ?ihnaa gaçDien wa ?ihnaa gaçDien hiik yaçnie ?içywonie  
 [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↓
57. ما فيش نوم. بحب انام، ما بنامش.  
 Ma fie] nwom. Ba]iB ?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
- 58.Dr.: طبيب قديش بتامي باليوم؟ كم ساعه؟

- t'ayiB gaDie] BiTnaamie Bilywom? Kam saaçah?  
 Okay how long you sleep in a day? How many hours?  
 Okay how long do you sleep in a day? How many hours?
- 59.Pat.: بس بالليل ↓ بنام  
 Bas Biliel↓ Banaam  
 Just at night↓ I sleep  
 I sleep just at night↓
- 60.Dr.: قديش؟ 8، 6 ساعات؟ من اي ساعه لاي ساعه؟  
 gaDiy]? 8-6 saaçaaT? Min ?ay saaçah la ?ay saaçah?  
 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?
- 61.Pat.: أقل لا يا دوب بس 5 ساعات  
 Laa yaa DwoB Bas 5 saaçaaT ?agal  
 No maximum just 5 hours less  
 No maximum 5 hours . less
- 62.Dr.: اليوم بنحكي عن رمضان. انا قصدي قبل رمضان. هل القصة صرلها سنين او سنه خلينا نحكي صح؟  
 ?ilywom ?iBinihkiy çan Ramadan. ?anaa gas?Diy gaBil Ramadan. hal  
 Today we are talking about Ramadan. I mean before Ramadan. This  
 ?igs'ah s'aarilhaa ?isiniyn ?aw sanih Xaliynaa nihkiy s'ah?  
 story has been since years or a year let's say Right?  
 Today we are talking about Ramadan. I mean before Ramadan. This story has been since  
 years or a year let's say, right?
- 63.Pat.: بس. بالنهار ما بنام. بس بالليل.  
 Bas Bilnhaar maa Bnaam. Bas biliel  
 But at the day not sleep. Just at night.  
 But at the day I don't sleep. Just at night.
- 64.Dr.: من اي ساعه لاي ساعه؟ من 6-10؟ من 4-10؟  
 Min ?ay saaçah la ?ay saaçah? Min 10-6? Min 10-4?  
 From what hour to what hour? From 10-6? From 10-4?  
 From what hour to what hour? From 10-6? From 10-4?
- 65.Pat.: [ل 11] خليني احكيك كم 11 مثلا ل (0.6) [ل 11]  
 Xalienie ?ahkielak kam maθalan lal (0.6) [lal 11]  
 Let me tell you how much for example (0.6) [for 11]  
 Let me tell you for example for 11
- 66.Son: [بتنا] [مش لاذان الفجر  
 [BiTnaa]mi] la ?aðaan ?ilfazir  
 [She sleep] not till dawn prayer  
 She don't sleep till dawn prayer
- 67.Pat.: [ل 11]  
 [Lal 11]  
 [Till 11]  
 Till 11

68.Son: 9[ من بعد الفجر [لل 9]

Min Baçid ?ilfazir [lal 9]  
After the dawn [till 9]

After the dawn till 9

69.Pat.: 12,11[ لل 11 ( ) لل 11]

[11 lal] 11 ( ) lal 11, 12

[11 till] 11 ( ) till 11, 12

70.Dr.: امهم

imhm

imhm

71.Pat.: حسب

hasab

It depends

It depends

72.Dr.: امهم

imhim

imhm

73.Pat.: عندي بنت مريضه كمان بعاني فيها كمان. عندي بنت مريضه متعبيتني شوي.

çinDie binT maried?ah kamaan Baçaanie feihaa kamaan. çindie BinT  
I have a daughter sick also I suffer with her also. I have a daughter  
maried?ah. ?imTaçiBTnie ?i]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 ؟

?iej mo]kilThaa BinTik?

What problem her you daughter?

What is your daughter's problem?

76.Pat.: ° عندها ° نقص ° ( )

çinDhaa ° naqs? ° ( )

She has ° a shortage ° ( )

She has a shortage( )

77.Dr.: cerebral palsy

78.Son: شلل دماغي

]alal Dimaayie

Cerebral palsy

Cerebral palsy

79.Pat.: سنه. يعني ادي بوجعوني بهل السنه هاي

sanih. Yaçniy ?iDay Biwadççwonie 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
- 80.Dr.: لا حول ولا قوة الا بالله. الله يشافيهها  
 La ḥawla wa laa qowah ?ilaa Billah. Allah yi]fiehāa  
 There is no power nor might save in Allah. May Allah cures her  
 There is no power nor might save in Allah. May Allah cures her.
- 81.(0.2)
- 82.Pat.: قالولي اعلمي [فحص]  
 Qalwoli ?içmalie [faḥis?]  
 They told me you make [a test]  
 They told me to make a test
- 83.Dr.: [هسه] بسويك كلشي ما عليه بين اصبري علي شوي. ادويه بتوخدي اي نوع من الادويه؟  
 [Hassah] Basawielk kol]ie maa çalieh Bas ?os?Borie çalay  
 [Now] I will do for you everything not worry just be patient on me  
 ?i]way. ?aDwiyh ?iBiTwoXDie ?ay nowç min ?il?aDwiyih?  
 for a while. Medications take you any kind of the medications?  
 No problem, now I will do everything just be patient for a while. Medications do you take  
 any kind of medications?
- 84.Pat.: ايه؟  
 ?ieh?  
 What?  
 What?
- 85.Pat.: ( )
- 86.Dr.: مشکل  
 ?im]akal  
 Different kinds  
 Different kinds
- 87.Pat.: مشکل كبسولات، رفين، حبوب شغلالات كثير  
 ?im]akal kaBswolaaT. Rivaniën. ?ihBwoB ]aylaaT ?ikθier.  
 Different kinds capsules. Panadol. pills things many.  
 Different kinds of capsules, panadol, pills and many things.
- 88.Dr.: حيالا  
 ḥayallaa  
 Anything  
 Anything
- 89.Pat.: اه حيا بشرب في سبيل ايش اموري [يعني]  
 ?aah ḥayallaa Ba]rab fie saBiel ?ie] ?omworie [ yaçniy]  
 Yes anything I take to what matters my [I mean]  
 Yes, anything to what, my matters, I mean
- 90.Dr.: [بتصحي] بالليل ولا بضلي نايمه ؟  
 [?iBiTis? hie] Bilie] wilaa Did?alie naaymih?  
 [wake up you] at night or keep you sleeping?  
 Do you wake up at night or you keep sleeping?

- 91.Pat.: ↓ والله بطول تانام ↓  
 Wall Allah Bat'awil Ta?anaam↓  
 Really I take time to sleep↓  
 Really, I take time to sleep↓
- 92.Dr.: امهم  
 imhm  
 imhm
- 93.Pat.: بطول  
 Bat'awil  
 I take time  
 I take time
- 94.Dr.: يعني قديش بتقعدني بالسرير او بالفرشه تاتبلشي تنامي؟  
 Yaçniy gaDie] BiTogçoDie filsarier ?aw Bilfar]ih Ta ?iTBal]ie  
 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.Pat.: اكثر من ساعه  
 ?akθar min saaçaah  
 More than an hour  
 More than an hour
- 96.Dr.: ساعه؟  
 Saaçaah?  
 An hour?  
 An hour?
- 97.Pat.: اه اكثر من ساعه. بحاول تني انام. تني يعني [انتهى]  
 ?ah ?akθar min saaçaah. Bahaawil Tanie ?anaam. Tanie yaçnie [?anTahie]  
 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.Dr.: [شو] الى بمنعك تنامي؟ =  
 [ʃow] ?ili Bimnaçik ?iTnamie?=  
 [What] that prevented you to sleep?=  
 What is prevented you to sleep? =
- 99.Pat.: = ما بعرف بجينيش هيك ما بنام  
 =Ma baçrif Bidzinie] hiek ma Banam  
 =I don't know it doesn't come like this not I sleep.  
 =I don't know, I couldn't sleep.
- 100.Dr.: مخك شغال بكون؟  
 MoXik ]yaal Bikwon?  
 Your brain thinking is?  
 Is your brain thinking?
- 101.Pat.: في تفكير بكون بكلشي

- Fie Tafkier Bikwon Bikolj'ie  
There thinking there in everything  
Thinking of everything is exists.
- 102.Dr.: في اشي يكون شاغل بالك باستمرار ؟  
Fie ?i'jie bikwon fayil Balik Bi?isTimraar?  
There a thing there thinking of mind constantly?  
Do you think constantly of something?
- 103.Pat.: لا والله مش كثير عادي الحمد لله الحمد لله  
La wal Allah mij ?ikθeer ?adie ?alhamDolil Allah ?alhamDolil Allah  
No really not too much. Normal thank God thank God  
No. not really too much. Thank God. Thank God
- 104.Dr.: [حال] دائما الحمد لله. بس بننا نحل مشكلتك. انا بدي احل مشكلتك. الحمد لله دائما على [حال]  
Da?imaan alhamDolil Allah. Bas BiDnaa ?inhil mo?kilTik. ?anaa BiDie  
All the time thank God. But we need to solve your problem. I need  
?ahil mo?kilTik. ?alhamolil Allah Da?iman ?laa kol [haal]  
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: [زي] هل الناس  
[Zay] hal naas  
[Like] all people  
Like all people
- 106.Dr.: بس غالبا غالبا بدي احكيك هالشغله، هسه انشاء الله رح اعطيك فحوصات كمان، بتعرفي شو اسباب الارهاق العام  
Bas yaliban yaliban BiDiy ?ahkiylik hal faylih hassah ?infa  
But oftenly oftenly I want to tell you something, now willing  
Allah rah a?t'iyykiy fo?wos'aaT kamaan, ?iBTi?rifiy jow ?asBaB  
God will Recommend you tests also, know you what the reasons  
il?irhaaq al?saam?  
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. والدوخه؟ أكثر اسباب الها؟  
Wa ?alDoxah? ?akθar ?asBaaB ?ilhaa?  
And dizziness? the popular reasons for it?  
And dizziness? The popular reasons for it?
- 108.Pat.: اه. ما بعرفش.  
?ah. Ma ba?rifij  
Yes. I don't know  
Yes. I don't know
- 109.Dr.: يعني اتوقعي  
Ya?niy ?iTwaqa?iy  
I mean guess.

- I mean guess.
- 110.Pat.: يعني بتوقع انه بحكلنا نسوان قبل مع الدور-ما الهاش خص؟  
 Yaʕniy baTwaqaʕ ?inoh biħkilinna niswaan gabil maʕ ?ildawrah- ma  
 I mean I guess that told us the ladies before with the period- not  
 ?ilhaaʕh xas?  
 related?  
 I mean I guess that old ladies told us that with the period-it not related?
- 111.Dr.: لا لا الها خص. واحد من الاسباب بس 50% من الاسباب نفسيه.  
 La la ?lihaa xas? Waħid min ?il?asbaab bas 50% min ?il?asBaaB  
 No no has a relation. One of the reasons but 50% of the reasons I  
 nafsiyih  
 . psychologica  
 No, no. There is a relation. It is one of the reasons. But 50% of the reasons are  
 psychological.
- 112.Pat.: اسباب نفسيه.  
 ?asBaaB nafsiyyih  
 Reasons Psychological.  
 Psychological reasons.
- 113.Dr.: مش نفسيه بمعنى مرض نفسي. انا ما بسميه مرض نفسي. لا. الارهاق نفسي. تمام؟ التوتر نفسي. التفكير نفسي. قلة  
 Miʕ nafsiy bimaʕnaa nafsiy ?anaa maa Basamyih marad?  
 Not psychology in the meaning of psychological I not call it disease  
 nafsii ?il?irhaaq nafsiy Tamaam? ?ilTawaTor nafsiy ?ilTafkiyr  
 Psychology the fatigue 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
114. النوم نفسي. هاي الامور الي بتصير ما تلاقي شي تستمتعي فيه بحياتك نفسي. اشوف والله انه عدم المواخذة ها لويش قديش  
 ?ilnwom nafsiy Haay ?al?omwor ?liy biTs?iyir ma ?iTlaqiy jiy TisTamTiʕiy  
 Of sleep psychology. These matters that happen not find something to enjoy  
 fiyh biħayaaTik nafsiy ?aʕwof wa Allah inoh ʕaDam ?il mo?aaxaḏ?ih  
 in life your psychology to see that excuse me  
 haa lawiyʕ gadiyʕ  
 imm why how much  
 Of sleep is psychology. Not to find something to enjoy in your life is psychology. To see that,  
 excuse me, how much
115. عليه هموم قديش عليه مشاكل اشوف شو في حويليه هاد نفسي. كل هاي بتولد ضغوطات نفسيه عليه. الانسان كيف يعبر عنها؟  
 ʕaliyih ?ihmwom gadiyʕ ʕaliyih maʕakil fow fiy ħawaliyih haad nafsiy  
 has concerns how many has troubles what there around him this psychology  
 Kol haay biTwalid d'oʕwot'aT nafsiyih ʕaliyih ?il?insaan kiyf  
 All these produce pressures psychological on him human how  
 yiʕabir ʕanhaa?

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?

116. يعبر عنها بطريقة خلية نحكي بطريقة فيزيائية . يعني الجسم يصير يشعر بارهاق، يصير يشعر بدوخه، يصير في عنده

Biʕabir ʕanhaa bitʕariyqah xaliynaa niḥkiy bitʕariyqah fizyaaʕiyih yaʕniy  
Express he about them in a way let's we say in a way physical this means  
ʕilzisiim yisiyr yiʕʕor biʕirhaaq, bisʕiyr yiʕʕor bidwoxah, bisʕiyr fiy ʕindoh  
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

117. اعراض اخرى. طبعاً احياناً يصير عندهم خدر [بليديهم]

?aʕraadʕ ?oXraa tʕaBʕan ?aḥyannan Bisʕiyr ʕinDhom XaDar [BiʕiDiyhom]  
Symptoms other of course sometimes there might be there numbness [hands]  
Other symptoms. Of course, sometimes there might be numbness. In their hands

118. Pat.: [ايوا]

[ʕaywaa]

[Exactly]

Exactly

119. Dr.: وجع بمعدنتهم. الاشي الي بفسر الموضوع دائماً او يرجع للحاله النفسيه باكثر من شيء لو لا سمح الله في مشكله

Wazaʕ BimiʕBiThom. ?ilʕiʕiy ?iliy Bifasir ?ilmawDʕwoʕ Daʕiman ?aw  
Pain in their stomach. the thing that explain the matter always or  
Birzaʕ lal ?ilhalih ?ilnafsiyih BiʕakThar min fiy? Law  
returns to the case psychological in more than one thing if  
laa samaḥ Allah fiy moʕkilih  
forbid God there problem

Stomach ache. The thing that explain the matter, always, or returns to the psychological case in more than one thing if, God forbid, there is

120. عضويه، شخص عنده ارهاق عام وعنده- وصار لو سنه، لازم يصير خلال السنه هاي تطور لاعراض اخرى. يعني

ʕodʕwiyih faxs ʕinDoh ?irhaaq ʕaam - wa ʕinDoh - wa sʕaarloh sanih,  
Organic someone has fatigue general- and has - and for a year,  
laazim yisʕiyr Xilaal ?ilsanih haay Tatʕawor liʕaʕraadʕ ?oXraa  
must happen during the year this development for symptoms other  
yaʕniy  
this means

an 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

121. ما في مشكله لمرض عضوي. ببليش بارهاق عام ودوخه ويضل لمدة سنه بس ارهاق عام ودوخه ! لازم تطلع اعراض

Ma fiy moʕkilih lamaradʕ ʕoDwiyy BiBallif Biʕirhaaq ʕaam wa  
No there problem for disease organic. starts with fatigue general and  
Dwoxah wa yidʕal sanih Bas ?irhaaq ʕaam wa Dwoxah! Laazim  
dizziness and last for a year just fatigue general and dizziness! must  
Titʕlafʕ ?aʕraadʕ

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

122. جديده لا سمح الله اعرفتي شو علي؟  
?idzdiydh la samaħ Allah ?i'çriffTiy fow řalay?  
New forbid God understand you what?  
New, God forbid. Do you understand?

- 123.Pat.: امهم  
imhm  
imhm

- 124.Dr.: بس الحمد لله ما في عندك على كل حال هاي الاسباب. الاسباب ↑ الشائعه عندنا بمجتمعنا هون الاستفتاء نقص الحديد:  
Bas ?alhamdo lil Allah ma fiy çindik çalaa kol haal haay ?al?asBaaB  
But thank God no there have you any way these reasons.  
?al?asbaab↑ ?ifaa?iřah çindanaa bimozjTamaçnaa hwon ?il?isTifTaa?  
reasons↑ the popular here in society our here the referendum  
naqs ?ilħaDiyD  
deficiency iron  
But, thank God, you do not have these reasons. The referendum for popular reasons↑ in our society is iron deficiency

125. يعمل. نقص الدم يعمل. فيتامين دال يعمل. فيتامين ب 12 يعمل. مشاكل الغده الدرقيه بتعمل. هاي الاسباب الأكثر شيوعا  
Biçmal . naqs ?ildam biçmal. Vitamiin daal biçmal Vitamiin b 12  
Causes. Lack of blood causes. Vitamin D causes Vitamin B 12  
Biçmal Mařakil ?iyloDih ?ilDoraqiyih ?iBTiçmal. haay ?il?asBaB  
causes Problems thyroid causes. These reasons  
?il?akħar řoywoçan.  
the most popular  
causes them. Lack of blood causes them. Vitamin D causes them. Vitamin B 12 causes them.  
Thyroid problems cause them. These are the most popular reasons

126. الاسباب الاقل شيوعا هي اسباب متعدده لانه تقريبا منات الاسباب. احنا دائما بندور على الاسباب الي ايش الاسباب الي  
?il?asBaaB ?il?açal řoywoçan hiyi moTaçaDiDih li?anoh TaqriyBan mi?aaT?il  
Reasons the least popular are many because about hundreds  
?ihnaa Da?iman BinDawir çalaa ?il?asBaaB ?iliy ?iy] ?il?asbaab ?ily  
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

127. شائعه. و بنشوف اذا في اي دليل على سبب قليل الحدوث، بالفحوصات بنلحقه. بندور عليه  
řaa?iřah. wa Binřwof ?iđaa fiy ?ay Daliyl řalaa saBaB qaliyl ?ilħodwoħ  
popular. And we see if there any evidence of a reason rarely to happen  
Bilfoħwos?aaT Binilħaqoh. BinDawir řaliyh  
by tests we will follow it. We will look for it.  
popular. And we see if there is any evidence of a rare reason to happen, by tests we will follow it. We will look for it.

128.Pat.: انشاءالله ↓

?infa Allah↓  
willing God↓  
God willing↓

129.Dr.: اذا مش موجود ما في داعي. تمام؟

?ðaa miƒ mawʒwoD ma fiy Daaʕiy Tamaam?  
If not exist no there need. Okay?  
If it is not exist, there is no need. Okay?

130.Pat.: [عندي] انا هون دكتور (تشير الي الرأس) الألم بصير الله يجزاك الخير

Allah yiʒziyk ?ilXiyɾ ?anaa hwon DokTɾor  
May Allah reward you well. I here doctor  
(it seems she is pointing to her head) ?il?alam Bisʕiyɾ [ʕindiy]  
(it seems she is pointing to her head) 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] ودوخه =

[?alam] wa dwoxah=  
[Pain] and dizziness=  
Pain and dizziness=

132.Pat.: = ايوا =

=?aywaa=  
=Yes ((stressing the whole word))=  
=Yes ((stressing the whole word))=

133.Dr.: = وغباش بالعيون وقلة تركيز =

=Wa ƒabaaf bilʕywon wa giliT Tarkiyɾ  
=And Ghobash in eyes and lack of concentration  
=And Ghobash eyes and lack of concentration

134.(0.44)

135.Pat.: الله يجزيك الخير

Allah yiʒzaak ?ilXiyɾ  
May Allah reward you well  
May Allah reward you well

136.(0.9)

137.Res.: فيتامين دال مش موجود حاليا هون

ViTamiyn Daal miƒ mawʒwoD haliyan  
Vitamin D not available now  
Vitamin D is not available now

138.Dr.: فيتامين دال مش موجود هنا. والله من الفحوصات الضروريه هاد لازم نعمله ↓

ViTamiyn Dal miƒ mawʒwoD ʕinaa. waAllah min ?ilfohwosʕaaT ?ilDarworiyih  
Vitamin D not available here. Really from the tests important  
haaD lazim niʕmaloh↓  
this have do we↓





Really

149.(0.1)

150.Dr.: مہو انت بس تکیس علیہ بقولک الجهاز مش موجود. بجوز بکرہ یجی. مایعرش. فیدک تعملہ مستقبلاً یعنی.

Ma hwa Bas TikBis ʕalieh Bigollak ?ildʒihaaz mij mawozwoD

It is when press you on it tells you the system not available

Biʒwoz Bokrah yizie. Ma Baʕrifif FaBiDDak Tiʕmaloh

may be tomorrow available. I don't know So you need do it

mosTaqBallan yaʕniy.

in the future I mean.

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 مشکله؟ - خالص؟

ʃow ?ilmoʃkilih? – Xalis??

What the problem?- finished?

What is the problem?- is it finished?

152.Res.: اه خالص. هو آه فيتامين دال مش متوفر

?ah Xalis?. hwa ?aah viTamien Daal mij moTawafir

Yes finished.Its yes vitamin D not available.

Yes. It's finished. Yes. Vitamin D is not available

153.Son: اذا بدنا نعمله مره ثانيه لازم توخذ موعد؟

?iðaa BiDnaa niʕmaloh marah Tanyih lazim TwoXiD mawʕiD?

If we need to do it later shall we make an appointment?

If we need to do it later, shall we make an appointment?

154.Dr.: نعم؟

Naʕam?

What?

What?

155.Son: اذا بدنا نعمله مره ثانيه لازم انوخذ موعد؟ ونيجي؟

?iðaa BiDnaa niʕmaloh marah Tanyih lazim nwoxiD mawʕiD? Wa

If we need to do it later shall we make an appointment? and

niziy?

come?

If we need to do it later, shall we make an appointment? And to come?

156.Dr.: ما

Maa

imm

157.(0.5)

158. المشكله بره غالي. لو الفحص ابو ليرتين ثلاث بقلك اعمله بره وجيبه معك

?ilmoʃkilih Barah yalie Law ?ilfaʕs? ?aBwo lierTien θalaaθ Bagollak

The problem outside expensive If the test costs 2 dinars three I will tell you

iʕmaloh Barah wa zieBoh maʕak.

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

sʔah

Right

Right

160.(0.1)

161.Pat.: بنقدر نعمله بمركز صحي الجامعة؟

?iBnigDar niʔmaloh Bimarkaz sʔihie ?iʒaamʕah?

Can we do it in center care the university?

Can we do it in the university care center?

162.Dr.: ايش التامين؟

?ief ?iTaʔmien?

What the inshurance?

What is the inshurance?

163.Son: تأمين عادي

Taʔmien ʕadie

insurance Normal

Normal insurance

164.Pat.: التدريب مهني

?iTaDreeB ?ilmihaniy

The training Vocational

Vocational training

165.Dr.: لا والله بزيطش

La wa Allah BizBotʔif

No really not working

No. Really, it is not working

166.(0.2)

167. مركز صحي الجامعة بس للموظفي الجامعات وطلاب الجامعة.

Markaz sʔihiy ?iʒaamʕah Bas la mowaḏafie ?ilʒaamʕaaT wa tʔolaaB

Center health the university just for the employees the university and students

?iʒaamʕah

university

The university health center is just for the university employees and the university students.

168.Son: بس كانه بعمل

Bas kaʔannoh Biʕmal

But it seems makes

But it seems it makes

169.Dr.: ايش؟

?ief?

What?

What?

170.Son: 20 %بعمل خصم كأنه؟

Baʕmal Xasʕim kaʕanoh 20%

It makes discount maybe? 20%

They may make a discount? For 20%

171.Dr.: بعملك خصم ويعملك بدون كسفيه ما عندي مشكله. بس- المفروض تدفع كسفيه. بلغياك الكسفيه. انا مثلا اني اقولك

Baʕmalik Xasʕim wa Baʕmalik BiDwon kaffiyih ma ʕindiy

I will make you discount and make you without fees not have

moʕkilih. Bas- ʕilmafrwodʕ TiDfaʕ kaffiyih . Balyielik ʕilkaffiyih

a problem.But- supposed to pay fees. I will eliminate the fees

?anaa maʕalan ʕinie ?agwolak.

I for example that tell you.

I will make a discount for you and even without fees. I don't have a problem. But it's supposed to pay fees. I will eliminate fees for you. For example that tell you

172. روح اعمل فحص بدون ما اعمل كسفيه ال 7 ليرات بنلغيين الفحص قيمته 40 دينار. كأنهم يعملو لحد انا بقدر احصاك

Rwoh ʕiʕmal fahisʕ BiDwon ma ?aʕmal kaffiyih ?il 7 lieraaT Binilyiehin

go make test without not I make fees the 7 Dinars we eliminate them

?il fahisʕ qiemToh 40 Dinaar. Kaʕannhom Baʕmalwo lahaD ?anaa

the test costs 40 dinars. Seem I make till I

BagDar ?ahasʕʕilk

can do it for you

To go to make a test without fees, we eliminate the 7 Dinars. The test costs 40 dinars. It seems I make discount till –I can make it

173. لحد 30% فيطلع تقريبا بحدود ال (0.5) غالي غالي مش- اسمعي. خلال خليا نحكي، هو مداوم هون؟

LaahaD 30% faaBitʕlaʕ TaqrieBan BihoDwoD ?il (0.5) yalie yalie mijf-

Till 30% so it becomes nearly about the(0.5) expensive expensive not-

?ismaʕie Xilaal Xalienaa nihkie hwa ?imDawim hwon?

Listen through let's say he studying here?

Till 30% so it becomes (0.5) it's expensive its expensive not- listen through, let's say, he is studying here?

174.Son: آه بالجامعة

?aah bilʕaamʕa

Yes in the university.

Yes. In the university.

175.Dr.: بس نتأكد انه موجود تمام؟ انا عياداتي – ثلاثاء وخميس

Bas TiTʕakaD ?inoh mawdʕwoD Tamaam? ?anaa ʕiyaDaatiy – ʕolaaʕaa?

Once sure you that available okay? I clinics my - Tuesday

wa Xamiy

and Thursday

Once you become sure that it is available, okay? My clinics are on Tuesday and Thursday

176.Son: آه

?aah

Yes

Yes

177.Dr.: بس تسمع انه موجوده احجز لها موعد مباشره لـ أو اي يوم ثلاثاء و خميس جيبها وتعال بنمشيها:

Bas Tismaʕ ?inħaa mawʒwoDih↓ ?ihdzizilħaa mawʕiD mobaʕarah ?aw  
Once hear you its available↓ take her an appointment directly or  
?ay yowm θolaaθaa? wa Xamiys dzjiBħaa wa Taʕaal Binmaʕiyħaa  
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: انشاء الله

?inʕa Allah  
willing God  
God willing

179.Dr.: ما فيش مشكله. حرام تروح تدفع 30 ليره فحص خصوصا انه مش منقطع لسنة او شهر لا منقطع اسبوع زمان

Ma fiyʃ moʕkilih ħaraam ?iTrowħ TiDfag 30 liyrah faħis? Xos?wos?an  
No there problem. Make no sense go pay 30 Diners test especially  
?inoh miʕ mingat?iʕ lasaniħ ?aw ?aʕowr laa mingat?iʕ  
that not unavailable for a year or months no not available  
?osBwoʕ 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. ثلاث اربع ايام يعني مش اشي

θalaaθ ?arbaʕ ?ayaam yaʕniy miʕ ?iʕiy  
Three four days I mean no thing  
Three or four days. I mean it's nothing

181.Pat.: عاد والله ظروف الحياه دكتور

ʕaaD wallAllah ð?orowf ?ilhayaah dokTowr  
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.: هاي كمان دكتور الفحوصات مكلفه؟

Haay kamaan DokTowr ?ilfoħows?aaT moklifih?  
These also doctor the tests expensive?  
Are these tests also expensive doctor?

184.Dr.: نعم؟

Naʕam?  
What?  
What?

185.Pat.: الفحوصات هاي كمان مكلفه؟

Haay kamaan DokTowr ?ilfoħows?aaT moklifih?  
These also doctor the tests expensive?

- Are these tests also expensive doctor?
- 186.Dr.: قديش بتدفعو انتو؟ هاي؟ لا هاي؟  
 Haay? Laa. gaDiyf ?iBTiDfaƆow ?inTow?  
 These? No. how much pay you you?  
 These? No. how much do you pay?
- 187.Son: 20%
- 188.(( (1.08) for typing and printing out the required tests))
- 189.Dr.: هاي الفحوصات اعملينا اياها انشاءالله [تعالى]  
 Haay ?ilfoħows'aaT ?iƆmalinna ?iyahaa ?inƆa Allah [Taçaalaa]  
 These tests you do for us them willing Go[d]  
 Do these tests, God willing
- 190.Pat.: [دكتور] ارجع عليك هسه بس اعملها يعني؟  
 [DokTwor] ?arƆaƆ Ɔaliek hassah Bas ?aƆmilhaa yaƆniy?  
 [Doctor] I shall come back to you now once doing them I mean?  
 Doctor! Shall I come back now once I doing them?
- 191.Dr.: ما بطلعنش هسه.  
 Ma Bit'laaƆiniƆ hassah  
 Not They will not be ready now  
 They will not be ready now.
- 192.Pat.: !!ما بطلعنش اليوم!! والله  
 Ma Bit'laaƆiniƆ ?ilywom!! Wa Allah !!  
 Not They will not be ready today!! Really!!  
 They will not be ready today!! Really!!
- 193.Son: ليوم ثاني!  
 Laywom θaaniy  
 For day another  
 For another day.
- 194.Pat.: ليوم ثاني ↓ ؟  
 Laywom θaaniy↓?  
 For day another↓?  
 For another day↓↓?
195. طبيب لو ما اجيش يعني تقدر تكتبلي علاج عن طريق ابني؟  
 t'ayiB law maa ?azeiƆ yaƆniy TigDar TokToBlie ƆilaaƆ Ɔan 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?
- 196.Dr.: خلي يجي بس اشوف كيف الفحوصات. يجوز في فحوصات احتاج اشوفك. فهو بيحي- بنشوف كيف الامور. اذا الامور  
 Xalie yizie Bas ?aƆwof kiyf ?ilfoħos'aaT BiƆowz fiy foħos'aaT .  
 Let him come but to see how the tests. may be there tests  
 ?ahTaaƆ ?aƆowfik. fahwa biyziy-BinƆowf kiyf ?il?omwor. ?iðaa 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

197. [ثانيه] بتمشي حالك، نكتبك دوا بنمشي ما فيش مشكله. بقله جيبها مره

BiTmaŋie haalik , nokToblik Dawaa Binmmaŋie fiŋ moŋkilih  
Organise yourself , we will write medication we can help no there problem.

. Baggoloh zieBhaa 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.: [ابوا]

[?aywaa]

[Exactly]

Exactly

199.Dr.: اتوكلي على الله

?iTwwakalie ŋlaa Allah

Entrusting your soul to Allah

Entrusting your soul to Allah

200.Pat.: شكرا

fokran

Thank you

Thank you

201.Son: دكتور؟ متى تقريبا بطلعن

MaTaa TaqrieBan Bit'laŋin DokTwor?

When nearly available doctor?

When do they be nearly available, doctor?

202.Dr.: هني بطلعن بكره بكونن جاهزات بس انا عيادتي الثلاثاء الجاي. بذك توخذ موعد

Hinie Bit'laŋin Bokrah Bas ?anaa ŋiyaaDTie ?ilθolaaθaa? ?ilzay.

They will be available tomorrow but I clinic my Thursday next.

BiDak ToXiD mawŋiD

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 ?ilθolaaθaa?

Oh Thursday

Oh Thursday

204.Dr.:system لازم تدفع توخذ موعد آه عشان فتح ال

Laazim TiDfaŋ TwoXiD mawŋiD ?ah ŋaŋaan 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: امهم. بياذن الله. الله يعطيك العافيه

imhm. Bi?iðin Allah Allah yaçt'iyk . Alçaafyih

imhm. If want God God gives you good health.

imhm. God willing. God gives you good health.

206.Dr.: اتوكلي على الله. ولا يهملك. هلا مع السلامه

?iTwakaliy çalaa Allah wa laa yihimik. Halaa maç ?salaamih

Entrusting your soul to Allah. And not worry. Okay Goodbye

Entrusting your soul to Allah. And don't worry. Okay, Goodbye

207.Pat.: شكرالك.

ʃokran ?ilak

Thanks for you

Thank you

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

Duration: 22 minutes

1.Dr.1: أهلين ----- اتفضل

?ahleen (name) ?iTfad'al

Hello (name) come in

Hello (name), please come in

2.Dr.1 to Dr. 2: ----- طلعت نيجهته؟

(name) t'ilaʕaT 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.: احنا بنسنتي الفحوصات. من شان هيك ↓

?ihnaa ?iBnisTanaa ?ilfoħows'aaT min jaan hiyk↓

We waiting the tests for that↓

We are waiting for the tests' results. For that↓

6. أه ----- ↑ سولفلنا عن.

?aah (name) ↑ swolifilna çan

Okay (name) ↑ tell us about

Okay (name) ↑, tell us about

7.(0.3)

8.Pat.: عن ايش ؟

çan ?ieʃ

About what

About what

9.Dr.: صار معك اشي جديد يعني؟

s'aar maçak ?iʃie ?idzieD yaçniy?

Happened with you thing new I mean?

I mean is there anything new?

10.Pat.: لا ولا اشي بروح وباجي و (0.1) اصلا مش مآثر علي انه الصفائح نازله

Laa wa laa ?iʃiy Barowħ wa baadziz wa (0.1) ?as'laan miʃ ?m?aθir

No and nothing thing go and come and (0.1) anyway not affect

ʕlay ?inoh ?ils'afaa?iħ 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 ايبيي مآثر عليك الكورتزو [ن نصحان]

Bas imm ?im?aθir ʕaliyk ?ilkowrTizow[n nas'haan]

But imm affect you the cortiso[ne you became fat]



But imm the cortisone has affected you. You became fat.

12.Pat.: [الكورتزون] البيبي اصلا [مش حابه] [?ilkorTizown] ?lie ?as?lan [miʃ ʔaaBoh]  
[the cortisone] which any way [not I like it]  
The Cortisone which I don't like

13.Dr.2: [moon face]

14.Dr.1: ايش؟

?ieʃ?

What?

What?

15.Dr.2: moon face

16.Dr.1: آه وجه مدور moon face

Moon face ?aah widʒih ?imDawar

Moon face yes FACE ROUNDED

Moonface yes ROUNDED FACE

17.Pat.: يعني هو الكورتزون - اصلا مدايقتي

Yaɕniy howa ?ilkorTizwon - ?as?lan ?imDaayigniy

I mean it's the cortisone - anyway bothers me

I mean it's the cortisone - which bothers me

18.Dr.1: ايه؟ بدنا ↑ نخففه ↓ هلا بشوف (0.1) بدنا نخففه

?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.: انشاءالله (0.1) احسن ههه يعني عادي بسحب دم وبروح وباجي عادي

?infa Allah (0.1) ?ahssan hh yaɕniy BashaB Dam wa Barwoh

willing God (0.1) better hh I mean I pull blood and go

wa Baaʒie ɕaDie

and come normally

God willing.(0.1) its better hh. I mean, I pull blood, I can do my life activities normally.

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

21.Dr.1: آه وبعدين شو بالأخير صار ↓ ؟

?aah wa BaɕDien fow s'aar↓?

Okay. and next what happened↓?

Okay. What happened next ↓?

22.Pat.: [بس وهاي] [القصة↓]

Bas wa haay [?ilgis?s'ah↓]

That's it and this [the story↓]

That's it and this is the story↓.

23.Dr.1: [هلا شو] [قال دكتور ---- عن شغلة الدماغ ↓ ؟

[Halaa fow] gaal DokTwor (name) ɕan fayliT ?il?iDmaay↓?

[Now what] SAID doctor (name) about the matter brain↓?

Now what did doctor ---- SAY about the issue with the brain?

24.Pat.: لا والله مش دكتور --- ↓ . من لما طلعت ما رجعت لعنده. دكتور --- الي براجع عنده

Laa wa Allah miŋ DokTwor (name)↓ Min lamma ?it'liçiT ma ?irziçiT  
No really not doctor (name)↓ Since I left not I return  
laçinDoh. DokTwor (name) ?ilie Braaziç çinDwoh.  
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: آه ↓

?aah↓  
?aah↓  
?aah↓

26.Pat.: ولا اشي اخر اشي حكالي انووو في اشيء بالدماع بس وفي 3 دكاتره مش عارفين شو هما الى الان

Wa laa ?ifie ?aaXir ?ifie hakaalie ?inwo Fie ?afyaa? Bi ?iDmaay  
And nothing. last thing he told me that there things in the brain  
Bas wa fie 3 DakaaTrih miŋ ŋaarfin ŋow homa ?ilaa ?il?aan.  
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: طبيب مهو شوف الشغله مهمه انه اتحسننت على الكورتزون او لا

t'ayiB mahwoa ŋwof ?ilŋaylih mohimmih ?innoh ?iThassaniT ŋalaa  
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 ما انا عندي مراجعه بس

?aah maa ŋinDie moraazaŋah Bas  
Yes not have a fellow up visit but  
Yes. But I don't have a fellow up visit

30.Dr.1: دكتور ---- ما الكش مراجعه؟ مهو شافك

DokTowr (name) maa ?ilakŋ moraazaŋah? Maa hoa ŋaafak  
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؟

Lieh?  
Why?  
Why?

33.Pat.: ما الي.

Ma ?iliy  
Not have  
I do not have

34.Dr.1: طبيب ما هو شافك وانت نايم بالمستشفى

tʔayiB maa hoa jaafak wa ?inTa nayim Bil mosTaffaa  
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 اكثر من دكتور في ---- و----- وكذا (0.5) دكتور ----- كان

Ma ?anaa ?akθar min DokTowr fie (name) wa (name) wa  
I more than a doctor there (name) and (name) and  
kaðaa (0.5)DokTwor (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 سولف

?aah solif  
Yes go ahead  
Yes go ahead

40.Pat.: اكثر من دكتور كنت اتابع من شان الاعصاب=

?akTar min DokTowr konT ?aTaabiʕ min faan ?ilʔaʕsʔaaB=  
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 هلا التقرير اخر اشي لاماراي =

=Bas halla ?ilTaqriyr ?aaXir ?iʕiy normal  
=But now the report the last thing lamaray  
=But the last report is lamaray

42.Pat.: يعني اخذ موعد عند دكتور ----- ؟

Yaʕniy ?aaXoD mawʕiD ʕinD DokTwor (name)?  
mean take an appointment with doctor (name)?  
You mean to take an appointment with doctor (name)?

43.Dr.1: انت هيك عملت هات اشوف اخر واحد ايمتى . لا هلا التقرير لاماراي اخر واحد

Laa halaa ?ilTaqreer lamaray ?aaXir waħaD. ?inTa hiek ?iʕmiliT haaTʔaʕwof  
No now the report lamaray last one. you like this did you let I see  
?aaXir waħaD ?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 اطلع من المستشفى شافني دكتور، بس مش عارف عند مين بدوم .

HaaD gaBil ma ?attlaʃ min ?ilmosTaffaa ʃafnie DokTworah, Bas mij ʃaarif  
This before I leave from the hospital saw me a doctor, but not know  
ʃind mien BiDDaawim.

with whom she works.

This before I leave the hospital a doctor saw me, but I don't know with whom she works.

46.Dr.1: ب 5-12 انت عملت اخر واحد؟

Bi 5-12 ?inTaa ?iʃmilit ?aaXir waʃaD

On May 12 you did the last one?

Did you do the last one on May 12?

47.Pat.: اه اخر اشي اه تقريبا

?aah ?aaXir ?iʃei ?aah TaqreeBan

Yes the last one yes nearly

Yes, the last one. Yes, nearly.

48.Dr.1: اه

?ah

Okay

Okay

49.Pat.: لما كنت بالمستشفى

Lamma konT BilmosTaffaa

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 ---- ايبي صورة الرنين المغناطيسي كاتبين انه احسن من اول

Halla ?inTaa (name) irmm sʔworiT ?ilranien ?ilmiɣnatʔiesʔie kaTBien

Now you (name) irmm the photo of Magnetic Resonance they have written

?inoh ?aʃsan min ?awal

that better than before

Now Jihad irmm they wrote that the Magnetic Resonance photo is better than before

52.Pat.: اه اه حكولي احسن

?aah ?aah ʃakwolie ?aʃsan

Yes yes they told me better

Yes. Yes, they told me that it's better.

53.Dr.1: لانك اخدت كورتزون

Liʔannak ?aXaDiT kworTizwon

Because you have taken cortisone

Because you have taken Cortisone

54.Dr.2: كورتزون 64 جايب

KworTizwon 64 ʒaayiB

- Cortisone 64 he had  
He had cortisone 64
- 55.Dr.1: قديش؟  
gaDiej?  
How much?  
How much?
- 56.Dr.2: الف 64  
64 ?alf  
64 thousands  
64 thousands
- 57.Dr.1 to pat.: بس بدنا نخفف الكورتزون يا [باشا]  
Bas BiDnaa ?inXafif ?ilkworTizwon [ya Baʃaa]  
But we need TO REDUCE the cortisone [sir]  
But we need TO REDUCE the cortisone, sir
- 58.Pat.: [اه احسن اشي  
[?aah] ?aHsaan ?ifie.  
[Yes] The best thing  
Yes. It is the best thing
- 59.Dr.1: قديش بتوخذ؟  
gaDiej ?iBTwoXið ?  
How many you take?  
How many do you take?
- 60.Pat.: 10 حبات مره وحده باليوم  
10 haBaaT marrah wahDih BilYwom.  
10 pills all together daily  
10 pills all together daily
- 61.Dr.1: لا هلا بدنا نزلهم ل 8 – لمدة 3 ايام وبعدين كل 3 ايام بنقص حبه وينشوفك بعد العيد تعملنا فحص دم  
Laa halaa BiDnaa ?innazilhim la 8 – lamoDDiT 3 ?ayaam wa BaçDiyin  
No Now we will reduce them for 8 – for 3 days and then  
Kol 3 ?ayaam Bingos? haBih wa Binʃowfak BaçiD ?ilçiyD  
every 3 days reduced a pill and see you after Al-Eid  
Tiçmillinaa 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.: [ 24-8] ايبي انا اخدت موعد قبلا شوي ب  
irmm ?anaa ?aXaDiT mawʃiD gaBil ?ifway 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 بزبطش بذك تعمل فحص دم  
Ma hoa BizBwot?if BiDDak Tiçmil fahis? Dam  
well not working you have to make a test blood

- Well, it's not working. You have to make a blood test
- 64.Pat.: [بعمل] فحص وباجي ↑ مش مشكله  
 [Baʕmil] faħisʔ wa Baazie↑ miʃ moʃkilih  
 [I will make] test and come↑ no problem  
 No problem, I will do the test and then come↑
- 65.Dr.1 to Pat.: [الدم] بتعمل فحص  
 ?iBTiʕmal faħisʔ [ ?Dam]  
 Do test [blood]  
 Do the blood test
- 66.Dr.2 to Pat.: [ عندك ] كورتزون ولا اكتبلك؟  
 [ʕinDak] kworTizwon willa ?akTwoBlak?  
 [have] cortisone or write for you?  
 Do you have Cortisone or shall I write for you?
- 67.Pat.: بس- اكتبلي لو لانه صرت شاري مرتين والله من بره  
 Bas- ?ikToBlie li?annoh sʔirT ʃarie marTeen walAllah min  
 But- write for me because I have been buy twice really from  
 Barah  
 outside  
 But- write for me because I really have been buy it twice from outside the hospital
- 68.Dr.2: طيب  
 tʔayiB  
 Okay  
 Okay
- 69.(0.2)
- 70.Pat.: المشكله هل 15 دينار ↓ الي كل مره  
 ?ilmoʃkilih hal 15 Dinaar↓ ?ilie kol marah  
 The problem the 15 Dinners↓ that every time  
 The problem is the 15 dinners↓that every time
- 71.Dr.2: [ لا هسه انت حجزت موعد ]  
 Laa hassah ʃajaziT maw[ʕiD]  
 No now I book an appoint[ment]  
 No. I have just booked an appointment
- 72.Dr.1: [ لا ] بتحجز موعد  
 [Laa] ?iBTiħziz mawʕiD  
 No book an appointment  
 No. you have to book an appointment
- 73.Pat.: انا حجزت هسه موعد اه  
 ?anaa ʃajaziT hassa mawʕiD ?aah  
 I book now an appointment yes  
 Yes I have just booked an appointment
- 74.Dr.2: خلص  
 Xalasʔ

Done

Done

75.Dr.1: هلا دفعت اليوم؟

Hala? DafafiT ?ilywom?

Now I paid today?

Now, Did you pay today?

76.Pat.: لا ما دفعت

La la ma DafafiT

No no not pay

No, I did not pay

77.Dr.: بس انت تيجي تعمل فحص دم وبنشوفه ↑ وبس

Bas ?inTa Tiedzjie Tiʕmal fahi sʔ Dam wa Binʕwofoh↑ 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 sʔ Dam BiDwon mawʕiD

Just test blood without an appointment

Just test blood test without an appointment

79.Pat. To Dr.2: خلاص انشاءالله بس لو الكورتزون تكتبلي يعني اكثر من ابيني

Xala sʔ ?infa Allah Bas law ?ilkworTizwon TokToBilie yaʕnie ?akθar  
Okay. willing God but if the cortisone write for me I mean more

min irmm

than irmm

Okay. God willing. Just write me the cortisone more than irmm

81.(0.2)

82.Dr.1: بتجيب من بره كورتزون؟

BiTzieB min Barraah kworTizwon?

You buy from outside cortisone?

Do you buy cortisone from outside?

83.Dr.2: بكتبك 4 حبات يوميا لمدة شهر على 3 وصفات

BakTwoBlak 4 haBaT yawmiyaan lamoDDiT jahar ʕlaa 3 wasʔfaaT.  
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.: اه اه

?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: اتفقنا ----

?iTafagnaa (name)?

Okay (name)?

Okay (name)?

87.Pat.: انشاءالله

?inʃa Allah

willing God

God willing

88. ((The pat. leaves the room))



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

Duration: 12 minutes

1.Dr.1: = ----- ايش مالها الست -----

(name) ?iyf maalha ?ilsit (name) =

(Name) what wrong with her Mrs. (name)=

(Name) what is wrong with Mrs. (name)?=

2.Pat.: =مي آخر مره من سنتين ↑ 9 كان هلا ↑ 6 الضاهر [ين و د] دكتور دمي نازل يمکن هلا بنشوف بالفحص انه عملت فحوصات قبل يوم.

= DokTwor Damyi naazil yimkin hala Binfwof Bilfaḥs?

=Doctor blood my came down may be now we see in the report

?inoh ?iṣmilit foḥs'aat ?aBil ywom [yin wa Da] my ?aaXir marah min

that I had tests before days [two and bl]ood my last time since

santiin ↑ 9 kaan hala ↑ 6 ?ild'ahir

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: [ه]

[?aah]

[Okay]

[Okay]

4. قديش عمرك ؟

qaDiiḥf ṣomrik?

How old?

How old are you?

5.Pat.: 52 عمري

ṣomry 52

My age 52

I am 52 years old

6.(0.2)

7.Dr.1: ط [يب]

t'a[yib]

Ok [ay]

Okay

8.Daughter: = ( ) [شوف] دكتور ----- كانت تشكي من ( ) =

[ʃwof] DokTwor (name) kanaT Tiḥky min ( ) =

[Look] doctor (name) she was complaining from ( ) =

Doctor (name)! She was complaining from ( ) =

9.Dr.1:؟ وين كانت تتعالج =

= wyin kaanat Tiḥaaladz ?

=where was she getting treatment?

=where was she getting treatment?

10.Daughter: ي الامور [و تمش] امم ما كانت تتعالج يعني كان دائما 9 تاخذ حديد:

immm maa kaanaT TiTʕaaladʒ yaʕny kaan Daʕiman 9 TaXoD  
 immm not was she treated I mean was always 9 take  
 haDyiD [wa Timʃ] y ʔiʕomwor  
 iron [and sol]ve the matters  
 immm she did not receive any treatment. She used to take iron and solve her  
 matters.

11.Dr.1: [أه] وهل؟  
 [ʔaah] wa hala?  
 [Okay] and now?  
 Okay and now?

12.Daughter: [HBاعملتها] Fibriten اعملتها Iron المره الماضيه اعملتها  
 ʔilmarah ʔilmaDyih ʔiʕmilTilhaa Iron ʔiʕmilTilhaa Fibriten  
 time last I made for her Iron made for her Fibriten  
 [ʔiʕmilTilhaa HB]  
 [ I made for her HB]  
 Last time I made for her iron, Fibriten and HB tests

13.Dr.: [هاتي انش] وف الفحوصات. عمرها عامله عمليات عملت؟  
 [hatii ʔinj] wof ʔilfwohaat. ʕomorhaa ʕaamliah ʕamaliyaaT ʕimlaT?  
 [let se] e the tests does she have surgeries have?  
 Lets see the test reports. Does she have any surgeries?

14.Daughter: = لا لا  
 Laa laa =  
 No no=  
 No no=

15.Pat.: لا جديد=  
 =? idʒdyiD la?  
 = recently no  
 =recently, no.

16.Dr.1: بطنك؟ عمليات؟  
 BaTnik? ʕamalyaat?  
 Belly you? Surgeries?  
 Your belly? Sugeries?

17.Daughter: لا لا نها[نبا]  
 Laa laa nihaa [ʔiyan]  
 No no nev [er]  
 No no never

18.Pat.: [القي]صريات زمان  
 [ʔilqay] sʕariyaat zamaan  
 [the cesar] eans since a long time  
 The cesareans were since along time.

19.Dr.1: عمليات قيصريه مش قيصريه بالمعده و هاي  
 ʕamalyaat qaysʕariyih miʃ qaysʕariyih BilmiçDih 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 çinDy ?i|y  
 No not have anything  
 No I do not have anything
- 22.(0.2)
- 23.Daughter to pat.: جديد؟  
 ?idzdyiD ?  
 Recently?  
 Recently?
- 24.Pat.: لا جديد لا  
 Laa ?idzdyiD 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: امهم  
 imhm  
 imhm  
 imhm
- 29.Daughter: أنا -----sister هون دكتور  
 ?anaa sister hwon DokTwor (name)  
 I am sister here doctor (name)  
 I am a sister (nurse) here, doctor (name)
- 30.Dr.1: أهلا و سهلا  
 ?ahlan wa sahlan  
 Welcome and welcome  
 You are welcome
- 31.Daughter: أهلين فيك  
 ?ahliin fyik

Welcome you

You are welcome too

32.Dr.1: بس الغده الدرقيه. ايش هاي؟

Bas ?il yodih ?ilDoraqiyih. ?iy] haay?

But the thyroid what this?

But the thyroid. What is this?

33.Daughter:=-Thyroxin آه هي ماشيه على

?aah ma]yih ?alaa Thyroxin=

Yes taking she the Thyroxin=

Yes, she is taking the Thyroxin=

34.Dr.1: = آه=

= ?aah=

=Okay=

=Okay=

35.Daughter: بس الظاهر يا ال Dose = مش كفايه أو إنه طريقة أخذها للدوا مش كفايه. بدي أرجع عند دكتور ه ---- عشان اتعدلها اياها

=Bas ?ilð?ahir yaaa ?il dose mi] kifaayih ?aw ?inoh t'riy?iT

= but it seems doctor the dose not enough or that the way

?aXidha laldawaa mish kifaayih. BiDy ?ardçaç çinD DokTworah

of taking the medicine not enough. I need return to doctor

(name)çal]aan ?iTçaDililhaa ?iyahaa

(name)to correct for her it

=But it seems that the dose is not enough or the 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: الحديد عندها نازل

?ilhaDyid çinDhaa naazil

The iron for her coming down

The iron for her is coming down

37.Daughter: [ Fibrinogen] آه و

?aah wa [Fibrinogen]

Yes and [Fibrinogen]

Yes and Fibrinogen

38.Pat.: [ هو دايماد ]كتور هييك يرتفعش عن 4.3

[howa Dayman Do] ktwor hyik BirTafçi] 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: طيب كيف الدوره عندك؟

t'ayib kyif ?iDawrah çinDik?

Okay how the monthly period with you?

Okay, how is your monthly period?

40.Pat.: ° عادي °

° çaDyi °

° normal °

- normal
- 41.Dr.1: تنظير بديك [كما] ن هيك بتوخذي أدويه إشي؟  
 BiDik Tanð'yir [kamaa] n hyik ?iBtwoXðy ?aDwiyih ?i|y?  
 You need endoscopy [als] o this take you medicines thing?  
 You also need endoscopy. Do you take any kind of medicines?
- 42.Pat.: [يعني] للسكر منظم للسكر. باخد للدهنيات  
 [yaçny] BaXoD lalsokar. BaXoD Lal DohniyaaT  
 [well] take I for diabetes I take for hyperlipemia /fat  
 Well, I take for diabetes and hyperlipemia /fat
- 43.Daughter: [Thyroxin]
- 44.Pat.:Thyroxin [باخد]  
 [BaXoD] Thyroxin  
 [ I take] Thyroxin  
 I take Thyroxin
- 45.Dr.1: مثلا للمعدة و ما معدة  
 Maθalan lalmiçDih wa maa miçDih  
 For example for the stomach and not stomach  
 For example for the stomach and other things
- 46.Pat.: - لا أنا المعدة عندي فيها مشكلة في أنواع أدويه لازم أخد دوا للمعدة أبل ما  
 Laa ?anaa ?ilmiçDih çinDy fiihaa mo|kilih fy? anwaç ?aDwiyih  
 No I am the stomach of mine has problem with kinds of medicines  
 laazim ?aaXoD Dawaa lalmiçDih ?aBil maa-  
 must I take Medicine for stomach before the-  
 No, my stomach has a problem with kinds of medicines in which it is a must to take  
 medicine for stomach before the-
- 47.Dr.: انت بديك تنظير هيك  
 ?inTi BiDik Tanð'yir hyik  
 You need endoscopy in this way  
 According to this, you need endoscopy
- 48.Pat.: عملت أبل سنتين دكتور [العام] اعلمته  
 ?içmiliT ?aBil sanTyin DokTwor. [içaam] ?içmilToh  
 I did before 2 years doctor [last year] I did it  
 I did it before 2 years, doctor. i did it last year
- 49.Dr.1: [وين؟]  
 [wiyn?]  
 [where?]  
 Where?
- 50.Pat.: ----بمستشفى  
 Bimosta|faa (name)  
 In hospital (name)  
 In (name) hospital
- 51.Dr.: شو قال؟

ʃwo            qaal?  
What            he said?  
What did he say?

52.Pat.: آل يا دكتور  
?aal            yaa DokTwor  
That            doctor  
That, doctor

53.Pat. To Daughter: (( Asking her about the name of the doctor))

54.Daughter:[امهم]  
[imhm]  
[imhm]  
imhm

55.Pat. To Dr.1: ما عندي مشكله.  
Maa    ʃinDy    moʃkilih  
Not    have I    problem  
I do not have a problem

56.(0.1)

57.Dr.: امهم  
imhm  
imhm  
imhm

58.Pat.: [يعني ر ] حت أيامها دمي كان نازل و صابنتني دو [خه]  
[Yaɕny ro] hiT ?ayaamhaa Damy kaan naazil wa s'aaBaTny Do[Xah]  
[I mean I we]nt those days blood my was low and felt i di[zzy]  
I mean, those days I went and my blood was low and I felt dizzy

59.Dr.1: [مهو]اه ] اذا انت دمك معلى دمك بتقولي النوره منتظمه ودمك6.6 نازل كثير -  
[?aah] [mahoa] ?iðaa ?inti Damik maʃliʃ BiTqwoly ilDawrah  
[ok] [well] if you blood your please you are saying? the period I  
monTað'amih wa Damik 6.6 came down too much  
norma and blood your 6.6 naazil ikθyr  
Well, if your blood, please, you are saying that the period is normal and your blood 6.6. It came down too much.

60. معلى أنا فيش تفسير بدك تع[ملي] [تنظير علوي و سفلي لازم تعملي].  
maʃlish ?ana fyj Tafsyr BiDik Tiʃ[maly] Tanð'yir ʃolwy wa  
please I am there is no explanation need you do [you] endoscopy upper and  
sofly lazim Tiʃmaly  
down must do  
please, there is no explanation. You need upper and lower endoscopy. You must do it.

61.Pat.: [يعني]  
[yaʃny]  
[This means]  
This means

- 62.Dr.1 to Daughter: حديد أخذت حبوب؟  
 ʔaDyD ʔaxðiTi ʔihBwoB?  
 iron take you pills?  
 Iron, did you take pills?
- 63.Daughter: لال [سه]  
 Laa li [sah]  
 No not [yet]  
 No, not yet.
- 64.Pat.: = [لام] أخذت=  
 [laa ma] a ʔaXDəT=  
 [no no] t take she=  
 No, she did not take=
- 65.Dr.1:() [احتياط] [B12] و فيتامين [أهم شيء] - [ديد] ح [أهم شيء] و فيتامين [B12] احتياط  
 = Bidhaa ʔaDyd nimʃy ʃalaa ʔa [dyd]- ʔaham ʔify.  
 = need she iron take the ir [on]- the most important thing  
 wa Vitamyn [B12] ʔihTiyaat? ( )  
 and Vitamin [b12] Just in case ( )  
 =she needs iron, to take iron- the most important thing. And vitamin B12, just in case()
- 66.Pat.: [من فتره] [أهم]  
 [imhm] [min faTrah]  
 [imhm] [since a period of time]  
 imhm since a period of time
- 67.Dr.1: اييه؟  
 ʔiyh?  
 What?  
 What?
- 68.Pat.: ° من فتره ما باخذ ° حديد °  
 Min faTrah maa BaxoD ° ʔaDyD °  
 Since a period of time not take ° iron °  
 Since a period of time I did not take iron
- 69.Dr.: لا بدك توخ [دي]  
 Laa BiDik TwoX [Dy]  
 No have you take [you]  
 No, you have to take
- 70.Pat.: = [اعط] تتي دكتوره بالمركز ومعدتي وجعنتي منه=  
 [ʔaʃtʔ] Tny DokTworah Bilmakiz wa miʃDiTy wadʒaʃatny 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 ازا كم حبه كنتي تاخذي؟  
 Mahoa ʔizan kam ʔaBah konTy TaaXdy?  
 It is so how many pill were you taking  
 So, how many pills were you taking?

72.Pat.: أخذ حبتين باليوم

?aaXoD haBTyn Bilywom  
I was taking 2 pills a day  
I was taking two pills a day.

73.Dr.1: خذي المهم توخذي انشاء الله حبه بس لازم توخذيها لفترة طويلة=

Xoðy ?ilmohim ToXðy ?infaa?Allah haBih Bas laazim TwoXðyhaa  
Take the important thing take if wants God pill but must take it  
lafatrah t'awyilih=  
for time Long=

Take. The important thing is to take even a pill but it is a must to be taken for a long time.

74.Pat.: آه لأنها اعطتني نوعيه عيارها عالي

?aah li?anhaa ?aŋt'aTny nawŋiyih ?iŋyaarhaa ŋaaly  
Yes because she gave me a kind the dose high  
Yes because she gave me a kind with a high dose

75.Dr.1: هي هيك اذا ما بتحملي حبوب يدك بالوريد تاخذي لأنه الحديد عندك نازل

Hiyi hyk ?iðaa maa ?iBTiThamaly ?ihBwoB BiDik BilwaryD  
It is like this if not bear you the pills have you by vein  
TaXðy li?anoh ?ilhaDyD ŋinDik naazil  
take because the iron for you came down

It is like this. If you cannot bear the pills, you have to take the iron by the vein because it came down.

76.Pat.: ما عرضت علي دكتورة المركز بتولي لا ما فيش داعي خرينا انجرب ناخذ حب

Maa ŋard'aT ŋalay DokTworit ?ilmarkaz Bit?oly laa maa fyf Daaŋy  
Offered she to me the doctor the center she told me no not there need  
Xalynaa ?indzarib naXoD hab  
lets try take pills

the doctor of the center offered to me and told me that no need and let's take pills

77.Dr.1: [ اذا ما اتحملت ] به، اذا ما اتحملتبه يدك ابيبي

[ ?iðaa maa ?iThamalt ] yh, ?iðaa maa ?iThamalt yh BiDik ?iiii  
[if not bear]it, if not bear it have you immm  
If you cannot bear it, if you cannot bear it, you have immm

78.Pat.: [ اخدت حب ] ما ( )

[?aXaDit haB] maa ( )  
[I took pills] not ( )  
I took pills, no ( )

79.(0.1)

80.Pat.: آه معدتي وجعتني. ألتلي يدك تمشي على- اعطتني دوا للمعدة lansoprazol الي اخذ الحبه ربع ساعه بعدين

?aah miŋiDity wadzaŋaTny. ?aalaTly BiDik Timfy ŋalaa- ?aŋt'Tny  
Yes stomach my hurt me. She told me have you take the- she gave me  
Dawaa lalmiŋDih lansoprazol ?ily ?aaXoD ?ilhaBih roBiŋ saaŋah BaŋDyn  
medicine for stomach lansoprazol that I take the pill quarter hour then  
Yes. My stomach hurt me. She told me to take a medicine for the stomach lansoprazol for



15 minutes then

81. أخذ الحديد  
?aaXoD ħaDyD  
I take iron  
To take iron

82.Dr.1: صدق: (0.1) الدم نرفع هدفنا يعني- لأنه احنا هدفنا نرفع الدم (0.1) صح:  
BiDik ToxDyh BaçiD ?i?akil Bas ?iðaa maa ?iBTiThamalyh BiDik  
have you take it after eating but if not bear it have you  
ToXDyh BilwaryD yaçny- li?anoh ?iħnaa haDafnaa nirfaç  
take it by vein I mean- because we purpose our rise  
?ilDam (0.1) S?aħ?  
the blood (0.1) right?  
You have to take it after eating but if you cannot bear it you have to take it by vein. I mean- because our purpose is to rise the blood (0.1) right?

83.Pat.: صح  
S?aħ?  
Right?  
Right?

84.((Dr.2 is speaking with Dr.1 in English about the patient's case.))

85.(0.2)

86.Dr1: فهدلا بدنا نكتبها حديد ونكتب B12 و حديد حبه مرتين باليوم وبشوفها بعد رمضان بعد العيد اذا ما اتحسننت  
Fahala BiDna nokToBilhaa ħaDyD wa nokToB B12 wa ħaDyD  
So now need we write for her iron and write B12 and iron  
ħaBih martyn Bilywom wa Binshwofhaa BaçiD Ramadan  
a pill twice a day and we see her after Ramadan  
BaçiD ?ilçyD ?iðaa maa ?iThasanaT  
after El-Eid if not get better she  
so now, we need to write iron and B12 and the iron twice a day and we will see her after Ramadan and El-Eid if she did not become better.

87. ما اتحملته بدها بالوريد  
Maa ?iħamalaToh BiDhaa BilwaryD  
Not bear it need she through vein  
If she couldn't bear it, she needs through vein

88.Daughter: - آه و Folic Acid تاخذ كمان؟  
?aah wa- Folic Acid TaXoD kamaan?  
Oh and - Folic Acid she takes also?  
Oh and shall she take Folic Acid also?

89.Pat.: دكتور ليش ما بنبدا بالوريد يعني هلا أخذ مثلا و بعدين ايش على الحديد. بصير؟  
DokTwor lyĵ maa ?iBniBDa? BilwaryD maθalan wa BaçDyn  
Doctor why not we start through vein for example and then  
?yĵ çala ?ilħaDyD Bis?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)) تستعجليش  
Tistaçdzly] ((smiling))  
Hurry not ((smiling))  
Don't be in a hurry((smiling))
- 91.Dr.1: خلص بنوخذ بالحديد اذا ما اتحمل[تبه ] بنعطيك بالوريدمهي هيك لازم بدنا:  
Xalas? ?iBnoXiD BilhaDyD ?iðaa maa ?iThamal [Tyh]  
Done we take by iron if not you bear [it ]  
?iBnaçt'yky bilwaryD. Mahyk 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: [ايوا]  
[?aywa]  
[right]  
Right
- 93.Pat.: انشاءالله  
?infa Allah  
willing God  
God willing
- 94.Dr.1: يعني ما بصير من أولها اذا المريض ما يتحملة أو عامل[عمليه]:  
Yaçny maa Bis'yr min ?awalhaa ?iðaa ?ilmaryd' maa BiThamaloh  
I mean not right from the beginning if the patient not bear it  
?aw çaaamil [çamaliyih]  
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.: [لأنه] دكتور أنا من 3-4 سنين هاي المشكله عدي إنه الحديد ما يستجيب يعني كنت أجد أول اشي نوعيات  
[li?anoh] DokTwor ?anaa min 3-4 ?isnyn haay ?ilmo]kilih çinDy ?ilhaDyD  
[because] doctor I am since 3-4 years this problem I have the iron  
maa BisTadz Yaçny kont ?aaXoD ?awal ?i]y nawçiyaaT  
not response I mean I was taking before thing kinds  
Because, doctor, I have tis problem since 3-4 years. The iron do not response I mean I was taking such kinds before
96. خفيفه من شأ[ن معدتي]  
Xafyfih min faa [n miçDiTy]  
Light Becau [se of my stomach]  
Light because of my stomach
- 97.Dr.1: [بده الوري] د بذك تاخدي. بصير بذك بالوريد.  
[Bidoh ?ilwary] D BiDik TaXDy. Bis'yr BiDik BilwaryD  
[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.: انجرب يعني شهر؟

- ?indʒariB yaçny ʃahar?  
 We try you mean a month?  
 You mean trying it for a month?
- 99.Dr.: أه بنشوفك بعد العيد بندخلك و بتوخديها بالوريد. و بتروحي  
 ?aah Binʃwof BaçiD ?ilçyD BinDaXlik wa ?iBtwoXDyhaa  
 Yes we see after El-Eid we get admission for you and you take it  
 BilwaryD. Wa BiTrawhy  
 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
100. (0.3)
- 101.Daughter: ---- ان شاءالله(0.1) دكتور ---- شو ممكن يكون السبب?  
 ?inʃa Allah (0.1) DokTwor (name) ʃwo momkin yikwon ?ilsaBaB?  
 willing God (0.1) Doctor (name) what might be the reason?  
 God willing (0.1). Doctor (name)! what might be the reason?
- 102.Dr.1: – الأول دوره ال 6.6 الأفضل تعمل تنظير علوي. سفلي احسن –  
 ?iʔawal Dawrah ?il 6.6 ?ilʔafdʔal Tiçmil Tanðʔyr çolwy sofly ?ahsan-  
 The first the period the 6.6 the best do endoscopy upper down better-  
 The first is the period. The 6.6, the best is to do upper and lower endoscopy. It's better-
- 103.Dr.2: بجوز مش موجود [بالمستش] في:  
 Bidçwoz miʃ mawdçwoD [BilmosTaʃ] faa  
 May be not available [in the hospi]tal  
 May be it is not available in the hospital.
- 104.Dr1: [يعني] الواحد يحكيها  
 [yaçny] ?ilwaħiD yiħkyhaa  
 [I mean] the person say it  
 I mean that the person has say it
- 105.Pat.: اعملت دكتور مره الولي انه ممكن يكون ابي عملت زراعته يعني لازم البراز وهي [يك] يعني لازم البراز وهي  
 ?içmiliT DokTwor marrah ?alwoly ?inoh momkin yikwon ?iny ?içmiliT  
 I did doctor once they told me that may be it is that I had  
 ziraaçah yaçny ?ilBoraaz wa hi [yk] yaçny laazim  
 smear test I mean the poo and th [is] I mean must  
 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
- 106.Dr.1: [لا] ما الهاش علاقه بدها تنظير مش.  
 [laa] maa ?ilhaaʃ çilaaqah BiDhaa Tanðʔyr miʃ  
 [no] not has not relation need she endoscopy not  
 No it does not have a relation. She needs endoscopy not.
- 107.Pat.: ما دخل يعني هالشي؟  
 Maa DaXal yaçny halʃy?  
 Not affect this thing?  
 Does not affect this thing?

108.Dr.1: ما فيش

Maa fy]  
Not exist  
No

109.Daughter: شو ممكن يا دكتور المشكله تكون؟

ʃwo momkin yaa DokTwor ?ilmoʃkilih ?iTkwon?  
What might doctor the problem be?  
Doctor! What might the problem be?

110.Dr.1: بدك يا إما من الدوره لما تكون عند الستات

BiDik yaa ?imaa min ?ilDawrah lamaa ?iTkwon çind ?ilsiTaaT  
Want you either from the period when it is with the ladies  
It might be either from the period when it comes for the ladies

111.Pat.: لا [أنا عادي طول عمره] ا هيك

Laa [ʔanaa çady tʔwol çomorph] aa hyik  
No [I am normal all the lif] e like this  
No it is normal during all the life it is like this

112.Dr.1: [أو يمكن سوء امتصاص] مهو عشان عاديه

[ʔaw yimkin swo? ?imTisʔaasʔ] mahowa çaʃaan çaaDiyih  
[or might be malabsorption] it is because of normality its  
Or it might be malabsorption. It is because of its normality

113.Pat.: طبيب عدم امتصاص الحديد شو سببه دكتور؟ أحياتا باخد متلا حديد و ما بظهر عندي ما بتحسش الوضع

TayiB çadam ?imTisʔaasʔ ?ilhaDyD ʃwo saBaBoh DokTwor? ?ahyaanan  
Okay not absorbing the iron what reason it doctor? sometimes  
BaXoD maTalan haDyD wa maa Biðhar çindy maa BiThassan  
I take for example iron and not appear with me not becomes better  
?ilwadʔiç  
the situation

Okay, doctor, what is the reason for not absorbing the iron? Sometimes, I take, for example, iron but the situation don't become better

114.Dr.: مهو عملية الحديد قديش بالهلي؟ وبنشوفها بعد العيد [شوفي بعد] العيد بكون نازل واحد جديد.

Mahowa çamaliyiT ?ilhaDyd qadyiʃ Bilhaay? wa Binʃwofhaa BaçD  
Well the process the iron how long in this? and we see her after  
?içyD. [ʃwofy BaçiD] ?içyD yikwon nazil wahiD ?idziyD  
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.: [انشاء الله]

[ʔinʃa Allah]  
[willing God]  
God willing

116. يعني بشعر إنه في مشكله

Yaçny Baʃçor ?innoh fy moʃkilih.

I mean I feel that there is a problem

I mean I feel that here is a problem

117.Dr.1: ماأشي بنشوفك بعد العيد.

maʃy Binʃwofik baçiD ?içyD  
okay we will see you after El-Eid  
Ok, we will see you after El-Eid

118.Pat.: انشاءالله انشاءالله

?inʃa Allah ?inʃaa? Allah  
willing God willing God  
God willing, God willing

119.Dr.1: ما اتحملتيه، بدك وريد

Maa ?ithamalTyh, BiDik waryD  
Not bear it need you vein  
If you have not bear it, you will need throughvein

120.Pat.: هلا دكتور لوجع معدتي أخذ للمعدة بلأول اخذ ايشي للمعدة lanzoprazol أو شغله ربع ساعه و بعدين الحديد

Halaa DokTwor lawadzaç miçiDty ?aaXoD lalmiçDih Bil?awal  
Now doctor for pain stomach my take for stomach firstly  
?aXoD ?iʃy lalmiçDih lanzoprazol ?aw ʃaylih roBiç saaçah  
take thing for stomach lanzoliprazol or for quarter hour  
wa BaçDyn ?ilhaDyD?  
and then the iron?

Doctor! Now for my stomach pain, shall I take something for the stomach as lanzoliprazol for 15 minutes then the iron?

121.Dr.1: خديه بعد الدوا الحديد

XoDyh BaçiD ?iDawa ?ilhaDyD  
Take it afer the medicine the iron  
Take it after the iron medicine

122.Pat.: مباشره؟

moBaaʃarah?  
Directly?  
Directly?

123.Dr.1: الأفضل عل معدته فاضيه بتاخذ الحديد اذا في ألم بعد الأكل. شوفي الأفضل

?il?afd'al çalaa miçDih fad'yih ?iBTaXoD ?ilhaDyD ?iðaa fy  
The best on stomach empty she takes the iron if there is  
?alam BaçiD ?il?akil. ʃwofy ?il?afd'al  
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

124.Pat.: يبقى بعد الأكل مباشره

yiB?aa BaçiD ?i?akil moBaʃarah  
so after eating directly  
so, directly after eating

- 125.Dr.1: ماشي  
maʃy  
okay  
Okay
- 126.Pat.: انشاء الله  
ʔinʃa Allah  
willing God  
God willing
- 127.Daughter:؟ lansoprazol في مجال تكتبها  
Fy madzaal TokToBilhaaa lansoprazol?  
Is it okay write her lansoprazol?  
Is it okay to write for her Lansoprazol?
- 128.Dr.1: ايه؟  
ʔiyh?  
What?  
What?
- 129.Daughter: Lansoprazol
- 130.Dr.1 to Dr.2:lansoprazol اكتبها  
ʔokToBilhaa lansoprazol  
Write for her lansoprazol
- 131.Dr.2: اشوف اذا موجود. اذا ما كانش موجود [د]  
ʔaʃwof ʔiðaa mawdzwo[D]  
Let me see if ther[e]  
Let me see if it is there
- 132.Daughter: [م]ش مشكله بنشتره  
[mi]ʃ moʃkilih ʔiBniʃTryh  
[n]o problem we buy it  
No problem. We will buy it
- 133.(0.10)
- 134.Daughter to Pat.: خلص  
Xalasʔ  
Done  
Done
- 135.Pat:؟ ماشي؟ خلص؟  
Xalasʔ? maʃy?  
Done? Okay?  
Done? Okay?
- 136.Pat. To Dr.1: ماشي دكتور  
maʃy DokTwor  
okay doctor  
Okay doctor.
- 137.Dr.1 to Daughter: هيو بكتباك

Haywo BokToBlik  
He is writing for you  
He is writing for you

138.Daughter: يعطيك العافيه  
Yaçt'yk ?ilçafyih  
Give you wellness  
God gives you wellness

139.Dr.1: أهلين  
?ahlyn  
Thank you  
Thank you

140.Dr.2: مش موجود  
miʃ mawdzwoD  
not there  
it is not there

141.Daughter: خالص بسيطه. الله يعطيكم العافيه  
Xalas' Basyt'ah. Allah Yaçt'ykom ?ilçaafyih  
Okay okay. God gives you wellness  
Okay, okay. God gives you wellness

142.Daughter to pat.: يلا ماما  
Yall maamaa  
Let's go mam  
Let's go mam

143.Pat.: يلا حبيبيتي  
Yalaa haByBty  
Let's go honey  
Let's go honey

144.Dr.1 to pat.: سلامتک  
salamTik  
Wish you a speedy recovery  
Wish you a speedy recovery

145.Pat.: الله يسلّمك يسلمو اديك  
Allah yisalmak yislamwo ?iDyk  
God protects you thanks hand you  
God protects you. Thank you

[Abu El-Rob: JMT: C 12:2015]

Duration: 14:52

1.Pat.: يعطيك العافيه دكتور

yaft'yk ?ilfaafyih DokTwor  
Give you wellness doctor  
God gives you wellness

2.Dr.1: ايش؟

?yf?  
What?  
What?

3.Son: ---ل بالنسيه ل

BiDnaa BilnisBih la (name)  
We want regarding for (name)  
We are here for (name)

4.Dr.1: =آه. عمل فحص دم

?aah. fimil fahis? Dam=  
Yes he did test blood=  
Yes, he did blood test=

5.Son: =آه عمل

=?aah fimil  
=yes did  
=Yes he did

6.Dr.: هلا بشوف استريح

Halaa Bajwof ?isTaryh  
Now I will see have a seat  
I will see now, have a seat

7.Son: يلا ماشي

Yalaa mafy  
Okay done  
Okay done

8.(0.51)(( the doctor is talking with another patient))

9.Dr.1: قديش رقمه ----؟

gadyf 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: قديش؟

gaDif?



- How much?  
How much?
- 15.(0.13) (( the doctor is looking for the result))
- 16.Dr.1: الصفائح عنده 4 اليوم  
?ils'afaa?ih    ?inDoh    4    ?ilywom  
The platelets for him 4 today  
Today,his platelets are 4
- 17.Son: ها؟  
Haa?  
What?  
What?
- 18.Dr.1: الصفائح عنده 4  
?ils'faa?ih    ?inDoh    4  
The platelets for him 4  
His platelets are 4
- 19.Dr.2: 4؟
- 20.Dr.1: ام  
imm
- 21.(0.13) ((the doctor looks at the computer))
- 22.Son: معقول من الصيام يعني دكتور؟  
maʕwol min    ?ils'yaam    yaʕny    DokTwor?  
Might be from the fasting I mean doctor?  
Might it because of fasting, Doctor?
- 23.Dr.1: اخذ الدواء ولا وقفو؟  
?aaXoD    ?ilDawaa    wilaa    wagafwo?  
Took the medicine or stoped it?  
Did he take the medicine or stoped it?
- 24.Son: لا بوخد دوا كامل مع بعد الفطور.  
Laa BoXið    Dawaa    Kaamil    maʕ    BaʕiD    ?ilft'wor  
No he is taking medicine all of it with after breaking the fast  
No, he is taking all the medicines with after breaking the fast
- 25.Dr.: هلا بشوف  
Halaa    Baʕwof  
Now I will see  
I will see now
- 26.(0.12)
- 27.Pat.: هو لما يجي على المراجعة بصيبيه ارباك بخاف  
Hoa lamaa yidzy    ʕalaa    ?ilmoradʒaʕah    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)

29.Dr.1: عمل تنظير ↑ هو ؟

ʕimil Tanðʕyr ↑ howa?

Did he endoscopy↑ he?

Did he do endoscopy↑?

30.Son: تنظير ↓ آه عمل ؟

Tanðʕyr?↓ ?aah ʕimil?

Endoscopy↓? Yes he did?

Endoscopy↓? Yes he did?

31.Dr.1: تنظير لمعدته عمل ↑ ؟

Tanðʕyr lamiʕiDToh ʕimil↑?

Endoscopy for stomach his did↑?

He did ↑endoscopy for his stomach.

32.Son: لا لا والله ما عمل ↓ . عمل بس صورته طبقه

Laa laa waAllah maa ʕimil↓. ʕimil Bas sʕworah tʕaBaqiyih

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: قولنا له اينستنى بالتقرير. آه

golnaaloh ?iBnisTanaa BilTaqrqr. ?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: طيب بدو تنظير مندخله

TayiB BiDwo Tanðʕyr 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: بدو تنظير والله ↓

BiDoh Tanðʕyr waAllah↓

need he endoscopy really↓

He really↓ needs endoscopy

37.(0.3)

38.Son: أخذوله خزعه هما

?aXaDwoloh Xozʕah homaa

They took him biopsy they

They took biopsy for him

39.Dr.1: أخذنا الخزعه نعم

?aXaDnaa ?ilXozʕah naʕam

We took the biopsy yes

Yes, we took the biopsy

40.Son: =آه كيف الوضع؟=

= ?aah kyf ?iwadʕiʕ? =

=okay how the situation? =

=okay, how is the situation?=-

41.Dr.1: الخزعه هاي تانشوف التقرير ان كان موجود  
?iXozʕah haay Tanʕwof ?ilTaqryr ?in kaan mawdʒwoD  
The biopsy this till we see the report if it was there  
Till we see the report of the biopsy if it was there

42.(0.3)

43. بده تنظير.

BiDoh BiDoh Tanðʕyr  
He needs he needs endoscopy  
He needs, he needs endoscopy

44.(0.5) (( the doctor is looking at the computer))

45. لانه كاتبين احتمال يكون عنده مشكله بالكبد

Liʕanoh kaTByn ?ihTimaal yikwon ʕinDoh moʕkilih BilkaBiD he  
Because wrote they may have problem in the liver  
Because they wrote that he may have a problem in the liver

46.Son: ام  
imm

47.(0.2)

48.Dr.1: فامتي اندخله ↓ ؟ بكره ↑ ؟

Faʕimta ?inDaXloh↓? Bokrah↑?  
So when get admission for him↓? tomorrow↑?  
So when have we get admission for him↓? Tomorrow↑?

49.Son: بكره ؟

Bokrah?  
Tomorrow?  
Tomorrow?

50.Dr.1: مهو الصفائح عنده آه بده تنظير

Mahoa ?ilsʕaaʕih ʕinDoh ?aah BiDoh Tanðʕyr  
Well the platelets for him well need he endoscopy  
Well, his platelets, well, he needs endoscopy

51.Son: ام  
imm

52.Dr.1: عشان اذا عمل تنظير مثلا نزيف ما-اذا صار نزيف بده صفائح

ʕaʕaan ?iðaa ʕimil Tanðʕyr maθalan nazyf maa- sʕaar nazyf  
because if did he endoscopy for example came down not- happened bleeding  
BiDoh sʕafaaʕih  
needs platelets  
Because if he did endoscopy for example bleeding is not - if a bleed happened, he needs  
platelets

53.Son: ام  
imm

54.(0.2)

55.Son: هاي شو يكون سببها دكتور؟

Hay fwo Bikon saBaBhaa DokTwor?  
This what is reason it doctor?  
What is its reason, doctor?

56.Dr.1: إنه في مشكله بالكبد الها علاقه بالكبد بجوز [قيه] مهو بدنا نتأكد من شغلة التنظير لأنه كاتبين على الصورة الطب:

Mahoa BiDna niT?akaD min fayliT ?ilTanð'yr li?anoh katByn  
Well need we be check from the endoscopy because wrote they  
ʕalaa ?ils'worah ?ilt'aBa [qiyoh] ?inoh fy moʕkilih  
on scan C [T] because there is problem  
BilkaBiD ilhaa ʕilaaqah BilkaBiD Bidzwoz  
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: [أه] أه ]

[?aah] ?aah  
[okay] okay  
Okay, okay

58.(0.9)(( the doctor is looking at the computer))

59.Dr.1: يا مش ما فيش اشني بنخاع العظم

Yaa miʕ maa fyʕ ?ify BinoXaaʕ ?ilʕað'im  
Well not not there thing in marrow bone  
Well, there is nothing in bone marrow

60.Son: لا ما في↓

Laa maa fy↓  
No not there↓  
No there↓ is not

61.Dr.1: الفكرة إنه في مشكله ب - ايبي بالكبد حاطين - احتمال بده هاطل ( ) فيده تنظير هلا

?ilfikrah ?inoh fy moʕkilih Bi- ?iyy BikaBiD hat'yn - ?ihTimaal  
The point that there problem in- imm in liver wrote they - may be  
BiDoh haa ð'aa ( ) faBiDoh Tanð'yr 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. ماشي؟

maafy ?  
okay?  
Okay?

64.Son: ماشي أناديلك إياه ولا؟ =

maafy ?anaaDylak ?iyaah wila?=  
okay call him for you him or?=  
Okay, shall I call him for you or? =

65.Dr.1: =ناديه=

= naDyh  
=call him  
=call him

66.Son: [ا] يل

Yal [aa]  
Oka [y]  
Okay

67.Dr.1: [عش] ان بكره اندخله

[ʃaʃ]aan Bokrah ?inDaXloh  
[t] o tomorrow get admission for him  
To get an admission for him to enter tomorrow

68.(( The son went to call his father ))

69.(1.41)

70.Dr.1: بذك تنظير أستاذ ---- (0.1) كاتبين إنه لازم تنظير

BiDak Tanð'yr ?ostað (name) (0.1) kaTByn ?inoh laazim Tanð'yr they  
Need you endoscopy Mr. (name) (0.1) wrote that must endoscopy  
You need endoscopy Mr. (name). (0.1) they wrote that endoscopy is a must

71.Son to pat.: بذك تنظير ما عملتهاش صح؟

BiDak Tanð'yr maa ?iʃmilTilhaaf s'ah?  
Need you endoscopy not you did not do it right?  
You need endoscopy, you did not do it, right?

72.Dr.1: تنظير للمعدة عملت؟ ايش مالك ↑ ايش زعلان؟

Tanð'yr lilmiʃiDih ?iʃmilit? ?yʃ maalik↑ lyʃ zaʃlaan?  
Endoscopy for stomach did you? What wrong↑ why sad?  
Did you do endoscopy? What is wrong with you↑? Why are you sad?

73.Son: [مالك؟]

[maalak?]  
[What's wrong?]  
What's wrong?

74.Pat.: [بخاف] بخاف من يوم المراجعة.

[BiXaaf] BiXaaf min ywom ?ilmoraadzaʃah  
[Being afraid] being afraid from day follow up visit  
He is being afraid, he is being afraid from the follow up visit.

75.Dr.1: شو يعني مراجعه؟

[ʃwo yaʃny moraadʒ ?  
What mean vomiting?  
What does vomiting mean?

76.Son: هههه لما يجي على المستشفى

hh lammaa yidʒy ʃalaa ?ilmosTalfaa  
hh when he comes to the hospital  
hh. When he comes to the hospital

77.Dr.1: ما هو الواحد بكره المستشفى زي الي بروح على الامتحان بكره الدراس [ه]

Mahoa ?ilwaaħaD Bikrah ?ilmoſTa]faa zay ?ily Birwoħ ʧalaa  
Well the person hates the hospital like the one goes to

?il?imTiħaan Bikrah ?ilDiraaſi [ħ]  
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: هههه [ايوا]

[ħħ] ?aywaa

[ħħ] right

ħħ. 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 عاد [ي شو مالك؟] شو مالك هيك ايبي اتغيرت .

?y] maalak? ?ihky↑ yaa zalamih ʧaaD [y ]woo maalak?]

What wrong with you speak↑ man it's oka [y what wrong with you?]

shwoo maalak hyk ?ii ?iT yariT

what wrong with you like this imm have been changed

What's wrong with you? Speak↑ man, its okay. What's wrong with you? What's wrong with you you have been changed like this?

82.Son: مالك ياابا؟ ههههه [ ]

[maalak yaBaa?] ħħ

[What's wrong dad?] ħħ

What's wrong dad? ħħ

83.Pat.: الأسبوع الجاي يعني التنظير تعمل [نا؟]

?i?osBwoʧ ?ildʒaay yaʧny Tanð'yŕ Tiʧmal[naa?]

The week next mean endoscopy do [for us?]

You mean to do the endoscopy for us next week?

84.Dr.1: [امتى] بتحب؟

[?imTaa ] BiThiB?

[When] you like?

When do you like?

85.Pat.: زي ما بدك =

Zay maa BiDDak=

As like you=

As you like=

86.Dr.1: بكره. خير البر عاجله

Bokraħ. Xayro ?ilBiri ʧaaziloh

Tomorrow the sooner the better

- Tomorrow. The sooner, the better
- 87.Pat.: نعم؟  
Naçam?  
What?  
What?
- 88.Son: [بكره]  
[Bokrah]  
[Tomorrow]  
Tomorrow
- 89.Dr.1: [بكره] بكره عشانك لأنه ----- ايش  
[Bokrah] Bokrah çaaanak li?anoh (name) ?y]  
[Tomorrow] tomorrow because of you because (name) what  
Tomorrow, tomorrow because of you. Because (the name of Dr.)what
- 90.Son:(( He is giving the full name of his father))
- 91.Dr.1: نخاع العظم مافي اشي  
NoXaaç ?ilçð'im maa fy ?i]y  
Marrow bone nothing thing  
There is nothing in the marrow bone.
- 92.Pat.: [ها] مهو بد  
Mahoa BiD [haa]  
Well need [it]  
Well, it needs
- 93.Dr.: [نخ] نخاع العظم ما في اشي بنبدا وحده وح [ده]  
[noX] aaç ?ilçð'im maa fy ?i]y ?iBniBDaa wahDih wah[Dih]  
[Mar]row the bone not thing we start one on[e]  
There is nothing in the marrow bone. We start one by one.
- 94.Pat.: [بقو] ل بدها دخول هاي دكتور أه؟  
[Bagw] ol BiDhaa Doxwol haay DokTwor ?ah?  
[I sa] y need it admission to enter this doctor does?  
I say does it need an admission to enter, doctor?
- 95.Dr.1: أه الدخول وبتتر [وح ]  
?aah DoXwol wa BiTra [wih]  
Yes enter and you go h[ome]  
Yes. You enter and then go home
- 96.Pat.: [ماض] لش معاي أنا [مصار] اي  
[maa d' ]li] maçaay ?anaa [mas'aar] y  
[not ha]ve with me I am [mome]y  
I do not have any more money
- 97.Son: [hh]
- 98.Dr.1: ايش هو على حسبكم؟  
ly] hoa çalaa hisaaBkom?  
Why it on you?

- Why? Is it on you?
- 99.Pat.: [10%]
- 100.Son: لا تأمين 10%  
 [laa Ta?] myn 10%  
 [no ins] urance 10%  
 No, insurance 10%
- 101.Dr.1: ليش؟  
 ly|?  
 Why?  
 Why?
- 102.Pat.: لموظفي الجامعة ↑ . احنا هيك ↓  
 Limowað'afy ?ilzaamçah↑. ?ihnaa hyk↓  
 For employees the university↑ we like this↓  
 For the university↑ employees. We are like this↓.
- 103.Dr.1: انت ايبي 10% اه  
 ?inta ?iiiiiii 10%  
 You immm 10%  
 You, imm, 10%
- 104.Pat.: [-----] أه ما هي لغتها الي الدكتور ه  
 ?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: [مين] هاد بدفع كل ما يجي؟  
 [myn]? haaD BiDfaç Kol maa yizy  
 [who]? He pays every visit  
 Who? Does he pay every visit?
- 106.Son: [أه] 10% بندفع  
 [?aah] 10% ?iBniDfaç  
 [yes] 10% we pay  
 Yes. We pay 10%
- 107.Pat.: [أه] صرت دافع ( )  
 [?aah] s'irT Dafic ( )  
 [yes] till now I paid ( )  
 Yes. I paid till now ( )
- 108.Dr.1: طيب يتقدرش اتجيب اعفاء؟  
 t'ayB ?iBTiqDari| ?iTzyB ?içfaa?  
 Okay can you not bring exemption  
 Okay. can you bring any exemption?
- 109.(0.3)
- 110.بتقدر اتجيب اعفاء؟  
 ?iBTiqDar ?iTzyB ?içfaa?  
 Can you bring exemption?



Can you bring exemption?

111.Pat.: لا من وين بدي أروح اجيب

Laa min wyn BiDy ?arwoh ?azyB

No from where I will go bring

No. from where I will bring it!

112.Dr.1: يعطو اعفاءات. انت شو تأمين [ك؟]

Baɣtʷo ?iɕfaaʷaaT ?iTɑ ʃwo Taʷmyna [kʷ]

They give exemptions you what insurance [ouʷ]

They give exemptions. What is your insurance?

113.Pat.: [والله] مصرو [ف]

[wa Allah] masʷrwo[f] Ramadan

[really] expens [e] Ramadan

Really that the expense of Ramadan

114.Son: [ال] جامعه [أه]

[ʔil] ʒaamɕah [ʔaah]

[the] university [yes]

Yes. The university

115.Dr.1: [والله] مش عارف شو بدي احكيك. هيك معاه حق هيك أنا شو بعرفني شو ب[مسير]

[waAllah] miʃ ɕaarif ʃwo Bidy ?aħkylak hyk maɕaah ħaq.

[really] not know what I want say to you in this case he right

hyk ?anaa ʃwo Biɕarifny ʃwo B[isʷyr]

in this case I am how I know what h[appen]

I really do not know what to say. He is right. How will I know what happens?

116.Pat.: [والله] الحالة المادية

[waAllh] ?ilhaalih ?ilmaDiyih

[Really] the state finanational

Really that the financial state

117.Dr.1: و شو الحل؟ بنأجلها بعدين اذا بدك بعد العيد

Wa ʃwo ?ilhalʷ Binʷaʒilhaa BaɕDyn ?iðaa BiDak BaɕiD ?ilɕyD

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

?imlyħ

Good

Good

119.Dr.1: بعد العيد أه خليك تعال [عنا بعد العيد]

BaɕiD ?iɕyD ?aah Xalyk Taɕaal [ɕinaa BaɕiD ?ilɕyD]

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.: [أه خلينا نفحص] بعد العيد

[ʔaah Xalynaa nifħasʷ] BaɕiD ?ilɕyD

[yes let's examine] after El-Eid

Yes. Let's do the examination after El-Eid

121.Son: بعد العيد؟

BačD ?ilçyD?

After El-Eid?

After El-Eid

122.Dr.1: أكم حبة كورتزون بتوخذ؟

?akam haBiT kworTizwon ?iBTwoXið?

How may pills cortisone you take?

How many Cortisone pills do you take?

123.Son:[6]

124.Pat.:[6]

125.Dr.: نزلهم ل ابيي

Nazilhom la ?iiii

Reduce them to imm

Reduce them to imm

126.Pat.: 4°

127.Dr.1: ل 4 آه كل أسبوع نقص حبه وينشوفك بعد العيد.

La 4 ?aah kol ?osBwoç nagis? haBih wa Bin[wofak BaçiD ?ilçyD

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 يرضى [عليك]

Allah yird?aa [çalyk]

God pleased [with you]

May God be pleased with you

129.Dr.1: [خلص] ماشي

[Xalas] maafy

[okay] done

Okay, done

130.Pat.: هسه انيسطت ههههه

Hassah ?inbas?aTiT hh

Now I am happy hh

Now, I am happy hh

131.Dr.1 to Son: اذا صار نزيف بيحي على المستشفى

?iðaa saar nazyf Biyzy çalaa ?ilmosTafaa

If occur a bleeding he comes to the hospital

If a a bleeding occurs, come to the hospital

132.Son: لا انشاء الله خير. آه

Laa ?infa Allah Xyr

No willing God good

No good, God willing

133.Dr.1: لأنه لازم [م]

Li?annoh laazim

- Because must  
Because it is amust
- 134.Pat.: [لا] زم موعد يعني؟  
[laa] zim mawçiD yaçny?  
[mu]st an appointment I mean?  
I mean, is an appointment a must?
- 135.Dr.1: بدون موعد يا زلمه. انت ليش هيك!  
BiDwon mawçiD yaa zalamih. ?inta ly| 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 احد  
BiDwon MawçiD hyk moraažaçaḥ 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 بنتيجي من شان نقلك هيك هيك  
?aah ?iBTyzy min |aan ?ingollak hyik hyik  
Yes you come to tell you this this  
Yes. You come to tell you this and this
- 139.Pat.: طيب  
t?ayiB  
okay  
Okay
- 140.Son: [يوم احد يكون؟]  
[ywom ?ahiD Bikwon?]  
[day Sunday it is?]  
Will it be Sunday?
- 141.Pat.: هسه [دكتور لو باخذه] ن[المغرب] لو مددتهن للسحور بصير؟  
[DokTwor law BaXoðhi]n hassah [?ilmayriB] law maDaDiThin  
[doctor if I take the]m 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: [بصير] بصير آه آه  
[Bis?yr] Bis?yr ?aah ?aah  
[you can] you can yes yes  
Yes yes. You can, you can
- 143.Pat.: يلا الله يعطيك العافيه.

Yalaa Allah Yaçtʔyk ?ilçaafyih  
Okay God gives you wellness  
Okay, May God give wellness

144.Dr.1: تقرير النخاع مافيش فيه اشي بس  
Taçryr ?inoXaaç mafy] fyh ?]y  
Report marrow not there thing  
There is nothing in the marrow report

145.Son: انشاء الله  
?in]a Allah  
willing God  
God willing

146.Dr.1: [بس بده]  
[Bas Bidoh]  
[just want he]  
Just he wants

147.Pat.: [الله يسعدك و يجزيك الخير]  
[Allah yisçiDa]k wa yizzyk ?iXayr  
[God pleased y]ou and reward you goodness  
May God pleased you and reward you goodness

148.Dr.: اهلين هلا  
?ahlyn hala  
thanks thanks  
Thanks

149.Son: شكرا الك دكتور  
]okran ?ilak Doktwor  
thanks for you Doctor  
Thank you, Doctor

[Abu El-Rob: JMT: C 13:2015]

Duration: 8:95

1.Dr.1:؟----- شو مالها الست

fwo maalhaa ?ilsiT (name)?  
what wrong with Madam (name)?  
what's wrong with Madam (name)?

2.Son: =الله دائما عندها نازل↓=

Wa Allah Da?iman řinDhaa nazil↓=  
Well always for her come down↓=  
Well, hers always comes down↓=

3.Dr.1: =مين حولها علينا؟=

=myn ĥawallhaa řalynaa?  
=who referred here for us?  
=who referred you ?

4.Son: والله احنا اخذنا الموعد مش تحويل يعني كنا بالأول ب----- فآخر اشي

Wa Allah ?ihnaa ?aXðnaa ?olmawřid mij Tahwyl yařny konaa  
Well we took the appointment not referral I mean we were  
Bil?awal Bi (the name of the hospital) - faaXir ?ify  
Firstly in (the 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: 2013 ب----- المراجعة عند دكتور

?imoraazařah řinD Doktwor (name) Bi 2013  
The follow up visit with doctor (name) in 2013  
The follow up visit with doctor (name) in 2013

7.Dr.1: عند دكتور ----- عن ايش بتراجعو؟

řinD Doktwor (name) řan ?yř BiTražřwo?  
With doctor (name) for what you come?  
With doctor (name). for what did you use to visit him?

8.Son: [كنا] من شان نفس الإشي دكتور

Min řaan nafs ?i?ify DokTwor! [konaa]  
For same thing Doctor [we were]  
For the same thing, Doctor! We were

9.Dr.1: [شو] قالكو؟

[řwo] gaalwolkwo?  
[what] say to you?  
What did they say to you?

10.Son: من أول زياره كنا عندو بس- اعتذر وأجلونا الموعد كان بشهر 6 المفروض

Min ?awal ziyaarah konaa řinDwo Bas - ?ařTaðar wa ?ažalwonaa  
From the first visit we were there but- he pologised and Denied

?ilmawfiD kaan Bijahar 6 ?ilmafrwod?  
the appointment was in month 6 it's supposed

We were there from the first visit but- he apologised and denied the appointment which was supposed to be in the 6<sup>th</sup> of the month

11.(0.3)

12.Dr.2: ؟----- كانت اتشوف دكتور

KaanaT ?iTjof DikTwor (name)?  
was she visiting doctor (name)?  
she was meeting doctor (name)?

13.Son: ----- كانت اتشوف دكتور

KaanaT ?iTjof DikTwor (name) .  
was she visiting doctor (name).  
She was visiting doctor (name).

14.Dr.1: من شان ايش كان يشوفها؟

Min jaan ?yf kaan yifwofhaa?  
For what was see her?  
For what she was visiting him?

15.Son: عشان الجهاز الهضمي [دكتور]

ʃaʃaan ?izihaaz ?ilhadʔmy [DokTwor]  
for system digestive [doctor]  
for the digestive system, [octor!]

16.Dr.1: [شو عن]دها تضخم بالطحال [اشي؟]

[ʃwo ʃin]Dha TadʔXom Biltʔhaal [ʔifjy]  
[what ha]s she splenomegaly [thing?]  
What does she have? Is it splenomegaly?

17.Son: [Hepatitis]

[Hepatitis] ?aah  
[Hepatitis] Yes  
Hepatitis, yes

18.Dr.1: ايه؟

?ieh?  
What?  
What?

19.Son: Hepatitis

20.Dr.1: مهو اذا عندها تضخم بالطحال هذا هو السبب مش رايحين نعمل اي اشي

Mahoa ?iðaa ʃinDhaa TadʔXom Biltʔhaal haaðaa hoa ?ilsaBaB mij rayhyn  
Well if has she splenomegaly this is the reason not going  
niʃmal ?ay ?ifjy  
do any thing

Well, if she has splenomegaly, this is the reason and we are not going to do anything

21.Son: يعني ب [ده]

yaʃny B[iDoh]

this means      nee[d he]

this means that he needs

22.Dr.1: [أه بع] مل تضخم الطحال. بدنا انشوف اذا فيها عندها تضخم الطحال خالص

[?aah it cause]s Tad?Xom ?ilt?haal. BiDnaa      ?injwof ?iðaa fyhaa

[yes it cause]s splenomegaly      we need      check if      there

ʕinDhaa Tad?Xom ?ilt?haal      Xalas?

has she Splenomegaly      Okay?

Yes. Splenomegaly causes. We need to check if she has Splenomegaly. Okay?

23.Son: كبد هي عندها دكتور

kaBiD hiyi ʕinDhaa 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:

Laa mahoa kol Damhaa li?anoh ?ilt?haal↑ ʕinDhaa Tad?Xom.

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 اشني اعطوها وحدتي [ن دم]

yaʕny ?aaXir ?ify ?aʕt?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: [ما أنا] عارف بقلك ما اتي بشرحك هاي الست ابيبي اسمها ----- عندها مشكلة الطحال هي (0.2) بحجز الدم فيضله

[maa ?anaa] ʕaarif Bagolik maa ?iy Baʕraħlik haay ?ilsiT

[well I] know I tell you that I am explaining this is the lady

?iii ?ismha (name) ʕinDhaa moʕkilih ?ilt?haal hiyi (0.2)

immm name her (name) has problem Spleen it's (0.2)

Biħziz ?ilDam faBid?al

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.دمها نازل.

Damhaa nazil

Blood her came down

Her blood came down

28.Dr.2: ( )

29.Dr.1: ايه؟

?iih?

What?

What?

30.Dr.2:( )

31.(0.1)

32.Dr.1: فعلاج الدم هو ثانوي للمشكلة

faʕilaaz ?ilDam hoʔa θaanawy lilmofkilih for  
so tearing the blood is secondary the problem  
so treating the blood is a secondary thing for the problem

33.((Dr.2 is discussing the patient's case with Dr.1))

34.Dr.1 to Dr.2: أه و عندها Splenomegaly قديش الطحال؟

?aah wa ʕinDhaa Splenomegaly gaDyf ?iltʔhaal?  
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: أه فالمشكلة كلها بسبب ال ابيبي مشكلة الكبد لأنه عامله تضخم الطحال والطحال حاجز الدم فهو السبب ابيبي نزول الدم

?aah falmofkilih kolhaa BisaBaB ?il ?iiii mofkiliT ?ilkaBiD  
Yes so the problem all of it because the imm problem the liver  
li?annoh ʕaamliah TadʔXom ?iltʔhaal wa ?iltʔhaal haaziz ?ilDam  
because caused enlarge the spleen and the spleen reserves the blood  
fahoa ?isaBaB ?ii fy:::: nozwol ?ilDam  
so it is the reason imm in:::: coming down the blood  
Yes. So all the problem is because of the imm problem of the liver because it causes  
Splenomegaly and the spleen reserves the blood so the reason immm is in coming down  
the blood.

37.Son: [عنها] ترى هلا يعني ماشاءالله [عني] بعدين هسعيات دكتور الحمد لله رب العالمين المبارح واليوم ي

BaʕDyn hasaʕiyaaT DokTwor ?ilhamdwo lilAllah RaB ?ilʕaalamyn  
Also now doctor thank God Lord of the Worlds  
?imBaarih wa ?ilywom ya[ʕny] Taraa hala yaʕny maaʕaaʔAllah [ʕanhaa]  
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: [ايه؟][خليها] بالله تدخل جوا.

[?iih?] [Xalyhaa] BaAllah ToDXol zowaa  
[what?] [let her] please enter there  
What? Let her please enter there

39.Dr.1 to Nurse: دخلينا اياها

DaXlynaa ?iyaahaa  
Let her enter there  
Let her enter there

40.Son: ما شاء الله عنها

maaʕaaʔ Allah ʕanhaa  
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: ادخلك مريض تاني هون عيين ما اجهز الحج [ه؟]



?DaXillak maryd<sup>?</sup> Tany hwon ʕaByn maa ʕaʒhiz ?ilhaʒ[ih?]  
Shall I call patient another here till i prepare El-Haj[ih?]  
Shall I call another patient till I prepare El- Hajih the old lady?)

44.Dr.1: [لا] بس نحكي مع ابنها خليه يجي

[laa] Bas nihky maʕ ?iBinhaa Xalyh yiʒy  
[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 يا باشا

Taʕaal yaa Baʕaa  
Come in Pasha  
Come in, Pasha

48.Son: ↓ نعم

naʕam↓  
Yes↓  
Yes↓

49.Dr.1: =اسمع يعني أنا بنديش أحكي قدامها. عندها المشكله كلها من مرضها الأصلي

?ismaʕ yaʕny ?anaa BiDyʃ ?ahky goDDamhaa. ʕinDhaa ?ilmoʃkilih  
Listen I mean I don't want to talk in front of her she has problem  
kolhaa min marad<sup>?</sup>haa?il?as<sup>?</sup>ly  
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: آه=

=?aah  
=yes  
=yes

51.Dr.1: يعني ما في اشي بنقدر نعمله هاد السبب عندها تضخم الطحال ناتج عن تشمع الكبد

yaʕny maa fy ?iʃy ?iBnigDar nigmaloḥ had ?ilsaBaB ʕinDhaa  
I mean not thing we can do it this the reason has  
Tad<sup>?</sup>aXom ?ilt<sup>?</sup>haal naTiʒ ʕan Tafamoh ?ilkaBiD  
Splenomegaly because of Cirrhosis liver  
I mean, there is nothing we can do because she has Splenomegaly because of liver Cirrhosis

52.Son: نعم

naʕam  
Yes  
Yes

53.Dr.1: فهو سبب نزول الدم عن تضخم الطحال. تضخم الطحال ما اله علاج فالأمور هذا [بد] وهي عندها كمان سرطان حاطين بالك

Wa hiyi ʕinDhaa kamaan sarat<sup>?</sup>aan ḥat<sup>?</sup>yn Bilka[BiD] fahoa saBaB  
And she has also cancer they wrote in liv[er] so reason

nozwol ?ilDam fan Tad'aXom ?it'haal. Tad'aXom ?it'haal  
coming down the blood because of Splenomegaly Splenomegaly  
maa ?iloh ?ilaa? fa?il?omwor hað'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: [امهم]

[imhm]

imhm

55.Dr.1: هو السبب. فمشكلة الدم ما رح نعملها اثني

Hoa ?ilsaBaB. famo?kilih ?ilDam maa rah ni?malhaa ?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: [لو]

[law]

[just]

Just

57.Dr.1: [غير] نقل الدم ما في [شي]

[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: [لو] لو معنويا دكتور بس

[law] law ma?nawiyān DokTwor Bas

[just] just morally Doctor just

Just, just morally, Doctor! just

59.Dr.1: شو مالها؟

?wo maalhaa?

What wrong with her?

What's wrong with her?

60.Son: طعتها دعم معنوي [زي ما]

t'aft'yhaa Da?im ma?nawy [zay maa]

give her support morally [as you]

to give her morally support as you

61.Dr.1: [شو الد] عم المعنوي نحكيها يعني؟

[?wo ?iDa]?im ?ilma?nawy ni?kylhaa ya?ny?

[what sup]port morally tell her I mean?

What morally support! What shall we tell her?

62.Son: [م و] ولا اثني إنه وضعك تما

Wa laa ?ify ?inoh wad'fik Tamaa[m and]

And no thing that your case oka[y and]

Nothing. Just you are okay

63.Dr.1: [طيب] جيبها طيب علدي بنقلها

- [tʔayiB] ʒyBhaa tʔayiB ʒaDy Bingolhaa  
 [okay] call her okay its okay we will tell her  
 Okay. Call her. Okay its okay we will tell her
- 64.Son: بس هي هاي بتعرف الحجات [هدول]  
 Bas hay haay ʔiBtiʒrif ʔilħazaaT [hadwol]  
 Well she this know the old ladies [these]  
 Well, you know the old ladies
- 65.Dr.1: [طيب] ماشي. شو بتقربلك؟  
 [tʔayiB] mafy ʒwo ʔiBtigraBlak?  
 [okay] Done what relation her?  
 Okay. Done what is your relation with her?
- 66.Son: أمي والله والدتي. (0.1) بعين الله  
 ʔomy wa Allah waliDTy. (0.1) Biʒyn 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 هي حكيناك مشكلتها بالهاظ وما فيش اشي ثاني. أمورها:  
 [laa ʔikwa]ysih hiyi ħakynaalak moʒkilThaa Bilħaaðʔ wa maa fyʒ  
 [no goo]d she we told her her problem in this and not there  
 ʔify ʔaany ʔomworhaa  
 thing another her case  
 No good. We told her that her problem in this and nothing else. Her case
- 70.Son: الحمد لله  
 ʔilħamdo lillAllah  
 Thank God  
 Thank God
- 71.Dr.1: [سلا]متها  
 Salaa[miThaa]  
 Wish her to get well soon  
 Wish her to get well soon
- 72.Son: [ان]صل نعطيهاFolic Acid دك [تور]؟  
 [ʔii ʔin]dʔal naçtʔhaa Folic Acid Dok [Twor]ʔ  
 [we kee]p giving her Folic Acid doc[tor]ʔ  
 Shall we keep giving her Folic Acid, doctor?
- 73.Dr.1: [آه] توخذ Folic Acid فيش داعي تراجعناحنا هون  
 [ʔaah] ToXið Folic Acid fyʒ Daʒy ʔiTraaʒiʒnaa ʔihnaa 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

74.Pat.: ( ) يا دكتور [بس]

[Bas] yaa DocTwor (name)

[but] doctor (name)

But, doctor (name)

75.Dr.1: ----- أنا عارف بدك اتشوفي دكتور

?anaa ʕaarif BiDik ?iTʃwofy DokTwor (name)

I know you need to see Doctor (name)

I know that you need to see doctor (name)

76.Dr.1 to Son: ال ايبي طبيبها

?il ?ii tʰaByBhaa

The imm doctor her

The imm her doctor

77.Son: -----

(name)

78.Dr.1: أه. سلام [تها يا سيدي]

?aah. salaami [Thaa yaa syDy]

Yes get well [soon she sir]

Yes. May she get well soon, sir!

79.Son: [الله يسلّمك] شكرا شكرا يا دكتور

[Allah yisallmak] ʃokran ʃokran ya DokTwor

[God protect you] thanks thanks doctor

May God protect you. Thanks, thanks, Doctor!

80.Dr.1: أهلين هلا

?ahlyn hala

Welcome welcome

Welcome welcome

81.Son: الله يعطيك العافيه

Allah yaʕtʰyk ?iʕaafyih

God gives you wellness

May God give you wellness

82. (They leave the room)

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

Duration: 24 minutes

- 1.Pat.: السلام علي [كم]↓  
?ilslaam      ʕalay[kom]↓  
Peace          upon [you]↓  
Peace upon you↓
- 2.Dr.1: ؟----- ن [مي]  
[my]n -----?  
[wh]o (name)?  
Who is (name)?
- 3.Pat.: أنا↓  
?anaa↓  
I am↓  
I am↓
- 4.Dr.1: ----- استاذ  
?iTfadʕal      ?osTaað (name)  
Come in      Mr.      (name)  
Come in Mr. (name)
- 5.Pat.: يعطيك العاف [يه]  
yaftʕyk      ?iʕaaf[yih]  
give you      wellness  
May God give you wellness
- 6.Dr.1: ؟----- [من] شان ايش جاي الأستاذ  
[min]ʃaan ?yʃ      ʒaay ?il?ostaað (name)?  
[for]      what      come Mr.      (name)?  
For what you are here Mr.(name)?
- 7.Pat.: [الله عامل تحاليل و عامل هيك]  
waAllah ʕaamil      Taħaalyl      wa      ʕaamil [hyk]  
Well      I did      analysis      and      did      [this]  
Well, I did analysis and I did this
- 8.Dr.1: ؟ [انت] سوري?  
[?inTa]      swory?  
[you]      Syrian?  
Are you Syrian?
- 9.Pat.: ؟ اي  
?y?  
What?  
What?
- 10.Dr.1: شو تأمينك؟  
ʃwo      Ta?mynik?

- What insurance you?  
What is your insurance?
- 11.Friend: سوري. التأمين↓  
Swory ?ilTa?myn↓  
Syrian the insurance↓  
Syrian. The insurance↓
- 12.Dr.1: بتدفع يعني على حسابه؟  
?iBTiDfaʕ yaʕny ʕalaa hisaaboh?  
You pay mean on account his?  
I mean do you pay on your own?
- 13.Friend: على حسابه [أه↓]  
ʕalaa hisaaBoh [ʔaah↓]  
on his own [ yes↓]  
on his own. Yes↓
- 14.Dr.1: [مهو] غالي المستشفى  
[mahoa] yaaly ?ilmostafaa  
[this] expensive the hospital  
This hospital is expensive
- 15.Dr.2: في فحوصات دم مساويها بر [ه؟]  
Fy foʔwosʔaaT Dam ?imsaawyhaa Bara[h?]  
There tests blood did them ou[t?]  
Are there blood tests that he did out?
- 16.Dr.1: [بع] ني من شان ايش هذا على على شان ايش جاي؟  
[yaʕ]ny min ʕaan ?iyʕ haʕaa ʕalaa ʕalaa ʕaan ?yʕ ʕaay?  
[I me]an for what this for for what come?  
I mean for what, for what you came?
- 17.Pat.: لوكيميا مع [ي]  
Leukemia maʕ[y]  
Leukemia with [me]  
I have Leukemia
- 18.Dr.1: [وي] ن بتتعالج؟  
[wiy]n ?iBTiTʕaaladz?  
[whe]re you receive treatment?  
Where do you receive treatment?
- 19.Friend: هو في احد عاجة! احد استقبله! ما احد استقبل [ه] غير هلناس الطيبه استقبلته  
Howa fy ?ahaD ʕaaladzoh! ?ahaD ?istagBaltoh! maa ?ahaD  
there anybody met him anybody met him! No body  
?istagBalo[h] ʕyr hal ?ilnaas ?iltʔayBih ?istagBalaToh  
helped hi[m] 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: [مهو] يعني عملوله خزعه بنخاع العظم؟

[mahowa] yaʕny ʕimlwoh Xozʕah BinoXaaʕ ?ilʕað'im?  
[well] mean did it biopsy in marrow the bone?  
Well, I mean Did they take biopsy from the bone marrow?

21.Pat.: ما عملو ↓

Maa ʕimlwo ↓  
Not did it ↓  
No they did not ↓.

22.Dr.1: مهو بده خزعه

Mahoa BiDoh Xozʕah  
Well he needs Biopsy  
Well, he needs biopsy

23.Dr.2: (( He is reading a report to Dr.1))

24.General fatigues for 2 months history of back pain hemoglobin 7.2

25.3200 ( ) عندك 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: طيب هسه لو طلبتاله الدخول عنده امكانيات هو يدخل المستشفى ولا لا؟

t'ayiB hassah law t'alaBnaaloh ?iDoXwol ʕinDoh ?imkaaniyaaT  
okay now if asked for him enter has money  
howa yiDXol ?ilmoʕtaffaa 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?

28.Friend: والله معالجة واحد على حساب [به]

Wa Allah moʕaalazih waahiD ʕalaa ?hisaa[Boh]  
Really treatment someone on own h[is]  
The treatment is really on the own of somebody

29.Dr.2: [ايش] هو؟

[?iy] howa?  
[who] he?  
Who is he?

30.Friend: هو فاعل خير.

Howa faaʕil Xyr  
He man of a good will  
Well, a man of a good will

31.Dr.2: عنده امكانيات يدخل مستشفى ولا لا؟

ʕinDoh ?imkaaniyaaT yiDaXil mosTaffaa wilaa la? ?

- he has money enter hospital or not?  
Has he money to enter the hospital or not?
- 32.Friend: [ير؟] يعني كم فترة العلاج بدها اتصن [ير؟]  
yaʕny kam fatriT ?ilʕilaaʒ BiDhaa ?iTʂʕ[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: [مه]وأنا  
[mah]owa wa ?anaa  
[we]ll and me  
Well, and me
- 34.Dr1to Dr.2: ((while speaking on the phone))خلينا نشوف لحظه  
Xalynaa ?inʕwof lahðʕah  
Let's see a moment  
Just a moment. Let's see
- 35.Dr.2: هلا الدكتور بشوفلك  
Halaa ?ilDokTwor Biʕwoflik  
Now the doctor to see for you  
Now, the doctor will see for you
- 36.Pat.: ليكون دكتور هدول التحاليل  
Laykwon DokTwor haDwol ?ilTahaalyl  
There might be doctor these the analyses  
Doctor! These might be the analyses
- 37.(0.85)
- 38.Dr.1: هلا شو الي بشكي منه السيد ايبي ( ) ؟  
Halaa ʕwo ?ily Biʕky minoh ?ilsayiD ?e::h (name)?  
Now what the complain of Mr. ?e::h (name)?  
Now, what is the complain of Mr. ?e::h (name)?
- 39.Friend: بصير معاه دوخه امر [ار]  
Bisʕyr maʕaah DoXah ?amr[ar]  
Happen with him dizzy some[times]  
Sometimes, a dizzy happens with him.
- 40.Dr.1: [شو بق]ربلك بأول؟  
[ʕwo Biq] raBlak Bilʕawal?  
[what the relat] ion with him firstly?  
Firstly, what is your relation with him?
- 41.Friend: والله كان جار عندنا [بس]  
waAllah kaan dʒaarnaa ʕinDnaa [Bas]  
Really he was our neighbor our [but]  
He really was our neighbor but
- 42.Dr.1: [آه] مصاري مهو المشكله زي ما قلت المصاري وأنا ايبي ايش [بوخذ]  
[ʕaah] mahowa ?ilmoʕkilih zay maa goT ilmasʕaary wa ?anaa  
[yes] well the problem as said you the money and I am



??e::?ef [BoXiD] mas'aary

imm What [take] money

Yes. Well, the problem is the money as you said and I imm take money

43.Friend: [أبيي] هو يا دكتور في فاعل خير من قرايبي أنا

[?e::h] hoa yaa DoKTwor fy faʃil 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

?aah

Yes

Yes

45.Friend: بسويله على حسابيه لله

Bisawylloh ʃalaa hisaaBoh lilAllah  
He will help for him on his own for God  
He will help him on his own

46.Dr.1: شو يعني بده يدفع عليه عنه؟

ʃwo yaʃny BiDoh yiDfaʃ ʃalyh ʃanih?  
What mean want he pay on him for him?

Do you mean he wants to pay on him, for him?

47.Friend: بده يدفع عليه؟

BiDoh yiDfaʃ ʃaliyh?  
Want he pay on him?

Does he want to by on behave on him?

48.Dr.1: أخذ حديد فيتامين B12 بره؟

?aXiD haDyD vitamin B12 Barah?  
Took iron vitamin B12 out?  
Did he take vitamin B12 and Iron from outside?

49.Pat.: ما اخذت شي

Maa ?aXaDi [T ʃiy]  
not I too [k thing]

I did not take anything

50.Dr.1: [ليش؟]

[lyʃ?]

[why?]

Why?

51.Friend: ما أخذ شي ولا أحد استقبله

Maa ?aXaD ʃiy wila ?ahaD ?istagBaloh  
Not took he thing or anybody met him  
Neither he took anything or anybody met him

52.Pat.: ما حد أعطاني

Maa haD ?aŋt'aany  
No body gives me  
Nobody gives me

53.Dr.1:Notfin خيلنا بلأول نعمله CBC أقولك خيلنا بلأول نعمل

Xalynaa Bil?awal niŋmaloh CBC ?agwolak Xalynaa Bil?awal  
Let's firstly do for him CBC tell you let's firstly  
niŋmal Notfin  
ask notfin  
Let's firstly ask for him CBC... listen let's ask for Notfin

54.Dr.2: هاي بدفع عنه هدول

Haay BiDfaŋ ŋanoh haDwol  
This pay he on behave of him these  
He pays these on behave of him

55.Dr.2: [hepatitis]

56.Dr.1: [خيلنا بلأول نعم] ل اليوم CBC ايه؟

[Xalynaa Bil?awal niŋmi]l ?ilywom CBC ?e::h?  
[let's firstly ha]ve today CBC what?  
Let's today firstly have CBC. What?

57.Dr.2: B+

58.Dr.1: ال hepatitis B+ عنده طحال؟ بلاش يكون spleen ( ) . خيلنا نفحص بطنه

?il hepatitis B+ ŋinDoh ?t'haal? Balaaf yikwon spleen ( ) Xalynaa  
The hepatitis B+ for him spleen hope not spleen ( ) let's  
nifhas? Bat'noh  
examine belly his

The hepatitis is B+. Does he has spleen? Hope is not spleen( )let's examine his belly

59.Friend: هاي صورة الأشعة ( )

Haay s'woriT ?il?afiŋah ( )  
This is picture X-ray ( )  
This is the X-ray picture ( )

60.Dr.1: لا خيلنا نفحص بطنه. مهو انشوف اتفضل

Laa Xalynaa nifhas? Bat'noh. Mahowa ?inŋwof ?itafad'al  
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.Dr.1 to Friend: انت سكان وين؟

?inta sokaan wiyn?  
You live where?  
Where do you live?

63.Friend: المفرق

?ilmafrag  
Mafrag

Mafrag

64.(0.8)

65.Dr.1 to Friend: و هو طيب

Wa howa t'ayiB

And he well

Well, and he? / well, and what about him?

66.Dr.1 to Pat.: و شو بتشتغل حضرتك؟

Wa ſwo ?iBTiſTayil had'irTak?

And what your job your excellency?

And what is your excellency job?

67.Pat.: أنا؟

?anaa?

Me?

Me?

68.Dr.1: آه

?aah

Yes

Yes

69.Pat.: ما بشتغل شي

Maa BiſTayil ſy

Not work thing

I do not work anything

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

71.Dr.1: رد يا بس انت عندك التهاب الكبد الوبائي ب. صح؟

Bas ?inTa ſinDak ?ilTihaaB ?ilkaBiD ?ilwaBaa?y

B. s'ah? roD ya

But you you have Hepatitis

B. Right? Reply Mr.

But you have Hepatitis b, right? Reply Mr.

72.Friend to Pat.: رد عليه

roD ſalyh

answer him

answer him

73.Pat.: نعم

naſam

What?

What?

74.Dr.1: عندك التهاب الكبد الوبائي؟ ب؟

ſinDak ?ilTihaaB ?ilkaBiD ?ilwaBaa?y?

B?

have you Hepatitis?

B?

Do you have Hepatitis B?

75.Pat.: ما بعرف

Maa Baſrif

Not I know

- I do not know  
 76.Friend: عندك التهاب الكبد؟  
 ʕinDak ?ilTihaaB ?ilkaBiD?  
 have you Hepatitis?  
 Do you have Hepatitis?
- 77.Pat.: ما بعرف والله ما بعرف ما حدا قلتي شي  
 Maa Baʕrif waAllah maa Baʕrif maa haDaa ?aly ʕy  
 Not I know really not I know not anybody tell anything  
 I really do not know, I do not know
- 78.Dr.1: هما كاتبينه  
 Homaa kaTbyn  
 They wrote  
 They wrote
- 79.Pat.: كاتبينه! بس ما حدا ألي  
 kaTBynoh Bas maa haDa ?aly  
 they wrote it but not anybody told me  
 They wrote it! But nobody told me
- 80.Friend: دكتور انت عارف بالمفرق يعني  
 DokTwor ?inta ʕaarif Bilmafrag yaʕny  
 Doctor you know in Mafraq I mean  
 Doctor, you know doctor that in Mafraq, I mean
- 81.Dr.1: أنا مش عارف بس مهو المشكله احنا مش القصه مين بدو يدفع  
 ?ana miʕ ʕarif Bas mahoa ?ilmoʕkilih ?ihnaa miʕ ?ilgis?ah  
 I am not know but well the problem we not the story  
 miyn BiDwo yiDfaʕ  
 who want pay  
 I do not know but, well, the problem, we –the story is not who wants to pay
- 82.Friend: ابيي الدفع ما عندنا الدفع ما عندنا الدفع ↑  
 ?e::h ?ilDafig maa ʕinDnaa maa ʕinDnaa ?ilDafig maa ʕinDnaa  
 ?e::h the payment not use not us the payment not us  
 ?ilDafiʕ↑  
 the payment↑  
 ?e::h the payment... we do not have... the payment... we do not have... the payment↑
- 83.Dr.1: مين انتو↓؟  
 Myn ?intwo↓?  
 Who you↓?  
 Who are you↓?
- 84.Friend: حنا  
 hina  
 We  
 We
- 85.Dr.: حنا مين؟

hina myn?  
We whom?  
Whom we?

86.Friend: فاعلين الخير  
faaʕlyn ?ilXyr  
man of a good will  
man of a good will

87.Dr.1: انشاء الله  
?infa Allah  
willing God  
God willing

88.Friend: جاهز الرجال انشاء الله  
dʒaahiz ?ilrigaal ?infa Allah  
ready the man willing God  
The man is ready, God willing

89.Dr.1: أفلك اهم اشي أسهل اشي نعمله CBC عند الدكتور هاد بنعمله اياه اليوم ونشوفه خليه يستنى عين ما انشوفه. اذا  
?agwolak ?aham ?ify ?ashal ?ify nigmaloḥ CBC  
Let me say the most important thing the easiest thing do it CBC  
no fill ʕinD ?ilDokTwor haaD ?iBniʕmaloh ?iyaah ?ilywom  
no fill with the doctor this we do it for him today  
wa ?inʕwofoh Xalyh yisTanaa ʕaBiyn maa ?inʕwofoh  
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. في شي بنقدر نساعده بدون ما يعمل فحوصات ابنعمله.  
Fiy ʕiy ?iBnigDar ?insaafDoh BiDon maa yiʕmal foḥwosʕaat ?iBnigmaloḥ  
There thing we can help him without doing tests we 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.(0.2)

94. نباتي بتوكل كلشي؟  
naBaaTy ?iBtwokil kolʕy?  
vegetarian do you eat everything?  
Are you vegetarian? Do you eat everything?

95.Pat.: كلشي اي

kolfy            ?iyh  
everything        yes  
Yes everything

96.(0.7)(( Dr.1 is typing))

97.Dr.1: اعملنا هذول و استنتى لا تروح يا باشا قبل ما نشوف

?iʃmalinaa haDwol wa ?isTana laa ?iTrwoh ya Bafaa gaBil maa?iʃwof  
Do for us these and wait not leave Pasha before seeing him  
Do these and wait. Pasha, do not leave before seeing him.

98.(0.3)

99. اتفضل

?iTfadʔal  
Please  
Please

100.Dr.2: [وف]ده يجي بعد نص ساعه من شان يش[تور ب] خذ الورقه آه وعلى المختبر الطابق الأول خليه يسوولك اياه واحكيلهم الدك

Xoð ?ilwaragah ?aah wa ʃalaa ?ilmoXTaBar ?iltʔaaBig ?ilʔawal  
Take the paper okay and to the lab the floor the first  
Xaliyhom yisawolik ?iyaahom wa ?iħkiylhom ?ilDok[Twor  
Let him do for you them and tell them the doc[tor  
B]iDoh yidzy BaʃiD nosʔ saaʃah min jaan yiʃ[wof]  
wi]ll come After half an hour for se[e]

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

101.Dr1: [آه] [ايوا]

[ʔaah] [ʔaywa]  
[yes] [right]  
Yes, right

102. لا ----- إسأل عنه.

La? (name) ?isʔal ʃanoh  
No (name) ask about hom  
No (name). Ask about him

103.Friend: ايش؟ ----

(name) ?iyʃ?  
(name) what?  
(name) what?

104.(0.14)

105.Friend: اي دكتور الطابق الأول ه؟

?ie:: DokTwor ?iltʔaaBig ?ilʔawal ha?  
?ie:: doctor the floor the first right?  
imm doctor! The first floor, right?

106.Dr.1: الطابق الأول عند الدرج ابتطلع قبالك في ----- بتحكيه هيك هيك

?iltʔaaBig ?ilʔawal ʃinD ?ilDaradz ?iBTitʔlaʃ ?igBaalak fy (name)  
The floor the first beside the stair go up in front of you there (name)

?iBTihkyloh 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.: يعطيك العافيه

yaft'yk ?ilfafyih  
give you wellness

May God give you wellness

108. (They leave the room).

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

Duration: 40:07

1.Dr.1 to Pat.: انفضلي ست ---- شو لإيش محوله؟

?itfad?aliy siT (name) ]ow la?iy] ?imħawlih?

Come in please Miss (name) what why comehere?

Come in please, Miss (name). What, why did you come here?

2.The Pat. Cousin: مرحبا دكتور

Marħabaa dokTwor

Hello doctor

Hello doctor

3.Dr.1: أهلين هلا

?ahliyn hala

hello hello

Hello, hello

4.Cousin: كيف حالك؟

Kiyf ħaalak?

How are you?

How are you?

5.Dr.1: أهلين

?ahliyn

Welcome

Welcome

6.Cousin:-----أنا اذا بتتذكرني أبوي المرحوم

?anaa ?iðaa ?iBTiTðakarniy ?aBowy ?ilmarħowm (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 قرابت [ايبيبي]

?aah ?inta garaaBiT [?e:::]

Okay you relative [imm]

Okay. you are one of imm relatives

8.Cousin:[أم]

[?em]

[Yes]

Yes

9.Dr.1: [ها؟] آه انت جاي مع

?aah ?inTa dʒaay maç[ħaa?]

Okay you coming with[her?]

Okay, are you coming with her?

10.Cousin:[أه]

[?aah]

[Yes]



- Yes
- 11.Dr.1: أه اتفضل: ?aah ?iTfad'al  
Okay go ahead please  
Okay. Go ahead please
- 12.Cousin: لا خليني اطلع [و] Laa Xaliyniy ?at'laç [wa]  
No let me leave [and]  
No, let me leave and
- 13.Dr.1: [ان] ت أمك التركية: [?in]Ta ?omak ?ilTorkiyih  
[yo]ur mother the Turkish  
Your mother is the Turkish.
- 14.Cousin: أهه [ههه] أمي التركية ?omiy ?ilTorkiyih [hh]  
My mother the Turkish [hh]  
My mother is the Turkish one hh
- 15.Dr.1: أهه [ههه] كيف حالك؟ [hh] kief haalak?  
[hh] how are you?  
hh. How are you?
- 16.Cousin: الحمد لله ?ilhamdolilAllah  
Thank God  
Thank God
- 17.Dr.1: شو بتقربلك؟----- ?ow ?iBTigraBlak (name)?  
What the relationship with (name)?  
What is your relationship with (name)?
- 18.Cousin: بتكون ابي بنت عمي BiTkown ?ie:: BinT çamiy  
She is ?ie:: my cousin  
She is ?ie:: my cousin.
- 19.Dr.1: أه شو مالها؟ ?aah ?ow malhaa?  
Okay what wrong with her?  
Okay. what's wrong with her?
- 20.Cousin: امم خليها هي انا خل [يني] ?imm Xaliyhaa hiyi ?anaa Xali[yiny ]  
imm let her she I am let [me]  
imm let her, she, let me
- 21.Dr.1: [أه] اتفضلي يا ست -----

- [?aah]        ?itfad?aliy        yaa siT        (name)  
 [okay]        go ahead        Miss        (name)  
 Okay, go ahead Miss (name)
- 22.Pat.: [أنا بعرف انك استشاري دك [تور]  
 ?anaa Baçrif ?innak ?isTi?aariy Dok[Towr]  
 I know you consultant doc[tor]  
 I know that you are a consultant, doctor!
- 23.Dr.1:[آه]  
 [?aah]  
 [okay]  
 Okay
- 24.Pat.: هلا أبل سنتين طلع دمل في الصدر  
 Halaa ?aBil sanTiyn t?iliç        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: آه  
 ?aah  
 Yes  
 Yes
- 26.Pat.:-----تلايل فادكتور ----- بمستشفى  
 Talaliyl fa?iDowKtowr (name) BimosTajfaa (name)  
 Warts so doctor (name) in hospital (name)  
 Warts so doctor (name) in (name) hospital
- 27.Dr.1: آه  
 ?aah  
 Okay  
 Okay
- 28.Pat.: [عملتي عليه [ه] وشاله بين هو ما شمال الكيس الي حامله بين فضاه تمام؟ ضل الجرح مفتوح سنه ونص ما سلك [ر]  
 ?imiliy        ?amal[iyih] wa faal Bas how maa faal ?ilkiys  
 he did for me a surg[ery] and removed but he did not remove the bag  
 ?iliy hamloh Bas fad?aah Tamaam? d?al ?ildzoroh  
 that brings it just cleaned it okay? kept the wound  
 mafTowh sanih wa nos? maa saka[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: [أم] [آه] هلا في جرح؟  
 [imm] [?aah] hala fiy dzoroh?  
 [imm] [okay] now there a wound?  
 imm okay is there a wound now?
- 30.Pat.: آه  
 ?aah

Yes

Yes

31.Dr.1:آه

?aah

Okay

Okay

32.Pat.: هلا بعد سنه ونص انتل الإلتهاب للجيه الثانيه وصار في زي ماده خضرا كثير في الجهه الثانيه [the other side]

Hala BaʕiD sanih wa nosʔ ?intaʔal ?il?ilTihaaB la?ilziha?ilTaanyih

Now after a year and a half shifted the inflammation for side The another

wa sʔaar fiy zay maaDih Xadʔraa ?ikTiyf fiy

and becomes there like material green too much in

?ilzih [h ?ilTanyih]

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: هلا موجو [ ده؟ ]

[hala mawʒow] Dih?

[now is it ther]e?

Now. Is it there?

35.Pat.: لا دئيه خليني أكملك

Laa da?iy?ah Xaliyniy ?akamilik

No a minute let me continue

No, just a minute let me continue

36.Dr.1:آه؟

?aah?

What?

What?

37.Pat.:---فعملت ايبي رحى على عمان عملت عليه عند دكتور

faʕmiliT ?ie:: rohiT ʕalaa ʕamaan ?iʕmiliT ʕamaliyih ʕinD 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: آه

?aah

Okay

Okay

39.Pat.: وفضالي اياه. ضليت اراجع شهر اتعالج بعد العمليه انه الجرح مو راضى يسكر كمان هلا صار الجرح ملتهب بالجيتين و ما عم

Wa fadʔaaliy ?iyaah dʔaliyT ?araadziʕ ?iʕhowr ?aTʕaalaz BaʕiD

And cleaned it kept visit months to be treated after

?ilʕamaliyih ?inoh mow radʔiy yisakir kamaan halaa sʔaar

the medication that not respond close also now it becomes

?ildʒorh milTahiB BilzihaTiyn wa maa ʕam

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

40. يسكر. ايبي صور الأشعة هذول الي أنا عملت [هم]

Yisakir ?ie:: s'owar ?i?afi?ah haDowl ?iliy ?anaa ?i?milT[hom]

Close ?ie:: the x-rays these that I di[d]

Close ?ie:: these X-rays that I did

41.Dr.1: [طي] ب احنا أمراض دم ليش جاي هون على أمراض الدم؟

[t'ayi]B ?ihnaa ?amraad? Dam liy? dʒaay hown ʕalaa

[oka]y we diseases blood why you come here to

?amraad? ?ilDam?

Diseases the blood?

Okay, we are blood diseases so why you come here to the blood diseases?

42.Pat.: لأنه ----- حكالي هو هاد الدكتور الي رح يفيدك

Li?anoh (name) ʕakaliy howa haaD ?ilDowkTowr ?iliy rah yifiyDik

Because (name) told me this is the doctor who will help you

because (name) told me that this is the doctor who will help you

43.Dr.1: [هههههه]

[hh]

44.Pat.: [هههههه] ما بعرف عنه هو. هو أصر انه أنا أجي لهون

[hh] maa Baʕrif ʕanoh howa howa ?as?ar ?inoh ?anaa ?aadziy lahown

[hh] not know about him he insisted that I come here

hh. I do not know about him. He insisted me to come here.

45.Dr.1: هلا شو الي بتشكي منه بالزبط يعني

Hala ʕow ?iliy ?iBTiʕkiy minoh BilzaBt? yaʕniy

Now what that complaint you from exactly in other words

Now, In other words, what do you exactly complaint from?

46.Pat.: هلا- اعملت عليه قبل 10 أيام دكتور

Hala- ?iʕmilT ʕamaliyih ?aBil 10 ?ayaam DokTowr

Now- I made a surgery before 10 days doctor

Now- I made a surgery before 10m days, doctor.

47.Dr.1: آه

?aah

Okay

Okay

48.Pat.: و الأمور لحد الآن تمام بس أنا بدني يعني بدني أعرف المشكلة منه هي فحوص الدم هييم عنك. هاد أول تقرير للعملية دكتور

Wa ?il?omowr laʕaD ?il?aan Tamaam Bas ?anaa BiDiy Yaʕniy BiDiy

And the things till now good but I want I mean I want

?aʕrif ?ilmoʕkilih minoh hay foʕhows?aaT ?ilDam hayhom

know the problem of it these tests the blood here are they

ʕinDak haaD ?awal Taqriyr laʕamaliyih DokTowr

with you this the first report for the surgery Doctor

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: هاي؟

Haay?

This?

Is it this?

50.Pat.: آه هاي أول صوره:

?aah haay ?awal s'owrah

Yes this the first X-ray

Yes, this is the first X-ray

51.Dr.1: هلا شو أكثر اشي مدايقك انت؟

Hala şow ?akTar ?ifiy ?imDaaygik ?inTiy?

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 şam yisakir ?ildzoroħ

That not close the wound

That the wound dose not close.

53.Dr.1: طيب انشوفه؟

t'ayiB ?infowfoħ?

okay can we see it?

Okay, can we see it?

54.Pat.: آه أكيد:

?aah ?akiyD

Yes sure

Yes, sure

55.Dr.1: هو انشوفه:

How ?infowfoħ

Let's see it

Let's see it

56.(0.7)

57.Dr.1: انشوف بالله:

?infowf BaAllah

Let's see please

Please let's see

58. (0.12)

59.Dr.1: طيب عملو زراعه اشي؟

t'ayiB şimlow ziraafah ?ifiy?

okay did smear test thing?

Okay, did they make culture or something like this?

60.Pat.: آه عملو زراعه:

?aah şimlow ziraafah

Yes they made smear test

- Yes they made smear test
- 61.Dr.1: [شو]  
[ʃow]  
[What]  
What
- 62.Pat.: [وهي] نتائج الزراعة  
[wa hay] naTaaʔiz ʔilziraafah  
[and this is] results the test  
And this is the test results
- 63.Dr.1: أشوف بالله نتائج الزراعة  
ʔafowf BaAllah naTaaʔiz ʔilziraafah  
Let me see please results the test  
Let me please see the test result
- 64.Pat.: ابيي بال الأبيض file  
ʔie:: Bil file ʔiʔaByadʔ  
ʔie:: in file white  
ʔie:: in the white file.
- 65.(( The doctor is looking at the report for (0.4) seconds))
- 66.Pat.: في نتائج الزراعة لأول مره لأول عمليه ولتاني عمليه  
Fiy naTaaʔiz ʔilziraafah laʔawal marah liʔawal ʕamaliyih Wa  
There results the smear test for the first time the first surgery And  
liTaaniy ʕamaliyih  
for second surgery  
There are the results of the first smear test, the first and the second surgery
- 67.Dr.1: آه طيب  
ʔaah tʔayib  
Yes okay  
Yes, Okay
- 68.Pat.: ((when the doctor found the reports)) أيوا بالزبط  
ʔaywaa BilzaBtʔ  
Right exactly  
Right, exactly
- 69.(0.2)
70. هاي فحوصات الدم دكتور.  
Haay foħowsʔaaT ʔilDam DokTowr  
These tests the blood doctor  
These are the blood tests, Doctor
- 71.Dr.1: آه  
ʔaah  
Yes  
Yes
- 72.Pat.: هاي لأول عمليه وهاذا للتاني.

- Haay li?awal ʕamaliyih wa haDaa laTaaniy  
This for the first surgery and this for the second  
This is for the first surgery and this is for the second
- 73.(( The doctors are discussing the reports with each other))
- 74.Dr.1: هلا خلينا انشوف بالله محل الهاي  
Halaa Xaliynaa ?inʕowf BaAllah maħal ?ilhaay  
Now let's see please the location of the  
Now please let's see the location of the
- 75.(0.2)
- 76.Pat.: هلا هو مسكر بس هاي نتائج العمليه  
Hala howa ?imsakir Bas haay naTaa?iʕ ?ilʕamaliyih  
Now it is closed but these results the surgery  
Now it is closed but these are the surgery results
- 77.Dr.1: طيب في امم  
tʔayiB fiy ?imm  
Okay there ?imm  
Okay is there imm
- 78.Pat.: هلا هو ما قبل يقيم الخرز ألي لسه بدها وقت  
Hala howa maa giBil yi?iym ?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.
- 79.Dr.: هاي جديده العمليه؟  
Haay ?iʕDiyDih ?ilʕamaliyih?  
This new the surgery?  
Is this new the surgery?
- 80.Pat.: من 10 أيام.  
Min 10 ?ayaam  
Since 10 days  
Since 10 days
- 81.Dr.1: [و] و  
tʔayiB wa [wa]  
Okay and [and]  
Okay and and
- 82.Pat.: [و] الجهه هاي. هاي الجهه دكتور الي بتلتهب دايمًا  
[wa] ?idʕiha hay hay ?idʕiha doKTowr ?iliy ?iBTilTahiB Dayman  
[and] the side this this side doctor that inflamed always  
And this is the side. This is the side that is always inflamed.
- 83.(0.3)
- 84.Dr.1: micro biology مهو أخذ منها عينه زراعته  
Mahowa ?aXoD minhaa ʕayiniT ziraaʕah micro biology  
Well took from her a sample culture micro biology  
Well, he took a sample from it micro biology

- 85.Pat: أخذوا منها الأشياء التي طلعوها من جوار و فحصوها بالمختبر:  
 ?aaXoD minhaa ?il?afyaa? ?iliy t?alafowhaa min zowaa wa  
 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: لا زراعته زراع[ه]  
 Laa ziraacah ziraaca[h]  
 No smear test smeartes[t]  
 No, smear test, smear test
- 87.Dr.2: [العمل] ل العمل نفسه أخذوه وودوه على المختبر؟  
 [?ilçama]l ?ilçamal nafsoh ?aXaDowh wa waDowh çalaa ?ilmoXTaBar?  
 [the pu]s the pus itself took it and gave it to the lab?  
 Did they take pus the pus itself and give it to the lab?
- 88.Pat.: ما بعرف  
 Maa Baçrif  
 Not know  
 I do not know
- 89.Dr.1: مهو خليا بلاول اشي نوخذ منهم. بالله خليا نوخذ منهن هلا اول اشي. اول شغله لازم نزرعهم انشوف اذا في بكتيريا او لا. على  
 Mahowa Xaliynaa Bil?awal ?i?iy noXiD minhom BaAllah Xaliynaa  
 Well let's first thing take from them please Let's  
 nowXiD minhin hala ?awal çaylih laazim nizraçhom  
 take from them now the first thing must make smear test  
 ?inçowf ?iðaa fiy BakTiyria ?aw la? çalaa  
 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. الجهتين بالله Left و right أهم اشي نوخذ منهم ايبي نشوف البكتيريا  
 ?ilzihaTiyn BaAllah right wa left ?aham ?i?iy noXiD  
 The two sides please right and left the most important thing to take  
 minhom ?ie:: ?inçowf ?ilBakTeria  
 from them ?ie:: to see the Bacteria  
 the two sides please right and left. The most important thing is to take from them ?ie:: to see  
 the Bacteria
- 91.Pat.: آه  
 ?aah  
 Okay  
 Okay
- 92.Dr.1: =وهاي زمان الها سنه مش مس. قديش الها مش مسكره الي على اليمين؟  
 Wa haay zamaan ?ilhaa sanih miç ?im gaDiyç ?ilhaa miç  
 And this a long time about a year not close how long that not  
 ?imsakrih ?iliy çalaa ?ilyamiyn?=  
 =how long that not close how long that not



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? =

93.Pat.: =هلا هاي العملية جديد بس هي فعليا الجرح من سنتين ما سكر. و دائما عمليات و مراجعات بس ما عم بسكر

=hala haay ?ilçamaliyih ?idzDiyD Bas Fiçliyan ?ildzoroħ min sanTiyn  
= now this surgery new but actually the wound from 2 years  
maa sakar wa Dayman çamaliyaaT wa moraažaçaaaT  
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 صحيه ثانيه في اشي؟

maĴaakil sihiyih Taanyih fiy ?iĴiy?  
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. طيب انت لما تنجرحي بالعاده عمرك انجرحتي بسكاكين اشي؟

Bas ?idzoroħ tayiB ?inTi lamaa Tindzarhiy BilçaaDih çomrik  
Just the wound okay you when injured normally have you ever  
?indzarahTiy Bisakakiyn ?iĴiy?  
Injured by knives thing?

Just the wound. Okay when you injured, have you ever injured by knives or something?

97.Pat.: لا لا سكر حتى شوف كان في burn تحت سكر ماشاءالله ما في

Laa laa sakar ĥaTaa Ĵowf kaan fiy burn TaħT sakar maaĴa  
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: ايش بالنسبه - بدها اهم اشي نزرعها نشوف اذا في بكتيريا او لا هاي رقم واحد

?iyĴ BilnisBih - BiDhaa ?aham ?iĴiy nizraçilhaa  
What about - need she the most important thing make culture for her  
?inĴowf ?iðaa fiy BakTeria ?aw la? Haay raqam waħaD  
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

100.Pat.: [دكتور] يعني دكتور في مجال انها تسكر؟ لأنه

- Yaçniy DokTowr fiy mażaal ?inhaa ?iTsakir? li?anoh [DokTowr]  
 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 حس] ب اذا في بكتيريا مثلا بده يتعالج مزبوط البكتيريا بسكر  
 [mahowa hasa]B ?iðaa fiy BakTeria maθalan BiDoh yiTçaalaž  
 [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]  
 Hala DokTowr ?anaa maa XaliyT [yaçniy]  
 Now doctor I not left [ I mean]  
 Doctor, now I did not leave [ I mean]
- 103.Dr.1: [أخذتني] مضاد حيوي؟  
 [?aXDiTy] mod?aad hayawiy?  
 [took] antibiotic?  
 Did you take antibiotic?
- 104.Pat.: كتير أنا أنا ( ) و Syphilis و ( ) هودلداومت عليهم  
 ?ikTiyr ?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 انشوف البكتيريا بلأول اذا في بكتيريا لأو لا وشو نوع البكتيريا ببين شو ال sensitivity تتبعتها لأيش حساسه  
 Mahowa lazim ?infowf ?ilBakTeria Bil?awal ?iðaa fiy BakTeria ?aw  
 Well must to see the Bacteria first if there Bacteria or  
 la? wa fow now? ?ilbikTeria BiBayin fow ?il sensitivity  
 no and what kind the Bacteria will show what the sensitivity  
 TaBfiThaa 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 العمليه دكتور آخر مره ايبي من العمل الي طلع  
 Ba?iD ?ilçamaliyih DokTwowr ?aaXir marah ?ie:: min ?ilçamal ?iliy t?iliç  
 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: أه  
 ?aah  
 Okay  
 Okay
- 108.Pat.:no bacterial growth كان نتائج التقرير  
 Kaan naTaa?iž ?iltaqriyr no Bacterial growth  
 Were the results the report no Bacterial growth

- The results of the report were no Bacterial growth
- 109.Dr.1: مهو اذا مش bacterial امرات ايبي ممكن يكون فطريات  
 Mahowa ?iðaa miʃ bacterial maraaT ?ie:: momkin yikown fitʔriyaaT  
 Well if not bacterial sometimes ?ie:: might be Fungus  
 Well, if it is not bacterial, sometimes ?ie:: it might be fungus
- 110.Pat.: طبيب هو دكتور مو عارف هاد الحكي يعني؟  
 tʔayiB howa DokTowr mow ʃaarif haaD ?ilhakiy yaʃniy?  
 Okay he doctor not know what this Means?  
 Okay, I mean does not he know this, doctor?
- 111.Dr.1: ما يعرف ما يعرف مرات مهو اول اشي بدنا نشوف نزرع بكتيريا بالاول ونتأكد  
 Maa Baʃrif maa Baʃrif maraaT mahowa ?awal ?iʃiy BiDnaa  
 Not I know not I know sometimes well the first thing We need  
 ?inʃowf nizraʃ BakTeria Bilʔawal wa niTʔakaD  
 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 نخذ عينتين وحده من اليمين وحده من الشمال=  
 ?ihnaa rah noXiD ʃayinTiyn wahDih min ?ilyamiyn wa wahDih min  
 We will take 2 samples one from the right and one from  
 ?ilʃmaal=  
 the left=  
 we will take two samples one from the right and one from the left=
- 114.Pat.: ام=  
 =?imm  
 =imm  
 =imm
- 115.Dr.2: [و]  
 [wa]  
 [and]  
 and
- 116.Dr.1: [و] شو المضاد الحيوي الي اخدتيه؟  
 [wa] ʃow ?ilmodʔaadʔ ?ilhayawiy ?ili ?aXaDTiyh?  
 [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؟ يعني عشان ايش؟  
 tʔayiB ʃow saBaB ?ilʃamliyyaaTʔ yaʃniy ʃaʃaan ?iyʃ?  
 okay what reason of the surgerie? I mean for what?  
 Okay, what is the reason of surgeries? I mean for what?
- 119.Pat.: اول اشي عمليه وحده كان دمل بسيط هون وحساسيه حمرا فالدكتور شافني والي عمليه بسيطه ربع ساعه ويتعلمي تخدير عام.  
 ?awal ?iʃiy ʃamaliyyih wahiyDih kaan domal Basʔiytʔ hown wa

The first thing a surgery single was boil simple here and  
 hasaasiyih hamraa fa?ilDokTowr faafniy wa ?aliy ?amaliyih  
 allergy red so the doctor saw me and told me surgery  
 Basiyt?ah roBi? saa?ah wa ?iBTit?la?iy TaXDiy? ?aam  
 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. فافعلا عملي اياها وطلع بس وقتها ما سكر الجرح- لما رحت على الدكتور الثاني بعمان آلي دكتور الأولاني امفضيلك اياهم مش شايئ.

fafi?lan ?amaliy ?iyaahaa wa t?ili? Bas wa?Thaa maa sakar ?ildzoroħ-  
 so really did it and removed but at that time not closed the wound-  
 lamaa roħT ?alaa ?ilDowkTowr ?ilTaniy Bi?amaan?aliy ?ilDokTowr  
 when I went to the doctor another in Amman Told me the doctor  
 ?il?awalaaniy ?imfad?iylik ?iyaahom mij faayil  
 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.

121. الكيس.

?ilkiys  
 The bag  
 The bag

122.Dr.1: وشال الكيس

Wa faal ?ilkiys  
 And removed the bag  
 And removed the bag

123.Pat.: شال الكيس

faal ?ilkiys  
 removed the bag  
 Removed the bag

124.Dr.1: طيب؟

t?ayiB?  
 Okay?  
 Okay? /Then?

125.Pat.: - تمام؟ و ما سكر الجرح. و ارجعت عملت كمان عمليه قبل 10 أيام بالمستشفى هون لأنه ما عم بسكر الجرح ورجع لنا كمان كيس

Tamam? wa maa sakar ?ildzoroħ wa ?irdzi?iT ?i?miliT kamaan ?amaliyih  
 Okay? and not closed the wound and again had another surgery  
 ?abil 10 ?ayaam BilmosTaffaa hown li?anoħ maa ?am Bisakir  
 before 10 days in the hospital here because not closed  
 ?ildzoroħ wa rizi? 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 because the wound is not closing and again he found another bag-

هون وكيس هون وحتى في ما بعرف حكالي هاد التهاب الي عندك نوعه مزمن ومش عارفه ايش كمان فانا مش عارفه هلا شغله صح. 126

Hown wa kiys hown wa haTaa fiy maa Baʕrif hakaaliy haad ?ilTihaaB  
Here and bag here and even there not know told me this inflammation  
?iliy ʕinDik noʕoh mozmin wa mij ʕaarfoh ?iyf kamaan  
that have you its kind chronic and not know it what else  
fa?anaa mij ʕaarfiḥ halaa ʕoyloh sʕaḥ  
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.

127. استمر مع [اه؟]

?isTmir maʕ[aah?]  
To stay with[him?]  
Shall I stay with him?

128.Dr.1 to Pat.: [والله] بدك تشوفي أهم اشي طبيب جراح لازم هون

[wa Allah] BiDik ?iTʕowfiy ?aham ?iʕiy tʕaBiyB dzaraah  
[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

129.Dr.2: هاي طبيب جراح

Haay tʕaBiyB dzaraah  
This is a surgeon  
This is a surgeon

130.Pat.: طيب ايش بتتصحو بالطبيب هون؟

tʕayib ?iyf ?iBTinsʕahow BiltʕaBiyB hown?  
Okay what do you advice a doctor here?  
Okay what a doctor that you advice?

131.Dr.1 to Dr.2: مين الي هو [ن؟]

Miyn ?iliy how[n?]  
Who is he[re?]  
Who is here?

132.Dr.2:-----[الطبيب]

[?itʕ] aBiyB (name)  
[ do] ctor (name)  
Doctor (name)

133.Dr.1: ----- موجود بعيادته؟

(name) mawdzowD BiçiyaaDtoh?  
(name) exits in clinic his?  
Does (name) exist in his clinic?

134.Dr.2: عرفش اذا على النظام موجود. اشوف اذا موجود بعيادته ولا لا

Baçrifiʕ ?iðaa çalaa ?ilniðʕaam mawdzowD ?aʕowf ?iðaa mawdzowD

I do not know if on the system there let me see if he is there  
BiçiyaaDToh 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: الطبيب هذا بد[ك]

?ilt'aBiyB haaðaa BiDi[k]  
Doctor this need y[ou]  
You need this doctor

136.Dr.2: [----]عنده عياده. اتأكدني اذا بعده بالعياده ولا لا لأنه مسجل انه صباحي مسائي

[(name)] çinDoh çiyaaDih ?iT?akaDiy ?iðaa BaçDoh wilaa la? Li?anoh ?imsazil  
[(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 عنده بنروح نحكيه.

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: في كمان واحد لازم 2 جيتي

Fiy kamaan wahaD laazim 2 ziBTiy  
There another one have 2 bring  
Is there another one? You have to bring two.

140.Nurse: ---- ابيي هلا sister بتجيب كمان واحد

?ie:: hala sister (name) BiTdziyB kamaan wahaD  
?ie:: now sister (name) will bring another one  
?ie:: now sister (name) will bring another one

141.Dr.2: طبيب كمان لأنني بدني آخذ وحده من اليمين ووحده 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 ?iljmaal  
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 أهم اشي يعملوك زراعته على الهاي. أو لو عملو زراعه بكتيريا من محلها يوخذو للزراع

Bas ?aham ?i'iy yiçmalowlik ziraaçah çalaa ?ilhaay  
But the most important thing to make for you smear test on the  
?aw law çimlow ziraaçiT BakTeria min maħalhaa yowXDow  
or if they made sample Bacterial from its position they make  
lalziraaçah  
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.: هما كاتو يوخذو العينات بس صدنتي دكتور ما يعرف ايش الفحوصات الي كاتو يعملوها

homaa kaanow yaXDow ?ilçayinaaT Bas saDi?iniy DokTowr maa  
they were taking the samples but believe me doctor not  
Baçrif ?iy| ?ilfohows?aaT ?iliy kanow yiçmalowhaa  
know anything the tests that were they doing

They were taking the samples but believe me, doctor, I do not know anything about the tests that they were doing.

145.Dr.1: طبيب احنا بدنا نعمل زراعه

t?ayiB ?ihinaa BiDnaa niçmal ziraaçah  
Okay we need make smear test  
Okay we need to make smear test

146.((Dr.1 is typing for (0.29) seconds))

147.المضاد الحيوي ما كان يآثر عليه؟

?ilmod?aad? ?ilhayawiy maa kaan yi?aθir çaliyh?  
The anti biotic not affected on it?

Was not the anti biotic affected on it?

148.Mother: ب هو بنشف أكم يوم

Bi howa Bin|af ?akam yowm  
dr well dry some days  
well it dries for some days

149.Dr.1: وبرد يرجع؟

Wa BiroD yirdzaç?  
And comes back?  
And comes back?

150.Pat.:Herbinin ام. حتى استخدمت Amoeba و Rani Po و استخدمت

imm haTaa ?isTaXDamiT Amoeba wa Rani Po wa ?isTaXDamiT  
imm even I used Amoeba and Rani Po and used  
Herbinin  
Herbinin  
imm I even used Amoeba and Rani Po and used Herbinin

151.Dr.1: طبيب في مره مريضه هي حالتها نادره من سبب هاظا مرات فطريات وأخذت علاج

t?ayiB fiy marah mariyd?ah hiyi haaliThaa naaDirah min saBaB  
Okay there was a patient she case her rare because of  
haað?aa maraaT fit?riyaaT wa ?aXDaT çilaadç  
imm sometimes fungus and she took medication  
Okay there was a patient and her case was rare because of imm fungus sometimes and she took medication

152.Pat.:ام

imm  
imm

imm

153.Dr.1: اتحسننت

?iThasanaT

She became better

She became better

154.(0.1)

155. اذا بدك توخدي يعني عيين ما تطلع النتائج حبوب فطريات مضاداللفطريات وبنشوف كيف.

?iða BiDik ToXDiy yaçniy çaBiyn maa Tit'laç ?ilnaTaa?iz ?ihBowB fit'riyaaT  
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)

157. هلا بس انوديكي على الدكتور ابيبي اذا بتحي اتشوفيه اليوم الدكتور --- (0.1) ويلشي دوا الفطريات من اليوم اذا طابت انتيينا. ما.

Hala Bas ?inwaDiykiy çalaa ?ilDokTowr ?ie:: iða BiThiBiy ?iTjowfiyh  
Now once we take you to the doctor ?ie:: if you like to see him  
?ilyowm ?ilDokTwor (name) (0.1) wa Baljiy Dawaa  
today doctor (name) (0.1) and start not Medication  
?ilfit'iyaaT min ?ilyowm ?iða t'aaBaT ?inTahiynaa maa  
the fungus from today if treated done

Now once we take you to the doctor ?ie:: if you like to see doctor (name) today, if it is treated so done. If not

158. طابت بنشوف سبب آخر غير البكتيريا وهاي ابنعملك زراعاه.

t'aaBaT Binjowf saBaB ?aaXar yiyr ?ilBikTieria wa haay  
treated we will see reason another other than the Bacteria and are  
?iBniçmilik ziraçaah  
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)

160. سنه ونص الها؟

Sanih wa nos? ?ilhaa?

A year and half since?

It Is since a year and a half, is not it?

161.Pat.: آه

?aah

Yes

Yes

162.(0.5)

163. المشكله دكتور انه في أي مشاكل تانيه؟ يعني كلهم بؤلولي سكري أو فكري انه حتى Cancer بس ما فيه.

?ilmofkilih DokTowr ?inoh fiy ?ay maJaakil Tanyih? yaçniy kolhom  
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 شو كايين ول

Laa }ow kaayin wal  
 No what it was Oh  
 No, what it was! Oh

165.(0.3)

166.Dr.1to Dr.2: خلينا نوخذ نكتبها وOfloxacin وبعدين بنوخذها

Xaliynaa noXiD nokToBilhaa Ofloxacin wa BaçDiyn ?iBnowXiDhaa  
 Let us take write for her Ofloxacin and then we will take her  
 Let us take write for her Ofloxacin and then we will take her.

167.Dr.2: Ofloxacin?

168.Dr.1: آه. ايوأ 3 أيام كل يوم كبسوله وبنشوف كيف:

?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.: وهلا بنخلي دكتور ----- (0.2) أو اذا بتجبي التشوفي الدكتور ----- لحتى تطلع الفحوصات

Wa hala BinXaliy DokTowr (name) (0.2) ?aw ?iðaa BiThiBiD  
 And now we will let doctor (name) (0.2) or if like you  
 ?iT}owfiy ?ilDocTowr (name) lahaTaa Tit'laç ?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 كمان وحده عشان آخذ من كل جهه

BiDiy kamaan wahDih çajaan ?aaXoD min kol zihah  
 I need another one to take from each side  
 I need another one to take from each side

171.Dr.1: ايه؟

?ie::h?  
 What?  
 What?

172.Dr.2: [بدي كمان وحده] عشان آخذ من كل جهه

BiDiy kamaan wahDih [çajaan ?aaXoD min kol zihah]  
 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: ألتلي ----- هلا بتجيبيلنا كمان

?aalaTliy (name) hala BiTdzyiBilnaa kamaan  
told me (name) now will bring us more  
(name) told me now she will bring us more.

175.Dr.1: يلا ماشي↓

Yalaa majiy↓

Okay done↓

Okay. Done↓

176.(0.10)

177.Dr.1: طبيب اتفضلي ستي لجوا عيين ما يجيبولنا ال هاي

t?ayiB ?iTfad?aliy siTy laZowaa ?aByn maa yizyBwolnaa ?il haay  
Okay please Madam go inside until they bring us the

Okay madam. Please go inside until they bring us the

178. Dr.2: بغرفة الاستراحة هون

BiyorfiT ?i?isTiraahah hwon

In room waiting here

In the waiting room, here

179.Dr.1: لأنه لازم نوخذ على الجهتين. اتفضلي هون بالغرفة. هلا بس تيجي عشان نوخذها و بدنا نكتيك كمان احتياط دوا فطريت عشان.

Li?anoh laazim nowXiD ?alaa ?ilzihatiyn ?iTfad?aliy hown BilyorfiH  
Because it's a must to take from the both sides please go here in the room

hala Bas Tiyziy ?afaan noXiDhaa wa BiDnaa nokToBlik  
now just comes to take it and we need write for you

kamaan ?ihTiyat? Dawaa fit?riyaaT ?afaan  
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

180. انشوف لأنه في مريضه زي هيك قعدت هديك سنين بس أخذت سبحان الله. نتأكد ما يكونش اشي ثاني.

?inJowf li?anoh fiy mariyd?ah zay hiyk ga?DaT ?isniyn Bas ?aXDaT  
To see because there a patient like this stayed Years when took she

soBhaan Allah niT?akaD maa yikownif ?ijiy ?aaniy

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.

181.(( The patient is going to the another room))

182.(( the doctor is talking with other 2 patients for (6.16) minutes))

183.Dr.2: خليني اخذلها بس

Xaliyniy ?aaXoDilhaa Bas

Let me take for her just

Just let me take for her

184.Dr1.: آه توخذلها على الجهتين.

?aah TowXDilhaa ?alaa ?ilzihatiyn ?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 sister يا ---- بس بدنا ناخذ culture للمريضه

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: بس بدي شفرات

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 pat. to the another clinic))

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

Duration: 8: 42

1.Dr.1: مين هلا تعال يا باشا

Miyn halaa Tafaal yaa Bafaa  
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.1: هلا هلا بيك ها [ ي ليش هيك؟ ]

Halaa halaa Biyk haa [y liyf hiyk?]  
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 da]ughter  
Yes, she is really my daughter

5.Dr.1: يا زلمه ما قلنا لك

Yaa zalamih maa golnaalak  
Man we told you  
We told you, man!

6.Dr.1 to Pat.: كيف حالك؟

Kief haalak?  
How are you?  
How are you?

7.Fath.: [الله يسلمك الحمدلله]

Allah yisalmak ?ilhamDolilAll[ah]  
God protect you thank G[od]  
May God protect you. Thank God

8.Dr.1: [يا زلمه ما قلنا لك عملت فحوصات د[م]؟]

[yaa] zalamih maa golnaalak ?iʕmiliT foħows?aaT Da[m?]  
[ma]n we told you you did tests blo[od?]  
We told you man. Did you do blood tests?

9.Fath.: [ لا والله احنا قلنا أدور لها على دوا و كانت نهاي[ة اسبوع ]

[laa] waAllah ?iħnaa golnaa ?aDawirilhaa ʕalaa Dawaa wa  
[no] really we said look for her for medicine and  
kaanaT nihaayi[T ?isBowʕ]  
was end [ week]

No. We really said that to look for her the medicine and it was week end

10.Dr.1: [المشكلة ه لا بدفعوك 15 ليره]

[?ilmofkilih ha]laa BiDafʕowk 15 liyrah  
[the problem that n]ow will let you pay 15 Dinars  
The problem that now will let you pay 15 Dinars

11.Fath.: بدفع [وني]

BiDafʕ [owniy]  
They will [let me pay]  
They will let me pay.

12.Dr.1: [دخل] لها بكره نعملها كل الفحوصات

[DaXil] haa Bokrah niʕmalilhaa kol ?ilfohowsʕaaT  
[let her en]ter tomorrow do her all tests  
Let her enter tomorrow to do her all the tests.

13.Dr.1 to Pat.: شو يتشكي منه يا هاد [جديد]

fow ?iBtiʕTakiy minoh yaa haaD [ʔidziyD]  
what complaint from or this [new]  
what do you complaint from or is this new!

14.Fath.: [هاي] ( ) مبارح هاي. هاي مبارح هاي

[haay] ( ) ?imBaarih haay. Haay ?imBaarih haay  
[this] ( ) yesterday this this yesterday this  
This ( ) yesterday, this this yesterday this

15.Dr.1: أه ما بدها فحوصات

?aah maa BiDhaa foḥowsʕaaT  
Yes needs she tests  
Yes. She needs tests

16.Fath.: مش مشكله. احنا اعطينا فحوصات تفحصها

mif moʕkilih ?ihnaa ?aʕtʔiyTnaa foḥowsʕaaT Tifhasʕhaa?  
No problem we you give us tests to do  
No problem. We, you gave us tests to do

17.Dr.1: احنا بدنا نعمل استقبال

?ihnaa BiDnaa niʕmal ?istiqaal  
We need do entrance  
We need to enter her

18.Fath.: مش مشكله

mif moʕkilih  
no problem  
No problem

19.Dr.1: من شان بكره بندخلها و نعملها كل الفحوصات؟ [و رايك] ما معكش موعد بدفوك 15 ليره. ش

Maa maʕakʕ mawʕiD BiDafʕowk 15 liyrah. ʃ[ow raʔyak]  
Not have not appointment they will let you pay 15 Dinars w[hat think you]  
min jaan Bokrah BinDaXilhaa wa ?iBniʕmalilhaa kol ?ilfohowsʕaaT?  
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: بتروحها بنفس اليوم. أسهل اشي هيك  
 BiTrawihhaa Binafs ?ilyowm ?ashal ?ify 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.: آه [يك]  
 ?aah hi[yk]  
 Yes that's[ it]  
 Yes, that's it
- 23.Dr.1 to Pat.: [شو] بتعاني شو بتشكي منه؟  
 [ʃow] Bitʃaaniy ʃow ?iBTiʃkiy minoh?  
 [what] suffer what suffer from?  
 What do you suffer, What do you suffer from?
- 24.Fath. to Pat.: شو بتشكي؟  
 ʃow ?iBTiʃkiy?  
 what complaint from?  
 What do you complaint from?
- 25.Pat.: امم صداع كثير  
 imm s'oDaaʃ ?iktiyr  
 imm headache too much  
 imm, too headache
- 26.Dr.1: واديكي؟ شو بصير لونهم بالشتا؟  
 Wa ?iDiykiy? ʃow Bis'yir lonhom BilifiTaa?  
 And you hands what happens color their in winter?  
 And what happened to your hands, their color in winter?
- 27.Pat.: و أقزما [بتقشر] امم بتصير  
 imm BiTs'iyer [?iBTigʃowr] wa ?agzima  
 imm it becomes [peeled] and Eczema  
 imm it is peeled and Eczema
- 28.Fath.: [أقزما]  
 [ʔagzima]  
 [Eczema]  
 Eczema
- 29.Dr.1: بصير لونهم أزرق اشي؟  
 Bis'yir lonhom ?azraq ?ify?  
 Becomes their color blue thing?  
 Do they become blue or something like this?
- 30.Pat.: آه  
 ?aah

- Yes  
Yes
- 31.Dr.1: و مفاصلك؟  
Wa mafaas'lik?  
And Joints your?  
And what about your joints?
- 32.Pat.: لا بس إيدي  
Laa Bas ?iDiy  
No just my hand  
No just my hand
- 33.(0.2)
- 34.Dr.1: شو بتغير لونهم بالشتي؟  
ʃow BiTyayar lonohom BilʃiTaa?  
What change their color in winter?  
What, does their color change in winter?
- 35.Pat.: آه بتغير لونهم  
?aah Bityayaar lonhom  
Yes change their color  
Yes, their color is changed
- 36.Dr.: طيب غيره بتشكي من أشي ثاني؟  
tʔayib ʔiyroh ?iBtiʃkiy min ?iʃiy θaaniy?  
Okay something else complaint from thing second?  
Okay. Do you complaint from something else?
- 37.Pat.: لا  
Laa  
No  
No
- 38.(0.1)
- 39.Dr.1: شو أكثر اشني مدايقك هلا؟  
ʃow ?akθar ?iʃiy ?imDaaygak halaa?  
What most thing complain from now?  
What is the thing that you complain from most?
- 40.Pat.: كل يوم بس وجع را [س]  
Bas wagaʃ raa[s] kol yowm  
just ache hea[d] every day  
Just a headache, everyday
- 41.Fath.: [بتي] جيها حالات حالات مش صداع يعني وجع راس تقول بتيشي منه [يعني]  
[?BTiy]dʒiyhaa haalaaT haalaaT miʃ sʔoDaaʃ yaʃniy wazaʃ raas  
[happens with]her times times not headache I mean pain head  
?iTgowl ?iBTiBTʃiy minoh [yaʃniy]  
it's like crying from it [I mean]  
It happens with, not a headache I mean pain, from time to time. I mean she is crying from

it

42.Dr.1: [مهوش] وف اقلك شغلة أنا- يعني من شان أسهل أشي ندخلها بكر [وبندخ]لها عملها كا الفحوصات وينروحها  
[maowa fo]wf ?agollak faylih ?anaa- yaʕniy minʕaan ?ashal ?ifiy  
[well se]e to tell you something I am- I mean for the easiest thing  
?inDaXilhaa Bokra [h ?iBni]ʕmilhaa kol ?ilfohowsʕaaT wa Binrawihhaa  
to enter her tomorro [w we ent]er her all the tests and We let her leave  
Well, see. Let me tell you thst 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.: [آه] طيب شو أعمل اول اجراءات شو أعمل؟ [لها] مش مشكله بندخ:  
[?ah] miʕ moʕkilih ?iBinDaXi[lhaa] tʕayiB ʕow ?aʕmal ?awal ?idzraʕaaT  
[yes] no problem we enter[her] okay what do first procedures  
ʕow ?aʕmal?  
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: [آه] هلا بنكتبها دخول و بتبجي بكره الصبح  
[?aah] halaa ?iBnokToBilhaa DoXowl wa ?iBTiydzyi Bokrah ?ilsʕoBih  
[yes] now we write her to enter and come tomorrow morning  
Yes, now write her to enter and to come tomorrow morning.

45. دخول لأنه هسه بدفعوكو.  
DoXowl liʕanoh hassah BiDfʕowk  
Entrance because now will let you pay  
Entrance because now will let you pay

46.Fath.: آه  
?aah  
Yes  
Yes

47.Dr.1: كشفيه 15 ليره  
kaʕfiyih 15 liyrah  
fees 15 Dinars  
15 Dinars as fees

48.Fath.: آه  
?aah  
Yes  
Yes

49.Dr.1: اذا بدك تدفع لأنه ما فيش  
?iðaa BiDDak TiDfag liʕanoh maa fiyʕ  
If want you pay because not there  
If you want to pay because there is not

50.Fath.: آه مش مشكله يعني بكره يعني:  
?aah miʕ moʕkilih yaʕniy Bokrah yaʕniy  
Yes no problem this means tomorrow this means



Yes, no problem. This means tomorrow this means

51.Dr.1: ني مش انه [ايغ]بندخلها بكرة وبنعملها كل الفحوصات مره وحده وبتروحها المس

BinDaXilhaa Bokrah wa ?iBiniʕmalilha kol ?ilfohwosʕaaT marrah

We enter her tomorrow and we do her all the tests a time

wahDih wa BiTrawihhaa ?ilmas[aa yaʕ]niy mij ?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

52.Fath.: [آه] كويس آه

[?aah] ?ikwayis ?aah

[yes] good yes

Yes, that's good yes

53.Dr.1: not filled في ( ) بنعملها CBC

?iBniʕmalilhaa CBC fiy ( ) not filled

We do her CBC in ( ) not filled

We do her CBC in ( ) not filled

54.Fat.: آه

?aah

Okay

Okay

55.Dr.1: Ultrasound abdomen بعدين CT, DNA, NA ,CBK

CBK NA DNA CT BaʕDiyn Ultrasound abdomen

CBK NA DNA CT then Ultrasound abdomen

CBK, NA, DNA, CT then Ultrasound abdomen

56.Dr.1 to Pat.: الصداع كيف بجيكي ياا ؟

?ilsʕoDaaʕ Kiyf Biyziykiy ya:::?

The headache how comes ya:::?

How does the headache come ya:::?

57.Pat.: أمرات وجع هون كثير بضرب على راسي

?amraaT wazaʕ hown ?ikθiy BidʕroB ʕalaa raasiy

Sometimes pain here too much hurts head my

Sometimes, the pain is too much here. It hurts my head

58.Dr.1: ووو نظرك؟

Waaa naðʕarik?

And your sight?

And your sight?

59.Pat.: ابي وهون بس هاي العين بضلها دمع

?ie:: wa hown Bas haay ?ilʕiyn Bidʕalhaa ?iDamiʕ

?ie:: and here just these the eye it keeps watered

?ie::and here but this eye keeps watered

60.Fath.: دكتور مره بجوز من اسبوع اتحسننت. قبل أسبوع الخلل بالأجهزة صارت اتقول عوده

DokTowr marah Bizowz min ?isBowʕ ?iThassaniT. gaBil ?osBowʕ

Doctor once a time may be since a week she became better before a week  
?ilXalal Bil?adzhizih s'aaraT ?iTgowl fowDih  
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 slim

61.Dr.1: طيب سؤال - بدي اسألك سؤال ابيي الصبح كيف بتصحي من النوم؟

t'ayiB so?aal- BiDiy ?as?alak so?aal ?ie::h ?is'oBiħ kiyf  
okay a question- I want ask you a question ?ie::h the morning how  
?iBtis'hiy min ?ilnowm?  
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.: عادي

faaDiy  
Normal  
Normal

63.Dr.1: في تيبس بتحسي اشي بدك فتره هيك عظامك عضلاتك؟

Fiy TayaBos BiThisiy ?ifiy BiDik faTrah hiyk ?iʃð'aamik  
There Stiff joints you feel thing need you a period like this bones your  
fad'alaatik?  
muscles your

Do you feel of stiff? Do you need a time as your bones and muscles?

64.Pat.: لا عادي بصحى عادي

Laa faaDiy Bas'haa faaDiy  
No normal wake up normal  
No its normal I wake up normally.

65.Dr.1: وزنك؟ شهيتك للأكل؟

Waznik? fahiyTik lal?akil?  
Your weight? appetite you for eating?  
Your weight? Your appetite for eating?

66.Dr.1 to dr.2: thyroid Function test

67.Dr.1to Pat.: كيف شهيتك للأكل؟

Kiyf fahiyTik lal?akil?  
How your appetite for eating?  
How is your appetite for eating?

68.Pat.: [مش كثير يعني بش]تهى الأكل.

mif ?ikθiyɾ yaʃniy Baʃ[Tahiy ?il?akil]  
not too much this means des[ire eating]  
This means I do not desire eating too much

69.Dr.1: glucose ايش؟.glucose صحيح عندها [check]

[check] glucose s'ahiyħ ʃinDhaa glucose ?iyf?  
[Check] glucose right has she glucose What?  
Check glucose. Right, she has glucose. What?

70.Pat.: بقول مش كثير بشتهي الأكل يعني

Bagowl miʃ ?ikθiyr BaʃTahiyy ?il?akil yaʃniyy  
I say not too much desire eating I mean  
I say I do not desire eating too much

71.Dr.1 to Fath.: من جديد؟ يعني وزن [هان]زل من جديد؟

Min ?izDiyD? yaʃniyy wazin [haa nizi]l min ?izDiyD?  
From new? I mean weight [her came down] from new?  
Is it new? I mean is it new that her weight came down?

72.Fath.: [لا]

[laʔ]

[No]

No

73.Fath.: [وزنها كانت صحتها ماشاءالله نزل وهسه يعني اشي بسيط]اتحسن

Wazinhaa kaanaT s?ihiThaa maʃfaaʔAllah nizil wa hassah  
Weight her was health her as Allah wills came down and now

yaʃniyy ?iʃiy Basiytʔ [ʔiThasan]

I mean thing simple [became better]

Her weight was her health, as Allah wills, came down and now I mean it simply became better

74.Dr.1: [بأي ص] ف؟

[Biʔay sʔa]fʔ

[ in which gra]deʔ

In which grade?

75.Fath.: هي؟

Hiyiʔ

Sheʔ

Sheʔ

76.Pat.: أول ثانوي

?awal θaanawiy

First secondary

The secondary stage

77.Fath.: أول ثانوي

?awal θaanawiy

First secondary

The secondary stage

78.Dr.1: قديش معدلك جبتي؟

gaDiyf moʃaDalik

How much grade your

How much is your grade?

79.Pat.: ما بطلت

Maa BatʔaliT

Well she left

Well, she left

80.Dr.1: قديش؟ بطلت من المدرسه!  
gaDiyf? Bat'alaT min ?ilmaDrasih!  
how much? Left from the school!  
How much? She left the school!

81.Dr.1 to Fath.: أحسنلها. ليش بطلت؟  
?ahsanilhaa liyf Bat'alaT?  
It's better for her why she left?  
It's better for her. Why did she leave?

82.Fath.: ها؟  
Haa?  
Haa?  
Haa?

83.Dr.1: ليش؟  
liyf?  
Why?  
Why?

84.Fath.: احنا بدنا £. اتساعد امها شوي  
?ihnaa BiDnaa £ ?iTsaafid ?omhaa ?ifway  
We want £ help mother her a little  
We want £ to help her mother a little.

85.Dr.2: شو اسمها؟  
fow ?isimhaa?  
what her name?  
What is her name?

86.(( The father is giving her full name to the doctor))

87.Dr.1: شو اسمها؟  
fow ?isimhaa?  
what name her?  
What is her name?

88.((The father is giving her full name to the doctor))

89.Dr.2: عمرها قديش؟  
fomorhaa gaDiyf?  
Her age how old?  
How old is she?

90.Fath.:17

91.Dr.1 to Fath.: انت وين بتشتغل هسه؟  
?inTa wien ?iBtiJTayil hassah?  
You where you work now?  
Where do you work now?

92.Fath.: تاجر عندي شركة  
Taadzir finDiy farikah

- Dealer have company  
Dealer, I have a company
- 93.Dr.1: وين؟ تخليص؟  
Wien? TaXliys'?'  
Where? Clearance?  
Where? Clearance?
- 94.Fath.: عندي نقل و عندي تخليص.  
ʕinDiy naqil wa ʕinDiy TaXliys'  
I have transportation and I have Clearance  
I have transportation and I have clearance
- 95.Dr.1: بالله  
BallAllah  
Really  
Really
- 96.(( The doctor is asking the father about someone that both know for (0.7) seconds))
- 97.Dr.1: طيب خلينا نفحص بطنها ل  
tʔayiB Xaliynaa niʕhasʔ Batʔinɬaa la  
okay let us examine belly her for  
Okay, let us examine her belly for
- 98.Fath.: آه خذ يلا افحص  
ʔaah Xoð yallaa ʔiʕhas  
Okay take come in examine  
Okay, come in take her to examine
- 99.Dr.1: هو هون انسكرو الباب  
Howa hown ʔinsakir ʔilBaB  
There here close the door  
There is lets close the door
- 100.Dr.1 to Fath.: آه بدها فحوصات بكرة كلهن و بنزوحها المساماشي؟  
ʔaah BiDɬaa ʔiʕhowsʔaaT Bokrah kolhin wa Ultrasound  
Yes she needs tests tomorrow all of them and Ultrasound  
iBniʕmalilɬaa wa Binrawiɬaa ʔilmasaa maafiy?  
we do it and let her leave the evening okay?  
Yes, tomorrow she needs tests all of them and Ultrasound to do it for her and we  
will let her leave in the evening. Okay?
- 101.Fath.: يعني انفوتها بكرة طوالي [على] على  
yaʕniy ʔinfawiThaa Bokrah tʔawaaliy [ʕalaa] ʕalaa  
this means enter her tomorrow directly [to] to  
this means that to directly enter her tomorrow to to
- 102.Dr.1: [آه]  
[ʔaah]  
[yes]  
Yes

- 103.Dr.2: 9 ونص الصبح على الإدخال  
 9 wa nos? ?ils'oBih ʕala ?il?iDXaal  
 9 past Half the morning on the entrance  
 At half past 9 on the morning on the entrance section
- 104.Fath.: على الإدخال  
 ʕalaa ?il?iDxaaal  
 on the entrance  
 On the entrance section
- 105.(( the physical examination lasted for (0.49) seconds))
- 106.Dr.1to Pat.: ادكي شو بصير معهم؟  
 ?iDiyki fow Bis?iyir maʕhom?  
 Hands your what happens with them?  
 Your hands, what happens with them?
- 107.Pat.: ابيبي بتقشر كثير وبصير لونها أزرق و بنزل دم  
 ?ie::h ?iBiTgaʕfarin ?ikθiyir wa Bis?yir lownhaa ?azrag wa  
 ?ie::h peeling too much and become color it blue and  
 Binzal Dam  
 bleeding blood  
 ?ie::h they are peeling too much and their color become blue and bleeding
- 108.Dr.1: كيف هدول بتقشرو؟ من جديد لا من زمان؟  
 Kiyf haDowl ?iBiTgaʕfrow? min ?idʒDiyD laa min zamaan?  
 How these peel? from new no since long time?  
 How do they pee? Is it new or since a long time?
- 109.Fath.: من زمان. أقزما  
 Min zamaan ?agzimaa  
 Since a long time Eczema  
 Since a long time. Eczema
- 110.Pat.: من زمان. رحلت للدكتور ه قالتلي أقزما معاكي  
 Min zamaan rohT lalDokTowrah gaalaTliy ?agzimaa maʕaakiy  
 Since a long time went to the doctor told me Eczema with you  
 Since a long time. I went to the doctor and she told me that I have Eczema
- 111.Dr.1: أه بجوز من الجلي ها؟  
 ?aah Bidʒowz min ?ilzaliy haa?  
 Yes may from washing ha?  
 Yes may be from washing. Ha?
- 112.Pat.: أه  
 ?aah  
 Yes  
 Yes
- 113.Dr.1.: معناته بكفوف لازم [ م ] خليها تيجي نعملها كل الفحوصات بكرة. ماشي؟  
 maʕnaaToh Bikfof laazi[m] Xaliyhaa Tiygiy niʕmalhaa kol  
 this means with gloves mus[t] let her come do her all

?ilfohos'aaT Bokrah. maafiy?  
the tests tomorrow okay?

This means you have to do it with gloves. Let her come to do her all the tests tomorrow.  
Okay?

114.Fath.: [ام] بكرة انشاء الله [يعني]  
[?imm] Bokrah ?infa Allah [yaʕniy]  
[imm] tomorrow willing God [I mean]  
Imm I mean tomorrow God willing

115.Dr.1: [أسهل اشئ هيك [يعني]  
[?asha]l ?ifiy hiyk [yaʕniy]  
[the easiest] thing this [this means]  
This means the easiest thing is this

116.Fath.: 9.30 أدخلها الصبح الساعة [آه]  
[?aah] ?aDaXilhaa ?ils'oBiħ ?ilsaaʕah 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 الدكتورات يشوفوها و بطلبولها فحوصات و يشوفهم [و بتير ] وحها و بتيجينا  
9:30 ?ilDokTworaaT yifowfowhaa wa yit'loBolhaa foħows'aat wa  
9:30 the doctors se[e her] and ask for her tests and  
Binfowfhom [wa BiTra]wiħhaa wa ?iBTigiylnaa  
we see them [and tak]e her home 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.: [آه]  
[?aah]  
[okay]  
Okay

119.Fath.: هذا فحص ولا ادخال اعمالها؟  
Haaða faħis? wilaa ?iDXaal ?aʕmalihaa?  
This test or entrance do for her?  
Is this a test or entrance that I shall to do for her?

120.Dr.1: هاد ادخال رسمي بكرة  
haaD ?iDXaal rasmiy Bokrah  
this entrance official tomorrow  
This is an official entrance for tomorrow

121.Fath.: ادخال رسمي  
?iDXaal rasmiy  
Entrance official  
Official entrance

122.Dr.1: قديش هي عمرها؟ [17]  
qaDiyf hiyi ʕomorhaa? [17]  
how she old? [17]

How old is she? 17

123.Fath.: نعم [17]

[17] naʕam

[17] yes

Yes, 17

124.Dr.1: بكره لأنه اسهل اشى هيك [أس] اشى. ماشى؟

Bokrah liʔanoh ʔashal ʔiʕiy hiyk [ʔas]raʕ ʔiʕiy. maʕiy?

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] انشاءالله على راسى. شكرا دكتور

[naʕam] ʔinʕa Allah ʕalaa raasiy. ʕokran 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 بخلبك

Allah yiXaliyk

God protect you

May God protect you

128.Dr.1: سلامتک یا بنت

salaamTik yaa BinT

wish you to get well soon girl

Wish you to get well soon, Girl

129.Fath.: يالا السلام عليكم

Yallaa ʔisalaam ʕalaykom

Okay peace upon you

Okay, peace upon you

130.Dr.1: أهلين

ʔahliyn

Welcome

Welcome



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

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 العافيه دكتور كيف حالك؟ ---- آه

Yaçt'yk ?ilçaafyih DokTwor kiyf haalak? (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: ----- اتفضل يا سيد

?iTfad'al yaa sayiD (name)

Have a seat Mr. (name)

Have a seat Mr. (name).

5.Pat.: الله يرضى °عليك° كيف حالك؟

Allah yird'aa °çaliyk° 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 بنتيجي؟

Min [aan ?iy] - ?awal marrah ?iBTiydzzy?

What for- first time? Come you?

For what- Is it the first time you come?

7.Pat.: لا ثاني مره دكتور

Laa θaaniy marrah DokTowr

No second time doctor

No, it is the second time doctor.

8.Dr.1: من شان؟

Min [aan?

What for?

What for?

9.Pat.: ابي بلوتسيما في °الدم° ↓

?ie::h ?iBlowTwsiyimia fiy °?ilDam↓°

?ie::h Leukemia in °the blood↓°

?i::h Leukemia↓

10.Dr.1: ايه ↑؟

?ie::h↑?

What↑?

What↑?

11.Pat.: 0.1) بدي أفرجيك [ه] الصور [هاي] بلوتسيما في الدم. الي هو ارتفاع في صفائح في الدم. انت قلت أعطيتني فحوصات و (0.1)  
?iBloTosimyaa fiy ?ilDam↓ ?ily hoa ?irTifaaʕ fiy sʕafaaʕih fiy  
Leukemia there the blood↓ which is high there Platelet in  
?ilDam. ?inTa golT ?aʕtʕiyTny foʕhowsʕaaT wa (0.1) [ haay]  
the blood you said give me tests and (0.1) [this]  
?isʕowra[h] BiDy ?afardziyk  
the x-ra[y] need to show you  
Leukemia↓ which is the high in the platelet. You said, give me tests and (0.1) this is the  
X-ray photo that I need to show to you.

12.Dr.1: [أه] [أه]  
[ʔaah] [ʔaah]  
[yes] [yes]  
Yes, yes

13.Pat.: الصور الفحوصات بس  
?isʕowar ?ilfoʕhowsʕaaT Bas  
The X-ray the tests just  
Just the x-ray, the tests

14.Dr.1: هلا بشوفهم  
Halaa Baʕowfhom  
Now I will see them  
I will see them now

15.(( The doctor is typing for (0.23) seconds))

16. سيد ---- امم.  
sayiD (name) imm  
Mr. (name) imm  
Mr. (name) imm

17.Pat.: نعم ↓ . أجيت و كتبتلي [صوره]  
naʕam↓ ?adziyT wa kaTaBTiliy [sʕowrah]  
yes↓ I came and you wrote [x-ray]  
Yes↓, I came and you wrote for me to do x-ray.

18.Dr.1: [انت و]ين بتشتغل؟  
[ʔinta wi] yn ?iBTiʕTayil?  
[ you wh]ere you work?  
Where do you work?

19.Pat.: أنا في الترييه  
?anaa fiy ?ilTarBiyih  
I am in the education  
I am in the education

20.Dr.1: مدرس ايش؟  
moDarris ?iyʕ?  
teacher what?

- What do you teach?
- 21.Pat.: لغة عربية  
 loyah ʕaraBiyih  
 Arabic  
 Arabic
- 22.Dr.1: والله  
 Wa Allah  
 Really  
 Really
- 23.(0.4)
24. معك تحويل ولا بدونه جاي؟  
 maʕak Taḥwiyl wilaa BiDownoh dzaay?  
 You have referral or without it you came?  
 Do you have referral or you came without it?
- 25.Pat.: معاي تحويل  
 maʕaay Taḥwiyl  
 I have referral  
 I have referral
- 26.Dr.1: آه  
 ?aah  
 Yes  
 Yes
- 27.(0.5)
- 28.Pat.: معاي تأمين و معاي تحويل  
 maʕaay Taʔmiyn wa maʕaay Taḥwiyl  
 I have insurance and I have referral  
 I have insurance and referral
- 29.(0.1)
- 30.Dr.1: اخدت دوا كتبنالك؟  
 ?aXaDiT Dawaa kaTaBnaalak?  
 you took medicine we wrote for you?  
 Did you take medicine, Did we write for you?
- 31.Pat.: آه كتبتي دوا  
 ?aah kaTaBTiliy Dawaa  
 Yes you wrote me medicine  
 Yes, you wrote for me medicine
- 32.Dr.1: [عملت؟] jack two ايبي  
 ?ie::h jack two [ʔiʕmilitʔ]  
 ?ie::h jack two [you didʔ]  
 imm did you do jack two?
- 33.Pat.: [شهر و هاد بلشت الثالث] اخدت  
 [ʔaXaDiT] ʃahar wa had BalaʕiT ?ilθaaliθ

[I took] month and this I started the third  
I took for a month and I started with the third

34.Dr.1: طيب مش عامل jack two?  
t'ayiB miŋ ʕaamil jack two?  
Okay not make jack two?  
Okay, Did not you do jack two?

35.Dr.1 to Dr.2: BCR و BCR يعيده Bidna ʔiloh jack two wa BCR ʔiyʕiyDoh BCR  
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: مين هو؟  
Miyn howa?  
Who he?  
Who is he?

37.Dr.1: هو. في فحص كمية الدم مش كايه كفايه. طيب انت المفروض راجعتنا أبكر من هيك:  
Howa Fiy fahis? kamiyiT ʔilDam miŋ kaaynih kaafyih t'yiB  
He there test the amount blood not was enough okay  
ʔinta ʔilmafrod? raazaʕiTnaa ʔaBkar min hiyk  
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.: ما كان مو عدي بشهر 6 دكتور  
Maa kaan mawʕiDy ʔiBifahar 6 DokTwor  
it was my appointment month 6 doctor  
my appointment was on June, doctor!

39.Dr.1: أه؟  
ʔaah?  
What?  
What?

40.Pat.: انت كنت مجاز  
ʔinTa konT mozaaz  
You were in a break  
You were in a break.

41.Dr1.: يب أهم اشي في بالله هاي أنا بطلبك CBC و بعرفش CBR بنطلبهم و Jack two limitation بنعملين  
t'ayiB ʔaham ʔifiy fiy BaAllah haay ʔanaa BatʔloBlak  
okay the most important thing there really this I ask for you  
CBC wa Baʕrafif CBR ʔiBnotʔloBloh wa jack two limitation  
CBC and I do not know CBR we will ask for it and jack two limitation  
ʔiBniʕmalhin  
we will do them  
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: شو اسمك عمي؟

fow ?ismik famiy?  
What your name my uncle?  
What is your name, Uncle?

43.((Pat. is giving his full name to Dr.2))

44.Dr.1 to Dr.2: عندہ ( ) هاظ disorder ( ) بعرفش هاظ ال . Jack two كل مره بغلبنى

finDoh ( ) haað? disorder ( ) Baʕrafif haað? ?il jack two  
has he ( ) that disorder ( ) I do not know that the jack two  
kol marah Biyalibniy

every time I face difficulty in doing it

He has ( ) that disorder ( ). I do not know that the jack two. Every time, I face  
Difficulty in doing it.

45.(( The doctor is typing for (0.5) seconds))

46.Dr.2: Jack two

47.Dr.1: ايوا

?aywa  
Right  
Right

48.Dr.2: ايش كمان؟

?iyf kamaan?  
What else?  
What else?

49.Dr.1: بس هاظا هو . عندك انت في زياده و في فحص طلبناه بس المشكله مش – (0.1) بقلك كمية الدم مش كافيه مش ساحبين منه دم .

Bas haað?aa howa finDDak ?inTa fiy ?izyaaDih wa fiy fahis?  
just that it have you you there increase and there test  
t'alaBnaah Bas ?ilmoʕkilih mijf -(0.1) Bagwolak kamiyiT ?ilDam  
asked for him but the problem not- (0.1) I am telling you amount blood  
mijf kafyih mijf saahBiyn minoh Dam  
not enough not they took from him blood

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

50. عيونك ليش هيك محمرين؟

?iʕyonak liyf hiyk mihmariyn  
Your eyes why like this reddishness  
Your eyes, why are they reddishness like this?

51.Pat.: دايمه هيك دكتور .

Dayman hiyk DokTwor  
Always like these Doctor  
Always like this, Doctor!

52.Dr.1 to Dr.2: قديش هو عنده ال Hemoglobin كان؟

qaDiyf hoa finDoh ?il hemoglobin kaan?

How much it has he the hemoglobin was?  
How much his hemoglobin does was?

53.Dr.1 to Pat.: صداع عندك؟  
s'oDaaʃ ʃinDak?  
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)  
56.احمرار في العيون.  
?ihmiraar fiy ?ilʃywon  
Reddishness in the eyes  
Reddishness is in the eyes.

57.Dr.1: آه  
?aah  
Yes  
Yes

58.Dr.2: Hemoglobin 13.5

59.Dr.1: آه عندك كمان قوة الدم عاليه  
?aah ʃinDDak kamaan qowiT ?ilDam ʃaalyih  
Yes you have also hemoglobin high  
Yes, the hemoglobin is also high

60.Pat.: قوة الدم آه عاليه  
qowiT ?iDam ?aah ʃaalyih  
the hemoglobin yes high  
Yes, the hemoglobin is high

61.Dr.1: كنت ت [حب؟]  
konT Tis[ħaBʔ]  
did you gi[ve samples?  
Did you give samples?

62.Pat.: [مبار] ح سحبت وحدة دم  
[?imBaari]ħ saħaBiT wiħDiT Dam  
[yesterd]jay I gave unit blood  
Yesterday, I gave a unit of blood

63.(0.1)

64.Dr.2: ( ) graded?

65.Pat.: برضوش يسحبولي ورا بعضه دكتور  
Bird'owʃ yiħaBowliy waraa Baʃd'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: الPregnancy بس

?il pregnancy Bas  
The pregnancy just  
Just the pregnancy

67.Dr.1 to Pat.: ايه؟

?ieh?  
What?  
What?

68.Pat.: [ما رضيو يسحبولي ورا بعض قال بدنا ورقه من الدك تور]

Maa rid'yow yishaBowliy waraa Baʿadʿ qaal BiDnaa waragah  
Not accepted take from me all to gather he said need a paper  
min ?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: [هلا] بنعطيك. خلينا نعملك فحص دم بلأول. في فحوصات بدنا اتعيدلنا اياها

[halaa] ?iBnaʿtʿiyk Xaliynaa niʿmallak faʿhisʿ Dam Bilʿawal. fiy  
[now] will give you let us do for you test blood firstly there  
fohowsʿaaT BiDnaa ?iTʿiyDiylnaa ?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: [ شايف CBC و Jack 2 و ] اعملنا اله بدنا BCR طلبنا له آه وو

?iʿmallinaa ?iloh BiDnaa BCR tʿalaBnaaloh ?aah wa wa jack 2  
Do for him we need BCR we asked for him yes and and jack 2  
ʿaayif [wa CBC]  
you see [and CBC]

Do for hi, we need BCR, we asked for him yes and and jack 2, you see and CBC

71.Pat.: [اتشوفها؟] للصوره؟

[?iTʿowfhaa?] lalsʿorah?  
[see it] the x-ray picture?  
Do you want to see the x-ray picture?

72.Dr.1: شوفناه التقرير. عندك تضخم بالطحال من المرض

ʿofnaah ?ilTaqriry ʿinDak TadʿXom Bilʿitʿhaal min ?ilmaradʿ  
we see the report you have splenomegaly from the disease  
We see the report. You have splenomegaly from the disease.

73.Pat.: آه

?aah  
Okay  
Okay

74.Dr.1: بتصير لما تراجعنا بدك تعمل فحص دم

BiTsʿiyr lamaa ?iTraaʿziʿnaa BiDak Tiʿmal faʿhisʿ Dam

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: هذول فحوصات الدم كل ما تراجع بدو يكون معك فحص دم (0.1) مهم جدا انشوف دمك

Hadowl foħows?aaT ?iilDam kol maa ?iTraadziŋ BiDown yikown maŋak  
These tests blood every visit us must be with you  
faħis? 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.: ام

?im  
imm  
imm

78.((printing out the required tests))

79.Dr.1: أهم اشي انت الفحوصات تعملين. هذول ال CBC كل ما تراجعنا هذول اليوم بدك تعلمهم هذول. أشوف بالله الورقه الي معك

?aham ?ifiy ?inTa ?ilfoħows?aaT Tiŋmalinhin haDowl?il CBC  
The most important thing you the tests do them The CBC  
kol maa ?iTraziŋnaa haDowl ?ilyowm BiDak Tiŋmalhom  
every when visit us these today you need Do it  
hadowl ?infowf BaAllah ?ilwaraqah ?iliy maŋak  
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.: هاي؟

Haay?  
This one?  
This one?

81.Dr.1: هذول اليوم. ممنوع تروح قبل ما انشوفهم ماشي؟ فحص الدم هاظ. هذولاك بصلو لو اذا بدك تعلمهم اليوم. هذول ال CBC كل

Hadowl ?ilyowm mamnowŋ ?iTrowħ gaBil maa ?infowfhom maafiy?  
These today prohibited to leave before we see them okay?  
faħis? ?iilDam haað? haDowlaak Bid?alow law ?iðaa BiDak  
test the blood this the others will be kept if If want you  
Tiŋmalilhom ?ilyowm ↓ hað?owl ?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

82. ما تراجعنا (0.1) ابيي بتعمل فحص دم يعني ما بصير انشوفك بدون فحص دم.

Maa ?iTraaziŋnaa (0.1) ?ie::h? ?iBTiŋmal faħis? Dam yaŋniy maa  
You visit us (0.1) ?ie::h you do test Blood this means not  
Bis?iy? ?infowfak BiDown faħis? Dam  
applicable see you without test blood



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؟

BilmosTaffaa hown ?aʃmalhom DokTowr?

In the hospital here do them doctor?

Shall I do them here, Doctor?

85.Dr.1: آه هون كلهم؟ معاك تحويل لهون مش هيك؟

?aah hown kolhom? maʃaak Taḥwiyl lahwon miʃ 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 maʃaay Taḥwiyl

Yes I have referral

Yes.I have referral

87.DR.1: آه خلص اذا معاك تحويل ما تسألش:

?aah Xalas? ?iðaa maʃaak Taḥwiyl maa Tisʔaliʃ

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 هذو [ل]

yaʃniy hadow[l]

this means the[se]

This means that these

90.Dr.1: [وي] ن بدرس؟ وين بدرس؟

[wiy]n BiDDris? Wiyn BiDDarris?

[whe]re you teach? Where you teach?

Where do you teach?

91.((The pat. Is giving his school name))

92.Dr.1: والله! شو بدرس؟

WaAllah! ʃow BiDDaris?

Really what you teach?

Really, what do you teach?

93.Pat.: لغه عربيه ومهارات اتصال

loyah ʃaraBiyih wa mahaaraaT ?iTisʔaal

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 دائما أو لا لك [يف د] كتور؟

yaʃniy faḥisʔ ?ilDam lalqowih ?ilDam Daaʔiman ?aw laʔ

this means test the blood for hemoglobin always or no

Ki[yf Do] kTowr?

h[ow do]ctor?

This means, Does the blood test always for hemoglobin or what, doctor?

96.Dr.1: [ايه؟]

[?ieh?]

[?ieh?]

What?

97.Pat.: لقوة الدم أفحص كل مره؟

laqowaT ?ilDam ?afhas? kol marrah?

For hemoglobin test every time?

Is every time for the hemoglobin?

98.Dr.: آه CBCتشوف الدم انشوف الصفائح و الدم خلايا الدم البيضاء

?aah CBC ?iTjowf ?ilDam ?injowf ?ils?faa?ih wa ?ilDam Xalayaa

Yes CBC to see the blood we see the palates and the blood cells

?ilDam ?ilBayd?aa?

the blood white

Yes, CBC. To see the blood, we see the palates and the white blood cells.

99.Pat.: ايوا

?aywaa

Okay

Okay

100.Dr.1 to Pat.: [توخذ] هو هادا انت عندك ايبي بسموه فرط صفائح الدم الاساسي. أو يعني بدك

Howa haaDa ?inTa ?inDak ?ie::h Bisamowh fart? s?afaa?ih ?ilDam Bi?asaasiy

It is this you have ?ie::h call it thrombocytosis

?aw ya?niy BiDak [ToXiD]

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: [يكونو] زايدين

[Bikownow] zayDiyn

[they will be] increased

They will be increased

102.Dr.1: ايه؟

?ieh?

What?

What?

103.Dr.2: يكونو زايدين أكثر من

Bikownow zayDiyn ?akθr min

They will be increased more than

They will be increased more than

104.Dr.1 to Dr.2: ( ) slash ( ) disorder-( )

105. يكونو كذا بنعمله صياغه

Bikowonow kaθaa ?iBni?maloh s?iyaayah

They will be this we do for it reformulation

They will be something and we will do reformulation

106.Dr.1 to Pat.: اعرفت كيف؟

?iʕrifiT kiyf?

You know how?

Did you know how?

107.Dr.1 to Dr.2: فالحنا هلا بدنا نعطيها ياخذ hystertia و بدنا نشوف ال CBC تبعه اليوم

Faa?ihnaa halaa BiDnaa naʕtʕiyh yaaXoD hystertia wa BiDnaa

So we now need give him take hystertia and need

?injowf ?il CBC TaBaʕoh ?ilyowm

see the CBC of him today

So now we want to give him, take hystertia and we need to see his CBC today.

108.(0.8)

109.(( The doctor is typing))

110.Dr.1 to Pat.: -----اعملنا اياهم ماشي أستاذ؟

?iʕmalinaa ?iyaahom maafiy ?osTaað (name)?

Do them okay Mr. (name)?

Do them. Okay Mr. (name)?

111.Pat.: انشاءالله

?inʕa Allah

Willing God

God willing

112.Dr.1: ما اتروحش قبل ما انشوف الفحص

Maa ?iTrowhʕ gaBil maa ?injowf ?ilfhisʕ

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 اتراجعنا ماشي؟

?aham ?iʕiy mamnoʕ ?iTroh gaBil maa ?injow2fhom haDowl

the most thing forbidden leave before seeing them these

kol maa ?iTraadziʕnaa maafiy?

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؟

?iBTaʕtʕowny fiyh warag ?ilfaʕhisʕ willa kiyf?

You will give me in it paper test or how?

Will you give me test papers or what?

116.Dr.: لا انت معاك الأوراق

La? ?inTa maʕaak ?il?awraaq  
No you you have the papers  
No, you have the papers.

117.Pat.: [أه]

[?aah]

[right]

Right

118.Dr.: [بس] انت لما ترد تيجينا المره الجاي على المختبر مباشره

[Bas] ?inTa lamaa ?iTroD Tiydʒiyanaa ?ilmarrah ?ilgaay ʕalaa ?ilmoXTaBar  
[but] you when again come time next to the lab  
moBaafarah

directly

But when you come back, next time go the lab directly.

119.Pat.: [واي]

?ay [waa]

O[h]

Oh

120.Dr.1: [هدو] لاك الي أعطيتك اياهم أشوفهم

[haDow]laak ?iliy ?aʕtʔiyTak ?iyaahom ?aʕowfhom  
[tho]se that I gave you them see them

Those that I gave to you, let me see them

121.Dr.2: هدولاك أول ثلاث سويهم هسه بعدين بضل معك ورقتين فحص دم لكل زياره:

haDowlaak ?awal θalaaθ sawiyhom hassah BaʕDiyn Bidʕal maʕak  
those the first three have them now then stay with you  
waragTiyn faʕisʕ 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: عرفت كيف؟

?iʕrifiT kiyfʕ

You know how?

Did you know how?/ Is it Clear?

123.Pat.: أه

?aah

Yes

Yes

124.Dr.1: هدول بدك تعملهم اليوم الثالث

Hadwol BiDDak Tiʕmalhom ?ilywom ?ilθalaaθ  
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: و هدول بتحطهم للمرات الجاي. ماشي؟  
Wa hadwol ?iBiThot?hom lilmaraaT ?idzaay maafiy?  
And these leave them for time next okay?  
And leave these for next time. Okay?
- 127.Pat.: آه انشاءالله هسه أعمله و أرد أرجع عليك دكتور؟  
?aah ?infa Allah hassah ?aʃmaloh wa ?arwoD ?ardzaʃ ʃaliyk 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: ايش؟  
?iyf?  
What?  
What?
- 130.Pat.: أعملهم و أرد أرجع عليك؟  
?aʃmalhom wa ?aroD ?aroD ?ardzaʃ ʃaliyk?  
I shall to do them and again again come back to you?  
Shall I do them and to come back agin again to you?
- 131.Dr.1: آه  
?aah ?aah  
Yes yes  
Yes, yes
- 132.Pat.: يسلمو دكتور  
Yislamow DocTwor  
Thanks doctor  
Thanks doctor
- 133.Dr.1: هلا  
Halaa  
Any time  
Any time
- 134.Pat.: أشكرك  
?aʃkorak  
Thanks  
Thanks
135. (The patient leaves)

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

Duration: 15: 38

1.Hus.: السلام عليكم

?isalaam      ?alaykom

Peace            upon you

Peace upon you

2.Res.: أهلين اتفضل. مراجعه؟ أول مره؟

?ahliyn    ?iTfad'al    moraza?ah?    ?awal    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.: هاي ثاني مره

Haay    Taniy    marah

This    second    time

This is the second time

4.Hus.: الأسبوع الماضي أول مره ↓ واليوم ثاني مره ↓

?i?sBo?    ?ilmaad'iy    ?awal    marah↓    wa    ?ilyowm    ?aaniy    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.: اسمك؟

?ismak?

Your name?

What is your name?

6.Hus.: ابيبي الصبيه لزوجتي

?ie::h            ?ils'aBiyih            lazo?Tiy

?ie::h            the young lady    for my wife

?ie::h the young lady for my wife

7.Res.: أه ايش اسمها؟

?aah    ?iy]    ?isimhaa?

Oh    what    name her?

Oh, what is her name?

8.(( the husband is giving her full name))

9.Res.: ايش اسمها↓؟

?iy]    ?isimhaa↓?

What    name her↓?

What is her name↓?

10.(( The husband is giving her full name again))

11.Res.: عند دكتور ----- ؟

çinD            DokTowr (name)?=

With            doctor (name)?=

With doctor (name)?=

12.Res.: =فتحتلها هلا؟

- =faTahTilhaa halaa?  
 =Opened for her now?  
 =Did you open her a page now?
- 13.Hus.: هلا لا. بس من [الأسبوع الماضي]  
 Halaa la? Bas min [ʔilʔosBowç ʔilmaadʔiy]  
 Now no just from [the week last]  
 Now, no. Just from the last week.
- 14.Pat.: [الأسبوع الماضي]عنا موعد عنده.  
 [ʔilʔosBowç ʔilmaadʔiy] çinaa mawçid çinDoh  
 [the week last] with us appointment with him  
 The last week, an appointment with us with him
- 15.Hus.: بدي ارد افتحتها كمان؟  
 BiDiy ʔaroD ʔafTaħilhaa kamaan?  
 Need again open her also?  
 Do I need to open for her again?
- 16.Res.: طبعا لأنه مش نازل اسمها هون. هلا ايش هي بدها تعمل بدها اتقينا فحوصات ولا=  
 tʔaBçan liʔanoh mi] naazil ʔisimhaa hown halaa ʔiy] hiyi  
 of course because not written name her here now what she  
 BiDhaa ʔiTfarziyanaa foħowsʔaaT wilaa la?=  
 needs show us tests or not?=  
 Of course because it is not written here now. What does he need? To show us test or not?
- 17.Hus.: = فحوصات أه  
 =foħowsʔaaT ʔaah  
 =tests yes  
 =Yes, tests
- 18.(0.1)  
 19.Res.: (0.1) بنشوف الفحوصات بس اذا محتاجه لعلاج (0.1)  
 Bin]owf ʔilfoħowsaaT Bas ʔizaa miħTaazih laçilaaç (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))  
 21.Hus.: هي حامل في الشهر الخامس  
 Hiyi haamil fiy ʔil]ahar ʔilXaamis  
 She pregnant in the month fifth  
 She is pregnant in the fifth month
- 22.Res.: (0.3) الزرعه فيهاش ايش زراعه الدم؟ Okay ؟ فحص البول ما في اشي (0.3)  
 ʔilziraac fiyhaa] ʔiy] ziraaciT ʔilDam? okay? faħis? ʔilBowl  
 The test nothing there a test results the blood? okay? test the urine  
 maa fiy ʔi]iy (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:  
 korayaaT ?ilDam ?ilBayd'aa? Bard'ow  
 cells the blood white also  
 Also, the white blood cells
- 24.Res.: مالها؟  
 Maalhaa?  
 What about it?  
 What about it?
- 25.Hus.: فيهاش اشي؟  
 fiyhaaJ ?ijiy?  
 there not thing?  
 Is there anything in?
- 26.Res.: منيحه. لا فيهاش اشي.  
 ?imniyhah laa fiyhaaJ ?ijiy  
 Good no there is nothing thing  
 Good. There is nothing in it
- 27.Hus.: آه  
 ?aah  
 Okay  
 Okay
- 28.(0.10)
- 29.Res.: و فحص السكر منيح. كانت صايمة لما عملته؟  
 Wa fahis? ?ilsokar ?imniyh kaanaT s'aaymih lamaa çimlaToh?  
 And test diabetes good was she fasting when did it she?  
 And diabetes test is good. Was she fasting when she did it?
- 30.Hus.: نعم  
 Naçam  
 Yes  
 Yes
- 31.Res.: و قوة الدم ممتازة  
 Wa qowiT ?iDam momTaazih  
 And hemoglobin excellent  
 And the hemoglobin is excellent
- 32.(0.1)
- 33.Hus.: [عملنا] دكتور به دي أغلبك ايبي تعطينا تعطينا احنا لأنه [عملنا]  
 DokTowrah BiDy ?ayalBik ?ie:: Tçt'iynaa ?ihnaa li?anoh [içmilnaa]  
 Doctor I want bother you ?ie:: give us we because [we did]  
 Doctor! Excuse my bothering for you ?ie:: to give us- we- because we did
- 34.Res.: [شو أعطيك؟]  
 [Jow ?açt'iyk?  
 [what shall i give]you?  
 What shall I give you?



- 35.Hus.: بدي اياك تعطيني النت النهائي  
 BiDy ?iyaakiy ?ilniT ?ilnihaa?iy  
 I need you to give me decision the last  
 I need your last decision.
- 36.Res.: آه  
 ?aah  
 Oh  
 Oh
- 37.Hus.: خمس ست فحوصات [مشكله] اعملنا في السوق في مختبرات  
 ?iʕmilnaa fiy ?ilsog fiy moXTaBaraaT [moʕkilih] Xamis siT  
 We did in the souq in labs [the problem] five six  
 foʕhowsʕaaT  
 tests  
 The problem that we did five, six test in the labs in the Souq
- 38.Res.: [ليش؟] ليش؟ نفس الفحص ولا كيف؟  
 [liyʕ?] liyʕ? Nafs ?ilfaʕhisʕ wila kief?  
 [why?] why? Same the test or how?  
 Why? Why? Is it the same test or what?
- 39.Hus.: البول زراعة البول  
 ?ilBowl ziraafah ?ilBowl  
 The urine test the urine  
 The urine, the urine test
- 40.Res.: ام  
 ?im  
 imm  
 imm
- 41.Hus.: و تحليل البول  
 Wa Taʕliyl ?ilBowl  
 And analysis the urine  
 And the analysis of the urine
- 42.Res.: آه  
 ?aah  
 Yes  
 Yes
- 43.Hus.: و السكر؟  
 Wa ?ilsokar?  
 And the diabetes?  
 And what about the diabetes?
- 44.Res.: أديش كان؟  
 ?aDiyʕ kaan?  
 How much was?  
 How much was it?

45.Hus.: 138

46.Res.: صايم؟

Saayim?

Fasting?

Fasting?

47.Hus.: لا

La?

No

No

48.Res.: لا بدنا صايم

Laa BiDnaa saayim

No we need fasting

No, we need it while she is fasting

49.Hus.: ماشي هاي نقطة فيدي اقلك اياها. تحليل البول تحليل تحليل البول 4 فحوصات التهاب شديد.

maafiy haay noqt'ah faBiDy ?aqowlik ?iyaahaa Taḥliyl ?ilBowl

okay this point so I want to tell you that the analysis the urine

Taḥliyl Taḥliyl ?ilBowl 4 foḥows'aaT ?ilTihaaB jaDiyD

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 ṡilaa3?

Took medication?

Did she take medication?

51.Hus.: أخذت course واحد

?aXdiT course waahiD

She took course one

She took one course

52.Res.: طيب هادا بعد الكورس؟

t'yiB haaDaa BaṡiD ?ilkowrs?

okay this after the course?

Okay, is this after the course?

53.Hus.: هادا بعد الكورس. بعد الكورس بشهر كورس واحد يعني.

haaDaa BaṡiD ?ilkowrs BaṡiD ?ilkowrs Bijahar kowrs in month

this after the course after the course waḥiD yaṡniy one

course

this means

This after the course. After the course in one

54.Res.: طيب الكورس واحد بكفي. كان في التهاب وراح

t'ayiB ?ilkowrs waḥiD 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

- 55.Hus.: طيب م[شي]   
 t'ayiB ma[ʃiy]   
 Okay Do[ne]   
 Okay done
- 56.Res: [الحمد] الله   
 [ʔilhamDo] lilAllah   
 [thanks] for God   
 Thanks for God
- 57.Hus.: زراعة البول   
 Ziraʕah ʔilBowl   
 test the urine   
 The urine test
- 58.Res.: ما فيها   
 Maa fiyhaa   
 Not hing   
 Nothing
- 59.Hus.: و التحليل؟   
 Wa ʔilTaḥliyl?   
 And the analysis?   
 And the analysis?
- 60.Res.: ما فيها اشي ممتاز   
 Maa fiyhaa ʔiʃiy momTaazih   
 Nothing there excellent   
 Nothing is there. Excellent
- 61.Hus.: =حتى عندكو ما فيهاش اشي:   
 ḥaTaa ʕinDkow maa fiyhaaʃ ʔiʃiy=   
 even yours nothing there=   
 There is nothing even in yours
- 62.Res.: =ما فيهاش اشي =   
 =maa fiyhaaʃ ʔiʃiy=   
 =nothing there=   
 =Nothing is there=
- 63.Hus.: =آه بالفحوصات الي عملناها بالمختبر وجدو فيه   
 =ʔaah BilfoḥosʔaaT ʔiliy ʔiçmilnaahaa BilmoXTaBar wazaDow fiyh   
 =yes in the tests that we do them in the lab they found there   
 =yes, they found in the tests that we do in the lab that there
- 64.Res.: [بكتيريا]   
 [BikTiyriyaa]   
 [Bacteria]   
 Bacteria
- 65.Hus.: [بكتيريا] [و فطريات]   
 [BikTiyriyaa] [wa fitriyaaT]

- [Bacteria] [and fungi]  
Bacteria and fungi
- 66.Res.: [و أخذت] علاج  
[wa ?aXDaT] çilaadʒ  
[and she took] medication  
And she took medication
- 67.Hus.: لا ما أخذت نهائيا علاج للبكتيريا  
Laa maa ?aXDati] nihaa?iyaan çilaadʒ lalBaktiyria  
No not she took never medication for the Bacteria  
No she never took a medication for the Bacteria
- 68.Res.: ما انت حكيتلي هلا أخذت كورس  
Maa ?inTa hakiTliy halaa ?aXDaT kowrs  
Well you told me now she took a course  
Well, you have just told me she took a course
- 69.Hus.: بقلك قبل شهر  
Bagollik gaBil ]ahar  
Iam telling you before a month  
I am telling you that before a month
- 70.Res.: آه لما طلع[ت الز] راعه ايجابيه أخذت وراها كورس  
?aah lammaa t'ilça[T ?ilzi]raaçah ?iygaaBiyih ?aXDaT waraahaa kowrs  
Okay when it w[as the re]ult positive she took after it a course  
Okay, when the result was positive, she took a course
- 71.Hus.: [آه] لا الزراع ما طلعت ايجابيه  
[?aah] ?ilziraaçah maa t'ilçaT ?iydzaaBiyih  
[yes] the result not was positive  
Yes, the result was not positive
- 72.Res.: ولا؟ ما انت بتحكي لي كان فيها بكتيريا:  
Willaa? Maa ?inTa ?iBTihkiyliy kaan fiyhaa BakTeria  
So what? Well you telling me was there Bacteria  
So what? Well, you are telling me that there was Bacteria
- 73.Hus.: هاي ايجابيه؟  
Haay ?idzaBiyih?  
This positive?  
Is this positive?
- 74.Res.: انت مش حكيتلي فيها بكتيريا هلا؟  
?inTa mi] hakiyTliy fiyhaa BakTeria hala?  
You not told me there Bacteria now?  
Have not you told me that there is Bacteria?
- 75.Hus.: فيها. هلا الأسبوع الماضي قبل اسبوعين  
Fiyhaa halaa ?il?osBowç ?ilmaadiy gaBil ?isBowçiyin  
There is now the week last before 2 weeks  
There is. Now, the last week before 2 weeks

76.Res.: آه  
?aah  
Yes  
Yes

77.Hus.: قبل اسبوعين هسه مخلصه course ايبي ايبي course التهابات قبل شهر  
gaBil ?isBowçiyin hassah ?imXalsah course ?ie:: ?ie:: course  
before 2 weeks now she has finished course ?ie:: ?ie:: course  
?ilTihaaBaaT 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 ?isBowçiyin  
Before 2 weeks  
Before two weeks

80.Res.: ام  
imhm  
imhm  
imhm

81.Hus.: قبل أسبوعين اعملنا زراعه  
gaBil ?isBowçiyin ?içmilnaa ziraaçah  
Before 2 weeks we did test  
We did test before two weeks

82.Res.: آه  
?aah  
Okay  
Okay

83.Hus.: وجد بكتيريا، فطريات، بروتينات  
waçaD BakTeria fit'riyaaT ?iBrowTienaaT  
he found Bacteria Fungi Proteins  
He found Bacteria, Fungi and Protiens

84. Res.: okay

85.Hus.: سكر [في البول]  
Sokar [fiy ?ilBowl]  
Diabetes [in the urine]  
Diabetes in the urine

86.Res.: [الضغط] كيف كان؟  
[?id'aiT] kiyf kaan?

- [the pressure how was?  
How was the pressure?
- 87.Hus.: ايبي الضغط متدني  
?ie:: ?ild?ayiT moTaDaniy  
?ie:: the pressure low  
imm the pressure was low
- 88.Res.: يعني مش مرتفع Okay  
Okay yaçniy mi| morTafiç  
Okay mean not high  
Okay, this means that it was not high
- 89.Hus.: لا متدني  
Laa moTaDaniy  
No low  
No, low
- 90.Hus. To Pat.: صح؟  
s'ah?  
Right?  
Right?
- 91.(( It seems as the patient agreeing))
- 92.Hus.: أه متدني  
?ah moTaDaniy  
Yes low  
Yes, low
- 93.Res.: طيب  
t'ayiB  
Okay  
Okay
- 94.Hus.: ايبي جينا هون وأخذنا موعد عند ---- ورد إجا الموعد متأخر واطريت إني أعمل الفحوصات بغض النظر عن جيتنا  
?ie:: ziynaa hown wa ?aXaDnaa mawçiD çinD (name) wa  
?ie:: we came here and we took appointment with (name) and  
raD ?izaa ?ilmawçiD miT?aXir wa ?it'ariyT ?iniy ?açmal ?ilfohows'aaT  
also it was the appointment late and I had I do the tests  
Biyad ?inað'ar çan zayiTnaa  
regardless our coming  
?ie:: we came here and took an appointment with (name) and the appointment was also  
late and I had to do the tests regardless our coming
95. الأسبوع الماضي إعملنا فحوصات تحليل البول لكرات الدم البيضاء و كانت ايجابيه. عندكو هون. إحنا أجينا نوخذ زراعة ال ايبي.  
?il?isBowç ?ilmaad'iy ?içmilnaa foħows'aaT ?ilBowl lakoraYaaT ?ilDam  
The week the last we did tests the urine for cells the blood  
?ilBayd'aa? wa kaanaT ?iyzaaBiyih çinDkow hown ?ihnaa ?adziynaa nowXiD  
the white and was positive here we came to take  
ziraaçiT ?il ?ie::

the test results of the ?ie::

The last week, we did tests, urine analysis for the white blood cells and they were positive. here. We came to take the test results of the ?ie::

96. البول و السكر.

?ilbowl wa ?ilsokar  
The urine and the diabetes  
The urine and diabetes

97. Res.: ايجابيه:

?iydʒBiyih  
Positive  
Positive

98. Hus.: يعني ممتازه؟

Yaçniy momTaazih?  
This means excellent?  
Does this mean excellent?

99. Res.: آه نتيجته ما في حاسه اشي؟

?aah naTiyziḥ maa fiy ḥaasih ?iʃiy?  
Yes result not there feel I thing?  
Yes, result do you feel anything?

100. Hus.: آه فيهاش اشي.

?aah fiyhaaʃ ?iʃiy  
Yes nothing there  
Yes, there is nothing there

111. Hus.: يعني باقي شهر

Yaçniy Bagiy ʃahar  
This means still a month  
This means that there is still a month

112. Res.: ام مش بعيد كثير لا

?imm miʃ ?iBçiyD ?ikTiyR la?  
imm not far too no  
imm it is not too far. No

113. Hus.: يعني بتكون قريبه من الشهر السادس

Yaçniy BiTkown gariyBih min ?ilʃahar ?ilsaaDis  
This means she will be near from the month the sixth  
This means that she will be near from the sixth month

114. Res.: ما رح ما في اشي نعمله انا برجح إنه ما فيش [اشي]

Maa rah maa fiy ?iʃiy niçmaloh ?anaa Baradzih ?inoh maa fiy  
Not will be no there thing do I guess that no there  
[?iʃiy]  
[thing]

There will not be there is nothing to do I guess that there is nothing

115. Hus.: [طبيب] ماشي. دكتوراه بالنسبه للآلم الي بتعاني منه [الآلم]

[tʔayiB] maafiʔy DokTowrah BilnisBih laʔalam ʔiliy BiTçaniy  
 [Okay] done doctor according to the pain that she suffers  
 minoh [ʔilʔalam]  
 from [the pain]

Okay done. Doctor! According to the pain that she suffers from the pain

116.Res. to Hus.: [أول] حمل؟

[ʔawal] hamil?  
 [The first] pregnancy?  
 The first pregnancy?

117.Hus.: آه

ʔaah  
 Yes  
 Yes

118.Res. to Pat.: أول حمل؟

ʔawal hamil?  
 First pregnancy?  
 The first pregnancy?

119.Pat.: آه

ʔaah  
 Yes  
 Yes

120.Res.: شو الألم؟

[ʃow ʔilʔalam?  
 What the pain?  
 What is the pain?

121.Hus.: [ايببي] ألم التهابات ألم

ʔalam ʔil ʔilTihaaBaaT ʔalam [ʔie::]  
 Pain the inflammations pain [ʔie::]  
 The inflammations' pain pain ʔie::

122.Res.: [الفطريات بشكل عام الي بالحمل بتزيد نسبة حدوث فطريات لأنه أصلا الحمل بخفض اشوي من مناعة الجسم. فإذا ماهي هلا]

[halaa] ʔilfitʔriyaaT Biʔakil çaaam ʔiliy Bilhamil BiTziyD  
 [now] the fungi in general that in pregnancy will be increased  
 nisBiT howDowθ fitʔriyaaT liʔanoh ʔaslan ʔilhamil BiXafid  
 the percentage the happening fungi because really the pregnancy lower  
 ʔiʔway min manaaçiT ʔildzisim faʔiðan 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. معتنيه بأكلها Okay ممكن الفطريات تنشط بجسمها تعمل التهابات فطريات اشي طبيعي بصير بالجسم

miçTanyih Biʔakilhaa Okay momkin ʔilfitʔriyaaT Tinʔatʔ ʔiBdzisimhaa  
 she taking care of her food okay maybe the fungi be activated in her body



Tiçmal ?ilTihaaBaaT fit'riyaaT ?i'fiy t'aBiyçiy yisiyr Bildzisim  
 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 فطريات؟  
 Yaçniy fiy fit'riyaaT?  
 Means there fungi?  
 Does this mean that there are fungi?

125.Res.: هم؟  
 Him?  
 What?  
 What?

126.Hus.: في فطريات؟  
 Fiy fit'riyaaT?  
 There fungi?  
 Are there fungi?

127.Res.: ما بيبين بالفحص هاد بالأعراض الي بتشكي منها يعني عندها افرازات كثير.  
 Maa BiBayin Bilfahis haaD Bil'açraad ?iliy ?iBTi'kiy  
 Not appear in the test this in the symptoms that complain  
 minhaa yaçniy çinDhaa ?ifraazaaT ?ikTiy  
 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.: عندك حكة انت عندك أشياء زي هيك؟  
 çinDik hakiy ?inTiy çinDik ?a'fyaay? zay hiy?  
 You have itch you you have things like these?  
 Do you have itch? Do you have things like these?

129.Pat.: آه  
 ?aah  
 Yes  
 Yes

130.Res.: هادا أعراض الإلتهابات الفطرية. زي ما حكيتك هي كثير بتصير بالحمل. فممکن تاخديها علاج في تحاميل ممكن تتعطى في  
 haDaa ?açraad? ?il?ilTihaaBaaT ?ilfit'riyih zay maa hakiyTlik hiy ?ikTiy  
 these symptoms the inflammations fungus as I told you these too much  
 BiTs'iy Bilhamil famomkin TaXDiyhaa çilaadç fiy  
 happens In the pregenancy period so maybe you take treatment in  
 Taahaamiyl momkin Tinçat'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. مراهم. انت كتر ي من الألبان في أكلك. ملابسك تكون قطنية. النظافة الشخصية، التهوية للمنطقة. إعرفتي؟

Maraahim ?inTiy kaTriy min ?il?alBaan fiy ?aklik malaabSik ?iTkwon  
 Ointement you lot of the yogurts in food your clothes your to be  
 qot'niyih ?ilnað'aafih ?iljaXsiyih ?ilTahwiyih lalmant'iqah ?içrifTiy  
 cotton the hygiene the personal the ventilation for the area got it  
 Ointement . 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  
 imm

133.Res.: [فهادا أهم اشي ماشي؟ ما بتخوف هاي الإلتهابات [ماشي؟]  
 fahaaD ?aham ?i]iy? maa]iy? Maa BitXawif haay  
 so this the most important thing okay? not frighten these  
 ?il?ilTihaaBaaT [maa]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 سابقا بالزراعة فحص ايجابي بفضل كل شهر عملي تحليل لل ايبي البول حتى لو ما  
 Bas kawnoh kaan fiy saaBiqan Bilziraaçah fahis ?iydzaaBiy  
 But because was there before in the t test test positive  
 yofadal kol jahar Tiçmaliy Tahliyl lal ?ie:: ?ilBowl 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 عندك أعراض عملي تحليل للبول okay. إذا بين إنه في كريات الدم البيضاء خدي علاج. تمام  
 Fiy çinDik ?açraad? ?içmaliy Tahliyl lalBowl okay? ?iðaa  
 There have you symptoms do analysis for the urine okay? if  
 Bayan ?inoh fiy korayaaT ?ilDam ?ilBayd'aa? XoDiy  
 appeared That there cells the blood the white take  
 çilaadz 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.: انشاء الله  
 ?in]a Allah  
 willing God

God willing

138.Res.: الأوجاع الي بتحكي عنها اشي طبيعي مع

?i?awdzaaç ?iliy ?iBTihkiy çanhaa ?ijiy taBiyçiy maç  
The pains that you are talking about thing normal with

The pains that you are talking about are normal things with

139.Hus.: التوسع

?ilTawasoc

The expansion

The expansion

140.Res.: إنه بغير بالزبط الحجم. التغيرات الي بتصير بالهرمونات كلها بتأثر و بتعمل الأوجاع okay إذا يعني عدا عن هيك يعني ما

?inoh BikBar BilzaBt? ?ilhagim ?ilTayayoraaT ?iliy BiTs?iy  
That becomes bigger exactly the size the changes that happen

BilhirmownaaT kolhaa BiT?aθir wa ?iBTiçmal ?i?awdz  
in the hormones all affect and cause the pain

okay? ?iðaa yaçniy çadDaa çan hiyk yaçniy 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 otherwise I mean not

141. فيش اشي. اشربي سوائل كثيره بس

fiy] ?ijiy ?i]raBiy sawaa?il ?ikTiy Bas  
not there thing drink liquids so much just

nothing is there. Just drink so much liquid

142.Hus.: لا بتشرب. بس بدي اسالك سؤال من أكثر النساء يسألن بتحرك ما بتحركش؟

Laa ?iBTi]raB Bas BiDiy ?as?alik so?aal min ?akθar ?ilnisaa?  
No she drinks just want ask you a question from the most the ladies

Bis?alin BiTharak maa Bitharaki]?

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.: لسه 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 [تقريباً]

?osBowç BilXaamis Yaçniy [TaqrBan]

A week in the fifth this means [nearly]

A week in the fifth this means nearly

146.Hus.: [الها 3 أيام 3 أيام]

[?ilhaa 3] ?ayaam 3 ?ayaam  
[she is 3] days 3 days  
She is 3 days 3 days

147.Res.: اعملتي فحص Ultrasound هاد الدقيق للجنين؟  
?içmilTiy 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 ينعمل. الأسبوع الخامس يعني بدك تكوني لسه ما وصلتني 20 أسبوع مش هيك؟ عند مين بتراجعي؟  
Howa momkin yinçmal ?il?osBowç ?ilXaamis yaçniy BiDik ?iTkwoniy  
It may to be done the week the fifth this means want you to be  
lisah maa wis'alTiy 20 ?isBowç mij hiyk çinD miyn  
not yet not reach 20 week not like this with whom  
BiTradççiy?  
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.: عند-----  
çinD (name)  
with (name)  
with (name)

151.Res.: بره؟  
Barah?  
Out?  
Out?

152.Pat.: آه  
?aah  
Yes  
Yes

153.Res.: = آه بالخامس يعني لسه ما بتكونش الحركة  
?aah BilXaamis yaçniy lissah maa BiTkowniç ?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.: =بنقدر نعمله اليوم ال Ultrasound؟ ها؟  
=?iBini?Dar niçmaloh ?ilyowm ?il Ultrasound? Haa?  
=we can do today the ultrasound? What?  
= can we today do the Ultrasound? What?

155.Res.: لا. detailed scan هاد ينعمل بالشهر الخامس يعني بالأسبوع 28. الحركة مش حتحسي فيها هلا مش حتحسي فيها هلا  
La? Detailed scan haaD ?iBniçmil Bilçahar ?iXaamis yaçniy

No Detailed scan this we do in the month the fifth mean  
 Bil?osBow? 28 ?ilharakih mi? 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. خاصة في أول حمل بتتأخر

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.: يعني بعد شهر في داعي إنا نراجع عند دكتور -----؟ إنا تركنا بره وصرنا نراجع هون

Yaçniy Baçid [ahar fiy Daçiy ?inaa ?inraadziç çinD DokTower  
 Mean after a month there a need we check up with doctor  
 (name) ?ihnaa Taraknaa Barah wa s?irnaa ?inraadz 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.: أه لازم تراجع. هلا ممكن أنا أطلبك هاد Ogtt تيجي يوم تعمله ماشي؟

?aah laazim ?iTraadzic halaa momkin ?anaa ?atloBlak haaD OGTT  
 Yes must to re visit now might I ask for you this OGTT  
 tiydzij yowm Tiçmalih maajiy?  
 to come a day to ask for it okay?

Yes it is a must. Now I might ask for you this OGTT to come a day to ask for it. Okay?

159.Hus.: [هو] Ultrasound الي

?iliy [howa Ultrasound]  
 Which [is Ultrasound]  
 Which is Ultrasound

160.Res.: [بس انت ما لك] شاشه اليوم

[Bas ?inTi maa ?ilik] [aa?ih ?ilyowm  
 [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.: ايبي اجيبك شاشه من بره؟

?ie:: ?agiyBlik [aa?ih min Barah?  
 ?ie:: I bring for you a screen from out (reception)?  
 ?ie:: shall I bring a screen from the reception?

162.Res.: ايبي ايش تأمينكم انتم تتادرو تفتحو لا مانع؟

?ie:: ?iy] Ta?miynkom ?inTom TaTi?Darow TifTahow laa maniç?  
 ?ie:: what insurance your 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 فيش معي أنا تأمين تربييه

Laa fiy] maçiy ?anaa Ta?miyn TarBiyih

- No have with me I insurance education  
 No I do not have. I have an education insurance
- 164.Res.: بدفعو هم الأمانات. كأنه بدفعو هم مبلغ  
 BiDafçowhom ?i?amaanaaT ka?anoh BiDafçowhom maBla  
 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 mawçiD θaaniy  
 I will take appointment another  
 I will take another appointment
- 166.Res.: خذ موعد. خلص و تعال يوم عشان نعمل OGTT  
 XoD mawçiD Xalas wa Taçaal yowm çajaan niçmal 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.: ؟ ↓ الي هو ال Ultrasound  
 ?iliy howa ?ili Ultrasound↓?  
 Which is the Ultrasound↓?  
 Which is the Ultrasound↓?
- 168.Res.: لا ↑ الي هو فحص السكر  
 La?↑ ?iliy howa fahs? ?ilsokar  
 No↑ which is test diabetes  
 No↑which is the diabetes test
- 169.Hus.: !فحص السكر؟  
 fahs? ?ilsokar?!  
 test diabetes?!  
 The diabetes test?!
- 170.Res.: ال Ultrasound هاد بده موعد مع النسائيه  
 ?il Ultrasound haaD BiDoh mawçiD maç ?ilnisaa?iyih  
 The Ultrasound this needs an appointment with antenatal clinic  
 The Ultrasound needs an appointment with the antenatal clinic
- 171.Hus.: 8-3 النسائيه معنا موعد ب  
 ?ilnisaa?iyih maçnaa mawçiD 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.: آه  
 ?aay  
 Oh  
 Oh
- 173.Hus.: طيب  
 t'ayiB  
 Okay  
 Okay

- 174.Res.: مع النسائيه  
Maç ?ilnisaa?iyih  
With the antenatal clinic  
With the antenatal clinic
- 175.Hus.: والله ايبي هانظا اليوم ايبي بصير اليوم ولا لا؟  
waAllah ?ie:: haaðaa ?ilyowm ?ie:: Bisiyr ?ilyowm 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 شاشه  
BiDak yikown fiy ]aa]ih  
You have to be there a screen  
There have to be a screen
- 177.Hus.: هسه بعملك من هون  
Hassah Baçmalik min hown  
Now I will do for you from here  
Now I will do for you from here
- 178.Res.: بذك تدفع  
BiDak TiDfaç  
Have you pay  
You have to pay
- 179.Hus.: لا بدفع دينار و [و]  
Laa BaDfaç Diynaar wa [wa wa]  
No I will pay a Dinar and [and and]  
No, I will pay a Dinar and and and
- 180.Res.: [لا] هو صار عندهم الامانع 15 دينار بدفعوه. اسأل  
[laa?] howa saar çinDhom ?il laa maniç 15 Dinaar  
[no] well it becomes for them the no objection 15 Dinars  
BiDafçowh?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] أل  
[?is]?al  
[As]k  
Ask
- 183.Hus.: أسأل على:::  
?as?al çala:::  
Ask the:::  
Shall I ask the:::

184.Res.: بالزبط إسأل. أو أحكيك أنا بكتيك لا مانع. ممكن أنا مش عارف صراحة شو النظام هون  
 BilzaBt? ?is?al ?aw ?ahkiylak ?anaa BakToBlak laa maniç  
 Exactly ask or let me tell you I will write for you no objection  
 momkin ?anaa mi] çaarif s?araahah ]ow ?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.: أهلا دكتور كيفك؟ احنا-----

?ahlan Doktowr kiyfak? ?ihnaa (name)

Hi doctor how are you? We (name)

Hi doctor how are you? We (name)

187.Dr.: أه اذكرتك

?aah ?iðakariT

Oh I remembered

Oh, I remembered

188.Res.: 99 fasting blood sugar و مره كايين few reading [138] و urine يعني كله negative هون ال ال fasting 99

Fasting blood sugar wa marah kaayin few reading [Barah 138] wa

Fasting blood sugar and once it was few reading [ out 138] and

urine yaçniy koloh negative hown ?il ?il fasting 99

urine i mean all negative here the the fasting 99

fasting blood sugar and once it was few readings out 138 and urine I mean all are

negative here the the fasing is 99

189.Dr.: [ايوا أه]

[?aywa ?aah]

[okay yes]

Okay, yes

190.Res.: أنا بحكي ليش ما نعمل [OGTT؟]

?anaa Bañkiy liy] maa niçmil [OGTT?]

I say why not do [OGTT?]

I say why do not we do OGTT?

191.Dr.: [خلص] خليها تعملOggt

[Xalas?] Xaliyhaa Tiçmal OGTT

[okay] let her do OGTT

Okay, let her do Ogtt

192.Res.: بعدين انتو كمان لأنكو رايحين على أكثر [من]

BaçDiyn ?inTow kamaan rayhiyn çalaa ?akTar [min]

Also you also went to more [than]

Also you also went to more than

193.Dr.: [على] 99 على 99 بشخصو سكر

[çalaa] 99 çalaa 99 Bi]aXs?ow sokar

[the] 99 the 99 diagnose diabetes



- 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.: فديش كانت القراءة بالله؟  
 qaDiy] kaanaT ?iqiraa?ah BaAllah?  
 How much was the reading please?  
 How much was the reading please?
- 196.Hus.: 4 مختبرات كلهم أوعزو إنه في التهاب [حاد]  
 4 moXTaBaraaT kolhom ?awçazow ?inoh fiy ?ilTihaaB [haaD]  
 4 labs all of them indicated that there inflammation [strong]  
 All the 4 labs indicated that there is a strong inflammation
- 197.Res.: [مش] على الإلتهاب بحكي على فحص السكر ↓  
 [mi] çalaa ?ilTihaaB Baħkiy çalaa faħs? ?ilsokar↓  
 [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  
 foħos?aaT ?ilsokar  
 tests diabetes  
 The diabetes tests
- 199.Dr.: أصلا البول [طبيعي]  
 ?aslaan ?ilBowl [taBiyçiy]  
 Anyway the urine [normal]  
 Anyway, the urine is normal
- 200.Res.: [التهاب] راح  
 [?il?ilTihaaB] raah  
 [The inflammation] disappeared  
 The inflammation disappeared
- 201.Dr.: الزرعه طالعه فيش فيها اشي  
 ?ilziraaçah taalçah fiy] fiyhaa ?i]iy  
 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 ?isBowçiyyn 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] çilaadz  
 [she took] medication  
 She took medication
- 204.Dr.: [أخذت مضاد حيوي؟]

- [?aXDaT mod'aaD hayawiy?]  
 [she took antibiotic?]  
 Did she take antibiotic?
- 205.Hus.: مضاد أخذت قبل شهر.  
 mod'aaD ?aXDaT gaBil ]ahar  
 antibiotic took she before a month  
 She took antibiotic before a month
- 206.Dr.: بس غيره ما أخذتتش.ها؟  
 Bas iyroh maa ?aXDaTi] haa?  
 But anything else not took right?  
 But she did not take anything else. Right?
- 207.Hus.: لا غيره ما أخذتتش. ايبي course واحد تقريبا 10 حبات  
 Laa yiyroh maa ?aXaDTif ?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.: ام ام  
 ?im ?im  
 imm imm  
 imm, imm
- 209.Res.:Bacterial دكتور يمكن من أسبوعين كايين  
 DocTowr yimkin min ?isBowfiyn kaayin bacterial  
 Doctor may be since 2 weeks was bacterial  
 Doctor, maybe it was bacterial since 2 weeks
- 210.Hus.: يعني ايش كثير والله يعني 4 مختبرات  
 yaʕniy ?iy] ?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.: هلا الحوامل ممكن يطلع عندهم بالبول كريات دم بيضاء و التهاب بدون ما يكون في أعراض  
 Hala ?ilhawaamil momkin yit'laʕ ʕinDhaa BilBowl korayaaT  
 Now the pregnant women may appear has she in the urine cells  
 Dam Bayd'aa? wa ?ilTihaaB BiDown maa yikown fiy ?aʕraad?  
 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 بتتعب أكثر من النسوان  
 waAllah ?ilzolom ?iBTiTʕaB ?akθar min ?ilniswaan  
 Really the men get tired more than the women  
 Men really get tired more than women
- 213.Dr.: والله انت مهو متعب حالك والله انت الي متعب حالك  
 waAllh ?inTa mahowa ?imTʕiB haalak wa Allah ?inTa ?iliy ?imTaʕiB

Really you who tired yourself really you who tired  
haalak  
yourself

You are who really tired yourself. You are who really tired yourself

214.Hus.: لا هي التي متعبتني

Laa hiyi ?iliy ?imTafiBtliy  
No she who tired me

She is the one who tired me

215.Dr.: مهو انت بنزهق. هي أول مره يلا مش غلط. هسه بالنسبه للسكر

Mahowa ?inTa ?iBtizhag hiyi ?awal marah yalaa mij yalat?  
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

216.Hus.: آه

?aah  
Yes  
Yes

217.Dr.: انت عند مين بتراجع؟ عندك [تور]

?inTa ?inD miyn BiTraad3? ?inD Dok[Towr]

You with whom check up you? with doc[tor]

With whom do you check up? With doctor

218.Res. to Pat.: [عند] موعد ب 3-8 عند دكتور ---- و. detailed exam لسه مش معمول. امتى آخر موعد للدوره؟

[?inD] ma?iD Bi 3-8 ?inD Doktowr (name) wa detailed  
[with] appointment on 3-8 with doctor (name) and detailed  
exam lisah mij ma?mowl ?imTaa ?aaXir mawo?iD 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?

219.Dr.: 3-8?

220.Dr.: عندك علم بأخر موعد للدوره؟

?inDak ?ilim Bi?aaXir mawo?iD lalDawrah?  
have you know the last time for the period?

Do you know the last time for the period?

221.Pat.: 24-2

222.Res.: 24-2?

223. آه detailed scan مش عاملين

?aah detailed scan mij ?amliyn  
Yes detailed scan not they did

Yes, they did not do detailed scan

224.Dr.: آه بدنا نعملها. مهي معها موعد

?aah BiDnaa niʕmalhaa mahiyi maʕhaa mawʕiD  
Yes need we do it well has she appointment  
Yes, we need to do it. Well, she has an appointment

225.Res.: كيف يعني ب 3-8؟  
Kief yaʕniy Bi 3-8?  
How on 3-8?  
How will it be on August 3rd?

226.Dr.: قديش صرلك انت؟ آه 24 صح؟  
qaDiyʕ sʕarlik ?inTi? ?aah 24 sʕah?  
How long you? yes 24 right?  
How long do you? Yes 24, right?

227.Res.: آه  
?aah  
Yes  
Yes

228.Dr.: أسبوع هي 24-25  
24-25 ?isBowʕ 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 sʕah  
20 right  
Right 20

231.Pat.: آه  
?aah  
Yes  
Yes

232.Res.: أول أسبوع بالخامس  
?awal ?isBowʕ BilXamis  
The first week in the fifth  
The first week in the fifth month

233.Dr.: آه 20  
?aah 20  
Yes 20  
Yes, 20

234.Res.: تقريبا هيڪ  
TagriyBan hiyk  
Nearly like this

Nearly like this

235.Hus.: 19

236.Res.: 19 أسبوع يمكن

19 ?isBowʕ yimkin

19 weeks may be

May be 19 weeks

237.Hus.: 19

238.Dr.: طيب

tʔayiB

Okay

Okay

239.Res.: ؟ هلا ممكن تعمل Ogtt ولا نستنى ل

Halaa momkin Tiʕmal 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 مفروض ب Ogtt

OGTT mafrowdʔ Bi 24

OGTT supposed in 24

OGTT is supposed to be in 24

241.Res.: صح؟ مش هلا

sʔahʔ miʕ hala

right? not now

Right? Not now

242.Dr.: آه

?aah

Yes

Yes

243.Hus.: [الدكتور] يعني على موعدنا مع

yaʕniy ʕalaa mawʕiDnaa maʕ [ʔilDowkTowr]

This means on our appointment with [ the doctor]

This means we are on our appointment with the doctor

244.Dr.: [عل 24]

[ʕalaa 24]

[on 24]

On 24

245.Res.: أحسن

?ahsan

Better

Better

246.Dr.: ابوا 100% 100%

?aywa 100% 100%

Right 100% 100%

Right 100% 100%

247.Res.:OGTT بكون بعد شهر صار موعد

Bikown BaʕiD ʃahar sʕaar mawʕiD 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 yaʕniy mirTafiʕ ?iʃway?

The diabetes this means high a little?

Does this mean that the diabetes is a little high?

249.Dr.: يعتبره بصراحه اذا حمل طبيعي يعني ما في مشكله وأموره كويسه okay يتابع بس اذا لا لازم تشوف طبيب

?iBniʕTaBroh ?iBsʕaraahah ?iðaa ʕamil tʕaBiyʕiy yaʕniy maa fiy  
We consider it really if pregnancy normal this means not there

moʃkilih wa ?omoroh ?ikwaysih okay BaTaaBiʕ Bas ?iðaa laazim  
problem and its matters good okay I follow but if must

?iTʃowf tʕayiB

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 yaʕniy mirTafiʕ ?iʃway?

The diabetes this means has been raised a little?

Does this mean that the diabetes has been raised a little?

251.Dr.: يعتبره بصراحه بمرحلة زي هيك مش لازم يكون هيك. هو طبيعي أقل من الطبيعي بس الحامل موضوع مختلف هسه في فحص اسمه

BaʕTaBroh Bisʕaraahah Bimarʕalih zay hiyk miʃ laazim yikown hiyk.  
I consider it really in a level like this not must be like

howa tʕaBiyʕiy ?agal min tʕaBiyʕiy Bas ?ilhaamil mawdʕowʕ  
this normal less than normal but the pregnant topic

moXTalif hassah fiy faʕisʕ ?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. فحص تحمل السكر بعد 4 أسابيع بتعمل على أساس إنه ثابت 100% لو كان أعلا من هيك يفترض إنه هانظا سكر

Faʕsʕ taʕamol ?ilsokar BaʕiD 4 ?asaBiyʕ ?iBniʕmal ʕalaa ?asaas  
Test bearing the diabetes after 4 weeks we work on the basis

?inoh ʕaaBiT 100% law kaan ?aʕlaa min hiyk BafTaridʕ ?inoh  
that stabled 100% if it was higher than this I suppose that

haaðʕaa 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.: آه

?aah

Okay  
Okay

254.Dr.: بس إحنا مبدئياً ما بنقدر انقرر عليه عادة سكر الحمل بظهور ابنتى بعد ال 24 أسبوع فهذا مش رح نحكم عليه الآن

Bas ?ihnaa maBDA?iyan maa ?iBnigDar ?inqarir çaliyh sokar  
But we basically not able to decide on the bases of diabetes  
?ilhamil Bið'har ?iymTaa BaçiD ?il 24 ?osBowç fahaaðaa  
the pregnancy appears when after the 24 weeks so this  
mi]rah nihkom çaliyh ?il?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 24weeks so this will not be judged on it now

255.Dr. to Res.: في اشي ثاني بتحبي اضيفيه دكتوره؟

Fiy ?i]iy θaniy BiThiBiy ?id?iyfiyh DokTowrah?  
There thing another you like to add doctor?  
Do you like to add another thing doctor?

256.Res.: لا لا بس هو ال detailed scan لولو ينعملها مش عارفه ليش

Laa laa Bas detailed scan law yiçmalilhaa mi] çaarifih liy]  
No no but detailed scan if to do for her not know why  
No no but I wonder if he can do for her the detailed scan I do not know why

257.Hus.: [طيب دكتور]

[t'ayiB DokTwor]  
[okay doctor]  
Okay doctor.

258.Dr.: scan [detailed ال]

[?il detailed] scan  
[the detailed] scan  
The detailed scan

259.Hus.: دكتور بالنسبه لهل المعلومه في عندها شد عضلي في أسفل البطن

DokTwor BilnisBih lahal ?ilmaçlomih fiy çinDhaa ]aD çad'aliy  
Doctor according to the this information there has she cramps muscle  
fiy ?asfal ?ilBat'in  
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 عضل في أسفل البطن؟

?im (0.4) kief yaçniy ]aD çadaliy ?asfal ?ilBatin?  
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 عندها على الجهاز انه في زي عضله ضاغطة

Yaçniy lamaa fahas'aT çinD ?ilDokTowrah Bayyan  
This means when she has been examined by the doctor it appeared  
çinDhaa çalaa ?ilgihaaz ?inoh fiy zay çad'alih d'aayt'ah

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.: ما ترديش على الجهاز. جهاز ايش شد العضل على ال Ultrasound. هاد تآليف! اتفضلي! جوا بس خلي الدوره اتشوفك

Maa ?iTroDi] çalaa ?ilgihaaz gihaaz ?iy] ]aD ?ilçad'al çalaa ?il  
Not believe the device device what cramps the muscle on the  
ultrasound haad Ta?lif↓ ?iTfad'aliy↑ dʒowaa Bas Xaliy ?ilDokTowrah  
ultrasound this not right↓ please↑ go inside just let the doctor  
?iT]owfik

to examine you

Do not believe the device. What a device that the muscle cramps is on the ultrasound!

This is not right↓. Please↑go inside just to let the doctor to examine you.

263.Dr. to Res.: بس اتشوفيلنا بطنها

Bas ?iT]owfiylnaa Bat'inhaa  
Just to examine abdomen her

Just to examine her abdomen.

264.Res.: في دكتور ال ال extension الي بصير

Fiy DokTowr ?il ?il extension ?iliy Bisiyr  
There doctor the the extension that happens

There is, doctor, the the extension that happens

265.Dr.: بس هادا عادي normal أه يعني مثن إنه شد عضل هاد مع كل ما كبير حجم الرحم بده يشد المنطقه الي [حوليه].

Bas haDaa çaaDiy normal ?aah mi] ?ino] ]aD çad'al haad  
But this normal nor yes not that cramps musles this  
maç kol maa yikBar haçim ?ilrahim BiDoh  
with every time becomes bigger size the womb wants  
yi]iD ?ilmantiqah ?iliy [hawaliyh]  
press on the area that [around]

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.: [الفطريات]

[?ilfit'riyaaT]

[the fungi]

The fungi

267.Dr.: ها؟

Haa?

What?

What?

268.Hus.: الفطريات؟

?ilfit'riyaaT?

The fungi?

The fungi?

269.Dr.: بتزيد. بتزيد بالحمل.



- BiTziyD                      BiTziyD                      Bilhamil  
 Will be increased    will be increased    in the pregnancy  
 It will be increased. It will be increased in the pregnancy
- 270.Hus.: بالفحوصات ما طلع في فطريات  
 Bilfohows'aaT    maa    t'aaliŋ    fiy    fit'riyaaT  
 In the tests            not            there    in    fungi  
 There is no fungi in the tests
- 271.Dr.: موجوده بتقدر توخذ علاج عادي [إزات] بالفحص ما في بس هي بتشوف في عندها حكة في اف  
 Bilfahis'    maa    fiy    Bas    hiy    Bitŋowf    fiy    ŋinDhaa    hakih    fiy  
 In the test    not    there    but    she    see            there    with    her    itch    there  
 ?if[raazaaT]                    mawodŋoDih    ?iBTigDar    ToXiD    ŋilaaŋ    ŋaaDiy  
 va [ginal discharge]there                    you    can            take            treatment    normal  
 There is no in the test but dies she has itch? Is there vaginal discharge? She can take a normal treatment
- 272.Hus.:                      [آه آه]  
 [?aah            ?aah]  
 [okay            okay]  
 Okay, okay
- 273.((The Res. is leaving the room with the Pat. For physical examination for (0.26) seconds))
- 274.Dr.: عادي ما بتخوفش الشغله- ايش اسمها?  
 ŋaaDiy    maa    BiTXawifiŋ    ?ilŋaylih-            ?iyŋ    ?isimhaa?  
 normal    not            frightened    the thing            what    her name?  
 It is normal the thing is not frightened – what is her name?
- 275.(( the Hus. is giving his wife full name to the Dr.))
- 276.(0.15)
- 277.Dr. to Res.: ايش?  
 ?iyŋ?  
 What?  
 What?
- 278.Res.: فيش اشي  
 fiyŋ                      ?iŋiy  
 there    not            thing  
 There is nothing
- 279.Dr. to Pat: . فيش اشي Normal extension أه. أختي مع الحمل طبعاً هاي الشغلات كلها لأول مره زي ما قللك بتصير عادي مع الحمل  
 fiyŋ                      ?iŋiy    normal    extension    ?aah    ?oXTiy    maŋ    ?ilhamil  
 there    not    thing    normal    extension    yes    sister    with    the pregnancy  
 t'aBŋan    haay                      ?ilŋaylaaT    kolhaa    li?awal    marah  
 of course    these                      things            all of them    for the first    time  
 zay    maa    qalik    BiTs'iyr    ŋaaDiy    maŋ    ?ilhamil  
 as    he    said    happen    normally    with    the pregnancy  
 There is nothing. Yes, it is normal extension. Sister! as he told you of course all these things with the pregnancy for the first time happens normally with the

pregnancy

280. بتصير تغيرات. من التغيرات الي بتصير المره الماضيه حكينا حجم الرحم يضغظ على واحد من الأوعيه الدمويه الي بجهة الشمال.

BiTs'iyr TayiyraaT min ?ilTayiyraaT ?iliy BiTs'iyr ?ilmarah ?ilmaad'yih ħakiy naa  
Happen changes from the changes that happen time the last we say  
ħadzim ?ilraħim Bid'yaT çalaa waħiD min ?il?awçiyih ?ilDamawiyih  
size the uterus press on one of vessels blood  
?iliy BigihaT ?il]maal  
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

281. بصاوي تورم بالرجل الشمال. نفس الأشي هسه العضلات الموجوده بالبطن بدھا اتبلش شو بصير فيها؟! توسع

Bisaawiy Tawarom Bilrigil ?il]maal nafs ?il]iy hassah ?ilçad'alaat ?ilmawo3Dih  
Causes bulge in leg the left same thing now the muscles which exist  
BilBat'in BiDhaa ?iT Bali] ]ow yis'iyf fiyhaa Tawasof  
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

282.Pat.: توسع

Tawasof  
Expansion  
Expansion

283.Dr.: أه هاد الأشي بعمل هالشي يعني شغله طبيعيه الحموضه برضو بتصيب معظم السئات حموضه كمان مشكلة أول اشئ إنه حركة الأمعاء و

?aah haaD ?il?i]iy Bi]mal ]aylih t'aBi]çiyih Bard'ow BiTs'iyB ?ilhomowd'ah  
Yes this thing do thing normal also happens the acor  
mo]ð'am ?ilsiTaat ?ihmowd'ah kamaan mo]kilih ?awal ?i]iy  
most ladies the acor also problem the first thing

?inoh ħarakiT ?il?am]aa? wa  
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 that the move of the intestines and

284. المريء يتخف نتيجة هرمونات الحمل و بعد فتره حجم الرحم بکبر و بصير يضغظ على المعده و بصير اطع السوائل. هاي كلها التغيرلت.

?ilmariy? BiTXif naTiyziT hirmownaaT ?ilħamil wa Ba]iD  
Esophagus becomes less because of hormones the pregnancy and after  
faTrah ħazim ?ilraħim BikBar wa Bis'iyf  
a period of time the size of uterus becomes bigger and becomes  
yid'yat' çalaa ?ilmi]Dih wa ?it'ali]ç ?ilsawa'il haay kolhaa ?ilTayiyraaT  
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 iquids. All these changes are

285. مع الحمل بتصير. افهمتي علي شلون؟

maʕ ?ilhamil Bits?iyɾ ?ifhimTy ʕalay ?iʕlowɲ?  
with the pregnancy it becomes understand you me how?  
with the pregnancy. Did you understand me?

286.Pat.: ام

?im  
imhm  
imhm

287. ((The Dr. is discussing the medication with the Res.))

288.Dr.: يعني صراحه انا بحب يعني شوف علي في جرعه 400 و في جرعه 200. ف ال400 ل 3 ايام و 200 ل 7 ايام. انا بذك نصيحتي

yaʕniy sʕaraaʕah ?anaa BaʕiB yaʕniy ?aʕowf ʕalay fiy dʕorʕah  
this means honestly I like this means listen to me there doze  
400 wa fiy dʕorʕah 200 fa la 400 la 3 ?ayaam  
400 and there doze 200 so for 400 for 3 days  
wa 200 la 7 ?ayaam ?iðaa BiDak nasʕiyħTiy  
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

289. للاستخدام أفضل يستخدم بحالة الحمل ال 200 لمدة 7 ايام

Lal?isTiXDaam ?afdʕal yisTaXDim BihaaliT ?ilhamil ?il 200  
For the use the best to use in the case the pregnancy the 200  
lamoDiT 7 ?ayaam  
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 ال ( ) ابيي

Hassah ʕow ?il ( ) ?ie::  
Now what the ( ) ?ie::  
Now, what the ( ) ?ie::

292.Dr.: بس

Bas  
Just  
Just

293.Hus.: الي هو العلاج هاظ؟

?iliy howa ?ilçilaadʕ haaðʕ?  
The which is the treatment this?  
The which is -is this the treatment?

294.Dr.: بس

Bas  
Just  
Just

295.Hus.: لمدة كم؟

lamoDiT kam?

How long?

How long?

296.Dr.: أسبوع برضو هاي الإلتهابات بتزيد خلال فترة الحمل ليش؟ لأنه برضو هرمونات الحمل بتخلي المناعه وبتصير شغله عاديه.

?isBowç Bard'ow haay ?il?ilTihaaBaaT BiTziyD Xilaal faTriT  
Week also these inflammations will be increased during the period  
?ilhamil liy? Li'anoh Bard'ow hirmownaaT ?ilhamil BiTXaliy  
the pregnancy why because also hormones the pregnancy let  
?ilmanaaçah wa BiTs'iyir faylih çaaDiyih  
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.: فهمتي علي شلون؟

?ifhimTiy çalay ?i?lown?

Understand you me how?

Do you understand me?

298.Hus.: أه بالنسبه دكتوره للمناعه ووضع الجنين؟

?aah BilnisBih DokTowr lalmanaaçah wa wad'iç ?ilzaniyn  
Yes according to doctor to immunity and status fetus

Yes. Doctor! According to immunity and the fetus immunity

299.Dr.: ام

?imm

imhm

imhm

300.Hus.: فيش داعي إنا نراجع الدكتوره اطمنا على وضع الجنين؟

fiyç Daaçiy ?inaa ?inraadziç ?ilDokTowrah ?it?aminaa çalaa  
there is no need we re-visit the doctor reassure us about  
wad'iç ?ilzaniyn  
the status the fetus

There is no need to re-visit the doctor to reassure us about the fetus status

301.Dr.: اذا في عندك موعد بتعارض معها بالسوق؟

?iðaa fiy çinDik mawçid BiTçaarad?

If there with you appointment contrasted

maçhaa Bilsowg

with the Souq

If there is an appointment that is contrasted with the one in the Souq

302.Hus.: بدنا نلغيه.

BiDnaa niliyih

We want cancel it

We want to cancel it

303.Dr. to Pat.: عندها [ ابي شهر واحد يعني انت بتراجعي خلتنا نحكي آخر الشهر هاظ ]

?ie:: [ahar waahiD yaçniy ?inTa  
 ?ie:: month one this means you  
 BiTraadziçniy Xaliynaa nihkiy ?aaXir  
 visit me let us say the end  
 ?il[ahar haað? [çinDhaa]  
 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  
 [mawçiD]haa ?il?osBowç ?ilzay  
 [appointment]er the week next  
 Her appointment is the next week

305.Dr.: أه آخر الشهر هاظ عند دكتور ----. تمام؟ و أي اشي أنا حاضر موجود  
 ?aah ?aaXir ?il[ahar Hað?aa ?inD DokTwor (name)  
 Yes end the month this with doctor (name)  
 Tamaam? Wa ?ay ?i|y ?anaa haad?ir mawçwoD  
 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 جزيلاً بس بدي رقمك.  
 [okran zazy lan 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 اتفضل

309.Hus.: شكرا جزيلاً

[okran zazy lan  
 Thanks so much  
 Thanks so much

310.Dr.: بالسلامه هلا

Bilsalamih hala  
 Goodbye bye  
 Goodbye, bye

311. Hus.: يعطيك العافيه دكتور ه

Yaçtiyk ?ilçaafiyih DokTowr  
 Give you health Doctor  
 May God give you health, Doctor

312. Res.: هلا مع السلامه

Halaa maç ?ilsalaamih  
 Welcome goodbye  
 You are welcome, goodbye

[Abu El-Rob: JMT: C 19:2015]

Duration: 8: 37

1. Dr.: انفضلي يختي

?iTfad'alily yaXTy  
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 جاييه؟

TadzDiyD ?ilaadz dzaayBih?  
Renew the treatment you come?  
Did you come to renew the treatment?

6.Pat.: ° ↓ بدني أشوف النتائج °

BiDy ?afowf °?ilnaTaa?idz↓ °  
I need see ° the results↓ °  
I need to see the results↓?

7.(0.14)

8.Res.: الأمور ممتازة

?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

marħaBaa DokTwor  
hi Doctor  
hi doctor

11.Dr.: هلا ↑ كيفك شو اخبارك؟

Halaa↑ kyifik fow ?aXBaarik?  
Hi↑ how are you what latest news you?  
Hi↑.How are you? What is your latest news?

12.Pat.: ° الحمد لله °

° AllħamDow lillAllah °  
° Thank God °  
Thank God

13.Dr.: كيف الأمور؟

Kiyf ?il?omowr?

- How the matters?  
How are the matters?
- 14.Pat.: والله تمام بدني أشوف نتائج الفحوصات  
wallAllah Tammam BiDy ?aʃowf naTa?idʒ ?ilfoħows?aaT  
really fine I need see the result the tests  
Really fine. I need to see the results of the tests.
- 15.Dr.: بنشوفهم ليش لا  
Binʃowfhwom liyʃ la?  
We will see them why not  
Why not? We will see them.
- 16.Pat.: ( ) بهمى ال  
Bihimny ?il ( )  
I care for for ( )  
I care for ( )
- 17.Dr.: أنا شايفهم كلهم معطينك أخضر. يعني مش  
?anaa ʃaayifhim kolhom maʃt?iynik ?aXd?ar yaʃny mif  
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 دكتور ال  
Bas gaDiyʃ doctor ?ill ( )?  
But how much doctor the ( )?  
But how much is the ( ), Doctor?
- 20.Dr.: بعرفش لسه بعدني اطلعت من بعيد بعدني ما شفتش. هسه بندق[ق]  
Baʃrifʃ lissah BaʃiDny ?it?allaʃiT min ?iBʃiyD BaʃiDny maa  
I do not know still still I looked from far away still not  
ʃowfTij 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.
- 21.Res to Pat.: [في] تامين دال معمولك؟  
[fiy] Ta?myn Daal maʃmwollak?  
[Vita] min D did it for you?  
Has Vitamin D been done for you?
- 22.Pat.: مهو لأنني باخدوه رسم [ي]  
Mahowa li?any BaXDoh rasmi[y]  
Well because I take it always[s]  
Well, because I always take it.
- 23.Res to Pat.: [عم] لتيه الفحص؟

- [?iʕm]ilTiyh            ?ilfaħis?  
 [Did ]you do it            the test?  
 Did you do the test?
- 24.Dr.to pat.: انت عملتي الفحص عنا؟  
 ?inta ?iʕmilTy ?ilfaħis? ʕinaa?  
 You did you the test here?  
 Did you do the test here?
- 25.Res.: لا  
 La?  
 No  
 No
- 26.Dr. to pat.: متى عملتيه الأسبوع الماضي؟  
 maTaa ?iʕmilTiyh ?ilʔosBowʕ ?ilmaadʔiy?  
 when you did it the week the last?  
 When did you do it? Last week?
- 27.Res.: [مش موجود الفحص. فيتامين [دال]  
 miʕ mawdʒowD ?ilfaħis? vitamiyn [Daal]  
 not there the test vitamin [D]  
 The test is not there. Vitamin D
- 28.Dr.to Pat.: [الأسبوع الماضي عملتي فحوصات عنا؟  
 [?ilʔosBow]ʕ ?ilmaadʔiy ?iʕmilTy fohosʔaaT ?innaa?  
 [the wee]k last you did tests here?  
 Did you do tests last week here?
- 29.Pat.: [الأسبوع الماضي ولا الي أبله ؟  
 ?ilʔosBowʕ ?ilmaadʔiy wilaa ?iliy ?aBloħ?!  
 The week last or the one before?!  
 Is it the last week or the one before?!
- 30.Res.:18-6
- 31.Pat.: أبل رمضان بيومين  
 ?aBil Ramadan ?iByowmiyn  
 Before Ramadan in two days  
 Two days before Ramadan
- 32.Res.:18-6
- 33.Pat.: آه  
 ?aah  
 Yes  
 Yes
- 34.Res.: فيتامين دال مش موجود دكتور B12 ALC كلوكوز Fasten Blood Sugar  
 viTamiyn Daal miʕ mawdʒowD DokTwor B12 ALC ?ilkwokowz fasten sugar  
 vitamin D not there doctor B 12 ALC Glucose fasten sugar  
 blood  
 blood



- Vitamin D is not there, doctor! B12, ALC Glucose, fasten sugar
- 35.Res.: [طبيعي] كله [B12] ال الدم ايبي ال [Tabiyfiy]  
 ?ilDohniyaaT ?ilkaBiD ?ilkilaa ?ilDam ?ie::h ?il [B12] koloh [normal]  
 The fats the liver kidneys the blood ?ie::h the [B12] all of them [normal]  
 The fats, the liver, kidneys, the blood, imm the B12. All of them are normal
- 36.Dr.to Pat.: [كله طب] يعني [كله]  
 [koloh] [koloh t'aB] iyfiy  
 [all of them] [all of them nor]mal  
 All of them, all of them are normal
- 37.Pat.: ؟B12 أديه ال  
 ?aDiyh ?il B12?  
 How much the B12?  
 How much is the B12?
- 38.Res.: 532
- 39.Pat.: ؟[B12] اديه؟  
 [B12] ?aDiyh?  
 [B12] how much?  
 How much is the B12?
- 40.Dr.: [ممتاز]  
 [momTaaz]  
 [excellent]  
 Excellent
- 41.Dr.: 532
- 42.Pat.: كان أحسن مرات  
 Kaan ?ahsaan marraT  
 Was better sometimes  
 Sometimes, it was better
- 43.Dr.: لا هيك فحصك ممتاز فوق ال 500 ممتاز فيش داعي:  
 Laa hiyk fahs'ak momTaaz fwog ?il 500 momTaaz  
 No according to this test your excellent above the 500 excellent  
 fiyf Da'iy  
 there no Need  
 No, according to this, your test is excellent. Above 500 is excellent so there is no need
- 44.Pat.: طيب بدني وين ممكن أعمله للفيتامين [ايبي]  
 t'ayib BiDiy wien momkin ?a'fmaloh lalvitamiyn [?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] ma'hal Bas yaaliy  
 [any] where but expensive  
 Anywhere, but it is expensive
- 46.(0.2)

47. استنتيه تا يجي.

?isTaniyh Taa yidziy  
Wait for it until it comes

Wait for it until it comes

48.Pat.: وينتى بيحي؟

wiynTaa Biydziy?  
When it comes?  
When does it come?

49.Dr.: والله ما احنا عارفين ولا حد يعرف. اسالي المختبر. لانه صراحه اليوم مرضاي كلهم نفس القصة ابيني

waAllah maa ?ihnaa ʕaarfiyn walaa haD Biʕrif ?is?aliy ?ilmoXTaBar  
Really not we know and anybody knows ask the lab  
li?anoh sʕaraahah ?ilyowm mardʕaay kolhom nafs ?ilgisʕah ?ie::h  
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

50.Pat.: طيب الحديد بالله

tʕayiB ?ilhaDiyD BalAllah  
Okay the iron please.  
Okay, the iron please

51.Res.: قوة دمك [ان]ت قصدك؟

qowiT Damik [ʔin]Tiy ?asʕDik?  
hemoglobin your [yo]u you mean?  
Do you mean your hemoglobin?

52.Pat.: [آه]

[ʔaah]  
[yes]  
yes

53.(0.3)

54.Res.: 12.5 Hemoglobin ال

?il hemoglobin 12.5  
The hemoglobin 12.5  
The hemoglobin is 12.5

55.Pat.: 12.5

56.Pat.: هموغلوبيين الدم [هي] في هو مخازن الحديد غير عن

Fiy howa maxaazin ?ilhaDiyD yiyɾ ʕan [hi]moglwobiyn ?iDam  
There is Ferritin different from hemoglobin the blood  
There is ferritin which is different from the hemoglobin

57.Res.: [لا] غير آه

[laa] yiyɾ ?aah  
[no] different yes  
No it is different, yes

58.Pat.: ما عملتها مخازن الحديد؟

Maa ?iʃmilThaa maxaazin ?ilhaDiyD?  
Not did it Ferritin?  
Did not I do it the ferritin?

59.Dr.: ما عملتيهاش لا

Maa ?iʃmilTihaaf laa  
Not you did it no  
No, you did not do it

60.Res.: Normal LCD

61.Dr. to Res.: قديش ال LCD

gaDiyf ?il LCD?  
how much the LCD?  
How much is the LCD?

62.Res.: 0.89

63.Dr. to Pat.: مش مشكله احنا الي هو حجم كريات الدم طبيعي جدا يعني هانظا بعطي شوية دلالات بس طبيعي جدا فيش مشكله فيه.

mif moʃkilih ?ihnaa ?iliy howa haɡim korayaaT ?iDam tʻabiyʃiy giDDan  
not problem we that it size cells blood normal so  
yaʃniy haaðʻaa Baʃtʻiy ?ifway DalalaT Bas tʻaBiyʃiy dʒiDaan  
this means this gives a little indications but normal so  
fiyʃ moʃkilih fiyh  
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 yaʃniy?  
What are the indications you mean?  
What do you mean by indications?

65.Res.: إنه في نقص [حديد أو لا]

?inoh fiy naqsʻ [ħaDiyD ?aw la?]  
That there shortage [iron or not?]  
That there is shortage in iron or not?

66.Dr.: [إذا كان في] نقص حديد أو لا

[? iðaa kaan fiy] naqisʻ ħaDiyD ?aw la?  
[if was there] shortage iron or not  
If there was shortage in iron or not

67.Pat.: طيب

tʻayiB  
Okay  
Okay

68.Dr.: إذا كان نازل معناته في احتماليه نقص حديد

?iðaa kaan naazil maʃnaaToh fiy ?ihTimaaliyih naqisʻ ħaDiyD  
If was come down this means there a possibility shortage iron  
If it came down, this means there is a possibility for iron shortage

69.Pat.: هلا؟

Halaa?

What?

What?

70.Dr.: طبيعيات

t'aBiyfiyaaT

normal

Normal

71.Pat.: = طيب انا والله اجيت من شان فيتامين دال لاني باخده يومي 2000 يا 2000 فيتامين دال لا هو فش كان عندي نقص بس انا =

t'ayiB ?anaa waAllah ?adziyiT min faan viTamiyn Daal Li?aniy BaaXDoh

okay I really come for vitamin D because I take

yawmiy 200 yaa 2000 viTamiyn Daal laa howa fiƒ kaan ƒinDiy

daily 200 or 2000 vitamin D no it is there no was have

naqs? Bas ?anaa=

shortage but I am=

okay, I swear I come for vitamin D because I take daily 200 or 2000 vitamin D. No there was no shortage but I =

72.Res.: = خديه يوم بعد يوم يعني كم صار [لك؟]

= xoDiyh yowm BaƒiD yowm yaƒniy 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?

73.Dr.: [لا] خليها توخذه

[laa] Xaliyhaa ToXDoh

[No] let her take it

No, let her take it

74.Pat.: يومي

Yawmiy

Daily

Daily

75.Res.: هي ال 2000 مش عاليه !

Hiya ?il 2000 miƒ ƒaalyih!

It is the 2000 not high!

The 2000 is high, is not high?

76.Dr.to Pat.: أصلا ال recommendations حتى انت هسه بتعرفي ال ال شو اسمو التوصيات عشان

?as'laan ?il recommendations haTa ?inTa hassah ?iBTiƒrifiy ?il ?il

Well the recommendations even you now know you the the

ƒow ?ismow ?ilTaws?iyaaT ƒaƒaan

what called the recommendations for

Well, the recommendations, even you now know the, the what is called the recommendations for

77.Res.: ال follow up treatment أو الي منسميها

?il follow up treatment ?aw ?ili minsamiyhaa

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 ( ) ?afaan ?ilTas'loB  
Atherosclerosis the ( ) for the Atherosclerosis

Atherosclerosis, the ( ) for the Atherosclerosis

79.Dr.: أنا فاهم علي [كي]

?anaa faahim ?aliy[kom]

I understand you

I understand you

80.Pat.: [آه]

[?aah]

[yes]

yes

81.Dr. to Res.: هي عشان عندها ( ) عشان التوصيات ان: يوخذ المريض 2000 على طول هيك

Hiyi ?afaan ?inDhaa ?ilTaws'iyaaT ?in::oh ywoXiD ?olmariyd?

She for she has the recommendations tha::t take the patient

2000 ?alaa t'owl hiyk

2000 for ever like this

She, she has ( ) for the recommendations that the patient takes 2000 for ever.

82.Pat.: آه هيك ال ---- آه آه

?aah hiyk ?il (name) ?aah ?aah

Yes like this the (name) yes yes

Yes, like this the (name) yes, yes.

83.Dr. to Res.: هاي 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.: Osteoporosis كلها قصص أخرى

Osteoporosis kolhaa other stories qis'as ?oXraa

Osteoporosis all of them other stories stories other

Osteoporosis, all of them other stories, other stories

86.Res.: = بس هو 2000 آه =

Bas howa 2000 ?aah=

But it is 2000 yes=

But it is 2000 yes=

87.Dr.: = 2000 هاي بالنسبه الها. تمام؟

=2000 haay required BilnisBih ?ilhaa Tamaam?

=2000 this required according to her okay?

=2000 is required according to her, Okay?

88.Pat.: أه ليش بحب أنا أفح[ص]

?aah liyʃ BaħiB ?anaa ?afha[sʔ]

Yes why like I do examinat[ion]

Yes, this why I like to do examination.

89.Dr.: [خلي] كي مائثيه عليه. توکلي على رب العالمين

[Xaly]ky maʃyih ɟalyh ?iTwakaly ɟalaa raB ?ilɟalamyn

[kee]p using it Trust the Lord worlds

Keep using it. Trust in the Lord of Worlds

90.Pat.: يعطيك العافيه

yaʔtʔyk ?ilɟaafyih

give you wellness

May God give you wellness

91.Dr.: الله يعافيك. شوفي ابنتي و مري بأي وقت و أنا حاضر ما عندي مشكله اعملك اياه

Allah yiɟaafyky ʃwofy ?iyiTaa wa mory Bi?ay waqT

God gives you wellness see when and stop by me any time

wa ?anaa ħadʔir maa ɟinDy moʃkilih ?aɟmalik ?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.: يلا. يعطيك العافيه

Yalaa yaʔtʔyk ?ilɟaafyih

Okay give you wellness

Okay. May God give you wellness

93.Dr.: بالسلامه الله معك بأمان الله هلا

Bilsalaamih Allah maɟik Bi?amaan Allah hala goodbye

Goody by God with you Goodbye Goodbye.

May God be with you. Good bye, Goodbye

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

Duration: 6:24

1.Pat.: السلام عليكم

?salaam ?alaykom

Peace upon you

Peace upon you

2.Res.: و عليكم السلام. اتفضل

Wa ?alaykom ?salaam. ?itfad'al

And upon you peace. Please come on

And upon you. Please come on.

3.Pat.: معلش بدنا اتشوفلنا هل الفحوصات

maʕliʃ 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.: الك هدول؟

?ilak haDwol?

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 أبدا؟

Maa ?innDak 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؟

naʕam?

What?

What?

10.Res.: ما عندك من الأول أمراض أبدا؟

Maa ?inDak 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 مره بتعمل فحوصات؟

- = ?awal marrah ?iBTiʕmal foħwosʔaaT?  
 =first time have tests?  
 =Is it the first time that you have tests?
- 13.Pat.: أول مره  
 ?awal marah.  
 First time  
 The first time
- 14.Res.: =كم 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.: طبيب فحوصاتك اجمالاً كلها منيحه ايبي بس الدهنيات شوي على الحد العالي  
 tʔayiB foħwosʔaaT ik ?igmaalan kolhaa minyħah ?iee Bas ?ilDohniyaaT  
 okay tests your in general all of them good Imm But the fats  
 ?iʕway ʕalaa ?ilhaD ?ilʕaaly  
 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.: امهم  
 imhm
- 19.Res.: ؟ ↓ okay الدهنيات  
 ?ilDohniyaaT okay↓?  
 The fats okay↓?  
 The fats. Okay↓?
- 20.Pat.: =طبيب بالزملها علاج ولا ما فيش داعي؟  
 tʔayiB Bilzamhaa ʕilaadz wilaa maa fiyf Daaʕy?=  
 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. انت مدخن اشئ؟  
 = laa tʔaBʕan lawadʕik ?inTa. ?inTa moDaXin ?iʕy  
 =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  
 No, no
- 23.Res.: لا. بتلعب رياضه بتمشي؟  
 La? ?iBTiʕaB riyaaDah ?iBTimʕy  
 No you play sport walk  
 No. Do you do sport or walk?
- 24.Pat.: ولا ههههه بعمل اش[ي]



Wa laa hh Baʕmal ?i[ʎy]  
 And not hh do thi[ng]  
 I do not, hh, do anything

25.Res.: [أه] يعني كونك مافي عندك مشاكل صحيه عمرك صغير ابيني مش مدخن ابيني بتعطيك فرصة الي هي النمط الحياه.

[?aah] yaʕny kawnik mafy ʕinDak mafaakil sihiyih ʕomrak ?is?gyr  
 [okay] this means since no have you problems healthy Age your little  
 ?ie::h ?iBnaʕt?yk fors?iT ?ily hiyih ?ilnamat? ?ilhayaah  
 ?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. [الي] هو الأكل.

[?ily] ho a ?i?akil  
 [which] is the food  
 Which is the food

27.Pat.: [أه]

[?aah]  
 [okay]  
 Okay

28.Res.: الرياضه الها تأثير كثير على مستوى الدهون في الجسم فالرياضه المشي السريع 3 أيام بالاسبوع أي نوع رياضه.

?ilriyad?ah ?ilhaa Ta?θiyr ?ktiyr ʕalaa mosTawa ?ilDohniyaaT fiy ?ildzisim  
 The sport has effect strong on level the fats in the body  
 fa?ilriyaad?ah ?ilmafy ?ilsariyʕ 3 ?ayaam Bil?osBwoʕ ?ay nwoʕ  
 so the sport the walking brisk 3 days in a week any kind of  
 riyaad?ah  
 sport

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. بتحب تمارسه تعمله بالاضافه لآئك قدر الإمكان يكون غذائك صحي و متوازن Okay؟ ابيني بنرجع بتعيدهم بعد 3 شهور.

BiThiB ?iTmaarsoh Tiʕmaloh 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  
 yiðaa?ak s?ihy wa moTawaazin Okay? ?ie::h ?iBnirgaʕ BinʕiyDhom BaʕiD  
 food healthy and balanced Okay? ?ie::h we again do them again after  
 3 ?aʕhor  
 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. هما مش كثير عاليين بس إحنا ما بنفضل بكونو هيك خاصه إنه انت صغير يعني افهمت علي؟ بقيت الفحوصات كلياتها.

Homaa miʕ ?kTyir ʕalyin Bas ?ihnaa maa Binfad?il yikwonwo hiyk xaas?ah  
 They not too much high but we not prefer to be like this especially  
 ?inoh ?inTa ?is?yiyer yaʕny ?ifhimiT ʕalay? BaqiyiT ?ilfohwos?aaT  
 that you young I mean you understand me? the rest tests  
 kolayaaThaa

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

31. ممتازة ماشي؟ بس ممكن إنه اذا انت التزمت اشوي [ايبيي]

Momtaazih mafy? Bas momkin ?inoh ?izaa ?inta ?ilTazamiT ?ifway  
Excellent okay? But maybe that if you followed the instructions a little  
[?ie::h]

[?ie::h]

Excellent. Okay? But it might be that if you slightly followed the rules imm

32.Pat.: [معل] ش في هاي ال low

[mafli] f fiy haay ?i low

[excuse] me there is the low

Excuse me, this one is low.

33.((The Pat. is looking at his report))

34.Pat.: هاي ايش هي هاي؟

Haay ?iyf hiyi haay?

This what it this?

Which one?

35.Res.: لا ↑ هذول إنه مش يعني الي هما هذول كريات الدم البيضاء

La?↑ haDwol ?inoh mif yaʕny ?ily homaa haDwol korayaaT

No ↑ these that not I mean that they these cells

?ilDam ?ilBaydʕaa?

blood White

No↑. These are not, I mean, that they are the white blood cells

36.Pat.: = ام

?im=

?im=

Imm=

37.Res.: =فامش كتي:::ر الهم أهميه إحنا بنطلع على كريات الدم البيضاء بشكل عام كاملين الي هما 6.3 فهما طبيعيين

=famakaanif ?iktiy::r ?ilhom ?ahamiyih ?ihnaa ?iBnitʕalaaʕ ʕalaa korayaaT

= so not soo:: have important we look at cells

?iDam ?ilBaydʕaa ?iBʕakil ʕaam kamlyn ?ily homaa 6.3

blood White in general full which are 6.3

fahomaa tʕaByʕiyiin

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.

38.Pat.: ماشي

maafy

okay

Okay

39.Res.: فا

- Faa  
So  
So
- 40.Pat.: طيب معلىش فيتامينات كنت بدى [B 12] مش عاملين  
tʔayiB maʔliʃ VitamiyaaT konT Bidy [B12] miʃ ʃamlyin  
okay please vitamins I was want [B12] not they did  
Okay. Please vitamins. I want B12. They did not do it for me.
- 41.Res.: [B 12]
- 42.Res.: مش عاملينك الف [حصص]؟  
miʃ ʃamlynnak ʔilfa[hiʃʔ]  
not did they the tes[t]  
Did not they do the test?
- 43.Pat.: [آه] على أساس إني طلبت بس ( )  
[ʔah] ʃalaa ʔasaas ʔiny tʔalaBiT Bas ( )  
[yes] for that I asked but ( )  
Yes. For that, I asked but ( )
- 44.Res.: هلا بطليبك اياه بس فيتامين دال مش موجود  
Halla? BatʔloBlak ʔiyaah Bas vitaamyn Daal miʃ mawjwoD  
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
- 45.Pat.: مش مشكله  
miʃ moʃkilih  
no problem  
No problem
- 46.Res.: الفحص  
ʔilfaʃiʃʔ  
The test  
The test
- 47.(0.5)
- 48.Pat.: شو السبب إنه مش موجود؟  
ʃwo ʔilsaBaB ʔinoh miʃ mawgwoD?  
What the reason that not there?  
What is the reason that it is not there?
- 49.Res.: عرف. المادة [ما] والله من المختبر هاد  
waAllah min ʔilmoXTaBar haad [maa] ʔiBniʃrif. ʔilmaaDih  
really from the lab this [not] know. the material  
It is really from the lab. We do not know this. The material
- 50.Pat.: [آه] لأنه فوق نفس الإشي كانوا الناس يسألو  
[ʔaah] liʔanoh ʃwoʔ nafs ʔilʔiʃy kanwo ʔilnaas yisʔalwo  
[okay] because upper the same thing they were the people ask  
Okay. Because people are also asking the same thing in the upper stair.
- 51.Res.: آه هي المادة موجوده

?aah hiyi ?imaaDih mwo mawgwoDih  
Yes it the material not there  
Yes. The material is not there

52.Pat.: آه

?aah  
Yes  
Yes

53.Res.: و الفحص شوي غالي يعني بد [ك] تستنى

Wa ?ilfaħis? ?ifway yaaly yaħny BiDi[k] Tistany  
And the test a little bit expensive so you ne[ed] wait  
And the test is a little bit expensive, so you need to wait

54.Pat.: [آه] بره 25 دينار خارج المستشفى.

[?aah] Barah 25 Dinaar Xaarig ?ilmosTaffaa  
[yes] outside 25 JD outside the hospital  
Yes. It is 25 JD outside the hospital

55.Res.: لا أكثر

La? ?akTar  
No more  
No, it is more

56.(( The Res. is looking at to computer for (0.8) seconds))

57.Res.: لا ما يعرف مكتوب إنه مطلوبك كايين

Laa maa Baħrif makTwoB ?inoh mat'loBlak Kaayin  
No not I know it is written for you that it has been asked for you It was  
No, I do not know. It was written that it has been asked for you.

58.Pat.: والله! معقول في آخر صفحة كانت [ايبيي]

Wa Allah! maħqwol fiy ?aaxir s'afħah kaanaT [?'ie::h]  
Really! is it possible there last page was [?'ie::h]  
Really! Is it possible that the last page was imm

59.Res.: [هسه بشوف هون] شوي

[?ifway] hassah Biħwof hwon  
[wait] now I will look here  
Wait. I will look here now

60.(0.3)

61.Pat.: يعني كان مش جاهزين مثلا؟

yaħny kaan mij dħahzyn maħalan?  
This means were not ready for example?  
Does this mean that they were not ready, for example?

62.(( The Res. is trying to find the result on the system for (0.8)seconds))

63.Res.: معمول 435 طبيعي

maħmwol 435 t'aByaħy  
done 435 normal  
Done, 435, normal.

- 64.Pat.: آه هو بين ال 200 و 900  
 ?aah howa Biyn ?il 200 wa 900  
 Okay it between the 200 and 900  
 Okay, it is between 200 and 900
- 65.Res.: كوي [س]  
 ?ikwayi[s]  
 Goo[d]  
 Good
- 66.Pat.: [مش] صح قليل ال [400 ؟]  
 [miʃ] sʔah galiyl ?il [400?]  
 [not] right little the [400?]  
 400 is low, isn't it?
- 67.Res.: = [لا] 435 ممتاز  
 [laa] 435 momTaaz=  
 [no] 435 excellent=  
 No, 435 is excellent=
- 68.Pat.: آه=  
 =?aah  
 = okay  
 =okay
- 69.Res.: طبيعي جدا  
 tʔaBiyʃy giDan  
 normal so  
 It is so normal
- 70.(0.3)
- 71.Pat.: طيب ليش مش ظاهر هون !  
 tʔayiB liyʃ miʃ ʔʔaahir hown!  
 Okay why not appear here!  
 Okay, why it did not appear here!
- 72.Res.: ما بعرف والله بجوز نسيو يطبعوها  
 Maa Baʃrif waAllah Bidʒwoz nisywo yitʔbaʃowhaa  
 Not know really may be they forget type it  
 I really do not know. They may forget to type it
- 73.Pat.: آه. معلش FBS الي هو السك [ر يعني؟]  
 ?aah maʃliʃ FBS ?ily howa sokka[r yaʃany?]  
 Okay excuse me FBS which is suga[r it means?]  
 Okay. Excuse me, FBS relates to sugar/ diabetes?
- 74.Res.: 5.2 [السكر]  
 [ʔilsokkar] 5.2  
 [The glucose] 5.2  
 The glucose is 5.2
- 75.Pat.: يعني كويس ولا مع الحد [الأعلى؟]

yaʕny ?ikwayis wilaa maʕ ?ilhaD [ʔilʔaʕlaaʔ]  
means good or with level [the highest?]  
Does this mean good or near to the highest level?

76.Res.: [آه آه] لا كويس ممتاز

[ʔaah ʔaah] laa ?ikwayis momTaaZ  
[yes yes] no good excellent  
Yes, yes. No it is good, excellent.

77.Pat.: يا ستي شكرا [الك]

Yaa siTy sokraan [ʔilik]  
Lady thank [you]  
Thank you, Lady

78.Res.: [ممتا] ز. أهلا و سهلا

[momTaa]z. ?ahlan wa sahlaan  
[excellen]t welcome and welcome  
Excellent. You are welcome

79.Pat.: بعد 3 أشهر بقدر أعيد الفحص؟

BaʕiD 3 ?aʕhor BagDar ?aʕiyD ?ilfahisʔ?  
After 3 months can I repeat the test?  
Can I repeat the test after 3 months?

80.Res.: ممكن الدهنيات. بس آه حاول اذا بنزل الوزن تعمل رياضه الامور بتصير احسن

Momkin ?ilDohniyaaT Bas ?aah haawil ?izaa Binzil ?ilwazin Tiʕmil  
May be the fats but yes try if loose the weight to do  
riyaaDah ?ilʔomwor BiTsʔyr ?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 شكرا شكرا [الك غل] بناك

tʔayiB fokran fokran [ʔilik ɣal]aBnaaky  
okay thank thank [you sorry for bother]ing  
Okay. Thank, thank you. Sorry for bothering you.

82.Res.: [سلامات] أهلا و سهلا

[salammaT] ?ahlaan wa sahlaan  
[take care] you are welcome  
Take care. You are welcome

## Appendix 2: Participation consent form

اقرار بالمشاركه

أنا..... و الموقع أدناه أوافق على مشاركتي في دراسة الطالبة رولا أحمد محمود أبو الرب والتي تطبق في عيادات الباطنيه لدى مستشفى الملك عبدالله المؤسس. حيث أن الدراس تدور حول موضوع اللغويات التطبيقية ولا تمت بأي صلة للحالات الصحيه الخاصه بالمرضى وحيث تتعهد الباحثه بأن جميع الاسماء التي سوف يتم ذكرها أثناء المحادثه ستكون مجهوله وأن جميع هذه التسجيلات سيتم التخلص منها فور الإنتهاء من الدراسة.

توقيع الشخص الموافق على المشاركه

التاريخ

Participation concent 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

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### **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 of 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:

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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;  
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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 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.

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. Post-graduate 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 SMUS-SB-01Oct14-P4a

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

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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

4. No Specific Ethics Risk Declaration form
5. Ethics Review for Researchers pro forma (including Annexes 1 and 2)
6. Participant Information Sheets
7. Consent pro formas

Acknowledgements: the material here and in associated documents is based in part on policies and procedures of the University of Sheffield and Leeds Trinity University.

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## **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.

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### **3. Academic Conduct**

All research design, conduct, reporting and publication should abide by generally recognised standards of academic probity. These include, but should not be taken as being limited to, avoidance of the following:

- 3.1. Piracy: the deliberate exploitation of ideas from others without proper acknowledgement.
- 3.2. Plagiarism: the copying of ideas, text or data (or some combination thereof) without permission and due acknowledgement.
- 3.3. Misrepresentation: any deliberate attempt to represent falsely or unfairly the ideas or work of others, whether or not for personal gain or enhancement.
- 3.4. Fraud: any deliberate deception (which may include the invention or fabrication of data).
- 3.5. Conspiracy: collusion in the committal of any form of academic misconduct, even when not for direct personal advantage.

### **4. Ethical Obligations**

4.1. The issue of ethical obligations with respect to research conduct and design relates

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](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 SMUS-SB-01Oct14-P4a

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**

See Section 8

File Copy

See Section 8

File Copy

See Section 8

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#### **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.

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**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](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 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.

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 patientphysician 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 recoding 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. Any way, 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 one

**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

Jordanian university hospital

**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': [http://www2.hud.ac.uk/shared/shared\\_rwg/documents/vgc\\_regulations/ethical\\_guidelines.pdf](http://www2.hud.ac.uk/shared/shared_rwg/documents/vgc_regulations/ethical_guidelines.pdf)
- 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:

<b>4.1.1 Patients'/ Companions' initiation with the religious greeting 'Peace upon you' and doctors' various responses</b>	
<b>Patients/ Companions</b>	<b>Doctors</b>
Consultation 2 'Religious greeting'	Hello
Consultation 3 'Religious greeting'	Hello
Consultation 4 'Religious greeting'	Hello
Consultation 5 'Religious greeting'	Religious greeting
Consultation 7 'Religious greeting'	Religious greeting
Consultation 9 'Religious greeting'	Religious greeting
Consultation 14 'Religious greeting'	No response
Consultation 16 'Religious greeting'	Hello
Consultation 17 'Religious greeting'	Hello
Consultation 18 'Religious greeting'	Hello
Consultation 20 'Religious greeting'	Religious greeting

<b>4.1.2 Doctors' initiation with greeting and patients'/ Companions' responses</b>	
<b>Doctors</b>	<b>Patients/Companions</b>
Consultation 1 'Happy Eid'	An invocation
Consultation 6 'Hello'	An invocation
Consultation 8 'Hello'	Religious greeting
Consultation 10 'Hello'	Hello



<b>4.1.3 No response from the doctor to the patient's greeting</b>	
<b>Patient</b>	<b>Doctor</b>
Consultation 12 'An invocation'	No response

<b>4.1.4 No opening phase</b>
Consultation 11
Consultation 13
Consultation 15
Consultation 19

#### **4.1.5 The occurrence of HAY talk in the opening phase**

Consultation 1

Consultation 2

Consultation 5

Consultation 6

Consultation 7

Consultation 8

Consultation 15

Consultation 17

#### 4.2 Short- answer questions in History taking phase:

<b>The use of short answer questions by:</b>	
<b>Doctors</b>	<b>Patient/ Companion</b>
Consultation 1	Consultation 2
Consultation 3	Consultation 4
Consultation 5	
Consultation 6	
Consultation 7	
Consultation 8	
Consultation 9	
Consultation 11	
Consultation 12	
Consultation 13	
Consultation 14	
Consultation 16	
Consultation 17	
Consultation 18	
Consultation 20	

### 4.3 Closing section in the closing phase:

#### 4.3.1 Initiating the closing part with Thanking words by Patients/ Companions

Consultation 2 ‘thanking words+ wishing Ramadan Kareem’

Consultation 3

Consultation 16

Consultation 17

Consultation 18

Consultation 20

#### 4.3.2 Initiating the closing part with wishing the patient ‘a speedy recovery’

Consultation 1

Consultation 5 ‘wishing+ an invocation+ wishing Ramadan Kareem+ thanking words’

Consultation 6

Consultation 7

Consultation 8

Consultation 13

### 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’

<b>Patients/ Companions</b>	<b>response</b>
Consultation 4 ‘okay’ by patient	No response
Consultation 10 ‘okay?’ by doctor	‘?in[ʃa Allah’ God willing

## Appendix 5: Side talk

<b>5.1 The occurrence of ST in the opening and closing phases</b>	
<b>Opening phase</b>	<b>Closing phase</b>
Consultation 7	Consultation 1
Consultation 8	Consultation 15
Consultation 15	

<b>5.2 The effectiveness of ST occurrence on presenting the complaint and history taking phases</b>	
<b>Presenting the complaint phase</b>	<b>History- taking phase</b>
Consultation 1	Consultation 2
Consultation 5	Consultation 5
Consultation 6	Consultation 6
Consultation 7	Consultation 7
Consultation 8	Consultation 9
Consultation 9	Consultation 10
	Consultation 14

	Consultation 16
	Consultation 17

<b>5.3 ST was not effective in the following consultations in presenting the complaint and history- taking phases</b>	
<b>Presenting the complaint phase</b>	<b>History- taking phase</b>
Consultation 2	Consultation 2
Consultation 15	Consultation 8
	Consultation 11

**5.4 The effectiveness and ineffectiveness of ST occurrence in diagnosis and treatment phases**

Effective	Ineffective
Consultation 2	Consultation 14
Consultation 3	
Consultation 4	
Consultation 5	
Consultation 7	
Consultation 8	
Consultation 9	
Consultation 10	
Consultation 12	
Consultation 13	
Consultation 15	