

SAMPLE TIME-CODED TRANSCRIPT

One Interviewee, Questioned Excluded Verbatim with Moderate Degree of Verbal “Tics”

Client Video Production Studio

Nursing School Interviews

Jane Smith

[43:49:41 – 05:31:03]

04:50:08

Well, I had this one patient who was lovely. He was in his 70s, and he would come in every three months to see me, but he refused to take insulin and he needed to take insulin. Um, the kindest man; just lovely. Um, but then he...we would have appointments every three months, and just nothing much happened. It was more of a social visit than an actual appointment. Then once he had a stroke and he survived his stroke, he came back in and he was ready to take insulin. And his A1c dropped from, like, 10.3 down to 6.2, with just one injection at night.

04:50:38

And it was just rewarding that, I mean, years had gone by without making any progress, and then he had done very well with the stroke and had only needed to walk with a cane, and then now his sugars were under good...good control. So that was a great story.

04:50:52

And I was glad we kept that relationship between us, because if I had told him that we're not making any progress and "I don't want you to see me anymore," then we might have lost that moment when he was ready to make a change.

04:51:01

04:51:07

Yep. Diabetes increases the chance of, um, two to four times the cardiovascular risk for strokes and heart attacks, um, in patients, so that definitely made him more likely to have a stroke, so...

04:51:21

04:51:25

It's hard. It's hard for patients to... What we ask 'em to do is very challenging. We ask 'em to check their glucose, um, four times a day. We ask them to take injections of insulin, to potentially have low blood sugars, and then to treat it in this very controlled manner so they don't raise their sugar sky-high at the same time. So, um, it's just that we...some of the medicines cause waking, some of 'em cause GI distress.

04:51:50