

Multi-Perspective Annotation of Digital Stories for Professional Knowledge Sharing within Health Care: Appendices

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[We] dream in narrative, daydream in narrative, remember, anticipate, hope, despair, believe, doubt, plan, revise, criticize, construct, gossip, learn, hate, and love by narrative.

Barbara Hardy, 1977.

This technical report contains supplementary data and findings from PhD research¹, summarised in the abstract as follows:

This thesis investigates the potential of narrative theory to inform the design of tools for sharing and annotating stories, in the context of professional knowledge sharing. It begins with a detailed review of the literature on modelling narrative, to establish the theoretical foundations for a narratologically-grounded annotation schema. Medicine is then selected for a tri-part study, since narrative-based approaches in healthcare education and practice are seen by many as significant.

The first part seeks evidence of narrative among medical professionals communicating spontaneously and informally online. The frequency and range of stories identified shows that this appears to be a common and valued mode of communication.

The second part envisions a Web story database (“storybase”) supporting flexible annotation grounded in a narratological metadata scheme. The model draws on various narrative structure theories, and in particular, point-structure. A story can

¹ Kwiat, J. (2009). Multi-Perspective Annotation of Digital Stories for Professional Knowledge Sharing within Health Care. Doctoral Dissertation, available as: *Technical Report KMI-09-02*, Knowledge Media Institute, The Open University, UK. <http://kmi.open.ac.uk/publications/pdf/kmi-09-02.pdf>

be annotated via a graphical user interface on various dimensions, enabling multiple interpretations and dimensional weighting to facilitate the subsequent organisation, query and retrieval of stories.

The third part analyses users annotating representative samples of the stories abstracted from the corpus in part 1. Data is analysed quantitatively (annotation value clustering, questionnaire responses and task phase durations) coupled with a qualitative account of participant behaviour based on grounded theory video analysis. While this study has limitations, it validates both the expressiveness and usability of the story annotation schema, and shows that participants found the experience to be enjoyable and stimulating. Interaction analysis demonstrates the centrality of interface design in shaping annotation behaviour. This work motivates further storybase research, informing the design of future studies and storybase technologies.

This report also has three parts: Part A, B and C. Part A contains the stories identified in the first part of the tri-part study and may be read in conjunction with Chapter 4 of the thesis. Parts B and C contain respectively, users action and interaction data from the third part of this study; these may be read in conjunction with Chapters 8 and 9.

Part A – Study 1 Stories

February 2003

Stories and potential stories extracted from predominantly:

Professional	7
Social	40
Technological discourse	45

August 2002

Stories and potential stories extracted from predominantly:

Professional	51
Social	68
Technological discourse	76

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Part A – Study 1 Stories

FEBRUARY 2003

**Stories and potential stories extracted from *predominantly*
PROFESSIONAL
discourse**

My mother didn't want to take the alendronic acid after seeing the intimidating list of s/e in the PIL.

Asked what I thought. I'm not medically qualified, but she didn't know what to do and has broken bones in the past. After googling, I passed on info that irritation of throat was generally the only thing that might happen, and then only if not used as per instructions.

I think the GP said more-or-less this. In the olden days this would have been enough.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romance

Criteria: PACES

Subject: Re: A better pill to swallow

But PM doesn't solve the problem either.

I had a very demented old boy in EMI unit a week or so back. ?CVA ?Fit (had before) ?Fall with head injuring unwitnessed in the night[.] Big black eye and abrasion – not sent to hospital.

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Antibiotic advice

2p worth only...there are as many methods as there are patients.

Firstly, this is a long, long haul – you and the patient need to know this. If you tackle and sort out this problem in under 6 months I'd be surprised. Shifting to Diazepam itself and spacing doses to TDS (yes, yes, I know the pharmacology – this though seems to help with the psychology (complex+++++)[]).

Usually every 5-7 days I'll reduce each dose by 2 mgs i.e. 20mgs QDS to 18mgs QDS – (now this is really rapid and a lot of folk – quite rightly will say “whoah way too fast”...what can I say...it's worked before.

At the 10mgs QDS, you seem to see a drop off in the tachyphylaxis effect and this is generally when you'll be hit with the big time mental health issues, panic anxiety and depression all I think justifiable to treat. For some reason sertraline seems a good anti-anxiety/anti-depressant – again though, there's very little evidence. Often betablockers seem to help – at least with the old tachycardia and somatic symptoms.

As the doses tail off and you get within “sensible parameters (10mgs QDS)” I tend to slow reduction to half speed every 14 days, again 2mg each dose during the day. (Occasionally you'll find you're only reducing 2mgs each dose, each month!)

Eventually you will get down to a benzo free state. This is a whole other subject, neurobiologically there is a heap of dopamine, gaba, NA and other receptor changes which will still be in active flux, even after months.

I have 6 or 7 guys who are now Benzo free, after years on crazy doses (140mgs daily etc). None would ever consider using benzos in any form ever again. Each one required regular contact, counselling and followed an invariable course of relapse and recovery. It cost a heap of medical time and repeated appointments, a very satisfying job though.

Of course this is just one Dr's experience, even addiction consultants will strongly disagree with each other, bottom line is that it is you, the patient and his illness...the way it should be.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: benzo detox

Drug users and abusers, and this includes benzo and sleeper takers lead me to believe that sleep is a form of escapism from reality and sleeping tablets are often a good way of coming down or hiding from scary real world and drug induced experiences.

I often ask why they need to escape from it all, (we all need holidays and trips away from it all for a few hours and is this any different?) There are a handful who genuinely do find reality too horrible to contemplate. This is no justification to prescribe but makes it easier to understand why others have in the past. I wonder how regular escapees from the world of wakefulness are hiding from something horrible at home that they aren't telling us about?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romance / Tragedy

Criteria: PACES

Subject: Re: benzos and zzzzs

Sadly there is no funding to take things further, although I have produced a lot of other software for personal use in my practice!! Those with IT ‘purse strings’ [know] nothing about Primary care IT, GPs tend to be so careful with their cash, and any collaboration with EMIS would tie me up in so many knots that I would not be able to carry on doing what I enjoy.

The software that I produce is very useful, I love programming and producing it, and I dream that one day it will allow me to leave general practice. It is sad that I can see so many niches, yet no funding to take things further.

Discourse: Professional 100, Social 0, Technological 40

Genre: Report / Romance

Criteria: PACES

Subject: Re: Eleventh hour

[...]

I shall almost certainly be voting NO to this contract proposal unless there is a significant change from the policy currently on view. The absence of a plan B at this stage is again a rather poor indictment of our negotiators[’] competence and does not augur well.

I did a (voluntary) Sat a.m. surgery for “urgent” problems yesterday and three separate consultations were requests for routine check ups for children prior to going on holiday. One mother told me that she was off to Ireland and “you know how difficult it is to see a doctor there without having to pay money”.

I believe that the government, our negotiators and our patients need a reality check about the sort of healthcare that can be delivered by a soon to be declining number of GPs, many of whom feel undervalued. This contract seems to me to be making more promises on our behalf, in the absence of any evidence (or indeed any reasonable expectation) to suggest that they can be delivered. The price is almost immaterial.

Discourse: Professional 60, Social 0, Technological 0

Genre: Report / Gripe

Criteria: PACES

Subject: Re: Eleventh hour

Yes [correspondent]. I know this, but unfortunately and increasingly, the patients do not.

We have done our own on call 1:2 weekdays and weekends up to 10 p.m. for the past 10 years. During this time we have gradually educated our patients about the appropriate use of OOH. Mostly it has worked very well, the patients see us, not

locums and because they appreciate the service they have tended to use OOH calls sensibly. I cannot envisage a more efficient system. It has been completely screwed up by NHS direct who encourage our patients to call us inappropriately. They (NHSD) are falling over themselves to get patients to call their service as a means of justifying their existence. Of the understandably large number of calls they then get, (I heard this recently on DNUK... so it must be true) 70% finish with advice to call a doctor. We have used risk management in experienced hands without to my knowledge a single mishap over these 10 years and longer. Now, shortly we will be forced to give up, mostly due to increased patient expectation (yet paradoxically against the wishes of our practice population). Much of this I lay at the feet of the government who are about to come seriously unstuck if they think they can pay lip service to patient demand and still provide this service on a shoestring.

What I want to see in this contract is an honest acknowledgement of how stretched the system is and a meaningful campaign asking patients to respect this. Not "This is what we are doing, so you can expect more".

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic / Tragic

Criteria: PACES

Subject: Re: Eleventh hour

Not at all!

My ex-wife was a GP rep and their marketing+sales divs made no pretence about it. The evidence from marketing drug studies show consistently that the more frequently docs see reps the more likely they are to prescribe new drugs and increase use of present drugs. The cliché is true: there is no such thing as a free lunch!

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: GPs seeing reps costs the NHS

Anyone any experience of above especially new diagnoses.

I know what the books say re symptoms / presentation, but have a family member, age 10, *very* flexible, but frequently complains of heel pains and occasional back pain and mild lumbar scoliosis. Mum is a physio and very concerned to exclude said diagnosis while recognising that it's unlikely and he's probably got tendonitis from all the leaping around / cartwheels that he does, and a simple scoliosis.

Suggestions?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Help – Ankylosing spondylitis

God help me.

My children were vulnerable according to out PCT (I dared to refuse health visitor input, an optional service I believed).

([A]nd years before I have heard tell of an ex partner becoming an ex partner because someone took exception to his affair with their health visitor at the time).

Rather put me off health visitors. Of course the involved parties were very mature about the whole thing[] (who ever they are) [h]ope you are reading this Mr poohead and Mrs ethnic skirt [G]uardian reader.

I can feel a bit of mum rage brewing in my breast. I wonder what is on their records and if I have a right to see them? Will they always be vulnerable?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragi-comic

Criteria: PACES

Subject: Re: Identifying vulnerable children

[...]

Some time ago I had a patient who among other troubles had contact with the child protection team, leading to minutes being included along with the record, under the usual ferocious ACL provision.

For a good and sufficient reason, possibly although I do not recall including a request from some member of the main ACL, I made a referral to a specialist. Let us not for the moment consider what speciality was involved, because that does not inform consideration of either principles or details of application.

The specialist wrote back instructing(!) me to forward a copy of the minutes of the child protection conferences to him (or her).

I declined, citing his absence from the ACL, the definition and designation of the person responsible for the ACL, and the express rules that nobody on the ACL might disclose information from the minutes to anyone not on the ACL, and that only the coordinator might add to the ACL, and suggesting he ask the coordinator. Whatever model of security you like – Bell-Lapadula or BMA – this was correct action.

I didn't cite not being his secretary, having given all relevant information relating to the referral, not having a photocopier or his (or her) arrogance as a reason, although some of the above might apply to the details of procedure.

Result: he declined to contact the coordinator to request admission to the ACL, demanding again the release of this heavily marked as specially confidential ACL only material, and declared he would reject the referral and not see the child unless I complied.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Identifying vulnerable children

[...]

This day did rise early and hie to mine surgery, where a number of doubts about the diagnosis and management of the sweet pissing disease did assail me. Upon returning home towards eight of the clock, did make diligent enquiry of some pages recommended by an auld acquaintance, which much refreshed my skills knowledge and attitudes. Early to bed.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Comic

Criteria: PACES

Subject: Re: literal error correction

But resignation has been good for me – [go] to bed not too tired to keep the old man happy. Wake up looking forward to whatever I have decided / planned. Have time to search the internet for best ½ price best seats at the theatre and get there without worrying whether I will be on time. Good home cooked food, everyone says how well and trim I look (time for swim / gym at least 3 [times] a week etc. etc. Will any contract make me go back? Res ipse [loquitur]!

As Carol King said 'It's too late baby, it's too late. Something inside has died and I can't fake it...'

Discourse: Professional 90, Social 10, Technological 0

Genre: Report / Comic

Criteria: PACES

Subject: Re: New Contract details 'delayed'

[...]

It might be better for any / many individuals to resign, but that's not the same as being good for general practice or the country.

It may be unusual but I basically like my job and like my patients. Many are people I've known for nearly 20 years, and many more (children) have only ever been registered with one doctor since the day they were born.

Some of us came into general practice to see a couple of generations grow and have families of their own. I'm lucky enough to be quite a long way down that road now, to work part time in two jobs both of which are challenging as well as mainly enjoyable, and to feel, as you do, that in general I'm waking in the morning to the job I set out to do.

It's obviously harder in many places compared to our middle of the road patch, but, rather like the situation with MMR where all the news is about the barely 10% of the population who've changed their behaviour, I can't help feeling that there is a silent majority who are just getting on every day, enjoying the enjoyable, coping with the rest, and taking home a not unreasonable living.

That will surely end if the recruitment situation doesn't improve soon, but could easily be destroyed almost overnight by a bad contract or mass resignation.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romance

Criteria: PACES

Subject: Re: New Contract details 'delayed'

My own hostility to NHS-Direct stems from suspicion of the "multiple pathways" model, which would appear to undermine something which I (and I suspect many others) hold dear. Namely the ability of GPs to form long-standing relationships of trust characterised by a deep understanding of the psychological context in which individual symptoms present.

I also think that it has been a colossal waste of money, which could have been much better invested in the existing Primary Care infrastructure. It duplicates effort and consumes the efforts [of] large numbers of nurses who would be better employed in surgeries and on wards.

Finally there are the plans for NHS-Direct to filter access to GPs and control their appointment systems. The former obstructs the doctor-patient relationship. The latter undermines our quasi-independent status.

The look and feel is Orwellian. [...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Tragedy / Romance

Criteria: PACES

Subject: Re: NHSdirect on the way out?

I don't think so. Not in the long run. Their best interest[s] are served by the traditional system of family doctoring.

I'm about to leave my partnership. I carry around in my head huge amounts of background information on my regular attenders, their personalities and family relationships which is immensely useful, but which could never be codified onto paper [or] screen.

Anything which undermines that relationship (the value of which is seemingly invisible to all but GPs and the patients who have benefited from it) is to be deprecated in my view.

Isn't it well established that triage should be done by the most senior and experienced person available?

For primary care type problems, how could a nurse in front of a screen possibly do a better job than an experienced doctor?

If they had money to burn on OOH, the Co-ops were / are much more worthy recipients. SUSDOC integrates nurse triage very successfully with on-call doctoring. We sit together over coffee and discuss problems as they come in. [B]ut to be honest there is nothing that they do in relation to acute illness that I couldn't do more quickly and with less risk of getting it wrong.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic / Romance

Criteria: PACES

Subject: Re: NHSdirect on the way out?

I have been preparing my local cooperative annual report and for the first time we have data that gives a direct comparison between ourselves and NHSD.

We asked NHSD to give us the total out of hours calls for the post code areas the [C]oop covers. This provided calls taken from our [C]oop population.

The numbers for 2002 showed the [C]oop took over four and a half times as many calls than NHSD did during the OOH period. Of course we return calls within minutes compared to NHSD who return calls within hours.

We estimated that if our [C]oop closed down tomorrow, NHSD workload would increase by 450% overnight.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: NHSdirect on the way out?

Yes,

mental health is a bitch, to have, to treat and to code. Anyone who has looked at the available codes will realise that they are a shambolic, ad hoc collection of indefinable (or non existent) conditions which do not lend themselves to any form of classification. I have less difficulty with coding the overtly psychotic problems than the “neurotic” ones. I mean, we’re all neurotic right? (... just a few seconds silence too long). But isn’t it part of the human condition to go through some time in your life when you cannot hack it and need a bit of support? I’m often inspired by the honesty of patients and recognise that I have similar problems to them, but often lack their courage to admit them. Is it courage, or is it because they implicitly trust us? This is where the government have let us down badly; we can no longer guarantee confidentiality. After entering blunderbuss [R]ead codes for what can be quite subtle and varying degrees of depression, alcohol misuse, work stress, sexual dysfunction etc., it is a sobering thought that they may last for all time and that we cannot be sure who will read them in the future, nor can we assume that their agenda will be in the patient’s interest. Should we obfuscate? Do we?

So, if anyone can write a little protocol which takes this stuff into consideration, could they please send me a copy? Mine has taken 20 years in practice to write; it is still kept in my head and is still changing.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Notes summaries

[...]

Hereabouts ortho docs (27 miles away from where I do some Emerg shifts) want all fractures needing reduction sent to them. Well, all except the most pathetically simple. And the ortho service seems to have---difficulty---with the concept of doing a reduction under regional or short-acting anaesthesia and sending patient home after.

But wait. There’s more.

I found out, in the early hours of yesterday morning, that ortho expect us A/E docs to reduce dislocated shoulders using IV Midazolam or Peth/Val or whatever you like. I have to say that doing this procedure single-handed (well, single doc anyway) carries certain

risks but am prepared to go with this in the interests of supporting our case for more *appropriate* and more *efficient* use of the regional ortho service.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Ortho stuff

[...]

Oddly enough, on several shifts recently in A/E I had the company of a charming little final year med student from Barts/London. Doing her elective out here. When asked why on earth she came to the fringes of the Empire, she said she couldn't afford to go anywhere exotic and she had heard Ireland was nice.

Discourse: Professional 80, Social 20, Technological 0

Genre: Comic

Criteria: PACES

Subject: Re: Ortho stuff

My son, aged 14 then, fell and fractured his radius when we were on holiday in Sicily. The emergency doctor was very quick, XR immediately. At the same time an old lady of 80+ also had a Colles so we all smiled, shook our heads and commiserated, language barriers excepted.

Richard was taken away into the plaster room and we were not allowed in! Just as well because when he emerged, plastered up to his shoulder (they do things differently in Italy) he informed us that his fracture had been reduced without any anaesthetic. The old lady was next, she had a badly displaced fracture, and the screams as they reduced her without anaesthetic were pathetic to hear.

Then they would not let us out, because of the massively overtreated fracture with this hugely redundant object. I stayed in this grim and noisy ward, until we made our escape the next afternoon. That's another story! The old lady was in the ward next the 8 bedder we were in and she moaned very noisily all night.

We should have guessed.

When my daughter fractured her neck of humerus, again in Italy, some years earlier she ended up with a plaster from shoulder down which was totally redundant. I cut it off back at the resort and we cobbled a collar and cuff.

Don't know what the cleaning ladies made of the mumm[y's] cast behind the door, it encased half her trunk as well. As the German orthopaedic surgeon at the resort we accosted with the films over lunch said, the Italians like their stucco.

Medical practice seems highly variable. You would think there would be some common standard for simple problems.

Discourse: Professional 90, Social 10, Technological 0

Genre: Tragi-comic

Criteria: PACES

Subject: Re: Ortho stuff

Methinks it has something to do with insurance money.

My sproglette Greenstick#d her radius in Majorca. Having been very impressed with the shiny new hosp and all the ultra-modern equipment, machines that go ‘pinggg!’ etc., was *less than* amused when they told me she would have to stay overnight. This, for an 11-yr old girl in a foreign country with a crack # she’d been walking around with for 24hrs (okay, okay, no bruising, hardly any swelling – it was an easy mistake, okay?).

When I queried this with the translating nurse, she said ‘but the doctor says she must stay so we can check it is alright in the morning’.

I don’t like pulling ‘rank’ but told her to tell him that *I* was a doctor, and I was taking her back to the hotel and would bring her back in the morning.

(postscript – doctor comes in to shake my hand, all smiles now!)

Discourse: Professional 70, Social 30, Technological 0

Genre: Report / Comic

Criteria: PACES

Subject: Re: Ortho stuff

Just to show something at home works, last year my 13 [year old] son did a Colles playing sport at school. On arrival at A&E, one look at his wrist and then a venlon and some opiate.

While he had to wait 8 hours for a theatre slot for the reduction, medical nursing staff regularly checked and offered top-up analgesia.

What a difference proper analgesia makes!

Discourse: Professional 80, Social 20, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Ortho stuff

I have spent a few hours in cas today – my eldest came off her moped this [morning]. No bones broken but the moped now has silver “go faster stripes”

– which incidentally match the ones on my car that I acquired when I had an argument with a concrete post yesterday. The children and I were busy with sticky fixers and selotape trying to hide the worst of it before my husband came home yesterday – so far he doesn’t know (so please keep quiet).

The receptionist in A&E was like the worst of headmistresses and the triage nurse so brusque that my daughter didn’t get a chance to say what hurt. In any case everyone went in ahead of her it seemed especially if they had no visible injury.

[...]

Discourse: Professional 60, Social 40, Technological 0

Genre: Gripe

Criteria: PACES

Subject: Re: Ortho stuff

As an interested observer, I have decided that triage nurses are the scam of the century, and that they are only there to allow A&E depts. to claim that all patients are seen within the first 24 hours.

Quite frankly it does not need a specific individual to work out when patients are really sick.

Nevertheless, it allows one to figure out the way to be seen quicker.

1. Always slip in the words ‘central crushing pain’
2. Alternatively say ‘difficulty in breathing’
3. Collapse in a supermarket: say nothing, and you will soon be on your way to being seen.
4. The really perverse way of being seen in a hospital is to refer yourself to a STD department (the only other hospital dept. that patients can get to see a doctor without a letter of referral[]). Once inside the system, you mention what you want to be referred for, and you then become an internal referral, which gets dealt with more quickly.

I know someone who needed a tonsillectomy, was offered a 2 year wait through ENT, but was operated on within 2 weeks after a STD clinic referral.

Of course there is always a risk that you will get a probe inserted in an uncomfortable place as they do their routine stuff, but as the saying goes no gain without pain.

Discourse: Professional 100, Social 0, Technological 0

Genre: Comic

Criteria: PACES

Subject: Re: Ortho stuff

Patient comes in [and] presents a script for Imigran – while waiting talks about dialysis. Even to me this suggests renal impairment – so I check the BNF. Sure enough Imigran is cautioned.

I phone the GP who says it's just a repeat and that the patient should check with the consultant who they are seeing later on in the week.

Why do I suspect that the consultant is going to be of the opinion that the GP has prescribed the Imigran – so it's the GP's problem / responsibility.

So the question is – how do we break the cycle of buck passing [and] get back to the care of the patient?

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Passing the buck

[...]

Pt sees consultant privately who prescribes Pramipexole and advises get repeat prescriptions from GP[.]

Pt seeks rpt Rx[.]

Discussion between pt and GP re warning not to drive due to risk of sudden onset sleep, which consultant had not advised about[.]

Pt re-contacts consultant who advises continue medicn and driving[.]

GP contacts DVLA who advise pt must not ignore warning[.]

GP contacts consultant re rpt Rx responsibility who says pt not under follow up so he/she won't Rx but also that **medicn** must not be stopped[.]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Passing the buck

One recent occasion that I'm aware of was in relation to prescribing liquid paraffin to a small child. The BNF very clearly advises against this. As recommended here further enquiries revealed some arguments supporting its use.

These were all old arguments and were in existence long before publication of the BNF and would reasonably have been taken into account by that publication.

In the absence of new information the GP refused to prescribe and suggested that if the information was as reliable as the consultant believed then the BNF authors and editors should be induced to change their advice.

Looking at the available information is often reasonable, but is arbitrating between two bodies of expert opinion such as above a sensible use of our time?

[On the other hand] maintaining a central list of the patient[']s medication is a sensible use of our time, and where we don't prescribe we still enter the drug on the rpt Rx list, mark the dosage with OTC, and mark the quantity as 1 (tablet / ml / ampoule or whatever).

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Passing the buck

In one of the recent examples that I quoted the consultant said to me, “I’ve faxed a prescription to you (i.e. he had faxed a letter asking me to prescribe), haven’t you got it yet, just get your clerk to transcribe it to a prescription form for you to sign, what’s the problem?”

The “default position” (on-licence, indicated in data sheet/BNF) is important. When a patient arrives in front of us bearing his missive from the hospital we either prescribe or we don’t. If we are unclear about the appropriateness of the request we turn to BNF or Data sheet, and if that satisfies us then we usually prescribe. No real problem there.

But if those references don’t satisfy us, and they won’t where the indication is off licence, we are into a different situation. We are unlikely to start reviewing published literature there and then, or to get hold of and speak to the consultant immediately. We end up sending the patient away without their script (inconvenient for patient, and duplication of appointment bookings for us if they subsequently return on the same mission), and seeding FUD (fear, uncertainty and doubt) – “has the hospital doctor got it wrong, why won’t you prescribe, is it because of your budget, is it too expensive, is it that you think I’m too old...”

This is why I feel that the “default position” needs to be honoured, not only for our comfort but more particularly so for the patient. Certainly there are occasions where this is not the end point, and the GP may prescribe either then or subsequently. But if patients are sent to us from hospital bearing requests for off-licence medication then often it is appropriate to send them away empty handed (even if we subsequently fill their hand) since at that point (of receiving the message) we do not feel ready to prescribe. This inconvenience and FUD could be avoided if there was not an assumption that we would prescribe just because a consultant says so.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Passing the buck

[S]ome years ago one of my partners had a patient who saw a consultant privately, he recommended a course of Streptomycin injections at twice the max recommended dose and we had a letter to confirm, when the patient got deafness he sued, my partner and the chemist who dispensed had to pay. If my partner or the chemist had checked the dose was correct with the consultant the case would have gone better – this was all in spite of the consultant attending court and confirming the letter and dose recommended!!!

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Passing the buck

[...]

As regards cholesterol [in my humble opinion] it's likely to follow blood pressure and the lower the better.

I spoke to the relevant NICE guidelines chairman last year (to complain – it's what I do best) and he agreed with me that the best course of action was to identify those needing treatment from a risk factor assessment and put them on highest dose of statin they could tolerate, you can then forget about testing (he almost promised to put that in the next revision).

PMS practices locally have to monitor urinary microalbuminuria levels. This is a fine test for research but in practice has no value (except to say you[re] not controlling BP and glucose sufficiently). I can't see the point of diverting resources to run marker tests when you could be testing for the 'real thing'.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Prescribing incentive schemes

There was some discussion about GPs ability to assess risk and avoid sending patients into hospital, as opposed to leaving potential problems at home.

This set me thinking about the times in recent months when I have kept people at home when others, GPs, paramedics or whatever, might have admitted them.

In fact the reason for keeping at home is of course the inability of the secondary sector to do a rapid assessment and turn around the “gone off[f] their legs” type of problem. And part of their failure is inability [] of social services to act fast enough – they simply can not get carers for some of my rural villages.

If patients could go in get fully assessed in 24 hours they could often be out with four times a day help in 2-3 days and the problems of medium and long term hospitalization would be avoided.

And like so many problems in the Health / Social Care arena it all comes back to under-funding across the board.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Professional; Re: Role of other health professionals in OOH

I don't think all of our OOH is sacrosanct either. However the discussion was about a post contract service largely run by nurses and paramedics.

Doctors in the Danish-style triage phone centre won't be in a position to make the finer judgement calls, which means that more people who “might” be sick will end up in the trolley park for a couple of days. Also protocol-based care will miss many of the subtler signs – how often have received a note from a co-op colleague pointing out a missed physical sign, point of relevance in the history or a new diagnosis. It happens to me from time to time – but only because my patients are seeing other doctors. I repeat, clinical decision making should be made by the most experienced clinician available. The solution is to pay the rate that attracts more clinicians.

Taken all round, with due deference paid to the areas in which nurses and paramedics excel, we are [talking] about the provision of MEDICAL care. If [it] is taken over by others, there will be a few gains, but many losses.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Role of other health professionals in OOH

Central control of primary care is vital to this government's plans (or any government come to think of it).

Control of primary care means control of GPs, by far the biggest spenders in primary care.

Control has been happening under many guises: flexible working, 3-year contracts, PMS, etc. It will expand. The number of PCTs has already shrunk and it will continue to shrink. I predicted years ago that we'll probably end up with 6-12 large primary care organizations (PCO = HMO), with the vast majority of GPs employed on 3-year contracts, management, IT, premises, equipment and staff provided centrally.

All that was predicted 5 years ago when I refused the imposition of PCGs and resigned the NHS.

One lies in the bed one makes.

Discourse: Professional 100, Social 0, Technological 0

Genre: Tragic / Epic

Criteria: PACES

Subject: Re: The concept of holistic longitudinal care provided by a named doctor is dead

I think about this a fair bit.

There are many career options available to simple blokes like me. I don't **have** to spend the next 20+ years as an inner city GP, so why stick at it?

Partly, it's because it's what I know and changing entirely to something else would entail work, effort, energy and involve the chance of failure to attain something I'm not sure I really want.

So, yes, laziness is in there. I told you sloth was one of my personal deadly sins.

But, [to be honest], it is the continuity of care that keeps me at it. I derive some serious professional and personal satisfaction and enjoyment from looking after people (in the limited way I can) over time.

Which doesn't mean that I wouldn't bite their hand off if they offered me 150 grand a year to join a 50-doctor city-wide "partnership". Everyone has their price, and I reckon mine is probably, at the moment, about 150 grand a year. Chuck in a lexus 4x4 and I'll do two home visits a day. But not to houses where there's faeces on the carpet (human or animal).

Discourse: Professional 100, Social 0, Technological 0

Genre: Romance / Comic

Criteria: PACES

Subject: Re: The concept of holistic longitudinal care provided by a named doctor is dead

“Three separate doctors have reported in the BJGP that Lawrence Buckman made it clear in his New Contract presentation at Portsmouth that “the concept of holistic longitudinal care provided by a named doctor is dead”.”

May be is true. As with all deaths the duty of the doctor is to establish the cause and time of that death. [In my humble opinion] it is not recent and the cause is doctors not the contract. The reason for the perception of recent death is the way we, the doctors, have sought to deny the death and preserve the body.

Generation X, post modern or what ever one wants to call younger doctors, are neither willing nor able to take on this responsibility. There are honest; this is part of a trend as, although we may like to pretend it was not the case, neither was my generation either (q79).

“The holistic longitudinal care provided by a named doctor” never really existed once doctors were in partnership and stopped doing [their] own OOH (don’t forget the pre 1970 senior partners who did almost nil – leaving it to assistants and juniors). This probably seriously started in 1911.

All that has happened now is that we are honest about the reality of doctors being people with lives and families not just patients.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romance

Criteria: PACES

Subject: The concept of holistic longitudinal care provided by a named doctor is dead

Very soon all the emergency services are going to have to get in bed together and form an integrated service. Why do [you] think the gov has taken such a hard line with the FBU? My local COOP fellow GPs do not seem to fully recognise this agenda nor [what] might happen after the new contract Opt out. Head in the sand again. [U]nless they do something soon it will implode. COOPs have been of great benefit, but it is time for us to evolve and get in bed with others. I actually believe that GPs are not good at OOH and the era of GPs doing it has gone. The day job is busy enough as it is.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: future of OOH; CES

I do some shifts in A/E and, let me put this diplomatically, not all A/E docs have GP experience, not all have medical experience, some have bugger all experience of anything. And there is a dire shortage of docs willing to work in those places. I am getting pleading calls from a locum agency to do some shifts in a certain small

(well, 200 beds or so) hospital about 80 miles away, they are desperate enough to pay a higher rate and fork out 53p per mile travel. Same agency has plenty of A/E work in about seven other hospitals in N Ireland going a beggin.

No, I don't see A/E being able to handle any significant part of what co-ops now handle.
[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: future of OOH

What about...

“Might be serious – not sure”, but a reasonable question to ask a doctor, but 2 other children asleep upstairs and there's a 14 hour wait in A&E.

Example from this weekend – 10 year old with short history of severe frontal headache and vomiting. Younger sibling attended a birthday party last week, from which two confirmed cases of Meningitis C have been traced. Ten year old was not vaccinated.

I think that my opinion was warranted there – I saw the child within 10 minutes of the initial call. It was not meningitis, but everyone (including me) felt better that we had played safe.

In short there can be cases when GPs are the best placed to deal with out-of-hours medicine. However I would like to do my on-call [from] home, with triage by nurses of sufficient common sense and experience that I only get referred the 2 or 3 cases a day that really need my opinion.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: future of OOH

As I spend about 80% of my time covering vacant practices these days, patient and staff frequently ask me if I would not be interested in applying for the vacant post myself.

I'm never completely sure which answer would worry them more, but you have to remember that these people are often desperate!

Anyway, I always tell them that the reason I am so cheerful in my job is because I enjoy it. And the reason I enjoy it is because I get to take much more time off (3-4 months a year). This means that I don't get tired and worn out the way normal GPs do.

You can see the penny drop as they think of all the GPs they have been to, and how most of them looked pretty spent.

I just don't think it's possible to NOT burnout working the way GP principal in the UK do and, until things change dramatically, I would not even consider taking a permanent post in the NHS (nor would I recommend one to anyone I liked).

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: future of OOH

[...]

[F]undamentally the clinical work is good, particularly if [you] practice in an area of high deprivation like me where the satisfaction comes from managing serious chronic illness in a challenging social environment. It's the other things that are off-putting: lack of resources of every kind, pay that has not kept up with the new skills needed, very bad organisation, career progression almost non-existent, professional isolation, lack of cpd and a change resistant culture among one's colleagues that prevents innovation and discourages others from helping primary care. Once these get sorted (ho hum) then GP will be once again very attractive. Perhaps the major hope for recruitment is not that GP will change for the better; but that once the hospitals have appointed as many consultants as they can afford over the next 5 years, then bottle-necked SHOs and SPRs might have to think again about whether they can progress quickly to become a consultant. Many of my generation went into GP cos the length of hospital training was very off-putting.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: Would you enter General Practice at this point in time?

Also like bringing up children is the notion that if you set off knowing what you're going to do and how you're going to do it you are destined to fail.

There are things I thought I would do 15 years ago [and] I haven't, (and one has taken most of that time to come to fruition), many of the things I have done in general practice I'd never even thought of when I started. It's a journey, an exploration. Be prepared to end up at destinations you hadn't envisaged and make the most of them, rather than struggling always to be on your original preferred road.

And find things that you enjoy in whatever you do, so that when you hit the dull or dismal patches there is a glimmer.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: Would you enter General Practice at this point in time?

Depends what kind of hospital medicine you do.

I've always thought that rheumatology has the best bits of general practice in it – plus the ability to discharge....

I think it does feel like a personal relationship and it's a very clinical speciality – no blood test or x-ray is going to give you the diagnosis on its own, let alone help you assess the impact on the patient or understand the priorities in management – and you often get to know the patient's family and community quite well –

I have several families who block book sections of the clinic! And yes, they

Do come and talk to me in Tesco's – five of the staff in the local Tesco are patients of mine as well.

That's when I've run out of slaves to go to Tesco for me or haven't been organised enough to do the on-line ordering (the van does a 40 mile round trip to deliver to us and it still only costs £5) of course.

The resource and pay problems are difficult everywhere.

I remember being astonished that GPs thought hospital doctors were overpaid compared to themselves when I was 5 years into my postgraduate training with a consultant post seeming a long way away and my (domestic) partner's (professional) partner's salary was twice mine, and we were exactly the same age.

I accept that the training phase is only a relatively small part of your career but that must make up for a few years of the difference. And yes, I know about the pensions.

Discourse: Professional 90, Social 10, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: Would you enter General Practice at this point in time?

[...]

I still love my job and always have.

I do however do a lot of "mix and match" which is the beauty of GP [in my humble opinion] – stops burn out.

You can pick up an interest as an add in for a few years and if you get bored with it drop it etc.

I was a trainer 12 years – now assessor for GMC as well as union rep for London on GPC last 3 years.

This following building up the practice from corner shop to thriving community now.

Within that setting there is room for all kinds of GPs with different spectra of skills (re management) and interests.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: Would you enter General Practice at this point in time?

It is a very different sort of medicine even than A&E. The patients are more important in a way – they keep coming back and, like it or not, you can't help feeling involved in their problems. For the same reasons it is generally more satisfying and the time element allows you breathing space to develop your own theories as to what is ailing them. I guess it's more personal than hospital stuff.

The current problems in general practice can be summarised as

1. Demand/capacity conflicts
2. Change and uncertainty regarding financial and organisational matters
3. Low morale
4. Low income

On the plus side there is some flexibility, though nowhere near as much as there was 10 years ago. You also develop relationships with patients and it is flattering when they come to say hello in Tesco – I don't imagine consultants doing their shopping are approached in such friendly terms if at all – mind you they probably don't do their own shopping do they? !

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romantic

Criteria: PACES

Subject: Re: Would you enter General Practice at this point in time?

As an occasional user, and not an addict I can say they do not leave such a hangover effect the following morning and seem to be slightly quicker in onset of action.

I think there is a role for using them in acutely distressed/depressed or psychotic patients – not sleeping can be part of the illness and it is only humane to allow them a few nights assisted sleep. When starting some antidepressants the sleep becomes worse (e.g. sertraline, fluoxetine) initially and a couple of nights hypnotics will aid compliance.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACE

Subject: Re: benzos and zzzzs

The prescribing people at my local ever-helpful PCT inform us that the z-sleepers (zopiclone, zolpidem & zalepon []) are just as bad as temazepam, nitrazepam etc. with respect to addiction, tolerance etc.

My prescribing experience is that there are few problems with the z-sleepers.

Well, not over and above problems with any other form of night sedation.

As a rule, you tend to see increasing dose of benzos over time but, [on the other hand], I have lots of patients who have been on the same dose of temazepam or nitrazepam for years and years. On questioning, they seem to derive some benefit from taking it, but they can't (or won't do without). Monitoring their repeats shows that they do indeed take the same dose every night.

The z-sleepers seem to involve the same pattern.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAC

Subject: benzos and zzzzs

[...]

Regular temaze et al. users are addicted – they get withdrawal if they try and stop, their current sleep pattern is usually the same as before they took the drug – escalation is not necessary for addiction [in my humble opinion].

Anecdote:

Over the years I have taken the odd nitraze and then temaze for holiday travel and a few other things. About three times [per] year.

This year I had had some zopiclone handed in so tried that – NO HANGOVER.

Never forget that all the sleepers are licensed only for “short term use”.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PA

Subject: Re: benzos and zzzzs

I would imagine it depends on the person as much as the exercise.

My daughter (newly diagnosed Type 1, as some of you know) went to the gym last week for the first time since diagnosis. She had been used to going for an hour twice weekly and was building up to running a mile and a half in 14 minutes. This week she was able to do far less but she measured sugar beforehand and after and including the half a cereal bar at the start she dropped her sugar by 7 units! (starting at 15 and ending at 8). I guess it can't always work like that or every diabetic in the gym would be having hypos the moment they fell off the rower machine.

The answer I suppose is “exercise significantly reduces the blood sugar but it is not predictably measurable.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

PACS

Subject: Re: exercise and blood sugar

In this month'[s] Balance (Magazine of Diabetes UK) is an article about a chap with type 1 diabetes who plays county rugby. I met him recently and he runs his blood glucose very tight indeed and knows down to almost the last calorie how much he needs. He is on the obsessive side but then again he has no complications of diabetes after about thirty years.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: exercise and blood sugar

Med 5 is principally used for backdating certs. This is the purpose it is used for extensively in our practice where we refuse to see people urgently for sick notes – they forgot they were running out and didn't make an appointment in time – but can back date with a med 5 if appropriate[;] especially when there is a time gap several months ago discovered by some government agency.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: Med 5

Although it's far from standard management in the UK I've been discussing the use of metformin with PCOS patients for some time now, and have prescribed it

on several occasions.

A couple of years ago the literature looked encouraging, and following discussion with various colleagues, including a diabetologist, on any risks that might be involved, it seemed reasonable for patients to try with informed consent.

A local gynaecologist has not been particularly supportive, though as ever most courteous.

A Pubmed search today however does show continuing interest, research and publication in this area, with nothing that I can see so far to refute the ideas from a couple of years ago that this might be beneficial in terms of losing weight, reducing insulin resistance and probably increasing the pregnancy rate while it is incredibly unlikely to be harmful.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAC

Subject: Metformin in PCOS

I have a relative with it, the wife of a cousin.

I have followed the debate a bit, it is very common[;] I have diagnosed it at least three times in the past 5 years.

Even the experts don't know what to do, I think there are three or four variations, some get fat and hairy and need metformin, others don't.

Ask about sugar cravings and blackouts, the more the response to this question, the more likely they are to become diabetic [in my humble opinion].

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

PACS

Subject: Re: Metformin in PCOS

PCOS is linked to an increased risk of diabetes and IHD and at least one of the important factors seems to be insulin resistance. [Correspondent] is exactly right about sugar cravings – if you probe a little, these patients often admit to sugar binges and mood swings. There is a kind of vicious circle – the more they binge, the more they experience mood swings and sugar cravings, and the more they increase weight and insulin resistance.

My approach to management is to talk through what the patient perceives as her problem, to ask about diet (especially sugar), to inquire about family history (the risk of PCOS is higher in relatives of sufferers). I then discuss the implications, try to explain the idea of insulin resistance and point out the risks of developing diabetes etc.

The first aim must be to reduce consumption of refined sugar, if possible to zero. It is helpful if they start to take regular exercise – and they should notice fairly quickly the benefit of weight reduction and a reduction if not elimination of mood swings. If that's not enough in itself, drugs may be helpful. Metformin reduces insulin resistance and is the obvious choice (and has been trialled) but I suspect ACE inhibitors, which also have some effect on reducing insulin resistance, may ultimately prove just as effective. Certainly I would always use an ACE inhibitor as first choice in a patient with PCOS and hypertension, or who exhibits some of the early warning signs (excessive weight, sugar addiction, mood swings, menstrual disturbance) and high bp without necessarily having the full blown syndrome.

This is evidence-based to the extent that it extrapolates from a number of studies (not to hand at this moment), and from clinical experience, but is far from a grade A recommendation.

[Discourse: Professional 100, Social 0, Technological 0](#)

[Genre: Report](#)

[Criteria: PAC](#)

[Subject: Re: Metformin in PCOS](#)

Locally there are consultants using Metformin regularly for PCO.

There was more info about it in papers about “syndrome X” which is a pre-diabetic and sudden death from IHD. Insulin resistance, trunkal obesity and raised lipids. (This is from dim memory I am afraid so would need further confirmation). I think that the implication is that you should treat each element actively with statins and Metformin and lifestyle changes to decrease weight. Since I have known of it several patients have been obvious for treatment and I have started it. PCO is extremely common if you look for it, I have found many more girls with this than new diabetics over the years.

I think there were some papers in the BMJ last year.

[Discourse: Professional 100, Social 0, Technological 0](#)

[Genre: Report](#)

[Criteria: PACS](#)

[Subject: Re: Metformin in PCOS](#)

I too have been using it and fortunately our local gynaes and endos swear by it. It

appears to be most useful in those with PCOS who are obese, reversing the metabolic problems associated with both obesity and PCOS. Weight loss with it is important to regain fertility. No weight loss and conception is unlikely. Hypos are uncommon but diarrhoea is a problem as large doses are needed.

There is plenty on medline plus about it.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAC

Subject: Re: Metformin in PCOS

The Sicilian hospital we stayed in charged nothing at all, the one on the mainland just charged for the XRs.

Mind you the Sicilian hospital did not have basic things on offer, toilet paper, soap!, cutlery – they were all provided for by relatives.

It was an interesting experience.

Discourse: Professional 60, Social 40, Technological 0

Genre: Report

Criteria: PAC

Subject: Re: Ortho stuff

NHSD's performance has been mediocre sadly. It all too often gives the same advice the pt thought of in the first place, triage seems persistently quixotic when I take calls in my COOP referred by them "had to see the doctor within 4 hours", and does it expensively. Locally NHSD wanted to frontload all the local COOPs from next year but simply now admits it has not got the capacity to do so. Time for it to evolve or die.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACE

Subject: Re: NHSdirect on the way out?

Historically it was a combination of us doing PMRs when we summarized, New Patient were summarised by us, and the natural summarisation process of paperlight consulting over 5+ yrs. etc. We found with 13,000 pts we didn't make enough headway so when we decided to train we had a blitz for about 6m where we personally went through every set of paper notes and transferred the big stuff to Emis. Bl**dy hard work but for the numbers the only way we could do it. We are now circa 85% PROPERLY summarised

and rising. (No disrespect to many practices but I suspect many don't truly summarise as we have done prior to training).

We have a couple of staff who have been trained and are experienced at summarisation, (and who otherwise do the scanning and data entry tasks) and we trust do a very good job, (better than us but slower). They couldn't cope with the task as described so we did as above. Now we are nearly there they are back to doing the PMRs and NPM as they come in (mostly).

[...]

Discourse: Professional 60, Social 0, Technological 40

Genre: Report

Criteria: PACS

Subject: Re: Notes summaries

I think the target is 4 hours rather than 24 – but I fully understand your point.

Locally we have ambulances backing up in casualty car park, unable to admit patients either because no trolleys or cas. needs to delay their crossing of threshold so that 4 hour clock doesn't start running!

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Ortho stuff

Recurring old chestnut of consultants recommending medication which for various reasons we feel is, or may be, or we don't know but might be, inappropriate/unlicensed/etc.

I've had a rash of these recently – and when discussed with consultant in specialism xyz the reply is often that “all/90% of xyz-ologists are using this, it doesn't matter that it isn't licensed, it seems a good idea on theoretical grounds” or similar. Or as in your case, “well the data sheet may say that but I've never known it to be a problem.

As GPs we can't be expected to know about everything at the limit of every speciality, and as a starting point the product licence/data sheet is a good place to assume as the limit of our knowledge/competence/confidence.

So surely the presumption should be that we will not prescribe in such circumstances. The consultant may open a dialogue as to whether we are willing to prescribe, and should prescribe themselves in the meantime until such time (if ever) as we are ready to prescribe e.g. after the patient stabilised, or after we have had time to look at the evidence for such usage. They should not lead the patient to assume that we will prescribe – that is disingenuous to say the least.

Why is this such an issue – why is it a problem for hospitals/consultants to issue prescriptions (I mean real prescriptions, not a letter to a GP which they refer to as issuing a ‘prescription’) – is it mainly cultural, or budgetary, or simply an administrative chore? For preparations which are not available in the community they manage to issue prescriptions and supplies from the hospital, so it is not an impossible task.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACE

Subject: Re: Passing the buck

Eighty four days been the norm for nearly 20 yrs, though obviously not for psychotropics, nor for certain other drugs or patients depending on circumstances.

A year doesn’t seem unreasonable for stable hypothyroidism, 6 months for OCP and various others.

Fifty six days would represent a 50% increase in workload and would tie in with very few clinical reviews (hypertensives on 3 monthly review, but virtually none on 56 day review).

I’m sure our prescribing could improve further, but can’t see that repeat dispensing would make any contribution to that.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAC

Subject: Re: Repeat Prescribing

I am now entirely convinced that NHS mandarins are on PBT – payment by targets. I met a mandarin yesterday and he only seemed to be able to talk about targets. Talk about patients made him look severely out of sorts.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Comic

Criteria: PCE

Subject: Targets

The department of Stealth and total Obscurity are happy to accept my signature on most forms I write on the (can you do heavy pots in the oven and poo unaided and that sort of form)

“filled in with the patient by telephone consultation, signed by practice nurse on behalf of Dr doodaas practice”.

But then many of these forms are [disability] forms and not sickness forms.
Am I breaking the law?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Comic

Criteria: PACS

Subject: Re: Sick Certificates

Yeah. Gets a bit tedious pointing out what the future holds for NHS GP. I saw a lot of this crap coming in 1990 but hoped back then that the *next* set of GMSC negotiators would have more sense than to work in secrecy etc. Disappointing. Given that they are all pretty decent people, I worry how they will live with themselves over the next 20 years.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: ACE

Subject: Re: The concept of holistic longitudinal care provided by a named doctor is dead

I think once the health side of the emergency services have got together that they should be frontloaded by paramedics/emergency nurses (pace the armed services – v good they are too) backed up by on line diagnostic sieves, with doctors being very second line. [T]hese docs should be properly trained in emergency primary and pre-hospital care, paid well and have plenty of time off for the unsocial hours and regular training in skills needed. [P]erhaps BASICS could do the latter? [T]here are already diplomas in immediate care which BASICS and A+E docs in training do. I think the pt and us would get a much better service from the above rather than a miserable, semi-trained, knackered, out of date GP taking calls in a grotty COOP base.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: future of OOH

Actually, this is not a bad standard.

If 71% of my customers wanted red blouses, I'd be daft not to stock red blouses.
I do appreciate, however, that GPs work under monopoly conditions and not a Free market.

I certainly strived to achieve this standard even under a monopoly market. I reckon we achieved it > 95% of the time (seeing patients within 10 minutes of

arrival, not the red blouses – we stocked no blouses as they were not in demand by any of my customers).

The other quality standards I set were no phone rings more than 3 times (98% success) and no one waits for appointment more than 24 hours (100% success). The years were 1992-1998 and general practice was still fun.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: PAES

Subject: future of OOH

[...]

One of the positive aspects of GP is that it still (and possibly will even more so in 'NewContractLand') offers scope for you to make of it what you will.

It's a bit like bringing up children. The challenges change as time goes by and sometimes there seem to be more negative than positive aspects. You often think 'it will be better when...' or 'it would be better if...'. You have 'bad days' or sometimes longer, but you do have choices and can get a sense of achievement. Practices take a bit of nurturing to 'blossom'. 'Non. Je ne regret rien' – GP or children.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Romantic

Criteria: PES

Subject: Re: Would you enter General Practice at this point in time?

You might do well to do a sabbatical.

In anything, and GP would be one possible thing, but so would sailing round the world or whatever.

If I were running EM training, I would regard a year or six months as a registrar in General Practice as a very suitable job in either a rotation or an individual training path, but I expect I would also wish to be talked to about it by the juniors in the career path.

I.e. there may be a very good way to dip your foot in the water, and benefit whether you go to plan A or plan B.

I left Anaesthesia and have not regretted it, nor am I sorry to have brought the tricks I still use with me.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Epic

Criteria: ACES

Subject: Re: Would you enter General Practice at this point in time?

[...]

Zoology: There is a species of spider which avoids fighting. If one spider jumps into the hole of another spider, the second runs off and jumps into someone else's hole. Eventually someone finds a new hole. It works for them.

I personally would regard "I like him" as a reason for not removing someone from a list, but it seems generally held that "I dislike him" is not a sufficient excuse for removal.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: Would you enter General Practice at this point in time?

FEBRUARY 2003

Stories and potential stories extracted from *predominantly*

SOCIAL

discourse

Not a unique experience I know but a couple of nights ago I enjoyed the great privilege of a night on the A14/A428.

Fortunately in a car with a full tank of gas, blanket and if needed sleeping bag, drinks and spare large bottles, and a few odds and ends such as jump leads which could be loaned out to the unfortunate.

Particular credit should go to Star Cambridge radio station who broadcast all night, with very few if any adverts, and provided both useful information and entertainment. Amazed how irritating the adverts were when they restarted in the morning. Anyhow a small token of thanks will be winging its way to them soon.

The snow was indeed no more than a couple of inches thick. The chaos it caused was embarrassing, probably unnecessary, and was not mitigated by the feeble attempts of the authorities to provide emergency services.

On the section of road that I was stuck on (A14, through Girton interchange, and up to the Maddingley roundabout, approx 17:30 – approx 07:00) unless anyone considered themselves a sufficient emergency to ring 999 there were no offers of food or hot drink, no opportunity to get to a centre except by dumping a car in the outside lane and walking, no access for women to toilets, no supplies of grit to use under individual vehicles that got stuck, and no supplies of shovels / spades.

The fact that gritters had not done their job before people were told to go home early was in fact a minor part of the story. With a carriageway in the opposite direction entirely clear why were supplies not made available?

I've heard people say on the media that we shouldn't grumble about such relatively minor things, that we should be resilient enough to cope and basically I'd say that not only did we cope but that as ever the best of British showed through.

Sadly the same wasn't true of the authorities who left people languishing for more than 12 hours quite possibly for the want of some interventions that would have been very simple had they been prompt (grit and spades to help lorries out of the way).

Still, as they say, part of life's rich pattern.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: A night on the road

Here we complain if we haven't got 2 inches of snow on the road! (Like now!)

But in the Honda Civic I do carry my own shovel, kitty litter (works really well for grip), and I have occasionally used the mats from the foot wells to get me out when stuck. Have only been stuck a few times though – in a car with just a few inches of clearance.

I have chains which I have only [ever] used prophylactically (ouch!) – no, for one snowy hill up to one of the ski bases – but I think I would have made it up without them.

We keep an emergency kit too – fleece, water, bit of scoff, flares (for putting at roadside if stuck), first aid kit.

In the truck....I just carry my manhood.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Epic

Criteria: PACES

Subject: Re: A night on the road

It seems to me there will always be a tension between [] the needs of the here and now, for the relief of the here and now, for the relief of which there will always be a strong moral case for spending every penny at our disposal (and more), and the largely unknown long term benefits of R&D, which is what the space programme symbolises (in small part) to me.

Only a minority of shuttle missions have had military purposes. The rest have been devoted to science, and there are many examples of spin-offs from the space programme which have benefited here and now. Whether such technological advances have been applied to the needy and suffering of the earth is a matter of politics, not a value judgement upon space exploration.

Every life and every death should carry equal weight with us. Even as I watched the coverage live on CNN, I thought about how many other deaths occurred at that moment, even just on the streets below the plasma trail. Although the TV networks focus upon the deaths of the astronauts, the reality is that those brave people are really a cipher for the American sense of technological prowess and invincibility.

Mark Steyn has an interesting piece in today's Telegraph pointing out how inconvenient this disaster is for the American government in a week in which they had intended to project an image of maximum surety and power towards Baghdad.

The pity of it is that despite the public lachrymosity, the lives and deaths of the seven astronauts will be marked principally for what they represented, and too little for the people they were.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Columbia down: 7 dead

My first hamster died of Zn poisoning – it was before the fancy palaces you can buy for cages nowadays and we were poor students so we built a wonderful exciting new cage with multi-layers and ladders, ramps, wheels etc.

She loved it.

She particularly liked chewing on the bars.

Our economies had purchased non-galvanised zinc mesh....

The symptoms of zinc poisoning are hair loss, weight loss, skin problems, loss of balance...

Retrospectively I see she had them all.

The vet missed it – well he wasn't to know of the passion which had built a poisonous cage was he?

For a week we bathed her in special shampoo and dried her with the hair dryer – she hated it. Finally it became obvious we were losing the fight and a lot of money to the vet. Cinnamon – the first of many.

[...]

Discourse: Professional 35, Social 65, Technological 0

Genre: Romance / Tragedy

Criteria: PACES

Subject: Zinc poisoning

Might be helpful, but until a Mars mission is approved, funded and designed the requirements are unknown.

Bit like building a five star base on the edge of the Antarctic with stabling and straw for ponies, petrol and machine shops to service engines, luxurious rooms etc. Keep it serviced until 20 years later Amundsen turns up with a couple of dog teams, stays for the night, says a big thanks and then heads off for the pole!

Discourse: Professional 0, Social 100, Technological 0

Genre: Tragi-comic

Criteria: PACS

Subject: Re: Columbia down: 7 dead

This irony is a tricky business. A little while ago I sent a spoof virus warning about “CHISHOLME.EXE” to a local mailing list. Someone replied having clearly [taken] it at face value, and was embarrassed and complained of unfairness.

Discourse: Professional 0, Social 70, Technological 30

Genre: Report

Criteria: PACE

Subject: Re: cradle 2 grave

I noticed too –

But then my cleaning lady has recently come over here to live from Zimbabwe and her three children she has had to leave behind until they can afford to bring them over. The life she describes is totally alien to me.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Tragedy

Criteria: PACE

Subject: Train crash in Zimbabwe

I had an Aunt who each year made rhubarb wine, in an earthenware pot. One year they had a particularly heavy crop, so she decided to make the wine in a galvanised bath. She thought the bath looked lovely and clean when she transferred the wine out of it, and then when she tried it, had to be whipped off to have her stomach pumped out.

She gave up making rhubarb wine after that; good thing really, apparently it tasted awful.

Discourse: Professional 0, Social 100, Technological 0

Genre: Tragi-comic

Criteria: PACE

Subject: Re: Zinc poisoning

FEBRUARY 2003

**Stories and potential stories extracted from *predominantly*
TECHNOLOGICAL
discourse**

My wife has had trouble receiving documents from her trust, sent to all consultants, because the enormous header (with all the To...s) made the email system fall over. The problem is that, throughout the NHS, IT knowledge is seen as a luxury and an optional extra. Typically a secretary who can just about cope with typing letters on her PC is sent on a 2 hour course to learn about email and the web and then left to get on with it, with no back up (hospital IT departments being grossly under-resourced – mind you we don't have any in house IT in GP land).

I subscribe to a FilmFour mailing list and they once made the same mistake, treating me to an impressively large list with the private email addresses of all their list members. At least they were apologetic about it.

Discourse: Professional 20, Social 0, Technological 80

Genre: Report / Gripe

Criteria: PACES

Subject: Re: Spam, lovely spam

The IP address range will be determined by the wireless base station, it will have an address already allocated. Small private networks are usually 192.168.xxx.xxx. As you will have a firewall preventing anyone outside from looking in it does not matter, only you need to know what the range is.

My broadband router has the pre-programmed address 192.168.7.1 so the computer I am on at the moment is 192.168.7.2 and all the others follow on.

All the downstairs computers have even numbers, the upstairs are odd. My laptop is 192.168.99[;]; if I add a computer to download stuff off the net (I have three HP Pavilions I am preparing for the practice this week) I use easily remembered numbers such as 55 or 66. This is just to avoid conflicts. They don't really matter under [W]indows as if there is a conflict, the adaptor is disabled. It is annoying to have to change it, although under W2K and above this does not require a reboot.

My home LAN thus currently has 9 machines, a print server and a networked Laser all with their own IP addresses!

[...]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAC

Subject: Re: home network

This name was given to me by some American colleagues after I filled up my [diesel] hire car with [petrol] while taking them on a tour of English hospitals. I created this email address to [respond] to them but had another senior moment and left it active.

All I can say is that they might have been more grateful that a hot diesel engine runs quite happily on 75% petrol and that it didn't [break down] until I'd dropped them at their hotel.

Discourse: Professional 0, Social 45, Technological 55

Genre: Comic

Criteria: PAC

Subject: Re: tecchy help for my lan

Once, years ago, well nearly 10, I read about the latest version of Windows and how it could multi-task. I bought my first PC shortly after and it came with that version of Windows.

My current (cheapo) machine is waaaayyy faster and has tons more memory and W98SE. But it still does not multi-task reliably, there are still programs which stop *everything* else when they are running and one or two even bugger up the simpler task of playing an audio CD.

Have we all been lied to????!!!!!!

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Gripe

Criteria: PAE

Subject: Re: tecchy help for my lan

I think that DNUK has a competent implementation of a system that is fairly well understood with sensible attention to avoiding vendor lock-in or dependence upon an arbitrarily changeable underlying system.

What they did get wrong [in my humble opinion], and partly corrected recently is the amount of information (or in the case of some DNUK regulars, inane and vulgar babble) which is presented in each bite. Recently they rebuilt some of the software to present three postings at a time, and that was good.

What they got severely wrong and have not corrected in the slightest is threading. I can only assume that this is due to the effect of Microsoft telling the world that you don't need threading on a bulletin board, that everything that the company passes for publication can be presented in a long series of unweighted postings in one thread.

It's a programming task, but not a huge one, to build threading in, and it is one that DNUK have severely reduced the utility of their system by not performing.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Gripe

Professional Social Technological 100

Criteria: PAC

Subject: Re: VHS or Betamax

I have been using ViaVoice to write documents for several years. I recently started having problems with it but could not work out what was happening. [H]aving got a new computer I have reinstalled [] a variety of [programs] including Microsoft Office. I was pleased to find the ViaVoice worked but was alerted to the need to download security patches and realised that I had not updated the new [O]ffice installation to the later Service Pack. Having installed Service Pack 3 for Microsoft Office the voice dictation to [W]ord no longer works. I have experimented by removing the service pack and this solves the problem.

Can you believe that Microsoft would issue an update to their software that prevents one of the most useful tools being used. I'm sure you can!

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Gripe

Criteria: PACE

Subject: ViaVoice and Word2000 SP3

I switched to the eBNF on CDROM in the surgery a couple of years ago and more recently I've been using the Welsh NHSnet's web version. The paper BNF sits in my bag and only gets used on housecalls. It's so big and heavy – I'd love to have it on my little Palm PDA instead. I asked this question a year or two ago and there were then no active plans to make a PDA version.

[]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Gripe

Criteria: PAE

Subject: BNF on PDAs

Disaster

Have accidentally deleted our patient database of the server (list of names, numbers etc. – but more importantly all our billings[]).

(New install of software on client mapped the c-drive of the server to my laptop and gave me full permissions – I didn't do the install so didn't know it was there and was trying to clean up a zip disk in a mapped drive and deleted its contents!!)

This is a disaster because the office I work in is not mine and I don't look after the security features. I went to the backup from last night and they have not been backing up these files.

There is no clinical info lost but there is a huge amount of work – but more importantly the office will grind to a halt without this billing software (we have to bill the govt. for everything we do).

[...]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Tragic

Criteria: PACE

Subject: HELP – URGENT

A follow up from my server root deletion and no usable backup situation that occurred last weekend.

So, with some help from recover4all and then some file repairing (done with a utility held by the software vendor) I have recovered all my permanently deleted data and we are back up and running.

A lot of work – but it can be done, and mainly in-house. I have learnt a few things along the way...and have taught the practice the importance of a proper backup strategy.

I do think it is crazy though that for this particular software to run it has to live at root on the server and this drive has to be mapped to each workstation – a disaster waiting to happen (well, it's no longer waiting I guess!)

[...]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report / Tragic

Criteria: PAC

Subject: HELP – URGENT – follow up

A wee trip to Tucows [or] something similar will reveal a whole mass of simple, efficient and very cheap shareware synchronisation / backup [programs].

I use “Backer” and am very pleased with it. (\$10.00 or something, with fully functioning [program] to assess first, not cut down or time expiring).

I synchronize a whole mass of files between desktop, wife & laptop and then laptop to surgery.

Synchronising Emails (MS versions) is tricky though as they are held in large files so whichever is the latest gets overwritten. (Though Backer does allow you to force a one way synchronisation).

I keep separate folders for my desktop and laptop Outlook express (sorry [Correspondent]), and if I need them, I import the relevant emails.

Yes the staff at PC [W]orld are nice, but they are also on commission and their knowledge base is sometimes frighteningly limited.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAC

Subject: Re: tecchy help for my lan

AUGUST 2002

Stories and potential stories extracted from *predominantly*

PROFESSIONAL

discourse

[...]

Managers of [District Nurses] and [Health Visitors] have a tough job. I don't know what they are paid but it['s] no where near what the suits at the PVT are paid!

There does seem to be a move to get more less qualified nurses in the community but I think we should look at the patient's rights. What sort of outcomes are there if the nurse is highly qualified/skilled? If a [Health Care Assistant] is going into someone's home to take blood pressure or blood sugar, she needs to know what to do with that information. As her skill and knowledge increase she takes on more responsibility. BUT should she? Like the rest of us (GPs too) – we take on more and more. [A]nd are expected to do more degrees, Masters etc. But where is the evidence that that improves patient care? The one high level community nurse in the team is doing her own clinical work, overseeing the rest of the team and often having responsibility for a student at the same time

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragedy

Criteria: PACES

Subject: Re: An interesting Question

Ain't that the truth....the government are sentencing an entire generation to state sanctioned addiction. The awful bit is...your average junkie doesn't want it, it's harder to come off than heroin, particularly if your supply is [interrupted]. A fair proportion top up on other drugs anyway and then...surprise, surprise die. We are going to reap what we have sown here...I'm sure.

[A]nd it's true – there are a number of people in our area who exist on an entirely liquid diet, paid for entirely by the NHS, methadone and ensure.....

Actually it sounds like a healthy, balanced option for a stress free, nutritionally sound life....where do I sign up.

Discourse: Professional 100, Social 0, Technological 0

Genre: Tragi-comic

Criteria: PACES

Subject: Re: Embalming fluid

[correspondent] said: But I was actually suggesting something that would solve your next problem...

Oh yes please [correspondent]!

And also takes into account that little rise in creatinine that we are keeping an eye on, and patient's skin condition etc!

Moving on.....Then they will do away with us. The patient will come in, opening

the door with their smart card. [T]hey gain access to the consulting room where they put their card in the slot, and line up relevant bits of their anatomy with the computer which draws blood etc (don't dwell on the etc – it[']s] too much). [A]nd a draw pops open with the medication, a print out of relevant advice, and the patient leaves.

But meantime, please work on that software!

Discourse: Professional 100, Social 0, Technological 0

Genre: Tragi-comic

Criteria: PACES

Subject: Re: Hepatitis B vaccine for renal patients

Why not, and why get uppity over this now. The standard of so called “discharge summaries” have been diabolical for years. To all intents and purposes we have not had anything that could remotely be regarded as an “full” (or any) discharge summary from our local trusts (West London) for years. What really brought this home to me was the discharge summary brought by a patient who had had an MI in Spain whilst on holiday; it was a work of inspired eloquence (even in the Spanish of which I speak not a word) compared to what I have been used.

As for the prospect of “electronic discharge letters”, if the paper ones are dire why should the electronic version be any better? Electronically “generated”...See some of the examples from one of the local A&E depts.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Hospital Discharge Letters

Remote practice is a little different – in some of the places I cover, I **am** the ambulance Service as well as the GP (some places in the Highlands and Islands still use pick up trucks etc. to reach a safe helicopter landing site).

I use the emergency kit on average once a week – I had a four person RTA with a helicopter and two land ambulances required last week (most of the Highland ambulances do not have paramedics – skill retention problems).

Some of the practice areas in Highland are in excess of 750 square miles with winding single track roads.

I had a life-threatening asthmatic case a couple of winters ago where I had to drive on green lights for 1 hour to reach the patient, wait 20 minutes more for the land ambulance, which was called at the same time but was over 70 miles

away, and then travel with the child to hospital (2.5 hours). Total time for one patient from time of call until I got back to base was 7 hours.

In the last 3 years I've:

- ~ used 2 intra-osseous infusions on shocked babies (one was only 4 weeks old) whilst waiting for RAF transport to arrive
- ~ used a surgical airway for a trapped crash victim who was unconscious, vomiting, decerebrate posturing and had trismus (he survived and I testified at his dangerous driving court case)
- ~ used 2 combitubes in medically in-extremis patients that I could not intubate
- ~ treated several acute MIs (1 on a mountain) that I had to treat and transport on my own to the helicopter landing site
- ~ seen several fallen climbers (some dead)
- ~ attended the usual assortment of motorcycle and car crashes
- ~ had a dead 16 year old ejected from a car crash at 80 miles an hour with 2 spinaly injured passengers on an island with no ambulance and no hospital
- ~ been called to a hanging
- ~ had to cut my practice's multiply injured CPN and her 2 seriously injured children out of her car and 2 badly injured men out of the car that hit her (with the help of the fire service – but I was on the scene in the snow in 90 mile an hour winds for 1 hour before the first land ambulance reached us)
- ~ delivered a baby on a fixed wing ambulance transfer (no midwife)
- ~ had to deal with an ectopic pregnancy rupture 2.5 hours from hospital who had 3 litres of blood in her abdomen when they opened her
- ~ I used iv aminophylline for the first time in a while a couple of weeks ago for a life threatening asthmatic who was not responding to nebulisers

And various other odds and ends.

All 999 calls in many of the areas I cover are passed directly to the doctor (Inverness ambulance control have my mobile number on their board and someone knows where I am at all times when I'm on duty), I'm first on scene at most of the crashes I get called to (before even the police) – in >90% of 999 calls in the areas I cover I get there 20 minutes or more before a land or air ambulance.

It's never a dull moment.
[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Epic

Criteria: PACES

Subject: Re: Locum equipment – it's tough up North!

One of my tutors at medical school once frightened a candidate at finals with his pityriasis rosea rash. He presented his own rash for inspection by the hapless student. The student [preferred] quite reasonably really the differential of secondary syphilis!

Discourse: Professional 100, Social 0, Technological 0

Genre: Comedy

Criteria: PACES

Subject: Re: Rosea and versicolor

I detect a feeling in recent years that many younger specialists are well aware of this and will acknowledge it openly.

Had a long conversation recently with a gastroenterologist who felt he needed the security of a speciality and with this the ability to say “no” to some things.

Had a surgical SR locally some years ago who asked to spend some time in our practice as part of his training A+E consultant in time – found it really useful. Also made him realise he'd made the right choice ! ;-)

I think it will come – a period in GP. We teach students in practice from B'ham Univ' and that I'm sure starts the relationship with primary care [at an] early stage in their education.

Do worry about a perception I'm forming that many docs just haven't seen the stuff these days –

just haven't had the clinical exposure. Inevitable I guess, but maybe doctors in training being dumbed down just a bit?

We'd need a lot of trainers to address your proposition, though I agree with you – it is a great idea.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: SHO training reforms

Ethnicity questioning [nowadays] is institutionally racist. In Peckham and East Dulwich, where I come from there is a generation of “Londoners”. They are the children of people who have done the integration thing. These people are irritated by being asked to define

themselves by their race. My sister's children are in this category, as are mine. My brother-in-law has parents who come to the UK from Jamaica, both, themselves of mixed ethnic origin. My husband['s] parents are Polish and Welsh. Both sets of children take pride in knowing their roots, however defining them simply is demeaning and a misrepresentation in itself.

Discourse: Professional 60, Social 40, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Who employs who? – legal question

Many years ago, I fancied a job as a GP partner somewhere in Dorset. I rang up The Practice because I'd just missed the deadline.

I: "I know the deadline has passed, but is [it] too late to apply now?"

The Practice Manager, who, obviously cannot see me but can hear my voice on the phone, obligingly replied:

PM: "no no, it is alright, we've had to extend the deadline because all the applicants so far are Indian doctors"

I: "oddly enough..." (fill in whatever you like).

Ever since that encounter, whenever I apply for a job, I make sure they hear my voice first!

Now, I am going for the Deputy Chief Medical Officer job. Will you support me? Will they laugh their socks off? Will they welcome someone who can transcend and go beyond "multi-culturalism"?

Will [correspondents] sign a petition addressed to Sir Liam? :-)

Discourse: Professional 75, Social 25, Technological 0

Genre: Tragi-comic

Criteria: PACES

Subject: Re: Who employs who? – legal question

I had a patient come in yesterday with a box of vials of Erythropoetin. He had been discharged from hospital, given a slip to bring to GP for the drugs he needed which included the [erythropoetin]. But no letter giving instructions on why, when and what follow up intended.

He said he asked that they give him the information when he was leaving the hospital but was told they don['t] do that – it would go by post!

So unhelpful. Patient now faces delay while we sort out what we are supposed to be doing.

Now I read this about more risk! I think I will go into flower arranging instead.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Eprex

Local typical eprex story...all prescribed from hospital (transfer deal) via community pharmacies on FP10HP because of some [VAT] issue.

Patient given script for 3 month of new dose of 6000 units twice a week. Pharmacist enraged as [patient] has no facilities to store. Considers batch supplying in 1m lots but would leave him exposed to any price increase. Attempts to discuss with [hospital] re irrationality of this. No one interested (surprise!). After 6 [weeks hospital] reduce dose to 4000 units. [Hospital] asked if they want the remainder of unused [eprex] (about 1500 quid['s] worth). No they couldn't possibly do that and offer no solution to unused dose except to junk, and suggest chemist dispenses new 2m script for 4000 unit doses. Chemist suggest could at least use the 6000 unit dose by discarding 1/3 of each thus "only" wasting 600 quid. Yes suppose we could do that says hosp.....

Conclusion: responsible and cost conscious community pharmacist has wasted days telephoning various people trying to get some sense into this system, driving himself bonkers. Next time...

Sod it, if they want to waste this kind of money why is it his problem.....

Discourse: Professional 100, Social 0, Technological 0

Genre: Tragic

Criteria: PACES

Subject: Re: Eprex

This is an interesting area (always gets the locum discussion list going!)

I don't actually make any more money than most principals. For the first 2.5 years as a GP locum I worked 23 days a month away from home and I made £30,000 a year after expenses.

I've pushed my rates up gradually to avoid upsetting the cash flow of the practices

I cover (IPs get the money back after 2-3 years).

I now work two weeks on / two weeks away from home (24/7 on call residential) and I aim to make £70k per year doing this.

I don't see how anyone can object to this – I have a nice house that I don't get to see enough of, and family and friends that I don't get to see when I am away, I do 30k miles per year and my other half has given up work to come with me.

If anyone thinks I earn too much they should try doing what I do for a few years – it's not as easy as I make it look!

If your locums are creating work for you then that is a problem – I aim to provide a seamless service:

- ~ I take a digital photo of the principal's desk when I arrive
- ~ then I clear all their stuff away carefully and install my mobile office with my own equipment including a portable printer
- ~ when I leave I put the desk back exactly as it was in the photo I took
- ~ I type all of my entries into the patients['] notes using the printer so that people have no trouble reading what I wrote
- ~ I provide printouts of all my patient contacts in and out of hours
- ~ I copy the practice letterhead and type and print out all of my own referral letters in case the tapes go missing
- ~ I rarely ask patients to 'come back next week' to avoid making a decision
- ~ I look at what the principal's prescribing pattern is with other patients and try to copy it as closely as possible
- ~ if in doubt I leave the referral letter out with a post-it saying "send this if you think it's ok"
- ~ I do a typed handover note with details of cases still outstanding
- ~ I don't do anything as a locum that I would not want to carry on doing as a principal
- ~ I carry all my own equipment including OOH drugs, so nothing is missing from your office/emergency bag when you get back

I aim to try and fit in to a practice 'like one of the family' to make locum cover as painless as possible – very few practices have treated me rudely but I soon told the ones that did how unacceptable that behaviour was.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Locum rates

I did find the vaccine in the BNF. [T]he confusion is thickened by the manufacturers changing the name slightly! The Renal Nurse sent me the data sheet and the name is given as:

NAME OF THE MEDICINAL PRODUCT HBVAXPRO 40 micrograms/ml, suspension for injection in vial Hepatitis B (Recombinant) vaccine for predialysis and dialysis patients

Looks like the II has been removed now!

I think one of the important issues here is that information is sent to general practice but does not get to the Practice Nurses! I suggested to the renal nurse that a copy of the data sheet and protocol is handed to the patient who should make sure the health professionals see it before administering vaccines.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Hepatitis B vaccine for renal patients

I have just seen a 27 year old primigravida who is now 30 weeks by ultrasound and dates. She has had hiccups for 4 days and is literally hiccupping every 5-10 seconds. Any ideas? What can I give her?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Hiccups

Depends if it came from an area where the offending tick, Ixodes ricinus, is known to live.

I-think-it has only been reported in UK in areas where there is high density of deer.

If it did, then get blood tests but treat only if has rash, is what our local man says. (The tick *is* in my practice area, but no case has yet been recorded – but it has in Thetford not so far away)

If no rash I would not treat but get BTs.
(but the rash can occur up to one month from the tick bite)

Our lab wants paired sera, but I have no idea what test they do!

I have [seen] two “typical rashes” – treated both, but serology –ve..

Maybe the early Rx prevented serology turning +ve ;-)

Look at

http://vie.dis.strath.ac.uk/vie/LymeEU/disease_overview_index.html

from European Union Concerted Action on Lyme Borreliosis

and

http://vie.dis.strath.ac.uk/vie/LymeEU/treatment_index.html

for treatment

which for erythema migrans is amoxy 500 tds x 21 days

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Lyme

Our new project workers are focusing on self harm at the minute.

One of them approached me last week to ask if they should give first aid kits out to these patients. (steristrips tape dressings)

Having seen some horrid infected wounds from dirty rusty blades I feel that some alcohol wipes might be a good additive to the kit so they can clean the blade before using it.

Any thoughts?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Self harm

I had a request [today] from the Police to see a young lady who was a victim of assault with some minor abrasions on her face. The Officer wanted me as her GP (I was doing a locum) to see and record the injuries in her medical records in case a statement was required to detail them at a later date

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Should GP's be doing this?

I doubt that it's deliberate on the part of the cops; usually the officers who make requests like this are pretty inexperienced and don't realise that we don't all have the same training. That ignorance extends much higher; I've recently seen a request by an Appeal Court judge for an opinion on bruises photographed very badly [with a] disposable camera used by an amateur accompanied by a comment to the effect of "any competent general surgeon or registrar should be able to advise on this matter". I don't think so.....

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Should GP's be doing this?

In the real world I see scripts generated overseas for an overseas patient – fairly often the famil[y's] GP rewrites a private script.

As far as India is concerned there seems to be a perception among some patients that UK sourced drugs are in some way superior to the locally sourced medicines. I have no idea if this is true.

Once a year I ask a friendly GP to write a private script for my sister in California (on the basis that it cost less here).

What's all the fuss about?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: team's opinion please

Zoinks! What's that big puddle of blood on the floor?

Why, it's my heart bleeding!

The thought of a PCT having a big problem of any type just fills me with indescribable horror.

Discourse: Professional 100, Social 0, Technological 0

Genre: Comic

Criteria: PAES

Subject: Re: Who employs who? – legal question

We had below average for a couple of years and now are just at average for wte. Ours was due to a miscalculation when splitting a practice and has cost me dear over the years.

There are many small below average lists in this are[a] of the UK as there were many partnership splits a few years ago. Not sure what the situation is now, quite the reverse I think.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAE

Subject: Re: How is the National average list size calculated?

But that would be history, and history in the NHS is buried as rapidly as possible so that it can be repeated as new work.

You are trying to interrogate the memory of the organisation
[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Comic

Criteria: PAS

Subject: Re: any URLs on the old NHS Number?

We still get it here in South Africa/Swaziland. Gamma-benzenehexachloride is said to be toxic to the environment and humans and safer alternatives are available. It's a contact nerve poison and is absorbed rapidly through the skin, RT and GIT. Has the potential for CNS toxicity esp. in infants, kids and the elderly. Can also cause quite severe skin irritation. Having said all that I have used Quellada shampoo and lotion for scabies and lice with good effect. Just make sure the contact time is limited to 5 minutes before washing off. You could also try Tetmosol Soap (5% Sulfiram) or Sulphur ointment. Crotamiton is another milder scabicide cream.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: Lindane

The trouble is that nearly all tick bites look like erythema migrans!

Here we send the tick for analysis (keep it alive in a pot with some damp cotton wool)

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: Lyme

Gulp...And I go to work on a bicycle. Perhaps I had better not disclose what is in my emergency pock.. Suffice to say it is entirely appropriate for the demands of a West London GP.

The most useful piece of equipment provided by a locum was a GPS in-car navigation system.

[...]

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: Locum equipment

A friend at cricket had a tick on his leg in Devon, felt flu-like, now a bit better. Does he need some [Penicillin]?

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PCS

Subject: Lyme

Yes. Equally, I believe the state has a moral and ethical duty to protect the weak and vulnerable. The “state” here, is all of us.

That is why I like Swiss democracy. For the people, by the people.

However, in these deeply vexing matters, I take the long term view. The long term to me means centuries. I might write something one day on ‘The Circle of Centuries’.

Discourse: Professional 60, Social 40, Technological 0

Genre: Report / Romantic

Criteria: PCS

Subject: Re: Who employs who? – legal question

[...]

No reasonable test can surely be applied when it is made abundantly clear in the media, the product leaflet and by the manufacturers that taking their product could kill you, but it will make you feel nice for a while.

I happen to be in favour of legalising (not decriminalising which when you look at it is illogical) all drugs of abuse. I work day and daily with addicts and see misery and crime which can be the consequence. At least some of this must be attributable to Heroin's legal status and the grossly inflated "street price". The safety of street drugs is – in general [appalling]

[...]

Discourse: Professional 60, Social 40, Technological 0

Genre: Tragic

Criteria: PES

Subject: Re: Embalming fluid

[...]

but very few locums carry the really expensive items such as thrombolytics, defibs, 12 leads, intubation gear, paediatric emergency equipment, oxygen cylinders and regulators, entenox, fracture splints, carry chairs, sonicaids etc. that these remote practices require (and this practice had before the principal took them with him).

I specialise in covering vacant single handers, so I do carry these, but [] that's why I charge £420 per day (going up to £475 in April) []. If these items are required to be purchased then the rates must reflect that.

[...]

Also, equipment failures do happen, and having only one sphyg for example, in a practice is asking for problems – it's not as if you can send the receptionist out to buy one locally in these remote locations, and the locum can't leave the practice area when 24/7 on call for 2 or more weeks at a time.

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: ACS

Subject: Re: Locum equipment

Taking the piss or what?

I've had this from the odd patient usually for relatives abroad particularly in India for some reason. It is absolute no no for numerous reasons. To name but a few

1. Not seen or examined the patient so not a leg to stand on in terms of appropriateness of drug, PMH, other medications, allergies
2. No proof that patient exists or indeed that the drug would ever get to them even if they did
3. Often lack of knowledge of drug licence in other countries which is often different from here
4. Digoxin has narrow therapeutic window and requires careful monitoring [e.g.] levels U&E which you have no way of ensuring would be followed up

A doctor qualified from anywhere should know better than to even think about making this ridiculous request

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: AES

Subject: Re: team's opinion please

Advice?

Ask yourself [every day]: is it still fun?

Chart your course accordingly and don't think of the 'all that dressing and washing' universe.

Discourse: Professional 100, Social 0, Technological 0

Genre: Romantic

Criteria: AES

Subject: Re: Have my nightmares come true?

I want to know what my ethnicity has to do with my ability to do my job well!

It is no help to anyone to ask such questions. I am African born, hold an Irish passport and had four English grandparents! I usually tick the "other" box.

Discourse: Professional 60, Social 40, Technological 0

Genre: Report

Criteria: CES

Subject: Re: Who employs who? – legal question

Nothing to do with mammograms but related to breasts – does anyone have a feeling or any firmer evidence concerning underwired bras and mastalgia?

Several patients have made me wonder – they report tenderness after new bras.
One can hardly get non-wired bras these days unless of the sports variety.

And they don't tumble dry that well either!

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PS

Subject: Breast matters

I don't think there is much to be learned from the old NHS Number other than how not to do it. Certainly some of the old formats encoded information (like where and when the number was issued) but this is only likely to be of interest if your more exciting leisure activities include collecting bus numbers.

The old number had numerous formats (11 I think) of differing lengths. It was computer unfriendly because virtually any random alpha-numeric string of the appropriate length could be valid in one of the formats and only one (the N Ireland Number which I think is still used []) had a check digit this made validation difficult and not terribly useful. Lots of records had the wrong NHS number which might or might not have validly existed for someone else and there were lots of duplicates

[...]

Discourse: Professional 70, Social 0, Technological 30

Genre: Report

Criteria: S

Subject: Re: any URLs on the old NHS Number?

[J]et guns for administering vaccines have been largely abandoned haven[']t they for fear of spreading blood borne infections

(nozzle of gun has to be placed against the skin; sometimes a droplet of blood appears on the skin [after] firing the gun; and could even after [wiping] with spirit swab be transferred to next patient standing in line in a mass immunisation session etc – [I] dread to think how much [Hep. B] I spread in Nigeria in 1970 during a mass immunisation campaign – (or even HIV for that matter which [I] daresay existed before its official discovery/recognition)

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PAES

Subject: Re: Oh Dear

You must have done VASTLY more good than harm [correspondent].

It would have been much safer than boiling green needles and then re-using for I-V infusions, which I eventually tracked down in the Gambia to an epidemic of maternal deaths in my wards.

Discourse: Professional 100, Social 0, Technological 0

Genre: Epic

Criteria: PAS

Subject: Re: Oh Dear

[...]

Non-repeat takes it out of the topic.

And reviewing the *patient* may be best separated or semi-detached from reviewing the prescription. I've come to realise that many of my patients think of their treatments as separate (others think differently) so that they see sort of layers.

Dealing with the layers one at a time in the course of a year of consultations each for a reason is quite compatible with my philosophy of medicine. As of course is a holistic approach...

Discourse: Professional 100, Social 0, Technological 0

Genre: Report

Criteria: PCS

Subject: Re: Eprex

AUGUST 2002

Stories and potential stories extracted from *predominantly*

SOCIAL

discourse

I think the story was to be something like

‘Locum doctors take advantage of struggling NHS to make £120k per year’ based on multiplying rates by days and not looking at hours, time off expenses, travel etc.

I gave the reporter a lot of info and data after the local PCT, sensing a hatchet job, sent her to me. I also gave her copies of my tax returns for the last couple of years and did the photo session with piles of emergency equipment and the liveried ambulance vehicle we use outside the PCT HQ.

I think this seemed to get the message across because the story did not appear on Sunday and the reporter tells me they have no plans to run it in the future either.

Discourse: Professional 30, Social 70, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Locum rates and the Sunday Times

If you have enough time take a drive down to Niagara (6 hour drive) and stay overnight at the Niagara Hilton (get a high room facing the falls as they light them up at night).

If not then there is the big needle thing downtown.

One ‘must miss’ – avoid spending more time at Pearson International than is absolutely necessary – T3 looks ok if you are taking a UK or US carrier, but if you take Air Canada you get T1/T2 – terminals which make Gdansk look like Copenhagen. Spent about 10 hours there in total last year and hated every minute.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report

Criteria: PACES

Subject: Re: Toronto

As I sit here sewing on nametapes (no, sillies, I have taken a break to write this – I’m not all that good at multi-tasking) I can’t help reminiscing over schooldays. I had blue embroidery on my nametapes – my full name which nobody ever used. My “friends” just called me “*****” – my unfortunate surname at the time – I hated it. Why did I never say anything? The teachers at secondary school announced I was to be known as “Kate” because there were too many Kathryn/erine/arine/Catherines etc in our class. As I recall I had no choice in the matter. Like so many other things in childhood – no choice in the matter. Yet it has taken me 40 years to understand this – I had no choice – it was not my fault – I was a victim – I did not choose what happened.

The scars run deep. To this day I have problems choosing when it comes to important matters. [O]h yes I can choose which bar of chocolate I want but choose my career path? [C]hoose my workload etc? Maybe by the time I grow accustomed to making such choices the outcome will barely matter.

So I allow other people, other factors to “choose” for me and put up with the consequences – after all, I had no choice in the matter?

The biggest choice ever has been between life and death, Oh, not now, at this moment – but I have been there, more than once I sat on the edge, choosing. I chose life. Or did I? [W]as it just another case of allowing circumstances to decide, letting others make the choice and living with the outcome? I don’t think so. Not the few times when I have been serious about suicide – those times I made the choice – I chose life. Of course I allowed others to take care of the details – I gratefully gave myself up to their ministrations and care – after all I had just made the big decision and I was exhausted.

In smaller ways I make this choice every day. Today I will choose life.

So, back to the nametapes. I had new ones made – didn’t think my son would appreciate the little aeroplanes on them now he’s at secondary school!

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Nametapes and life

What did I want?

I wanted a Roc’s egg. I wanted a harem loaded with lovely odalisques less than the dust beneath my chariot wheels, the rust that never stained my sword. I wanted raw red gold in nuggets the size of your fist, and feed that lousy claim jumper to the huskies! I wanted to get up feeling brisk and go out and break some lances, then pick a likely wench for my droit du seigneur – I wanted to stand up to the Baron and dare him to touch my wench! I wanted to hear the purple water chuckling against the skin of Nancy Lee in the cool of the morning watch and not another sound, nor any movement save the slow tilting of the wings of the albatross that had been pacing us the last thousand miles.

I wanted the hurtling moons of Barsoom. I wanted Storisende and Poictesme, and Holmes shaking me awake to tell me. “The game’s afoot!” I wanted to float down the Mississippi on a raft and elude a mob in company with the Duke of Bilgewater and Lost Dauphin. I wanted Prester John, and Excalibur held by a moon-white arm out of a silent lake. I wanted to sail with Ulysses and with Tros of Samothrace and to eat the lotus in a land that seem[e]d always afternoon. I wanted the feeling of romance and the sense of wonder I had known as a kid. I wanted the world to be the way they had promised me it was going to be, instead of the tawdry, lousy, fouled up mess it is.

I had had one chance...

RAH. Glory Road.

Discourse: Professional 0, Social 100, Technological 0

Genre: Epic

Criteria: PACES

Subject: Re: Nametapes and life

I can relate to your ‘choices’[.] It is a really profound train of thought – what does ‘choosing’ mean. I have chosen to leave my practice at the end of the month. Did I choose or did I feel I had no other option? Could I have negotiated what I really wanted (have my cake and eat some of it?)

I too had no choice what I was called at school. I had to use the name I was given when I was confirmed as I went to a convent school in the ‘jungle’ and the nuns would not use our pagan names. Well if your dad was a prominent Moslem who gave a fat donation to the school so his daughter could have the best education, you could get away with refusing to answer unless they use your given name. So it goes on.

However I find I can only go forward by not worrying about the choices I have made and try to use my experience to make the best choices I can today.

Good luck with the sewing of name tapes. That’s was one task I could choose not to do as my mother offered to do them.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Tragic

Criteria: PACES

Subject: Re: Nametapes and life

I was amazed today to see a letter sent to one of my patients, requesting signed consent to retain pus from a swab taken from his ulcer for future research.

I can understand people being upset that their baby’s heart was retained for research, though I think they are morally confused.

I can just about understand people being upset that their colon cancer has been retained for the education of medical students, though I think that anyone who objects is morally perverse.

But pus?

This is getting like the Egyptian [pharaohs] of old, who were buried with their toenail clippings.

“Well doctor, we kept barrels of all the wee puke and shit he passed since he was born, but when he was admitted to hospital for terminal care we found out that the

nurses had flushed two of his turds down the sluice. We're horrified and shocked, and will have to hold a second funeral service as soon as we've extracted them from the sewage farm. You will be hearing from our solicitors."

Discourse: Professional 0, Social 100, Technological 0

Genre: Comic

Criteria: PACES

Subject: Re: Taking the pus

Just back from church, where we sang Rutter's "For the Beauty of the Earth". The third verse begins "For each gracious gift of thine, to our race so freely given". Some members of the choir had copies in which "our" was crossed out and replaced by "each".

As I'm very grouchy about political correctness at the moment, and since I was acting choirmaster aujourd'hui, I told 'em to sing "our". It refers, I believe, to the Human Race.

Afterwards had a happy chat with a visiting Japanese organist, who naturally took my photograph next to the organ console. (how about that for racial stereotyping?)

Discourse: Professional 0, Social 100, Technological 0

Genre: Report / Comic

Criteria: PACES

Subject: Re: Taking the pus

When the chap came to shoot me I forebore to ask him for a copy, but asked that he submitted only shots that didn't make me look too awful. He seems to have obliged.

He used a digital camera, and filled a 512Mb memory pack with 32 x 16 Mb images. He said he would submit about six to Pulse.

It's easy for him to destroy the remainder of course, but digital images are so easy to copy (and there can be no "original") that the copyright must refer to the actual picture rather than the medium on which it is held.

Discourse: Professional 0, Social 60, Technological 40

Genre: Report

Criteria: PACS

Subject: Re: Advice on Copyright for [photos]

[W]e have my late mother-inlaw's fridge-freezer in the garage. In the winter when it is colder than the fridge –the things in the fridge part get too cold– carrots and salad stuff freeze and get ruined. Nothing warms up though

Freezer no problem!

Discourse: Professional 0, Social 100, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Fizzy drink question for budding physicists! now Fridges

I've had a reporter from the Sunday Times on the phone today who was looking to do a story on the GP crisis in Highland.

In particular the fact that locums were getting paid twice what principals were earning.

She seemed unconvinced that I earned a measly £30,000 per year working full time from 1999-2001 and that my pay was now only £65,000 per year after expenses.

Her information was that we are earning £100,000 to £120,000 per year while the principals were earning £45,000 to £60,000.

[...]

Discourse: Professional 40, Social 60, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Locum rates and the Sunday Times

Know what you mean.

I had that "wow" reaction as I [dutifully] held my finger on the screen and saw "my" symbol appear. It was disappointing to cotton on to the subtraction thing. Magic tricks only work if you let yourself believe in magic.

Bit like homeopathy et al really.

Discourse: Professional 0, Social 100, Technological 0

Genre: Comic

Criteria: PACS

Subject: Re: So how does it work?

I have just spent 4 days in the mountains around where I live. We navigated by map, observation and compass. As a multi-day trip it was successful in that we started and finished where we intended (and saw some beautiful alpine meadows and camped by the most fantastic blue glacial lakes)

Anyway, navigation was fun and we had good weather – but it is time to buy a GPS – has anyone got any comments on makes and models?

Discourse: Professional 0, Social 100, Technological 0

Genre: Report

Criteria: PAS

Subject: Re: creative use of GPS

One of my local surgeries had a long retired partner on their notepaper, credited as “practice advisor”.

Discourse: Professional 0, Social 100, Technological 0

Genre: Romantic

Criteria: PCS

Subject: Re: No subject

Our retired senior partner is still sometimes known (affectionately) as “the old man”

Discourse: Professional 0, Social 100, Technological 0

Genre: Romantic

Criteria: CES

Subject: Re: No subject

A niece of mine has suffered some sort of acute psychotic episode while backpacking in Oz and has been admitted to the Alfred Hospital in Melbourne.

Do any of our Oz members know of the hospital and have anything I can pass on to her distraught parents to reassure them or otherwise that she is in a good place.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report

Criteria: PACS

Subject: Re: Melbourne Oz – local knowledge please

It's not so much the rhyme as the scansion. Though neither consideration seems to bother the writers of some modern hymns.

There was a young man of Japan
Whose poetry no-one could scan.
When told it was so

He replied “yes, I know,
But I always like to get as many words in the last line as I can.”

Discourse: Professional 0, Social 100, Technological 0

Genre: Comic

Criteria: PACS

Subject: Re: Taking the pus

The accountant sorts out all the finances.
I am one of two partners.
I have a half say in all practice decisions.
I employ 6 GPs

I have no problems with grading.

We use grading as a rough guide, not as a weapon to argue with.

We write nurse contracts on an individual basis. Nurse job descriptions are also individualised and based on appraisals and the special interests of the nurse involved.

All team members and the patient participation group have input on “where the practice is going”

I think it works well.

All staff are happy

We are happy

The patients are happy

We just got awarded our practice excellence money so the PCT must be happy.

With only two partners we have only one rule...

All disagreements and [arguments] must be made in a silly voice and whispered.

Works for us!

Discourse: Professional 40, Social 60, Technological 0

Genre: Report / Comic

Criteria: ACES

Subject: partner

...I dare say you go to the bar in La Loche, Northern Saskatchewan, where I was working last year and call someone an ‘Indian’. They’d hit you with a 2x4 before you could say “politically correct”.

Discourse: Professional 0, Social 100, Technological 0

Genre: Report

Criteria: AES

Subject: Re: Taking the pus

AUGUST 2002

**Stories and potential stories extracted from *predominantly*
TECHNOLOGICAL
discourse**

Keon secure token encryption installed and now ready for our first trial of electronic referral letters over NHSNet for rehab and community services. Except the Speech Therapists have demanded a hand signed (paper) letter from each gp involved in the pilot before they will accept digitally encrypted and signed electronic referrals. I sought guidance from the project co-ordinator as to the rationality but received only a wry smile and a shrug of the shoulders. Am I missing something?

And an anecdote:

Keon killed both W2K machines it was installed on which had been upgrades of W98, but no problem with clean install machines. Be warned..... No help from Keon BTW.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PACES

Subject: Encryption, Digital signatures and “signed” referrals

At the Surgery I have four workstations running EMIS LV for Windows on W98 machines. I don't know what the correct term is but I'm sure someone will – those little boxes that appear on the taskbar when a program is running. They have the program's name inside but if they represent just a screensaver then they are just, er, little blank boxes.

During the course of a session's work all my staff seem to accumulate a long row of these little boxes along the taskbar even when the screensaver's not active. Every time I wander into another room I have this obsessive compulsion to click repeatedly in order to get rid of 'em!

Anyone know why these things don't disappear? It's occurred to me whilst typing this that the girls might have a particular way of activating the screens but I can't ask them until Tuesday now. Is this possible or should any keystroke or mouse movement make 'em disappear? Is it a known glitch?

Would I be better on Fluoxetine?

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PACES

Subject: Irritating little boxes

...I do not want to be prosecuted!! I have no money to pay lawyers!!!

As an enthusiast, I built the site for my personal achievement. I receive money from nobody. I am paying for everything out of my own pockets.

User (public, health professional, GP...) pays nothing to use the site.

I hope one day, I will be able to get sponsorship from [firms] and medical organisations...

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: ACES

Subject: Re: Help needed for clinical trial website

I went down this road about 6 months ago when my requirements were to share with 4 other PCs and also have wireless access as well. After doing quite a lot of homework, it became apparent NOT to get a USB modem but to get an Ethernet one.

I thought of buying the whole lot in one package but there was no economic sense in that as the boxes were cheaper separately and I thought cheaper if I wish[ed] to upgrade, or if one piece became kaput.

[...]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAS

Subject: Re: Adsl and home networking (similar to internet connection sharing!)

Have had a really good service with my BT ADSL modem for the past year. Installed by their engineer. For the past 10 days I have been unable to connect – or if I do it is fleeting. Have got to know the helpline number off by heart. A week after my first phone call I have been told to leave the modem plugged in, my antivirus off and fire wall off for 48hrs. My call has been escalated to a fault! [A]nd the line will be tested so they cannot tell me when that will happen. I have downloaded some free ordinary ISP but I am worried about connecting even momentarily [without] ‘protection’s...

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAS

Subject: BT ADSL

We keep them filed separately in alphabetical order and weed out any after 6 months that have been superseded by subsequent requests. Always keep last one even if more than six months old.

Our staff complete most of these – the doctors fill in the odd / uncertain / complex historical bits only.

Seems to work OK.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAS

Subject: Re: PMA forms – retaining in records

[...]

In my current practice – front desk runs a 486 – mainly to run a dos based scheduler from the ‘server’ (via peer-peer network), and needs some office type software for a few document templates etc (in fact would be good if could share templates/documents with MS Office which runs on the server). ‘Server’ is just W98

Someone has sorted out an *upgrade* for this and we now have a P100 box waiting to take over (!!) (I don’t know the amount of RAM or size of HDD yet) – it has no OS installed. It is quite old I guess – has a serial mouse

[...]

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PS

Subject: P100 – shall I linux it?

You have to be able to recreate the report you sent, for 6 months, so if you are doing it by algorithm you might th[i]nk that doesn’t require a verbatim copy.

However most of us would hold a scan on file, or a file if it wa[s] all electronic...

What puzzles me is why you are so keen to discard it rather than when the next request comes in 2 years time just hitting the topup button, or looking at the events since then, editing the original and sending that.

The actual space taken up by a recently topped up PMA report for everyone is going to be tiny, and there is no reason not to keep them, until you get reports your hide drive is near full. I’d not back them up past 6 months.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: AS

Subject: Re: PMA forms – retaining in records

A vast cool intellect observing from afar might well wonder whether Microsoft has the faintest clue or exercises the faintest care over security.

I’m sure that the closer you get to it the more satisfactory the situation seems, and no doubt from the point of view of a head of state or her first minister having lunch with their opposite number in the Empire it all seems very suitable for medical records.

Be that as it may, here is another huge hole in IE security...

<http://www.theregister.co.uk/content/55/26859.html>

This week I bought 5 opera licences, they are on sale half price for a while, \$10 each.

I still have a couple of copies running with their adverts on, making them free, but I reckon the rate is fine.

There never seems to be a tripod with a heat ray around when you need one, alas.

Discourse: Professional 0, Social 0, Technological 100

Genre: Tragi-comic

Criteria: PACS

Subject: The Martian view

Our PCT kindly supplied me with a copy of the BMJ's Concise Clinical Evidence, which includes a mini CD-ROM of the text of the main book. I noticed that this will install under a variety of Microsoft (tm) operating systems but not under any Open Source OS. So I e-mailed support.

I received an e-mail back, inviting me to read the FAQs on the Clinical Evidence website, and then to fill in the form there about my problem. I clicked on the link in the e-mail and received the following message in my browser:

Microsoft VBScript runtime error '800a0046'

Permission denied

This seems good Evidence that someone out there doesn't want me to use Open Source.

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PAS

Subject: Conspiracy theory

[...]

I was drafted to a working party a few years ago to consider if we could work out a way of telling whether the Read/SNOMED merger work was going well, [and] the consensus then was that no, we couldn't.

There was at that meeting discussion, well, a peroration perhaps, on the merits may necessity of such [terminology] projects open sourcing their model and terms, this

produced a really odd expression from one member who kept silent until a week or so later the carefully considered release of Galen occurred.

So the wave continues...

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PCS

Subject: Open health terminology started, \$le6 grant made

[...]

Sadly that's not always possible; because of the limitations of a five-tier hierarchy they sometimes have to squeeze all the alternatives on one level with other related conditions, so the higher level code is too broad.

For example, they have “transient insomnia” and “persistent insomnia”. If you have a patient with insomnia which is more than transient but (perhaps) less than persistent (we can't tell at this stage) there is no higher-level code for “insomnia”. There are lots of other sleep disorders crammed in to the same level, so the higher level code is “sleep disorders”.

And another thing: higher level codes are usually plural. If you don't want to (or can't) specify the cause of the patient's iron deficiency anaemia, you have to use the higher level code of “iron deficiency anaemias”. As far as I know, the patient only has one.

Pedantic I know, but if disease coders can't be pedantic, who can?

Discourse: Professional 25, Social 0, Technological 75

Genre: Report

Criteria: PES

Subject: Re: Open health terminology started, \$le6 grant made

I still find Read coding frustrating. I cannot code suicide risk assessed, only levels of suicide risk with nowhere for suicide risk denied etc, which would be useful for NSFs. [H]owever I can code for injured due space craft accident either as a member of ground crew or space craft crew ([i.e.] there is one code for each) I wish there was a way to get things added to Read codes when they become necessary over the whole of the UK at least.

Discourse: Professional 25, Social 0, Technological 75

Genre: Tragic-comic

Criteria: PES

Subject: Re: Open health terminology started, \$le6 grant made

[...]

I've just been looking at the beta of the next Red Hat release of Linux. Red Hat is one of the most successful Linux companies, and well regarded by corporate America. They recently had a change of policy, and are no longer concentrating on the server market but are about to promote Linux for the desktops of the aforesaid corporate America.

The beta looks very beautiful (anti-aliased fonts, lovely design), and is sufficiently similar to the Windows desktop to make changing easy. The three main elements: e-mail (Evolution, much like MS Outlook), web-browsing (Mozilla, much like MS Internet Explorer) and word processing & spreadsheet (OpenOffice.org, much like MS Office) are prominent.

This comes at a time when Microsoft have upset many traditional customers with a new more expensive pricing scheme, and when rumours are starting to circulate that a future version of Windows (called Palladium) may increasingly take control of your desktop computer, restricting what you can do with it and sending information about those activities to central agencies.

These are interesting times (much like general practice in the UK, really).

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: PES

Subject: Re: Office XP service pack 2 available from here

Ah, Read codes! Just don't get me started.

Having made the wacky decision to subdivide diabetes according to whether there is a complication [or] not, and only then to specify whether type 1 or type 2, a few years later they issue a whole new chunk of codes arranged in the opposite manner.

There are now two sets of identical codes, just organised differently.

They allow NOS and NEC codes which imply a knowledge of the entire coding system, for only then can you be certain that the coded condition is not otherwise specified or classified elsewhere. They then allow new codes to be added, so that your chosen code becomes inaccurate because the condition **is** now classified elsewhere.

Sorry, I got carried away...

Discourse: Professional 25, Social 0, Technological 75

Genre: Report

Criteria: PES

Subject: Re: Terminology News SNOMED+Read fails, Open health terminology started, \$1e6 grant made

I agree the arrangements have not been managed satisfactorily, and the failure by successive administrations and [managements] in the NHS to do the obvious thing of talking to the code authors at the time they make careful plans on what they want reported [is] unbelievable, and lends credence to the hypothesis that what passes as planning in the NHS is in fact a series of spasms and lurches from one strange attractor to another in the chaotic complex systems that orbit Whitehall and elsewhere, and the occasional thunderbolts from on high.

HONOS for instance was a national *coding system* to classify the risks associated with mental health. I don't know how many other people took note the week it was announced for consultation that there were codes that would be needed in Read, I did, and fed that back to the DOH and AFAIK nothing whatever was done to *join up the thinking* on that. I very much doubt that anyone in that *organisation* is left with a *memory* of it either...

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: AES

Subject: Re: Open health terminology started, \$1e6 grant made

I have tried e-mailing them for the last three months to ask them to take us off the list but the mail is bounced as the mailbox is full and still keeps on coming.

I seem to have woken someone up to tell them to stop spamming [us] and to clear out their mail box at 12.05 just before I went to bed...

Discourse: Professional 0, Social 0, Technological 100

Genre: Report

Criteria: AS

Subject: Possible spam from [email address]

Part B - Chapter 9 Recordings Category Data

Annotation categories (A)

(A1) The formulation of free-input values

(A1.1) Difficulty

(A1.1.1) Taking a long pause before or during typing the value (> 20 seconds)

Main Point, a_{13} {d, QD} Story 9, Clip 35.46 – 37.46 “”

Main Point, b_{14} {n, QE} Story 10, Clip 28.53 – 30.24 “”

Other Point, d_{23} {n, QE} Story 4, Clip 08.00 – 09.20 “[Finding the word or phrase]”

Feature, c_{21} {e, QE} Story 11, Clip 85.34 – 86.30 “[Understanding of the task part]”

Antagonist, c_{21} {d, QE} Story 11, Clip 91.28 – 92.29 “”

Narrator, c_{21} {n, QE} Story 7, Clip 75.52 – 77.14 “[Creative and unusual input value types]”

Related Reader, b_9 {d, QE} Story 10, Clip 66.40 – 67.26 “[Remarking that a particular story might relate to them as reader]”

Related Reader, c_6 {n, QD} Story 3, Clip 54.41 – 55.45 “[Finding the word or phrase]”

Related Reader, c_{16} {d, QE} Story 3, Clip 55.48 - 56.15 “So I would have to add here right? - umm”

Related Story (1), a_{20} {n, QE} Story 5, Clip 90.25 – 91.42 “~”

Related Story (8), a_4 {e, D} Story 9, Clip 70.31 – 71.51 “”

Related Story (10), b_7 {d, E} Story 2, Clip 48.55 – 49.20 “Hmm”

Related Story (9), b_{18} {e, QE} Story 2, Clip 54.50 – 56.34 “I’m trying to think of the right words, you know you think of something but you can’t actually put it into words [...] I’m trying to think of what I’m trying to say - umm”

Related Story (4), c_{21} {n, E} Story 3, Clip 123.18 – 126.25 “[...] Yeah, to me that related [...] um”

Related Story (9), c_{21} {n, E} Story 7, Clip 136.30 – 139.54 “”

Related Story (1), c_6 {n, QD} Story 11, Clip 70.43 – 72.27 “[Concern with spelling or grammar] I don’t have the words so”

Related Story (1), c_{21} {n, E} Story 11, Clip 141.16 – 142.15 “”

Related Story (6), c_{21} {n, E} Story 11, Clip 145.19 – 146.27 “”

Related Story (1), d_8 {n, QE} Story 8, Clip 36.48 – 37.50 “[Building on a theme]”

(A1.1.2) Abandoning completely a free input value

Related Reader, *c₆* {n, QD} Story 7, Clip 64.10 – 64.32 “No”

Related Story (5), *d₁* {n, QE} Story 12, Clip 52.00 – 53.03 “[Identification of loose/weak/broad relationships]”

(A1.1.3) Finding the word or phrase e.g. “What’s the word I’m looking for?”

Main Point, *c₂₂* {e, E} Story 7, Clip 22.44 – 23.14 “*What do I want to say. Um, sort of getting rid of the stuff that shouldn’t be there at all; it’s not only the high end of things: to be seen quickly, but the low end of things ... Prioritising! ...*”

Main Point, *d₁₀* {e, E} Story 4, Clip 07.39 – 08.26 “*How do I express what I’m thinking?*”

Main Point, *d₁₉* {n, D} Story 4, Clip 15.01 – 17.05 “*Trying to work out a phrase [Does it make sense?]*”

Main Point, *d₃* {d, E} Story 12, Clip 59.50 – 60.24 “*Not ‘without bothering’; it’s not a matter of bothering ... how can I say? ‘without providing’*”

Other Point, *c₂* {n, QE} Story 3, Clip 07.18 – 07.48 “[Concern with spelling or grammar]”

Other Point, *c₂* {n, QE} Story 11, Clip 25.38 – 26.50 “[Change of mind regarding an attribute value (having moved away from, then returns)] *From what? What am I? They’re at risk from all sorts of ordinary accidents...*”

Other Point, *d₂₃* {n, QE} Story 4, Clip 08.00 – 09.20 “... *what was it I wanted to say – um [Taking a long pause before typing the value (> 20 seconds)]*”

Other Point, *d₃* {e, E} Story 8, Clip 40.44 – 41.06 “... *um, how can I say, err - can you say ‘undertreat’?*”

Features, *b₁₄* {d, QE} Story 6, Clip 22.57 – 23.36 “^ ‘hopelessness’ [types] *I should have said ‘helplessness’ that’s even better [amends]*”

Feature, *a₁₂* {n, E} Story 8, Clip 54.20 – 55.13 “...*I don’t know how to write this but ...*”

Antagonist, *d₃* {d, E} Story 12, Clip 64.50 – 65.50 “*Who did send? How would you say? um, NHS people - NHS ... ‘management’? Or ‘trust’? [Offering an explanation for a suggestion] Can I say that [Management of the trust]? [...] That’s what I meant to say but I didn’t know how to say*”

Other Characters, *c₂₁* {e, QE} Story 7, Clip 74.00 – 75.08 “*umm, what do they call them [Correctness of an attribute value]*”

Other Character, *c₆* {n, QD} Story 11, Clip 37.58 – 38.58 “*I don’t know; who is the one who makes the PM? [scrolling menu] I don’t know who is the one who makes the [...]*”

Audience, *b₁₁* {n, E} Story 6, Clip 19.17 – 20.15 “[tapping] **[What are you thinking?]** [Handling reluctance to make a suggestion] [Remarking on or otherwise suggesting the general interest nature of the stories]”

Audience, *c₂₁* {e, QE} Story 3, Clip 50.49 – 51.23 “*um what do they call them [Narrative style and the identification of an institutional body as audience]*”

Audience, *c₆* {e, QD} Story 7, Clip 28.26 – 29.13 “...*how do you say in English? [Identifying non-‘medical professional’ potential audiences]*”

Audience, *c₂₁* {e, QE} Story 7, Clip 78.57 – 79.31 “*um – they call them – things like the um ...*”

Related Reader, *c₆* {n, QD} Story 3, Clip 54.41 – 55.30 “*Ah I forgot how to say [Taking a long pause during typing the value] I forgot*”

Related Reader, *c₆* {n, QD} Story 3, Clip 57.23 – 57.48 “*What do you call the guy who fix cars?*”

Related Reader, *d₂₃* {d, E} Story 12, Clip 62.32 – 63.51 “*Also the [Other behaviours indicating reader relatedness to any story] Yeah; and then um the how can you say mis prescriptions um [types] mis what is it? [...] or not written! [...] um prescriptions not written or um [types]*”

Related Story (7), *b₁₄* {n, QE} Story 10, Clip 48.17 – 48.40 “*Um, when it said ‘This story’ should I refer to this one or to [...] to both of them [...] I could just say ‘These stories’*”

Related Story (8), *c₆* {n, QD} Story 3, Clip 60.42 – 61.28 “*I mean like, how do you say ‘sanitarium system’ – ‘sanity’ – ‘sanity system’?*”

Related Story (2), *c₆* {n, QD} Story 7, Clip 64.47 – 65.43 “*Do you say ‘the healing’ ...? ‘furnished’? [...]”*

Related Story (7), *c₆* {n, QD} Story 11, Clip 75.05 – 76.48 “*How do you say...like the contrary of ‘facilitating’? [Does it make sense?] Like this?*”

Related Story (1), *c₁₅* {n, QE} Story 7, Clip 43.25 – 44.01 “*...trying to think of a word to describe it [Employing verbal means to organise, clarify or get approval]*”

Related Story (5), *c₂₂* {e, QE} Story 11, Clip 77.33 – 79.02 “*... So how am I going to explain that? [...]”*

(A1.1.4) Deleting and retying the whole or much of the value

Main Point, *a₂₀* {e, QD} Story 1, Clip 21.08 – 23.52 “*...what am I trying to say? ... Oh right, I have to put it in a sentence ... I can’t put it in a sentence [Employing verbal means to organise, clarify or get approval]*”

Main Point, *a₂₀* {e, QD} Story 5, Clip 38.23 – 39.29 “[types] *Actually she’s being more specific; she’s saying [“For me it’s X” or similar]*”

Main Point, *a₂₀* {e, QD} Story 9, Clip 50.52 – 52.17 “*So I would say – actually, and she’s right – ‘Primary care is a good life but is in jeopardy’ that’s probably what I’d say*”

Other Point, *b₁₄* {e, QE} Story 2, Clip 07.43 – 09.16 “*err [type] err something like that [delete] [type]*”

Other Point, *b₁₁* {n, E} Story 6, Clip 16.01 – 16.37 “”

Other Point, *b₁₄* {e, QE} Story 6, Clip 19.36 – 21.22 “”

Feature, *a₁₂* {n, E} Story 8, Clip 54.20 – 55.35 “[**Finding the word or phrase**] *I just want to say that it ... looks like it wasn’t an accident ...”*

Feature, *b₇* {d, VE} Story 6, Clip 24.00 – 24.34 “*no [Task part consolidation]*”

Other character, *b₇* {e, VE} Story 2, Clip 14.50 – 15.29 “”

Related Reader, *c₆* {n, QD} Story 3, Clip 54.41 – 56.16 “[**Finding the word or phrase**] [**Offering an explanation for a suggestion**]”

Related Story (4), *c₆* {n, QD} Story 7, Clip 66.51 – 68.52 “*This is bad ... How do you say [Weaving their own story as a means of relating two stories] Okay let’s change it*”

(A1.1.5) Employing verbal means to organise, clarify or get approval

Main Point, *a₄* {d, QE} Story 5, Clip 21.50 – 22.29 “[“For me it’s X” or similar] So like, my point is that ... it cannot be very easily captured – I mean human ... mind ... cannot be easily captured by computer, so like, is that a form of main point? [...]”

Main Point, *a₂₀* {e, QD} Story 1, Clip 22.56 – 23.31 “... To me that narrative just says that you need to ... keep an eye [...] look at your umm the problem you want to solve [...]”

Main Point, *a₂₀* {e, QD} Story 5, Clip 37.48 – 38.29 “... I would say as a sentence ‘Does classification help in mental health’ as a sort of question [...]”

Main Point, *a₂₀* {e, QD} Story 9, Clip 49.36 – 50.00 “I think what she’s saying is Primary Care is quite a nice life but it could be put in jeopardy because of ... socio, economic or political decisions that affect us ... you know what I mean? ...”

Main Point, *c₂* {e, QE} Story 11, Clip 23.50 – 24.06 “[Customising the editor’s suggestion to achieve the preferred interpretation] Now what do I want to say? What I want to say is something like ‘They record the actual cause of death rather than the reason the person ended up dying in that way’...”

Main Point, *c₂₁* {d, QE} Story 3, Clip 18.46 - 19.28 “Right, what I wanted to say – the main point of this is the totally inflexible situation [...] There needs to be just facility for greater flexibility and consideration [...]”

Main Point, *d₃* {d, E} Story 4, Clip 10.43 – 11.15 “[“Can I type more than one?”] That our choices are often conditioned because we cannot choose whatever we like; however, what counts is doing your best, you know, make the best choice among the ones that are given to you when you have them. It’s kind of that”

Main Point, *d₃* {d, E} Story 12, Clip 58.20 – 60.59 “Um, I would say ‘The NHS uses tools – makes use of tools that are not ...’ [Finding the word or phrase] ‘without bothering ... to get people ... to teach people how to use them’ [Offering an explanation for a suggestion]”

Other Point, *c₂₁* {e, QE} Story 3, Clip 22.43 - 23.42 “...they aren’t allowing for the fact that treatments change and they might need [Cascading suggestions]”

Other Point, *c₂₂* {n, E} Story 11, Clip 40.44 - 41.42 “That doesn’t need clarity; that’s okay for you for – ‘or abuse’? Do you want me to put ‘or abuse’? Or just ‘a non-accidental’ - that’s what we call it; but do you want me to put ‘or abuse’? [Offering an explanation for a suggestion] Shall I put ‘or abuse’ because that’s sort of saying what I want to say so [types]”

Feature, *c₂₂*, {e, E} Story 11, Clip 43.06 – 43.26 “unwitnessed – injury – unwitnessed – is that – shall I put injury [...] Unwitnessed injury, yeah”

Feature, *d₃*, {n, E} Story 8, Clip 44.13 – 44.49 “So, something about that; what could it be? Yeah ‘moaning at night’; can I say ‘moaning at night’ or ‘nocturn moaning’? [Concern with spelling or grammar]”

Protagonist, *d₃* {d, E} Story 4, Clip 26.17 – 26.34 “... I would say ‘have choose’ ... ‘leave my practice’ [Can I say what I want? I.e. how free is free input allowed to be?]”

Protagonist, *a₁₂* {e, E} Story 8, Clip 52.31 – 52.39 “[Handling unconventional input types] So the person would be – I would say the narrator because he’s the one explaining the story”

Antagonist, *c₂₁* {d, QE} Story 3, Clip 40.18 – 42.20 “[“What does domain menu term mean?”] I know what I can put in there, well at least – is it ‘fund manager’ or ‘funding’”

or 'finance', 'finances' or something - 'financial situation' but [...] I think it's the financial direction really"

Antagonist, *c₂₂* {d, E} Story 11, Clip 46.30 – 47.39 "I don't know how to articulate what I feel about that so [...] So the protagonist is the main – but he's died so that's not really very [Establishing one view in order to suggest an opposing one] so is that alright?"

Narrator, *c₁₅* {n, QE} Story 7, Clip 18.10 – 18.48 "I feel a bit stuck on describing the narrator [...] [Commenting on a value weakly disagreed with] [...] I don't know if it kind of sounds like he's a bit 'disgruntled', if that makes sense; I don't know if that word is too harsh"

Narrator, *d₃* {e, E} Story 4, Clip 29.20 – 29.33 "If I have 'practitioner' [“Can I also select/tick/type?”] is that okay? ..."

Audience, *c₁₆* {n, QD} Story 3, Clip 18.22 – 18.33 "How are they called kind of 'Health trust admins' or?"

Audience, *d₃* {d, E} Story 4, Clip 30.58 – 31.17 "...I don't know how to say, like a 'colleague' or 'friend'; shall I put 'colleague or friend'...?"

Audience, *c₂₁* {e, QE} Story 7, Clip 79.20 – 79.58 "[Correctness of an attribute value]"

Related Reader, *b₇* {e, E} Story 10, Clip 59.25 – 61.41 "[Remarking that a particular story does relate to them as reader] [Offering an explanation for a suggestion] At the time [Concern with truth or semantic correctness]"

Related Reader, *c₁₆* {d, QE} Story 3, Clip 56.21 – 57.22 "... It's not necessarily me but kind of treat it as that behind everything there are some costs ... that something has to be paid - don't know how to express it kind of properly [...] Well like for example because what those stories are really about is kind of how it doesn't work and that nobody cares [...]"

Related Reader, *c₂₂* {n, QE} Story 3, Clip 64.50 – 65.10 "I suppose the experience of working in the NHS; is that okay? [...]"

Related Reader, *c₁₆* {d, QE} Story 7, Clip 64.22 – 65.06 "[Directing attention to an attribute] Can I write something like 'ambiguity of the environment'...?"

Related Reader, *c₂₂* {n, QE} Story 7, Clip 69.17 – 70.11 "[...] so, just put 'NHS Direct', is that enough or 'Having worked in'? [...]"

Related Reader, *d₃* {e, E} Story 4, Clip 95.58 – 96.33 "Well – huh - we all are expected in our society to do things, don't we, to - um our um - my choices have in the past been conditioned by, you know, the expectations that were on me – something like that ..."

Related Reader, *d₁₉* {d, E} Story 4, Clip 69.15 – 72.38 "[Can I say what I want? I.e. how free is free input allowed to be?] [types] But it may not make sense to the reader [...] Ah okay [deletes, types] [Building on a theme]"

Related Story (4), *a₅* {d, QD} Story 1, Clip 86.00 – 86.45 "[Forgetting - Phase 1 stories] [Weaving their own story as a means of relating two stories]"

Related Story (12), *a₁₂* {n, QE} Story 1, Clip 68.07 – 68.20 "Are they related. Well they are related because it's all about moving to this highly computerised hospital thing..."

Related Story (3), *a₄* {e, D} Story 5, Clip 66.24 – 67.30 "[Handling reluctance to make a suggestion] These both represent a problem that ... has some sort of remedy for some time but they do not have a permanent – I mean they do not have a proper exact solution"

Related Story (11), *a₂₀* {n, QE} Story 5, Clip 95.15 – 96.47 "... Why is that? – Historical actually, probably. The same with this: Why is there classification of mental illness? - Probably historical"

Related Story (12), *a₂₀* {n, QE} Story 5, Clip 97.20 – 97.37 “*Alternatively you could say 'Everything's trying to be computerised, at its peril' I would have thought [...]*”

Related Story (9), *a₂₀* {n, QE} Story 5, Clip 98.43 – 99.12 “*So she's more on a classification front and this lady's more on a recruitment front ...*”

Related Story (12), *a₁₂* {n, QE} Story 9, Clip 74.05 – 75.48 “[**Referring to the Authorial context – Place of writing**] [**Commenting on the co-text**] *I don't know why I want to, I mean this one who talks here, I don't know why I so much want to* [**Commenting on detail**]”

Related Story (10), *a₂₀* {n, QE} Story 9, Clip 84.59 – 85.56 “*Um ... how does it relate? ... Can I say that? 'This story misses'? Or press 'Unrelate'. I think it's related in the sense that they have different perspectives [...] J Do you see what I mean?*”

Related Story (3), *a₁₃* {n, E} Story 9, Clip 63.52 – 64.44 “*I'm not quite sure about this word [...] I mean something like...*”

Related Story (12), *a₅* {d, QD} Story 9, Clip 101.37 – 102.23 “*um err it complain, the situation not very good ...*”

Related Story (10), *b₇* {d, E} Story 6, Clip 53.40 - 54.56 “[**Identification of contrasting relationships**] *That one is being precautionary and that one there is the vet missing something* [**Immediacy and fluency**]”

Related Story (4), *c₂₁*, {n, E} Story 3, Clip 127.21 – 128.50 “*'Experience assisting choice management' I suppose*”

Related Story (1), *c₁₅* {n, QE} Story 7, Clip 43.34 – 43.59 “*... 'Superfluous', that's a word isn't it?*”

Related Story (1), *c₂₂* {e, QE} Story 11, Clip 72.10 – 72.48 “*There's a sort of relationship in as much as [1] a coroner is sifting through evidence and um the presentation of facts and this [1] is this machinery's doing it as well? Isn't it? Is this the one where – yeah, where the smart card, so that's related in as much as it's a way of looking at facts as presented, to come out with an outcome [...]*”

Related Story (2), *c₁₆* {d, QE} Story 11, Clip 70.43 – 71.10 “*It's not really in terms of story but err – but this is a GP, but then probably only GP can make that judgement ...*”

Related Story (1), *d₃* {d, E} Story 4, Clip 93.40 – 93.56 “*Well in a way they are about – I mean ... this person is thinking of abandoning the practice, and these are talking about something where the practice might not be needed*”

Related Story (2), *d₁₉* {n, E} Story 4, Clip 64.38 – 66.33 “[**Building on a theme**] *It's trying ... to put it in writing; um it's asking why I relate the two [...]*”

Related Story (3), *d₃* {d, E} Story 8, Clip 105.36 – 106.44 “[**The presence of story-story relations**] *Well there isn't actually but there is a resource that is not even used, which is anaesthetic ...*”

(A1.1.6) Deferring input

Related Story (5), *a₄* {e, D} Story 1, Clip 59.45 – 60.08 “[**The presence of story-story relations**] *What shall I say?*”

Related Story (12), *a₄* {e, D} Story 1, Clip 64.29 – 64.37 “[**The presence of story-story relations**]”

Related Story (3), *a₄* {e, D} Story 5, Clip 65.09 – 65.13 “[**The presence of story-story relations**]”

Related Story (3), $a_4 \{e, D\}$ Story 9, Clip 63.32 – 63.45 “[The presence of story-story relations]”

Related Story (8), $a_4 \{e, D\}$ Story 9, Clip 64.07 – 64.12 “[The presence of story-story relations]”

Table (A1.1) Difficulty – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Difficulty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Main Point	9 ÷ 15 =0.6	2 ÷ 3 =0.7	6 ÷ 6 =1.0	17 ÷ 24 =0.7	2 ÷ 1 = 2	19 ÷ 8 = 2.4	21 ÷ 8 = 2.7	10 ÷ 5 = 2.0	1 ÷ 2 = 0.5	0 ÷ 0 = 0
Other Point	4 ÷ 8 =0.5	6 ÷ 13 =0.5	0 ÷ 3 =0	10 ÷ 24 =0.4						
Feature	2 ÷ 9 =0.2	3 ÷ 10 =0.3	2 ÷ 5 =0.4	7 ÷ 24 =0.3						
Protagonist	1 ÷ 16 =0.1	0 ÷ 4 =0	1 ÷ 4 =0.3	2 ÷ 24 =0.1						
Antagonist	0 ÷ 8 =0	0 ÷ 8 =0	4 ÷ 8 =0.5	4 ÷ 24 =0.2						
Other Character	2 ÷ 7 =0.3	1 ÷ 15 =0.1	0 ÷ 2 =0	3 ÷ 24 =0.1						
Narrator	1 ÷ 7 0.1	2 ÷ 16 =0.1	0 ÷ 1 =0	3 ÷ 24 =0.1						
Audience	4 ÷ 6 =0.7	2 ÷ 10 =0.5	1 ÷ 8 =0.1	7 ÷ 24 =0.3						
Related Reader	2 ÷ 4 =0.5	7 ÷ 11 =0.6	6 ÷ 9 =0.7	15 ÷ 24 =0.6	0 ÷ 1 = 0	15 ÷ 7 = 2.1	22 ÷ 12 = 1.8	12 ÷ 2 = 6.0	7 ÷ 2 = 3.5	0 ÷ 0 = 0
Related Story	10 ÷ 4 =2.5	24 ÷ 15 =1.6	7 ÷ 5 =1.4	41 ÷ 24 =1.7						
Totals	35 (5.5)	47 (4.4)	27 (4.4)	109 (4.5)	2 (2.0)	34 (4.5)	43 (4.5)	22 (8.0)	8 (4.0)	0 (0)

(A1.2) Ease

(A1.2.1) Immediacy and fluency

(A1.2.1.1) Revisiting the story prior to input

Main Point, [Phase 4], *a₁₇* {e, D} Story 1 Clip 59.08 – 60.28 “[Change of mind regarding an attribute value (having moved away from, then returns)] So we just type in here [types]”

Main Point, *b₁₄* {n, QE} Story 6, Clip 17.53 – 19.12 “”

Main Point, *d₁* {e, E} Story 8, Clip 16.02 – 17.10 “”

Other Point, *b₇* {e, VE} Story 2, Clip 09.57 – 10.51 “”

Other Point [Phase 4], *b₁₄* {e, QE} Story 2, Clip 52.06 – 52.45 “”

Other Point, *b₁₄* {e, QE} Story 6, Clip 21.22 – 21.58 “”

Other Point, *b₁₄* {e, QE} Story 10, Clip 31.26 – 32.01 “”

Other Point [Phase 4], *b₁₄*, {e, QE} Story 10, Clip 54.42 – 55.05 “[Task part consolidation] mm”

Other Point, *c₁₆* {n, QD} Story 11, Clip 23.25 – 23.57 “[Cascading suggestions]”

Other Point, *d₈* {e, QE} Story 8, Clip 17.00 – 17.42 “[Concern with spelling or grammar]”

Other Point, *d₁₀* {d, E} Story 8, Clip 17.18 – 18.05 “[Expressing confidence]”

Feature, *a₁₂* {n, E} Story 9, Clip 28.51 – 29.13 “[Concern with spelling or grammar]”

Feature, *a₁₂* {n, E} Story 9, Clip 29.16 – 29.39 “”

Feature, *a₁₂* {n, E} Story 9, Clip 29.40 – 30.00 “”

Feature, *b₇* {d, VE} Story 2, Clip 11.40 – 12.15 “”

Antagonist, *b₂₄* {e, E} Story 2, Clip 23.23 – 24.10 “[Task part consolidation] [...] yes [laugh] [...] ‘remote areas’”

Related Reader, *c₆* {n, QD} Story 3, Clip 58.45 – 59.23 “Okay yeah [types, corrects] English is difficult [Add]”

Related Reader, *d₁₉* {d, E} Story 8, Clip 75.52 – 76.21 “[Directing attention to an attribute]”

Related Story (4), *a₅* {d, QD} Story 1, Clip 88.01 – 88.37 “Ah my [...] the doctor? refuse the new system. Relate?”

Related Story (10), *a₂₀* {n, QE} Story 1, Clip 103.58 - 104.57 “[Weaving their own story as a means of relating two stories]”

Related Story (12), *a₄* {e, D} Story 1, Clip 68.34 – 69.23 “[Identification of multi-way story relationships]”

Related Story (12), *a₂₀* {n, QE} Story 1, Clip 105.39 - 106.40 “... they both have fantasies about what IT can do”

Related Story (4), *a₁₂* {n, QE} Story 5, Clip 71.01 – 71.47 “”

Related Story (4), *a₂₀* {n, QE} Story 9, Clip 78.14 - 79.17 “[The Main Point as a memory aid] [The presence of story-story relations] I think that's true actually”

Related Story (5), *a₂₀* {n, QE} Story 9, Clip 79.23 - 80.36 “Yeah this is all [Concern with spelling or grammar] And probably ‘government’; I'll put ‘big brother’ actually”

Related Story (7), *a₂₀* {n, QE} Story 9, Clip 81.59 - 82.44 [The presence of story-story relations]”

Related Story (12), *a₂₀* {n, QE} Story 9, Clip 86.53 - 87.29 “~”

Related Story (9), *b₁₄* {n, QE} Story 2, Clip 44.50 – 45.38 “[...] let’s see what happens ... Okay, I was wondering if it’d give me something like ‘Say why’”

Related Story (10), *b₉* {n, QE} Story 2, Clip 50.07 – 51.14 “[types] Yes?”

Related Story (4), *b₁₄* {n, QE} Story 6, Clip 46.10 – 47.03 “”

Related Story (10), *b₇* {d, E} Story 6, Clip 53.13 – 54.54 “[Identification of contrasting relationships] [Employing verbal means to organise, clarify or get approval] Right [types]”

Related Story (11), *b₉* {n, QE} Story 6, Clip 55.49 – 57.17 “”

Related Story (7), *b₉* {n, QE} Story 10, Clip 62.42 – 63.46 “[Concern with spelling or grammar]”

Related Story (1), *b₇* {d, E} Story 10, Clip 56.46 – 57.38 “Yeah, I’ll relate those [Concern with spelling or grammar] That’s how I’m relating that one; I think that does relate”

Related Story (7), *b₁₈* {e, QE} Story 10, Clip 65.04 – 66.09 “”

Related Story (9), *c₁₆* {d, QE} Story 3, Clip 54.16 – 54.49 “...as a narrative it makes sense”

Related Story (11), *c₆* {n, QD} Story 3, Clip 61.43 – 62.19 “~”

Related Story (10), *c₂* {n, D} Story 7, Clip 42.02 – 42.55 “Okay, so this is sort of the patient’s view of triage and getting through it somehow, and the doctor’s view of how it can be done given the pressures they’re under ‘Related story, does this story complement the story above’. ‘Related?’ Okay, so I click and relate it. ‘Say why’. Okay, umm...”

Related Story (2), *c₁₆* {d, QE} Story 11, Clip 70.23 – 71.34 “[Responding with interest]”

Related Story (3), *c₁₅* {n, QE} Story 11, Clip 47.32 – 47.51 “”

Related Story (3), *c₂* {n, D} Story 11, Clip 46.12 – 47.08 “[Providing an explanation for a suggestion]”

Related Story (4), *c₁₅* {n, QE} Story 11, Clip 46.41 – 47.17 “[Offering an explanation for a suggestion]”

Related Story (4), *c₁₆* {d, QE} Story 11, Clip 68.55 – 70.08 “[Identification of loose/weak/broad relationships]”

Related Story (5), *c₂* {n, D} Story 11, Clip 45.07 – 45.49 “[The Main Point as a memory aid] Yes ‘mental health’ okay right. [The presence of story-story relations] I’m going to go for ‘Related?’ and then it asks me ‘Why?’”

Related Story (5), *c₆* {n, QD} Story 11, Clip 73.44 – 74.30 “... are related. Or maybe [laugh] I didn’t understand that one [5] Anyway. Mm [short pause, types]”

Related Story (9), *d₃* {d, E} Story 4, Clip 100.14 – 101.54 “... both stories refer [Offering an explanation for a suggestion] [Expressing concern]”

Related Story (2), *d₁* {n, QE} Story 8, Clip 49.46 – 50.17 “[Evidently considering two or more (non-point) attributes simultaneously]”

Related Story (2), *d₁₉* {n, E} Story 8, Clip 73.02 – 73.38 “”

Related Story (7), *d₂₃* {d, E} Story 8, Clip 54.55 – 55.41 “[Responses when viewing the two stories related by subject (7 and 8)]”

Related Story (10), *d₃* {d, E} Story 8, Clip 107.28 – 108.23 “okay [types]”

Related Story (1), *d₁₉* {n, E} Story 12, Clip 76.41 – 77.11 “”

Related Story (2), *d₁₉* {n, E} Story 12, Clip 77.13 – 78.02 “[...] I’m just typing err what comes into my mind first”

(A1.2.1.2) Not evidently revisiting the story prior to input

- Main Point**, *a₁₂* {d, E} Story 5, Clip 19.42 – 20.14 “*And then I would say that [types]*”
- Main Point**, *a₁₇* {e, D} Story 5, Clip 14.38 – 16.06 “[Understanding of the task part] *I don't know my way around the keyboard that well but um [...]*”
- Main Point**, *a₁₇* {e, D} Story 9, Clip 22.45 – 23.43 “”
- Main Point**, *b₁₁* {n, E} Story 2, Clip 08.06 – 08.43 “[What do I?]”
- Main Point**, *b₁₁* {n, E} Story 10, Clip 21.36 – 22.01 “”
- Main Point**, *d₃* {d, E} Story 4, Clip 12.13 – 13.06 “[Does it make sense?] *Okay, that's it; that would be my point [laughs] my main point*”
- Other Point**, *a₁₂* {d, E} Story 1, Clip 09.46 – 09.56 “[Handling unconventional input types] *Right, so I will just say err [types]*”
- Other Point**, *b₁₁* {n, E} Story 2, Clip 09.00 – 09.37 “”
- Other Point**, *b₂₄* {n, E} Story 2, Clip 18.45 – 20.06 “~”
- Other Point**, *b₇* {e, VE} Story 6, Clip 21.38 – 22.12 “[Building on a theme]”
- Other Point**, *b₂₄* {n, E} Story 10, Clip 32.49 – 33.57 “~”
- Other Point**, *c₂* {n, QE} Story 3, Clip 08.05 – 08.40 [Customising the editor's suggestion to achieve the preferred interpretation]
- Other Point**, *c₂₂* {n, E} Story 3, Clip 10.50 – 11.55 “*Um, it's sort of this rigidity of the system really; it's not allowed any flexibility has it, or compromise [...]*”
- Other Point**, *c₁₆* {n, QD} Story 7, Clip 32.35 – 32.55 “*That's probably worse then 'bypassing' [laughing]*”
- Other Point**, *c₁₆* {n, QD} Story 11, Clip 21.56 – 22.28 “*I think that would probably be more appropriate; I can agree with the principle ones but...*”
- Other Point**, *d₃* {e, E} Story 4, Clip 15.34 – 16.21 “*My other point as a kind of side thing would be that some people ... are in a privileged position to choose ... [types]*”
- Other Point**, *d₁₀* {d, E} Story 12, Clip 25.41 – 26.09 “”
- Feature**, *b₂₄* {n, E} Story 6, Clip 28.17 – 28.35 “”
- Feature**, *c₂₁* {e, QE} Story 3, Clip 35.24 – 35.51 “[Understanding of the task part]”
- Feature**, *c₂₂* {e, QE} Story 7, Clip 27.52 – 28.34 “[Can I say what I want?]”
- Feature**, *c₂₁* {e, QE} Story 11, Clip 86.28 – 87.16 “”
- Feature**, *d₂₃* {n, QE} Story 12, Clip 33.27 – 34.00 “... 'Time' [types sentence]”
- Feature** [Phase 4], *c₁₆* {e, QD} Story 11, Clip 83.19 – 83.46 “[Task part consolidation]”
- Antagonist**, *a₁₂* {n, E} Story 9, Clip 32.27 – 32.53 “[Creative and unusual input value types]”
- Antagonist**, *b₇* {e, VE} Story 2, Clip 14.07 – 14.40 “”
- Antagonist**, *d₁₀* {e, E} Story 12, Clip 29.02 – 29.27 “[Can I say what I want?]”
- Audience**, *b₇* {d, VE} Story 6, Clip 25.33 – 25.54 “[Identifying non-'medical professional' potential audiences]”
- Audience**, *b₁₁* {n, E} Story 6, Clip 19.16 – 19.27 “[Cascading suggestions] [Identifying non-'medical professional' potential audiences]”
- Audience**, *b₁₁* {n, E} Story 10, Clip 24.57 – 25.10 “”
- Audience**, *b₂₄* {n, E} Story 10, Clip 36.26 – 36.52 “”
- Audience**, *d₁₀* {d, E} Story 8, Clip 23.38 – 23.48 “[Identifying non-'medical professional' potential audiences]”
- Related Reader**, *a₁₂* {n, QE} Story 5, Clip 70.15 – 70.38 “*So, why here; I'm related because [types]*”

Related Reader, *a₁₂* {n, QE} Story 9, Clip 73.17 – 73.53 “”

Related Reader, *b₇* {e, E} Story 2, Clip 51.28 – 51.58 “[Understanding of the task part] [Concern with truth or semantic correctness]”

Related Reader, *b₂₄* {n, E} Story 10, Clip 55.57 – 58.03 “”

Related Reader, *b₇* {e, E} Story 6, Clip 55.08 – 55.55 “...Oh this one here [Concern with spelling or grammar]”

Related Reader, *c₆* {n, QD} Story 3, Clip 59.23 – 59.39 “”

Related Reader, *c₂* {d, D} Story 7, Clip 43.39 – 44.01 “[Remarking that a particular story *does* relate to them as reader]”

Related Reader, *d₂₃* {d, E} Story 4, Clip 52.56 – 53.25 “[Directing attention to an attribute]”

Related Reader, *a₁₂* {n, QE} Story 8, Clip 72.06 – 72.36 “[Responding with humour]”

Related Reader, *d₃* {e, E} Story 8, Clip 103.20 - 103.50 “[Remarking that a particular story *does* relate to them as reader] ‘I am Italian and what is described in this story... [laughing while telling and typing]...’”

Related Reader, *d₂₃* {d, E} Story 8, Clip 57.43 – 59.02 “[Cascading suggestions]”

Related Reader, *d₂₃* {d, E} Story 12, Clip 61.00 – 62.33 “~”

Related Story (8), *a₅* {d, QD} Story 1, Clip 89.47 – 90.34 “[What do I?] different ways to err manage public health ... Relate?”

Related Story (12), *a₁₂* {n, QE} Story 1, Clip 68.20 – 68.55 “So here if I want to ... okay [types]”

Related Story (10), *a₁₂* {n, QE} Story 1, Clip 69.17 - 69.46 “”

Related Story (3), *a₂₀* {n, QE} Story 5, Clip 91.50 - 92.31 “”

Related Story (6), *a₁₇* {n, QE} Story 5, Clip 48.22 – 48.56 “”

Related Story (7), *a₂₀* {n, QE} Story 5, Clip 93.00 - 93.55 “I think that’s true; I mean that’s what both of them say: ... why do you want Read codes? - To make money. ... Why do you want these people? - To cut down waiting lists, sadly. Completely true”

Related Story (2), *a₂₀* {n, QE} Story 9, Clip 77.33 - 77.53 “[...] It’s true actually; it is good fun”

Related Story (3), *b₁₁* {n, QE} Story 2, Clip 39.47 – 40.04 “”

Related Story (4), *b₁₁* {n, QE} Story 2, Clip 40.31 – 40.41 “~”

Related Story (9), *b₇* {d, E} Story 2, Clip 47.48 – 48.33 “~”

Related Story (2), *b₂₄* {n, E} Story 10, Clip 59.02 – 60.15 “[Does it make sense?]”

Related Story (6), *b₁₁* {n, QE} Story 10, Clip 37.27 – 38.11 “[...] Oh I’ve got to do some work on this [...]”

Related Story (7), *b₇* {d, E} Story 10, Clip 58.03 – 59.25 “[Other behaviours indicating reader relatedness to any story] [Concern with spelling or grammar]”

Related Story (8), *c₁₅* {n, QE} Story 3, Clip 35.49 – 36.19 “[How do I?] Ah okay, click on this; ah right, I was looking for something where I had to type in ‘why’ [...]. Err ‘say why then press Relate’. Is this just looking for a word or a sentence or?”

Related Story (4), *c₂₁* {n, E} Story 7, Clip 132.33 – 133.58 “Why? Umm [types]”

Related Story (6), *c₁₆* {d, QE} Story 7, Clip 60.17 – 60.47 “[types] I mean ‘diagnosis’ [inserts]”

Related Story (10), *c₁₆* {d, QE} Story 7, Clip 59.27 – 59.52 “uh hmm”

Related Story (11), *c₁₆* {d, QE} Story 7, Clip 60.47 – 61.16 “[Identification of multi-way story relationships]”

Related Story (1), *c₁₆* {d, QE} Story 11, Clip 66.39 – 67.20 “...I think that would be it”

Related Story (12), c_{16} {d, QE} Story 11, Clip 67.46 – 68.26 “[The Main Point as a memory aid] – could be...”

Related Story (2), d_{10} {e, VE} Story 8, Clip 41.09 – 41.47 “[What do I?]”

Related Story (1), d_1 {n, QE} Story 12, Clip 51.03 – 51.46 “[The identification of genre relationships]”

Related Story (1), d_3 {d, E} Story 12, Clip 109.57 – 110.39 “... [types]”

Related Story (3), d_3 {d, E} Story 12, Clip 111.01 – 111.47 “[Evidently considering two or more (non-point) attributes simultaneously]”

(A1.2.2) Cascading suggestions

Point, d_1 {e, E} Story 4, Clip 05.53 – 07.24 “[append Main Point] [cut from Main Point] [paste as Other Point]”

Other Point, b_{24} {n, E} Story 10, Clip 33.37 – 34.46 “[...] We don't use them but err [...] I don't use it but overall very many times they are there but we try our best that when it's kids, they're seen ... by the doctors [types]”

Other Point, c_{21} {e, QE} Story 3, Clip 23.26 – 23.39 “[Employing verbal means to organise, clarify or get approval] Um, and that they could have got over this if they had err prescribed them in 2000 units ...”

Other Point, c_{16} {n, QD} Story 11, Clip 22.12 – 23.25 “[Offering an explanation for a suggestion] mm [pause, types, Add]”

Other Point, c_{16} {n, QD} Story 11, Clip 23.25 – 23.57 “[Offering an explanation for a suggestion] cos [types] That's an interesting one [amends] even better one [laughing]”

Feature, a_{12} {n, E} Story 5, Clip 22.07 – 22.46 “And err, what can I say [Creative and unusual input value types]”

Feature, c_{21} {e, QE} Story 11, Clip 87.37 – 88.03 “[Creative and unusual input value types] [Add] [exposure]”

Feature, d_3 {n, E} Story 4, Clip 20.20 – 20.59 “So I could say ... 'social roles' [types] I would think [Add] Or “[Can I type more than one?]” expectations – 'social expectations'”

Feature, d_3 {n, E} Story 4, Clip 22.17 – 22.54 “... 'money' I think would be another one ... as a marker of 'social justice' ... 'religion' I think would be another”

Feature, d_3 {n, E} Story 8, Clip 45.50 – 46.35 “[Task part consolidation] 'elderlies' ... and eh 'nursing' well 'nursing' is another thing [Commenting on the co-text]”

Feature, d_3 {n, E} Story 12, Clip 63.25 – 63.47 “[Evidently considering two or more (non-point) attributes simultaneously] Um ... Can I say unprofessionalism? [types] Rude manners ... [types]”

Protagonist, c_{16} {e, QD} Story 7, Clip 35.48 – 36.23 “[Suggesting potential alternative characters for a role]”

Other Character, b_{11} {d, E} Story 2, Clip 12.54 – 13.17 “”

Other Character, c_{21} {e, QE} Story 11, Clip 94.20 – 94.37 “[Moving beyond the text to suggest character roles]”

Audience, b_{24} {n, E} Story 2, Clip 24.50 – 25.33 “[Narrative style and the identification of an institutional body as audience]”

Audience, b_7 {d, VE} Story 6, Clip 25.53 – 26.00 “[Recognising potential Audiences in their Character suggestions]”

Audience, *b₁₁* {n, E} Story 6, Clip 19.00 – 19.27 “[Identifying non-‘medical professional’ potential audiences] [Immediacy and fluency]”

Audience, *b₁₁* {n, E} Story 10, Clip 24.34 – 25.21 “[Identifying non-‘medical professional’ potential audiences]”

Audience, *c₂₂* {e, E} Story 11, Clip 49.20 - 49.40 “[...] And nursing staff *per se*, for abuse”

Related Reader, *b₁₈* {d, QE} Story 2, Clip 52.42 – 53.01 “... *I mean obviously ...*”

Related Reader, *b₂₄* {n, E} Story 6, Clip 51.37 – 52.03 “[typing] *Also nowadays, people buy a lot of stuff from health shops* [“**Can I type more than one?**”]

Related Reader, *c₂* {d, D} Story 3, Clip 44.35 – 45.03 “[Remarking that a particular story might relate to them as reader] [Remarking that a particular story *does* relate to them as reader] *Actually I’m going to put in another one ...*”

Related Reader, *c₁₆* {d, QE} Story 7, Clip 66.10 – 66.34 “*umm and the other thing I would say is [Offering an explanation for a suggestion]*”

Related Reader (Main), *c₂₁* {e, E} Story 11, Clip 148.40 – 148.55 “... *as a human being; as a nurse interested in people with dementia*”

Related Reader, *d₃* {e, E} Story 8, Clip 103.50 - 104.50 “*Oh also [“Can I type more than one?”]*”

Related Reader, *d₃* {e, E} Story 8, Clip 104.50 - 105.08 “*Another one is [Concern with spelling or grammar]*”

Related Reader, *d₂₃* {d, E} Story 8, Clip 57.43 – 59.02 “[*and then another one, I just carry on [...] Add, then do another one, and then umm*] [Immediacy and fluency]”

Related Reader, *d₂₃* {d, E} Story 12, Clip 62.33 – 64.21 “[**Finding the word or phrase**]”

Related Story (5), *c₁₆* {d, QE} Story 3, Clip 52.53 – 53.59 “[*Could be [types] mm [types]*]”

Related Story (6), *c₁₅*, {n, QE} Story 7, Clip 42.55 – 43.27 “[*... Mm; it’s like when I look at this one again (7) I think about ‘are they required or not?’ and that makes me think about the one (1) which I take it is the receptionist saying that they might not longer be required and then also the one (3) about wastage of resources. Well, they are the ones that come to mind so I’ll put them in there* [selects 1]”

Related Story (11), *c₁₆* {d, QE} Story 7, Clip 61.33 – 62.38 “[*... but then sometimes it might not be so straightforward ... so it sometimes might be useful if someone makes an obvious observation or a diagnosis so [types] I shall have to write it*”

Related Story (3), *d₂₃* {d, E} Story 12, Clip 59.44 – 60.48 “[**Can I have more than one?**]”

(A1.2.3) Building on a theme

Main Point, *b₇* {e, VE} Story 6, Clip 21.00 – 21.30 “[*building on ‘Don’t put hamsters in non-galvanised zinc cages’*] *Right, quite happy with that*”

Main Point, *b₁₄* {n, QE} Story 10, Clip 29.51 – 31.26 “[**Change of mind regarding an attribute value (having moved away from, then returns)**] [*building on ‘before consulting the GP’*]”

Main Point, *d₁* {e, E} Story 4, Clip 05.24 – 06.05 “[*building on ‘Questioning whether’*]”

Other Point, *b₇* {e, VE} Story 6, Clip 21.40 – 22.56 “[**Immediacy and fluency**] [*building on ‘Try to read up for yourself and don’t simply leave all the diagnosis to the vet’*] Right um”

Other Point, *b₁₁* {n, E} Story 10, Clip 22.18 – 23.05 “[*building on ‘GPs know the family and can play it safe’*]”

Other Point, *d₁* {e, E} Story 12, Clip 25.10 – 25.41 “[*building on ‘No training’*]”

Other Point, *d₃* {e, E} Story 12, Clip 61.37 – 63.10 “[*And the other point I would say um [types] It’s like ... the NHS is less professional [building on ‘The NHS is so unprofessional that it does not even apologise’] even of a ... sort of a entertainment ... organisation, if that’s clear in English* [**Offering an explanation for a suggestion**] *that’s my other point [Add]*]”

Feature, *b₇* {d, VE} Story 6, Clip 23.40 – 24.01 “[*building on ‘visits to the vet’*]”

Related Reader, *b₁₁* {n, QE} Story 6, Clip 43.20 – 43.56 “[*building on ‘Pet Owner’*] [...] [laugh] Oh okay”

Related Reader, *d₁₉* {d, E} Story 4, Clip 70.45 – 72.34 “[*building on ‘choices shape the future’*]”

Related Story (4), *b₁₈* {e, QE} Story 6, Clip 59.06 – 59.56 “[*building on ‘Choices’*]”

Related Story (1), *b₁₈* {e, QE} Story 10, Clip 62.28 – 63.02 “[*building on ‘Time’*]”

Related Story (4), *b₁₈*, {e, QE} Story 10, *b₁₈*, Clip 63.45 – 64.59 “[**Identification of multi-way story relationships**] [*building on ‘Choices’*]”

Related Story (4), *c₁₆* {d, QE} Story 11, Clip 69.14 – 70.07 “[*building on ‘Broadly related in terms of choices & causes’*] [**Identification of loose/weak/broad relationships**]”

Related Story (2), *d₁₉* {n, E} Story 4, Clip 64.38 – 66.12 “[*building on ‘the doctor has no “choice”’*]”

Related Story (8), *d₈* {n, QE} Story 4, Clip 40.04 – 40.37 “[*building on ‘Freedom to make their’*]”

Related Story (1), *d₈* {n, QE} Story 8, Clip 36.04 – 37.50 “[**Taking a long pause before typing the value (> 20 seconds)**] [*building on ‘Proceedings’*]”

Related Story (1), *d₁* {n, QE} Story 12, Clip 53.42 – 54.11 “[*building on ‘Human resources’*]”

Related Story (3), *d₂₃* {d, E} Story 12, Clip 59.59 – 60.49 “[**Cascading suggestions**] [*building on ‘waste of money’*] “cos it’s – it’s for everything really”

Related Story (1), *d₁* {n, QE} Story 12, Clip 51.12 – 51.46 “[**Immediacy and fluency**] [*building on ‘Human resources’*]”

Table (A1.2) Ease – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Diffculty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Main Point	6 ÷ 15 =0.4	4 ÷ 3 =1.3	2 ÷ 6 =0.3	12 ÷ 24 =0.5	9 ÷ 1 =9.0	40 ÷ 8 =5.0	15 ÷ 8 =1.9	7 ÷ 5 =1.4	3 ÷ 2 1.5	0 ÷ 0 =0
Other Point	13 ÷ 8 =1.6	12 ÷ 13 =0.9	3 ÷ 3 =1.0	28 ÷ 24 =1.2						
Feature	5 ÷ 9 =0.6	10 ÷ 10 =1.0	2 ÷ 5 =0.4	17 ÷ 24 =0.7						
Protagonist	1 ÷ 16 =0.1	0 ÷ 4 =0	0 ÷ 4 =0	1 ÷ 24 =0						
Antagonist	3 ÷ 8 =0.4	1 ÷ 8 =0.1	0 ÷ 8 =0	4 ÷ 24 =0.2						
Other Character	1 ÷ 7 =0.1	0 ÷ 15 =0	1 ÷ 2 =0.5	2 ÷ 24 =0.1						
Narrator	0 ÷ 7 =0	0 ÷ 16 =0	0 ÷ 1 =0	0 ÷ 24 =0						
Audience	1 ÷ 6 =0.2	6 ÷ 10 =0.6	3 ÷ 8 =0.4	10 ÷ 24 =0.4						
Related Reader	6 ÷ 4 =1.5	8 ÷ 11 0.7	11 ÷ 9 =1.2	25 ÷ 24 =1.0	1 ÷ 1 =1.0	32 ÷ 7 =4.6	52 ÷ 12 =4.3	6 ÷ 2 =3.0	6 ÷ 2 =3.0	0 ÷ 0 =0
Related Story	6 ÷ 4 =1.5	42 ÷ 15 =2.8	24 ÷ 5 =4.8	72 ÷ 24 =3.0						
Totals	42 (6.4)	83 (7.4)	46 (8.6)	171 (7.1)	10 (10.0)	72 (9.6)	67 (6.2)	13 (4.4)	9 (4.5)	0 (0)

(A2) Change of mind regarding an attribute value (having moved away from, then returns)

(A2.1) Phase 1

Main Point, b_{14} {n, QE} Story 10, Clip 31.05 – 31.26 “[Building on a theme]”

Main Point, d_1 {e, E} Story 4, Clip 04.17 - 06.07 “[Building on a theme]”

Main Point, d_{23} {e, QE} Story 12, Clip 30.37 – 31.11 “*Actually no [Selecting from a menu]*”

Other Point, b_{11} {n, E} Story 11, Clip 09.35 – 09.43 “[*Remove*]”

Other Point, c_2 {n, QE} Story 11, Clip 25.09 – 26.50 “*So I've demoted it; I might actually remove it, okay because I've kind of replaced it with something that says the same thing a bit more um carefully [Finding the word or phrase]*”

Other Point, d_3 {e, E} Story 4, Clip 16.21 – 16.55 “*I try to use my experience to make the best choices I can today' ... am I supposed to do anything with this? [...] Oh right [...] but in a way because I put it there [...] I don't know [...] Remove okay [Remove]*”

Feature, c_2 {n, QE} Story 11, Clip 28.36 – 29.09 “**[Task part consolidation]** | *I think what I might actually do is – having just put all these in I'm going to remove a lot of these. I'm just going to keep the 'dementia' and the 'bronchopneumonia' because effectively they're saying that the dementia was the cause of all these things and the bronchopneumonia was the post mortem diagnosis.*”

Protagonist, d_8 {e, QE} Story 4, Clip 21.03 – 21.21 “[**Rearranging the editor's suggested character roles**] *Oh sorry*”

Protagonist, d_8 {e, QE} Story 4, Clip 21.12 – 22.25 “[**Rearranging the editor's suggested character roles**] *yeah it's ...*”

Protagonist, Other Character, c_6 {d, n, QD} Story 3, Clip 15.30 – 16.37 “[**Indecision regarding the assignment of character roles**]”

Protagonist, c_{21} {e, QE} Story 11, Clip 92.55 – 93.40 “[**Indecision regarding the assignment of character roles**]”

Protagonist, c_{22} {d, E} Story 11, Clip 44.28 – 45.40 “[**Rearranging the editor's suggested character roles**]”

Antagonist, b_{14} {n, QE} Story 2, Clip 15.02 – 15.30 “[**Task part consolidation**] *Can I change that to 'Tragic events' because I think one was a hanging*”

Other Character, d_8 {n, QE} Story 4, Clip 12.22 – 13.31 “[**Commenting on a value weakly disagreed with**]”

(A2.2) Phase 4 changing or considering changing Phase 1

Main Point, a_{17} {e, D} Story 1, Clip 59.28 – 60.28 “[*So can we change this [Editor's Main Point] [Expressing confidence]*]”

Main Point, b_{14} {n, QE} Story 2, Clip 51.20 – 51.59 “[*untick agree] [types] ... I can keep this one [Other point] I guess, but this is I think, the Main Point [...] and this one I can demote ...*”

Main Point, c_2 {e, QE} Story 3, Clip 47.50 – 49.23 “[**Forgetting – suggestions**] *I must have got that wrong somewhere because I wanted as the Main Point [points to own Other Point] this one [...] Okay um, I want to demote that to Other Point [and] promote to Main Point ... my point [...]”*

Other Point, a_{12} {d, E} Story 9, Clip 82.18 – 82.59 “[*The thing is, now this one [Other Point] feels like a rewording of this one [Main Point] [...] Yeah, that's the joys of classification; if you come back twenty minutes later you 'Oh no I shouldn't have done it that way, I should have done it [...]”*

Feature, a_{12} {n, E} Story 1, Clip 77.02 – 77.17 “[*Where's 'advice' where is that coming from [Task part consolidation]*]”

Feature, a_{12} {n, E} Story 8, Clip 82.57 – 83.21 “[Task part consolidation] Where this one was coming from ‘High variability’? Ah in the practices, yes okay”

Protagonist, a_{17} {e, D} Story 1, Clip 62.44 – 63.43 “”

Antagonist, a_{17} {e, D} Story 1, Clip 62.44 – 63.43 “”

Narrator, a_{12} {n, E} Story 1, Clip 80.02 – 80.27 “[Not treating style of narration as being a mutually exclusive choice] I just want to put it. Yeah and ‘First-person’ as well - pop”

Table (A2) Change of mind regarding an attribute value (having moved away from, then returns) – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Difficulty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Main Point	4.0	2.0	0	6.0	0	8	11	1	3	0
	÷ 15	÷ 3	÷ 6	÷ 24	÷ 1 =0	÷ 8 =1.0	÷ 8 =1.4	÷ 5 =0.2	÷ 2 =1.5	÷ 0 =0
	=0.3	=0.7	=0	=0.3						
Other Point	1.0	2.0	1.0	4.0	=0	=1.0	=1.4	=0.2	=1.5	=0
	÷ 8	÷ 13	÷ 3	÷ 24						
	=0.1	=0.2	=0.3	=0.2						
Feature	0	3.0	0	3.0	=0	=10	=5	=24	=0.1	=0
	÷ 9	÷ 10	÷ 5	÷ 24						
	=0	=0.3	=0	=0.1						
Protagonist	4.0	0	1.5	5.5	=0	=4	=4	=24	=0.2	=0
	÷ 16	÷ 4	÷ 4	÷ 24						
	=0.3	=0	=0.4	=0.2						
Antagonist	1.0	1.0	0	2.0	=0	=8	=8	=24	=0.1	=0
	÷ 8	÷ 8	÷ 8	÷ 24						
	=0.1	=0.1	=0	=0.1						
Other Character	0	1.5	0	1.5	=0	=15	=2	=24	=0.1	=0
	÷ 7	÷ 15	÷ 2	÷ 24						
	=0	=0.1	=0	=0.1						
Narrator	0	1	0	1	=0	=16	=1	=24	=0	=0
	÷ 7	÷ 16	÷ 1	÷ 24						
	=0	=0.1	=0	=0						
Audience	0	0	0	0	=0	=10	=8	=24	=0	=0
	÷ 6	÷ 10	÷ 8	÷ 24						
	=0	=0	=0	=0						
Related Reader	0	0	0	0	=0	=11	=9	=24	=0	=0
	÷ 4	÷ 11	÷ 9	÷ 24						
	=0	=0	=0	=0						
Related Story	0	0	0	0	=0	=15	=5	=24	=0	=0
	÷ 4	÷ 15	÷ 5	÷ 24						
	=0	=0	=0	=0						
Totals	10.0 (0.8)	10.5 (1.5)	2.5 (0.7)	23.0 (1.0)	0 (0)	8 (1.0)	11 (1.4)	1 (0.2)	3 (1.5)	0 (0)

(A3) “Can I...?”

(A3.1) “Can I have more than one [attribute value]?”

(A3.1.1) “Can I have more than one [attribute value] generally?”

Main Point, *a₂₀* {e, QU} Story 5, Clip 37.13 – 37.28 “*Can I tick that and add any other point? No, because that's the Main Point [...]*”

Main Point, *c₂₁* {d, QR} Story 7, Clip 57.55 – 58.14 “[...] *But I can still agree with that [...]*”

Main Point, *d₁* {e, U} Story 4, Clip 03.58 – 04.18 “*Where can you – Oh okay, it will only let you do one*”

Related Story, *d₂₃* {d, U} Story 8, Clip 53.55 – 54.03 “*You can relate more than one yeah? [...]*”

Related Story, *d₂₃* {d, U} Story 12, Clip 59.44 – 60.44 “*And I'll do another one actually [Cascading suggestions] that was one [...] No I just wanted another related thing [...]*”

(A3.1.2) “Can I type more than one?”

Main Point, *c₂₁* {d, QR} Story 7, Clip 56.23 – 56.42 “[“**For me it's X or similar**]”

Main Point, *d₃* {d, U} Story 4, Clip 10.43 – 10.50 “*To me the 'Main Point' is ... well it's kind of double ...*”

Feature, *c₂₁* {e, QR} Story 7, Clip 65.15 – 66.05 “*Can I do another one?*”

Feature, *d₃* {n, U} Story 4, Clip 20.29 – 20.59 “[**Cascading suggestions**] *Can I have another one?*”

Related Reader, *b₂₄* {n, U} Story 6, Clip 51.49 – 52.01 “[**Cascading suggestions**] *Can I write it there? [...]*”

Related Reader, *d₃* {e, U} Story 8, Clip 103.50 – 104.21 “[**Cascading suggestions**] *Oh as a second relation; I add, then I make another one...okay I didn't realise I could do that*”

(A3.1.3) “Can I also [select/tick/type]?”

Other Point, *a₂₀* {n, QU} Story 1, Clip 24.48 – 24.55 “*I can add any other thing? [...]*”

Other Point, *b₁₈* {n, QU} Story 6, Clip 30.00 – 30.16 “[**What do I?**] *Um can you have 'agree with that one [Main Point]' but then add like one of these [Other points] as well...?*”

Other Point, *c₂₁* {e, QR} Story 3, Clip 25.45 – 26.20 “[...] *But there's the other point I thought on there: If prescribed in smaller units [...] I could do that*”

Other Point, *d₁₉* {e, U} Story 12, Clip 41.57 – 43.35 “*Can I add - another point?*”

Feature, *c₂₂* {e, QU} Story 11, Clip 43.00 – 43.08 “*So I need to put in – can I add another one?*”

Feature, *d₈* {n, QU} Story 4, Clip 09.14 – 10.35 “[...] *But I can have [select] more than one?*”

Protagonist, *a₁₂* {e, U} Story 1, Clip 14.01 – 14.09 “*That would be to add another protagonist here [...]*”

Protagonist, c₆ {d, U} Story 3, Clip 12.53 – 13.18 “[Remarking on the specific nature of the domain menus] *I can just [type suggestion]?*”

Protagonist, c₆ {d, U} Story 7, Clip 25.16 – 25.32 “*Can I put more than one? [...] Actually I'm fine*”

Protagonist, d₃ {d, U} Story 4, Clip 25.29 – 25.51 “*... they coincide – the same person, when she was younger – now you know she's, but how can I render this...?*”

Antagonist, a₅ {n, R} Story 5, Clip 35.55 – 36.26 “[Expressing confidence]

‘Government’ yes [tick] ... *I can ... [scrolling] looking for another [...] somewhere*”

Antagonist, c₂₂ {d, QU} Story 3, Clip 16.40 – 17.03 “*You can't have [tick] two can you? [...]*”

Antagonist, d₂₃ {e, U} Story 4, Clip 15.00 – 16.02 “[Remarking on the specific nature of the domain menus]”

Other Character, c₂ {n, U} Story 7, Clip 20.00 – 20.35 “*...I can only pick off the list for this one can I*” [...] but *I can't type a new one in, or can I* [Moving beyond the text to suggest character roles]”

Narrator, d₃ {e, U} Story 4, Clip 29.20 – 29.33 “[Employing verbal means to organise, clarify or get approval] and then *I leave 'First-person'* ...”

Narrator, d₃ {e, U} Story 8, Clip 54.47 – 54.57 “[Not treating style of narration as being a mutually exclusive choice]”

Audience, a₁₇ {e, U} Story 1, Clip 11.36 – 12.07, [...] “*But just one choice or...?*”

Audience, b₁₄ {n, U} Story 6, [Phase 4] Clip 49.20 – 50.00 “[Task part consolidation] *Because when I did the third story I realised I could do more than one; I thought it was either/or, then I realised I could do more than one*”

(A3.2) Can I say what I want? I.e. how free is free input allowed to be?

Main Point, c₂₂ {e, QU} Story 7, Clip 21.00 – 21.31 “*I'm looking at the story - I mustn't let my own thoughts come into it [...] Gosh [laugh]*”

Other Point, a₁₂ {d, U} Story 1, Clip 08.56 – 09.09 “[Handling unconventional input types] *I can say this if I want to say this?*”

Other Point, d₁₉ {e, U} Story 4, Clip 17.05 – 17.53 “[Alternative ways of referring to the text and its communicability] *Oh right okay! [...] And that was what I felt was the [Main Point].*”

Feature, a₁₂ {n, U} Story 1, Clip 12.58 – 13.30 “*...while doing this...I cannot say if I have found this thing in the text itself or if it's coming from my own perception and my own interest...*”

Feature, c₂₂ {e, QU} Story 3, Clip 14.46 – 15.49 “*It's just got to be single words? [“What are you thinking?”]*”

Feature, c₂₂ {e, QU} Story 7, Clip 27.52 – 28.13 “*... Can I put that in there? [Immediacy and fluency]*”

Feature, d₃ {n, U} Story 4, Clip 20.59 – 21.11 “*Can I say also 'justice'? ...*”

Feature, d₃ {n, U} Story 12, Clip 64.03 – 64.19 “*If this is legal...*”

Feature, d₈ {n, QU} Story 4, Clip 08.40 – 09.07, “*Can I do this kind of combination or do I have to follow the words that I found in the text?*”

Feature, d₁₉ {n, U} Story 12, Clip 44.20 – 45.13 “[Laugh] *Can I just um – anything that comes to my mind [...] It doesn't have to make sense? [Creative and unusual input value types]*”

Feature, d_{23} {n, U} Story 12, Clip 36.14 – 36.38 “[...] Can I put something else? I mean it says irony there ... It's not an irony it's ironic so can I put ironic? [...]”

Protagonist, d_3 {d, U} Story 4, Clip 26.21 – 26.33 “[Employing verbal means to organise, clarify or get approval] Can I say 'practitioner'?”

Antagonist, d_3 {d, U} Story 4, Clip 27.27 – 27.41 “[Offering an explanation for a suggestion] It's probably like 'the system' ... would that render?”

Antagonist, d_{10} {e, U} Story 12, Clip 29.05 – 29.26 “How long can I put in here because I want to put 'the people that allocate funding' ...? [Immediacy and fluency]”

Other Character b_9 {n, QU} Story 6, Clip 22.21 – 23.14 “But here 'hamster'; I don't know; this hamster is playing some role in the context; can I put here...?”

Other Character, c_{16} {n, QU} Story 11, Clip 26.22 – 26.38 “Can I put like 'Hospital' there? [Commenting on detail]”

Audience, a_5 {d, R} Story 5, Clip 38.20 – 38.30 “Can I write 'people'?”

Related Reader, b_9 {d, QU} Story 6, Clip 59.18 – 59.49 “It could be a text, a sentence - a complete sentence?”

Related Reader, b_{18} {d, QU} Story 2, Clip 52.14 – 52.21 “[...] But how? I don't really know - does it want sort of long? [Remarking that a particular story does relate to them as reader]”

Related Reader, d_{19} {d, U} Story 4, Clip 69.15 – 72.38 “It can be anything? [Employing verbal means to clarify]”

Related Story (7), b_{14} {n, U} Story 10, Clip 48.46 – 49.13 “[Types] Would that be enough [Identification of contrasting relationships] or do I need to explain that [Offering an explanation for a suggestion] do I have to specify that or just say [...]”

(A3.3) Can I do nothing?

Other Point, a_{12} {d, U} Story 9, Clip 28.20 – 28.33 “I think it says everything; I don't feel like entering anything [Task part consolidation]”

Other Point, d_{19} {e, U} Story 4, Clip 18.41 – 19.25 “[...] Can I skip that? [...]”

Antagonist, c_{22} {d, QU} Story 7, Clip 29.27 – 31.20 “[...] you have to suggest who is but I don't know if I've got a suggestion as to who it might be [Commenting on a value weakly disagreed with] leave it out yes”

Narrator, d_{23} {n, U} Story 12, Clip 40.30 – 40.43 “[Author's identity] we don't have to put that in do we? [...]”

Related Reader, a_5 {n, R} Story 1, Clip 85.17 – 85.22 “[...] I don't write nothing? [...] Okay”

Related Reader, a_5 {n, R} Story 5, Clip 92.12 – 92.20 “... I don't write nothing? [...] No”

Related Reader, a_{13} {n, QU} Story 1, Clip 59.20 – 60.00 “[How do I?] So I actually don't need to do anything about this? [...]”

Related Reader, c_{16} {d, QU} Story 11, Clip 72.30 – 72.52 “[Remarking that a particular story does not relate to them as reader] can I leave that blank?”

Related Story, d_{10} {e, U} Story 4, Clip 44.30 – 44.55 “[The unrelated focal story] Okay, so I have to do this do I ... if I can't think of any? [...]”

Related Story, d_3 {d, U} Story 12, Clip 109.42 – 109.57 “[...] Shall I just leave it blank? [Showing enjoyment of the task]”

Related Story, d₂₃ {d, U} Story 4, Clip 51.25 – 51.44 “So do you have to find one that's related? [...]”

Table (A3) Can I? – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	3 ÷ 15 =0.2	0 ÷ 3 =0	3 ÷ 6 =0.5	6 ÷ 24 =0.3	0 ÷ 1 =0	27 ÷ 13 =2.1	13 ÷ 8 =1.6	4 ÷ 1 =4.0	2 ÷ 1 =2.0	0 ÷ 0 =0
	3 ÷ 8 =0.4	2 ÷ 13 =0.2	3 ÷ 3 =1.0	8 ÷ 24 =0.3						
	4 ÷ 9 =0.4	8 ÷ 10 =0.8	0 ÷ 5 =0	12 ÷ 24 =0.5						
Protagonist	1 ÷ 16 =0.1	0 ÷ 4 =0	4 ÷ 4 =1.0	5 ÷ 24 =0.2						
	2 ÷ 8 =0.3	1 ÷ 8 =0.1	3 ÷ 8 =0.4	6 ÷ 24 =0.3						
	0 ÷ 7 =0	3 ÷ 15 =0.2	0 ÷ 2 =0	3 ÷ 24 =0.1						
Narrator	2 ÷ 7 =0.3	1 ÷ 16 =0.1	0 ÷ 1 =0	3 ÷ 24 =0.1						
	1 ÷ 6 =0.2	1 ÷ 10 =0.1	1 ÷ 8 =0.1	3 ÷ 24 =0.1						
	1 ÷ 4 =0.3	4 ÷ 11 =0.4	4 ÷ 9 =0.4	9 ÷ 24 =0.4	0 ÷ 1 =0	9 ÷ 13 =0.7	4 ÷ 8 =0.5	0 ÷ 1 =0	2 ÷ 1 =2.0	0 ÷ 0 =0
Related Story	1 ÷ 4 =0.3	1 ÷ 15 =0.1	4 ÷ 5 =0.8	6 ÷ 24 =0.3						
	18 (2.5)	21 (2.0)	22 (4.2)	61 (2.6)	0 (0)	36 (2.8)	17 (2.1)	4 (4.0)	4 (4.0)	0 (0)
Totals										

(A4) “What does it mean?”

(A4.1) “What does [task instruction term or expression] mean?”

(A4.1.1) Phase 1 term or expression

Main, a₁₃, {QD} Clip 02.00 – 02.13 “‘Index over’ – err it mean re-index it?”

Main, b₁₈, {QD} Clip 12.04 – 12.27 “... ‘Index over the –’ [pause] I’m not sure I know what you mean by that ...”

Main, c₁₅, {QE} Clip 00.50 – 01.12 “What does that mean: ‘Index over the editor’s indexing’?”

Main, c₂₂, {E} Clip 01.40 – 01.48 “What does ‘indexing’ mean?”

Main, d₃, {E} Clip 02.17 – 02.33 “What does indexing consist of; how do I index stories ...?”

Main, d₈ {QE} Clip 02.06 – 02.24 “Okay, what do you mean with ‘Index’?”

Main, d₁₉ {D} Clip 08.07 – 08.27 “Now um, I’m going to choose three stories to index. What exactly is involved in indexing?”

Main, d₂₃, {QE} Clip 01.12 – 01.24 “What do you mean by ‘Index over’?”

Guide 1, c₂₁, {QE} Clip 10.50 – 11.16 “[...] What do you mean by annotate?”

Guide 2, d₂₃, {QE} Clip 03.23 – 03.34 “What does that mean ‘Click on a selection list’?”

Main Point, a₁₃ {d, QD} Story 1, Clip 06.53 – 07.08 “And ‘Demote to Other Point’; what demote ... mean?”

Main Point, a₁₂ {d, E} Story 5, Clip 19.25 – 19.41 “What is ‘Demote’?”

Main Point, d₃ {d, E} Story 4, Clip 11.15 – 12.17 “‘Demote’? Demote means change [Commenting on a value weakly disagreed with]”

Main Point, d₁₉ {n, D} Story 4, Clip 13.55 – 14.29 “[ticks Demote] [...] I actually wanted to disagree [Strong disagreement with] [un-ticks Demote]”

Other Point, a₅ {n, QE} Story 1, Clip 15.37 – 16.00 “The [meaning] of ‘Demote’, what is?”

Feature, d₁₀ {n, E} Story 4, Clip 11.20 – 11.45 “Does it count as ‘jumping out’ if I’ve gone back and thought ‘yeah that was something that was more salient to me when I read it’ ...?”

Character, a₅ {e, n, n, QE} Story 1, Clip 20.48 – 21.05 “The characters is the – what is the characters?”

Character, a₁₇ {e, e, e, D} Story 1, Clip 09.08 – 09.38 “Um – Right, so these are possible people um playing the two parts? [...] I see [...] right [laugh]”

Protagonist → Guide 1, a₁₃ {e, QD} Story 1, Clip 13.10 – 14.32 “[Moving away from or requesting to move away from the current screen in order to gain understanding of a task part] Here trait means err? [...] Okay, here character means people right? [...] Means err those people in the story”

Antagonist, a₁₃ {n, QD} Story 1, Clip 17.45 – 18.25 “I don’t quite understand ... ‘opposing role’ [...]”

Audience, c₆ {e, QD} Story 7, Clip 27.30 – 28.20 “Well, what do you mean by that ‘Potential recipient groups’? I mean err who’d be interested in reading this, or if it was like something published, who would it be published for? Do you understand the difference - all of them maybe? I mean, if this was like a report, who are the people like

interested in reading it, or something else like if it was in a report somebody was just like, how do you say, flicking a newspaper, who would be interested in it? [...] Okay”

Audience, *c₁₅* {d, QE} Story 7, Clip 18.48 – 20.06 “It’s also difficult here as well because – thing about here, the ‘Audiences’ [...]”

Audience, *d₃* {d, E} Story 4, Clip 29.33 – 30.28 “‘Audience’; ah the audience is – I don’t know ... a friend or another practitioner or mm or ‘discussion group’. Oh! How do I know that’s a discussion? [...]”

(A4.1.2) Phase 2 term or expression

Guide 1, *a₅*, Clip 02.51 – 03.00 “^ skim”

Guide 1, *c₆*, Clip 03.48 – 04.01 “What does it mean skim – skim read?”

(A4.1.3) Phase 3 term or expression

Main, *b₇* {E} Clip 45.59 – 46.23 “Phase 3 relate the stories ... I’m a bit confused there; what does it mean by ‘Relate a story’? Where do I find the information for that...? [...]”

Main, *b₁₁*, {QE} Clip 02.00 – 02.32 “What does that mean: ‘Relate where applicable those that you have’? [Understanding of the task part]”

Main, *c₂* {D} Clip 40.12 – 40.17 “I’m looking for stories [to relate] first because I understand that better.”

Main, *c₁₆* {QE} Clip 01.30 – 02.08 “Err, what does that mean ‘Relate where applicable, those that you have’? [...] So which one is close to which particular aspect or things like that? [...]”

Main, *d₂₃* {E} Clip 50.15 – 50.38 “[...] What do you mean; relate a story to the three? [...]”

Main, *c₂₁* {E} Clip 117.45 – 118.00 “What do you mean relate ...?”

Related Reader, *a₅* {n, QD} Guide 1, Clip 03.00 – 03.59 “Oh sorry, Related Reader is any aspect of ... my identity ... Sorry my identity? [...] Ah okay, okay”

Related Reader, *a₁₂* {n, QE} Guide 1, Clip 03.06 – 03.39 “...Okay, I’m not sure that I understand this but probably if get an example, obviously [...]”

Related Reader, *a₁₃* {n, E} Story 1, Clip 56.05 – 59.57 “[...] Okay, related reader; It’s not related ... because of the contents of the story; so it’s about the reader [Handling unconventional input types]”

Related Reader, *a₂₀* {n, QE} Story 9, Clip 74.23 – 75.09 “[...] Aspects of identity are not to do with what you’re doing occupationally; it’s to do with aspects of character, or not?”

Related Reader, *c₂* {d, D} Guide 1, Clip 02.57 – 03.30 “[Expressing concern] I don’t quite see what that means I have to say [laughing] [Commenting on the task]”

Related Reader, *c₁₅* {d, QE} Story 7, Clip 41.10 – 41.35 “So what does this mean about selecting aspects of your identity? [Remarking that a particular story does relate to them as reader]”

Related Reader, *c₂₂* {n, QE} Story 3, Clip 63.52 – 64.23 “And ‘relate’ is? I ... don’t understand that [...]”

Related Reader, *d₃*, {e, E} Story 4, Clip 96.34 – 96.40 “Is that I make my motivation, to relate myself?”

Related Story, *a₅* {d, QD} Guide 1, Clip 03.59 – 04.49 “[What do I?] [Understanding of the task]”

(A4.2) “What does [attribute label] mean?”

Feature, *a₅* {e, QE} Story 1, Clip 17.45 – 18.49 “Sorry [laugh] sorry but I have um problem with English because I [sigh] Agree with what? [...] Ah, the feature of the story. Ah, in the story is important. Oh yes, if it is the topic of the story yes [...]”

Feature, *a₂₀* {d, QD} Story 5, Clip 42.07 – 42.30 “Feature – That’s the main thrust of the story isn’t it, definition-wise? [...]”

Feature, *b₂₄* {n, E} Story 2, Clip 20.17 – 20.49 “...These are all ‘must’ really isn’t it? – ‘helicopters’ – that is what he’s talking about [...]”

Feature, *c₆* {d, QD} Story 3, Clip 09.49 – 10.14 “[Requesting to move away from the current screen in order to gain understanding of a task part] Can I go back? I mean what does it - what do you mean by ‘Feature’?”

Feature, *d₂₃* {n, QE} Story 4, Clip 09.22 – 09.56 “Feature – What, what is being said? [Understanding of the task part]”

Protagonist, *c₂₁* {e, QE} Story 3, Clip 37.00 – 37.10 “And the protagonists is the person that is the one causing [...]? provoking!”

Protagonist, *d₁₉* {e, D} Story 4, Clip 23.52 – 24.14 “What is a protagonist again?”

Antagonist, *a₅* {n, QE} Story 1, Clip 22.30 – 22.50 “Antagonist is err, the person less important or...?”

Narrator, *a₅* {n, QE} Story 1, Clip 24.18 – 24.59 “...the narrator is who recount, who speak about the story; maybe for instance, a writer of a newspaper...”

Narrator, *c₁₆* {n, QD} Story 3, Clip 16.00 – 16.13 “So this is the person who seems to kind of lead the narrative”

Narrator, *c₂₁* {n, QE} Story 7, Clip 75.11 – 75.30 “[Understanding of the task part]”

Narrator, *c₂₁* {n, QE} Story 11, Clip 94.53 – 95.04 “[Understanding of the task part]”

Related Reader, *d₁₀* {n, VE} Guide 1, Clip 04.06 – 04.26 “[Expressing concern]”

Related Reader, *c₁₆* {d, QE} Story 3, Clip 55.29 – 55.42 “Related reader was meant the story was for ... a similar audience or is it something that only I related internally?”

(A4.3) “What does [term or expression in the story] mean?”

Point, *a₅*, Story 1, Clip 06.58 – 07.19 “creatinine”

Point, *a₅*, Story 5, Clip 27.02 – 27.10 “bitch”

Point, *a₅*, Story 5, Clip 29.06 – 29.43 “blunderbuss”

Point, *a₅*, Story 5, Clip 28.15 – 28.33 “hack”

Point, *a₄*, Story 5, Clip 19.35 – 19.47 “obfuscate”

Point, *a₂₀*, Story 5, Clip 36.18 - 36.29 “obfuscate”

Point, *a₄*, Story 5, Clip 17.22 – 18.02 “shambolic [Commenting on the story]”

Point, *a₅*, Story 5, Clip 27.17 – 27.30 “shambolic”

Point, *a₅*, Story 5, Clip 29.55 – 30.16 “sobering”

Point, *a₅*, Story 5, Clip 31.18 – 31.57 “20 years in practice to write [Commenting on the meaning of the physical text]”

Point, *a₅*, Story 9, Clip 41.01 – 41.20 “barely”

- Point, *a₄*, Story 9, Clip 31.58 – 32.08 “[Task part consolidation] MMR”**
Point, *a₅*, Story 9, Clip 40.25 – 41.01 “MMR”
Point, *a₁₂*, Story 9, Clip 27.00 – 27.10 “MMR”
Read, *a₅*, Story 2, Clip 55.04 – 55.20 “CPN”
Read, *a₅*, Story 2, Clip 54.22 – 54.32 “MIs”
Read, *a₅*, Story 2, Clip 52.25 – 52.58 “RTA”
Read, *a₅*, Story 6, Clip 64.44 – 64.54 “bathed”
Read, *d₃* Story 6, Clip 83.00 – 83.11 “Is Cinnamon the name of the hamster?
[Responding with empathy, compassion or pity]
Point, *b₉*, Story 6, Clip 16.05 – 16.14 “hamster”
Read, *a₅*, Story 6, Clip 62.37 – 62.51 “hamster”
Read, *c₆*, Story 6, Clip 46.17 – 46.32 “hamster”
Read, *a₅*, Story 6, Clip 63.52 – 64.17 “purchased”
Read, *a₅*, Story 6, Clip 63.23 – 63.51 “‘she’ who. Who is she?”
Read, *a₅*, Story 6, Clip 65.05 – 65.54 “vet [Commenting on the meaning of the physical text]”
Read, *a₅*, Story 10, Clip 74.18 – 74.24 “A&E”
Read, *d₃*, Story 10, Clip 88.09 – 88.22 “A&E [Recall]”
Read, *a₅*, Story 10, Clip 75.46 – 76.30 “warranted”
Read, *a₅*, Story 3, Clip 57.17 – 57.29, “junk”
Feature, *c₂₁*, Story 3, Clip 31.33 – 31.50 “Im”
Read, *a₁₂*, Story 7, Clip 61.35 – 61.40 “A&E”
Read, *a₅*, Story 7, Clip 67.20 – 67.50 “central crushing pain”
Point, *c₆*, Story 7, Clip 20.55 – 21.05 “ENT”
Read, *a₅*, Story 7, Clip 66.10 – 66.40 “scam”
Point, *c₆*, Story 7, Clip 20.34 – 20.42 “STD”
Point, *c₁₆*, Story 7, Clip 31.10 – 31.35 “STD”
Read, *a₁₂*, Story 7, Clip 62.05 – 62.12 “STD”
Read, *d₃*, Story 7, Clip 85.27 – 85.41 “STD [Responding with humour]”
Point, *c₆*, Story 7, Clip 19.30 – 19.53 “triage nurses”
Point, *c₆*, Story 11, Clip 30.08 – 30.28 “coroner [Commenting on the physical text]”
Read, *a₄*, Story 11, Clip 53.55 – 54.23 “Why did he put question mark CVA?”
Point, *c₆*, Story 11, Clip 29.25 – 29.42 “EMI”
Point, *c₂*, Story 11, Clip 22.20 – 22.36 “I’m not very sure what PM is ...”
Point, *c₆*, Story 11, Clip 29.15 – 29.24 “PM”
Point, *c₁₆*, Story 11, Clip 20.52 – 21.00 “PM”
Read, *d₃*, Story 11, Clip 89.44 – 89.59 “PM”
Read, *a₅*, Story 4, Clip 59.00 – 59.20 “practice [Responding with puzzlement]”
Point, *d₃*, Story 4, Clip 09.15 – 09.40 “...I don’t know what sewing means [Recall of the stories from a previous study]”
Feature, *d₃*, Story 8, Clip 43.45 – 43.54 “... What is a bedder?”
Read, *a₅*, Story 8, Clip 70.40 – 71.05 “8 bedder”
Feature, *d₃*, Story 8, Clip 47.12 – 47.27 “‘cleaner’ could also be somebody who cleans – is that correct?”
Read, *a₅*, Story 8, Clip 71.40 – 72.00 “cobbled”
Point, *d₁₉*, Story 8, Clip 30.55 - 31.02 “Colles”
Read, *a₅*, Story 8, Clip 69.23 – 69.34 “plaster”
Read, *a₅*, Story 12, Clip 79.40 – 79.47 “cope”

Read, *a₅*, Story 12, Clip 81.40 – 82.03 “*FilmFour*”

Point, *d₃*, Story 12, Clip 57.30 – 57.49 “*trust*”

(A4.4) “What does [story title term] mean?

Read, *a₄*, Story 7, Clip 45.44 – 46.25 “*...I don't understand...this topic...this 'triage'...and what is this 'A+E'?*” **[Remarking on the unfamiliarity of the domain]**”

Read, *a₄*, Story 10, Clip 49.41 – 51.35 “[^]*Meningitis*”

Read, *a₄*, Story 11, Read, Clip 53.18 – 53.32 “*What is PM? Prime Minister?*” **[laughing]**”

Read, *a₄*, Story 12, Read, Clip 55.15 – 55.25 “[^]*NHS*”

Read, *c₆*, Story 8, Clip 47.25 – 47.42 “*What is it 'overtreat'? It's for me to decide*”

(A4.5) “What does [editor's / previous reader's suggested attribute value] mean?”

Main Point, *a₄*, Story 1, Clip 06.17 – 06.33 “*I'm not sure of what exactly this 'panacea' is*”

Main Point, *a₄*, Story 5, Clip 20.15 – 21.24 “*...what exactly does the author want to mean 'classification label' ...?*” **[Responding with interest]**”

Main Point, *a₅*, Story 1, Clip 08.10 – 10.55 “*'panacea' what is? [...] Sorry, but I don't understand the word 'panacea'*” **[How do I?] [Understanding of the task part]** [“*For me it's X" or similar*”]

Main Point, *a₁₃*, Story 1, Clip 06.19 – 06.41 “*I don't understand this word [panacea]?*”

Other Point, *a₅*, Story 1, Clip 13.50 – 14.53 “*...for the patient; no, I don't know, for who?*”

Other Point, *a₅*, Story 5, Clip 32.38 – 33.04 “[^]*Read*”

Other Point, *b₉*, Story 6, Clip 19.15 – 19.31 “*'thorough' in this context means?*”

Point, *c₂₁*, Story 3, Clip 28.00 – 28.29 “[**Previous readers' suggestions**] *What does it mean 'collaboration between' ...?*”

Feature, *a₄*, Story 1, Clip 09.26 – 09.46 “*What is 'farce'?*”

Feature, *a₅*, Story 9, Clip 47.10 – 47.53 “[^]*our middle of the road patch*”

Feature, *b₉*, Story 6, Clip 21.10 – 21.22 “*I don't know this word [chewing]*”

Feature, *c₂*, Story 3, Clip 09.21 – 09.25 “*I don't know what 'eprex storage' is; presumably it's ...*”

Feature, *c₂*, Story 11, Clip 27.11 – 27.34 “*Emergency medical something unit I don't know what that [EMI] is but it's clearly -*”

Feature, *c₆*, Story 3, Clip 08.45 – 08.59 “[^]*bonkers*”

Feature, *c₂₁*, Story 3, Clip 33.23 – 33.30 “[**Strong disagreement with**] *I don't know what they mean by 'boxes'*”

Feature, *d₃*, Story 8, Clip 41.56 – 42.16 “*... mummy's was the old lady [...]*”

Feature, *d₃*, Story 8, Clip 42.43 – 42.51 “*'Colles', I don't know what it is*”

Feature, *d₈*, Story 8, Clip 18.27 – 18.43 “[^]*grim*”

Feature, *d₂₃*, Story 8, Clip 21.48 – 22.11 “[**What is that [Colles]?**] *[...] There's me not knowing [...]*”

Protagonist, *a₅*, Story 5, Clip 35.20 – 35.35 “[^]*GP*”

Protagonist, *b₉*, Story 2, Clip 13.57 – 14.16 “[^]*Locum GP*”

Protagonist, *c₆*, Story 7, Clip 24.34 – 25.01 “[^]*Wily*”

Protagonist, *c₆*, Story 11, Clip 36.25 – 36.40 “^ GP”

Protagonist, *d₃*, Story 4, Clip 23.28 – 23.42 “... yeah the ‘pupil’ is like the ‘student’, the young student that is in the college [...]”

Antagonist, *c₆*, Story 11, Clip 37.05 – 37.14 “^ Coroner”

Other Character, *a₅*, Story 9, Clip 49.43 – 50.04 “^ Silent majority”

Narrator, *b₁₄*, Story 6, Clip 25.50 – 26.03 “‘Omniscient’ would be what more than one person? [...]”

Narrator, *c₆*, Story 3, Clip 16.42 – 16.53 “What does it mean; what do you mean by ‘Omniscient’?”

Narrator, *c₁₅*, Story 3, Clip 09.44 – 10.09 “What does this [Omniscient] mean?”

Narrator, *c₁₆*, Story 3, Clip 16.15 – 16.30 “What would be this; what’s ‘Omniscient’?”

Narrator, *d₃*, Story 4, Clip 28.35 – 28.54 “... ‘GP’; is that the ‘practitioner’? [...] Right, oh I see [removes tick]”

Narrator, *d₃*, Story 8, Clip 53.58 – 54.35 “How do you say ‘third person’, is it ‘Intrusive’? [Commenting on a value weakly agreed with]”

Narrator, *d₂₃*, Story 8, Clip 28.05 – 28.36 “‘Intrusive’, why ‘Intrusive’?”

[Commenting on style of narration] I didn’t quite know what you meant by that but now...”

(A4.6) “What does [domain menu term] mean?”

Protagonist, *c₆* {d, U} Story 3, Clip 12.06 – 12.35 ‘I just wanted to know what was a Locum GP’

Antagonist, *a₅* {n, U} Story 1, Clip 23.06 – 23.32 “^ Practice Nurse”

Antagonist, *a₄* {n, Q} Story 9, Clip 34.55 - 35.08 “^ Midwife”

Antagonist, *c₂₁* {d, Q} Story 3, Clip 40.18 – 40.55 “... What’s the Fund Manager? He’s the one responsible for the paying? Is that what they mean there?”

Other Character, *a₄* {n, Q} Story 9, Clip 35.33 - 35.57 “^ Principle GP”

Other Character, *c₆* {n, U} Story 7, Clip 25.53 - 26.01 “This [General Practitioner (GP)] means like doctor - generic doctor?”

Audience, *a₅* {d, U} Story 5, Clip 37.44 – 38.16 “[Recognising potential Audiences in their Character suggestions] Sorry, ‘Public Health Nurses’ means the ... health of the people ... no? And ‘Nurses’ is [...]?”

Audience, *a₁₃* {n, U} Story 1, Clip 22.55 – 23.22 “hmm, there’s no definition of this Continence Nurses...it’s a kind of Nurses right?”

Audience, *a₁₃* {n, U} Story 1, Clip 23.39 – 23.57 “[Task part consolidation] Is there any difference between Nurse Consultants and Nurses? I think so...”

Audience, *a₂₀* {n, V} Story 1, Clip 33.50 – 34.03 “Fund Managers – I wonder what they do ... that must be primary care fund managers”

Audience, *c₁₆*, {n, Q} Story 7, Clip 38.11 – 38.22 “‘Nurses’ would cover all other nurses I would say yeah? So if we agree that ‘Nurses’ would cover everything”

Audience, *c₁₆*, {n, Q} Story 7, Clip 38.22 – 38.35 “I think this would be a ... specific example ... ‘School Nurses’ ... the ones in schools – working with schools [...]”

(A4.7) “What does [narratological menu term] mean?”

Feature, a₁₃ {e, U} Story 1, Clip 09.11 – 09.38 “...I don’t know most of these words [...]”

Feature, a₁₇ {e, V} Story 1, Clip 08.25 – 09.04 “[...] laugh] One or two that are a [...]”

Feature, a₂₀ {d, V} Story 1, Clip 26.26 - 27.19 “...what’s a simile then [...] likeness, how about that! [...]”

Feature, a₅ {e, U} Story 5, Clip 34.33 – 34.54 “^ complex plot”

Feature, a₄ {n, Q} Story 9, Clip 33.20 – 33.48 “^ disclosure”

Feature, a₁₇ {e, V} Story 9, Clip 26.06 – 26.25 “I’ve heard of ‘meiosis’ but I don’t know what it means ‘understatement for effect’ yeah, right, I shall try to use that tomorrow [laugh]”

Feature, b₁₈ {e, U} Story 2, Clip 21.28 – 21.58 “[...] Glad you said that because [laugh] – right, okay”

Feature, c₂ {n, V} Story 3, Clip 10.02 – 10.24 “^ meiosis”

Feature, c₆ {d, U} Story 3, Clip 10.45 – 11.06 “What’s ‘farce’? I’m sorry my vocabulary is not so”

Feature, c₆ {d, U} Story 11, Clip 35.12 – 35.36 “What do you mean by ‘meiosis’ ‘understatement for effect’? So? [...]”

Feature, d₂₃ {n, Q} Story 4, Clip 11.06 – 11.19 “Gosh [meiosis] that’s a medical name [consults definition] mm no, didn’t know that’s what it meant”

Narrator, c₂₁ {n, Q} Story 3, Clip 46.46 – 46.57 “What do they mean by ‘Omniscient’?”

Narrator, d₁₉ {n, U} Story 4, Clip 28.04 – 28.29 “^ Omnipotent”

Narrator, d₂₃ {n, Q} Story 4, Clip 17.19 – 17.38 “[...] when I saw that [Omniscient] I thought God I know that word - what [does it mean]?”

(A4.8) “What does [menu] mean?”

Feature, a₁₂ {n, U} Story 1, Clip 12.25 – 12.48 “[Commenting on a value weakly disagreed with] What would be this?”

Feature, d₁₀ {n, V} Story 4, Clip 12.46 – 13.03 “And this [menu] is just what kind of Feature I think it [free text suggestion] was in the story is it or? [...] So they’re sort of extra”

Protagonist, b₂₄ {n, U} Story 2, Clip 22.15 – 23.12 “So the ‘Character selection’ is err what he has selected? [...]”

Protagonist, d₁₉ {e, U} Story 4, Clip 25.00 – 26.15 “This is the different um, what I think um, the protagonists would be...? [Suggesting potential alternative characters for a role]”

Protagonist, d₁₉ {e, U} Story 8, Clip 36.48 – 37.46 “What is this list of characters again?”

Narrator, a₁₃ {e, U} Story 1, Clip 20.55 – 21.18 “Is this aspects or narrator; this seems to be the narrating aspects?”

(A5) Evidently considering two or more (non-point) attributes simultaneously

Main Point, Feature, a_{12} {d, n, E} Story 9, Clip 38.12 – 38.19 “*I mean this could also be a Feature; okay it’s a very good Main Point but I might also want to put it as a Feature*”

Other Point, Feature, a_{12} {d, n, E} Story 8, Clip 47.35 – 47.47 “*Okay, here I could put something like ‘previous experience’ but it’s probably not strong enough to make an Other Point so that will go into the Features I think*”

Other Point [Phase 4], Related Story, c_{16} {n, d, QD, QE} Story 7, Clip 80.43 – 81.19 “[Offering an explanation for a suggestion]”

Feature, Main Point, a_{12} {n, d, E} Story 8, Clip 49.19 – 49.36 “*...or do I have to create a Feature which is overlapping?*”

Feature, Main Point, c_{16} {e, d, QD} Story 3, Clip 14.07 – 14.35 “*I would say that’s quite an interesting one because that kind of moral reflects that idea of ... the main point of ‘people didn’t give a damn’*”

Feature, Other Point, a_{12} {n, d, E} Story 9, Clip 29.46 – 31.04 “[Immediacy and fluency] [Regarding the attributes hierarchically]”

Feature, Other Point, d_3 {n, e, E} Story 12, Clip 63.25 – 63.47 “[Cascading suggestions]”

Feature, Character, c_2 {n, n, QE} Story 3, Clip 11.12 – 11.20 “[Moving away from or requesting to move away from the current screen in order to gain understanding of a task part] *Okay right, because I would like to get the Pharmacists in there as they seem to be the important thing, but I think they probably come in as Characters don’t they*”

Feature, Narrator, d_3 {n, e, E} Story 4, Clip 19.41 – 19.47 “*... I would assume that the narrator is a girl – is a woman that is ...*”

Feature, Related Reader [Phase 4], c_{16} {e, d, QD, QE} Story 7, Clip 81.21 – 81.39 “[Task part consolidation] *What do we have here. Ah yeah, now ... add this one*”

Feature, Related Story [Phase 4], c_{16} {e, d, QD, QE} Story 7, Clip 81.39 – 82.02 “[types] *That would be the other one [Commenting on the co-text]*”

Character, Feature, d_1 {e, d, E} Story 8, Clip 21.19 – 22.13 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] *[Back → Tick → Next]*”

Protagonist, Feature, a_{12} {e, n, E} Story 9, Clip 37.09 – 37.34 “[...] *I mean it is both the main Protagonist and also a Feature because it’s a story about GPs and their feelings – and actually that could make another Feature*”

Protagonist, Antagonist, a_{12} {e, n, E} Story 8, Clip 51.52 – 52.16 “*...what happens if you have someone who is playing the principle role but at the same time this principle role is the opposing one?*”

Protagonist, Antagonist, c_{22} {d, d, E} Story 11, Clip 46.30 – 47.39 “[Establishing one view in order to suggest an opposing one]”

Protagonists, Antagonists, d_1 {e, e, E} Story 4, Clip 8.36 – 10.19 “”

Protagonist, Narrator, d_3 {d, e, E} Story 4, Clip 24.18 – 24.34 “[Commenting on style of narration]”

Protagonist, Narrator, d_1 {e, e, E} Story 8, Clip 20.58 – 21.05 “”

Protagonist, Narrator, a_{12} {e, n, E} Story 8, Clip 51.09 – 51.44 “*Well, the protagonist is this guy [Indecision regarding the assignment of character roles]*”

Protagonist, Narrator, d_3 {d, e, E} Story 8, Clip 47.28 – 48.03 “*Right okay, and the protagonists: ‘German orthopaedic surgeon’ Is he the guy who tells the story as well? [consults text]*”

Antagonist, Feature, b_7 {e, d, VE} Story 10, Clip 30.41 – 30.51 “*humpf [ticking an Antagonist they suggested as Feature]*”

Other Character, Feature, a_{12} {e, n, E} Story 8, Clip 54.16 – 55.42 “*...So, because she's important [Back] what about [Offering an explanation for a suggestion]*”

Other Character, Feature, c_{16} {n, e, QD} Story 11, Clip 26.42 – 27.05 “[Moving beyond the text to suggest character roles] *I think these are more characters rather than features*”

Other Character, Antagonist [Phase 4], c_{16} {n, e, QD} Story 7, Clip 82.12 – 82.32 “[Moving beyond the text to suggest character roles]”

Other Character, Antagonist, Feature, a_{12} {e, n, n, E} Story 1, Clip 78.53 – 79.12 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] *So here err 'Patient' and 'NHS' and 'Hospital Manager' [back] I want to put them here too. The thing is, okay I don't need to because they are already somewhere else - or do I; I can't remember what I decided*”

Character, Feature [Phase 4], Story 2, b_{18} {d, d, n, e, QD} Clip 67.42 – 68.08 “[Other indicators of consolidation]”

Narrator, Protagonist, Story 8, d_1 {e, e, E} Clip 22.15 – 23.06 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] [Back] [Next]”

Narrator, Protagonist, Other Character, c_6 , {n, d, n, QD} Story 3, Clip 15.30 – 16.37 [Moving away from the current screen in order to gain understanding of a task part]”

Audience, Antagonist, Other Character, a_{12} , {e, n, e, E} Story 1, Clip 17.16 – 17.35 “[Recognising potential Audiences in their Character suggestions]”

Audience, Antagonist, a_{12} , {e, n, E} Story 9, Clip 41.26 – 41.39 “[And then [back] well you should also put the Antagonist here but [next] might not be – oh no, no”

Audience, Antagonist, a_{20} , {n, d, QD} Story 1, Clip 34.05 – 34.35 “[...Then I think there's 'Fund Managers' here [...] Yeah, let's just put them in because I think that means we're being more comprehensive”

Related Reader, Related Story, c_2 , {d, n, D} Story 7, Clip 41.34 – 41.45 “[Related reader: right, so you can go in and maybe find something for related reader to add to that first [Story 3] one.]”

Related Story (2), Main Point, d_1 , {n, e, QE, E} Story 8, Clip 49.46 – 50.17 “[Immediacy and fluency]”

Related Story, Other Point, d_3 , {d, e, E, E} Story 12, Clip 110.54 – 111.47 “[The presence of story-story relations] *it's like NHS does really things [Immediacy and fluency]*”

(A6) “For me it's X” or similar i.e. the participant announces a personal perspective

Main Point, a_5 {e, R} Story 1, Clip 10.43 – 11.20 “[...] *In the story, for me the important is this: that technology err will cover all, so the um patient um will check ... their ... health ... their self ... This is the point*”

Main Point, a_{20} {e, QU} Story 1, Clip 20.24 – 21.03 “[Commenting on detail] *it's in the context of that problem they've already solved - for me ...*”

Main Point, *a₄* {d, QU} Story 5, Clip 21.50 – 23.57 “[Employing verbal means to organise, clarify or get approval] [Expressing confidence] *I'm saying like it's not ... easily possible to simulate human environment in a computer. So it says you can't classify a human being based on some particular patterns or something; so this is what they say is the main point. I'm saying like, it's not possible – from this story what I get is that like it's not going to be very easy to understand human beings in terms of computer terminology*”

Main Point, *a₂₀* {e, QU} Story 5, Clip 38.50 – 39.29 “... *That's what she's saying: Classification of mental illness has many dangers [...] I like that! ...*”

Main Point, *b₇* {e, VU} Story 6, Clip 20.53 – 21.30 “*I consider that to be quite a main point [Building on a theme]*”

Main Point, *c₂* {e, U} Story 7, Clip 15.48 – 16.19 “[Commenting on a value weakly disagreed with] *The point of the story is that if you can play the system you can get into hospital much quicker ...*”

Main Point, *c₁₆* {d, QU} Story 3, Clip 09.12 – 09.27 “*I would say [Promotes] that would be the Point*”

Main Point, *c₂₁* {d, QR} Story 7, Clip 56.23 – 56.42 “[Responding with anger or disbelief]”

Main Point, *d₁* {e, U} Story 8, Clip 17.54 – 17.59 “*I'm going to leave the editor's point in there because I think it's a point but it's not the main point*”

Main Point, *d₃* {d, U} Story 4, Clip 10.44 – 12.07 “[Employing verbal means to organise, clarify or get approval] [“What does task instruction term mean?”] *like this idea of 'the choice is conditioned at times' [...] because choosing in a way is not really choosing; we're not entirely free to choose ... we are very often conditioned about what we can choose; however, the important thing is to move in that space that we have to choose and make the best choices there. That would be my main point*”

Other Point, *c₂₂* {n, QU} Story 11, Clip 40.25 – 40.43 “[...] *Is that my one on 'could it have been a non-accidental injury'? [...]*”

Other Point, *d₃* {e, U} Story 12, Clip 61.06 – 61.20 “[Responding with anger or disbelief] *you know. They are even unprofessional ... because they don't apologise for it ... they're also rude*”

Feature, *c₂* {n, U} Story 7, Clip 17.43 – 17.49 “[Offering an explanation for a suggestion] *This is definitely a comedy there's no doubt about it*”

Feature, *c₂₂* {e, QU} Story 7, Clip 27.52 – 28.08 “[...] *Suppose amazement at people's gall* [Offering an explanation for a suggestion]”

Protagonist, *c₆* {d, U} Story 3, Clip 13.06 – 13.14 “[...] *But the protagonist here for me is [Patient] [“Can I also type?”]*”

Protagonist, *c₆* {d, U} Story 11, Clip 36.54 – 37.01 “*No, I'd say the 'Old man'*”

Protagonist, *c₁₅* {n, U} Story 7, Clip 15.47 – 16.03 “*Now this is interesting because when I read this I didn't think it was a patient, for some reason I just thought about a doctor*”

Protagonist, *d₁₀* {e, U} Story 12, Clip 28.15 – 28.30 “[...] *Because I think the person doing it...well, I assumed it was a 'GP' but who was just using his 'wife' as an example, but I saw him as being ... the central ... railing against the system protagonist rather than the 'wife'* [Rearranging the editor's suggested character roles]”

Antagonist, *a₁₂* {n, U} Story 1, Clip 15.13 – 15.32 “[Task part consolidation] *these guys [editor's suggestion] are just being asked to do something so they just have a*”

mission to do it. I mean the real enemy here is [Moving beyond the text to suggest character roles] so he's the kind of big nemesis"

Antagonist, a₁₂ {n, U} Story 8, Clip 50.55 – 51.07 “[Indecision regarding the assignment of character roles] I could replace it with this one but I don't want to on purpose; I just want to ... define my own concepts”

Antagonist, a₂₀ {d, QU} Story 5, Clip 43.58 – 44.16 “I'll tell you who the Antagonists are; I'm afraid I'm going to blame these people again [Fund Managers] to some extent, and also these people [Drugs Liaison] who stuff these people with drugs ...”

Other Character, c₆ {n, U} Story 3, Clip 14.05 – 14.34 “[Remarking on the specific nature of the domain menus] I want the chemist!”

Other Character, c₁₆ {n, QU} Story 7, Clip 36.36 – 36.58 “I would say ... 'Hospital specialists' [types] because essentially they are fairly instrumental in causing some of these havocs [laugh]”

Narrator, c₂₁ {n, QR} Story 3, Clip 47.30 – 47.48 “I think it's that one [Unreliable] really”

Narrator, d₃ {e, U} Story 4, Clip 28.54 – 29.20 “... the narrator is the 'practitioner' [Commenting on the differentiation of Narrator and style of narration]”

Audience, a₅ {d, R} Story 5, Clip 37.26 – 37.38 “[Remarking on or otherwise suggesting the general interest nature of the stories] No, for me it is the people”

Related Reader, d₃ {e, U} Story 8, Clip 105.10 – 105.20 “This is kind of funny, but obviously it's not, it's bad; but it's funny for me”

Related Story (11), b₁₁ {n, U} Story 10, Clip 38.22 – 38.58 “Why did I do that [laugh] ... well anyway, that's what I think [laugh]”

Table (A6) “For me it’s X” or similar i.e. the participant announces a personal perspective – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	6 ÷ 15 =0.4	0 ÷ 3 =0	4 ÷ 6 =0.7	10 ÷ 24 =0.4	1 ÷ 1 =1.0	13 ÷ 13 =1.0	8 ÷ 8 =1.0	2 ÷ 1 =2.0	2 ÷ 1 =2.0	0 ÷ 0 =0
Other Point	1 ÷ 8 =0.1	1 ÷ 13 =0.1	0 ÷ 3 =0	2 ÷ 24 =0.1						
Feature	1 ÷ 9 =0.1	1 ÷ 10 =0.1	0 ÷ 5 =0	2 ÷ 24 =0.1						
Protagonist	1 ÷ 16 =0.1	1 ÷ 4 =0.3	2 ÷ 4 =0.5	4 ÷ 24 =0.2						
Antagonist	0 ÷ 8 =0	2 ÷ 8 =0.3	1 ÷ 8 =0.1	3 ÷ 24 =0.1						
Other Character	0 ÷ 7 =0	2 ÷ 15 =0.1	0 ÷ 2 =0	2 ÷ 24 =0.1						
Narrator	1 ÷ 7 =0.1	1 ÷ 16 =0.1	0 ÷ 1 =0	2 ÷ 24 =0.1						
Audience	0 ÷ 6 =0	0 ÷ 10 =0	1 ÷ 8 =0.1	1 ÷ 24 =0						
Related Reader	1 ÷ 4 =0.3	0 ÷ 11 =0	0 ÷ 9 =0	1 ÷ 24 =0	0 ÷ 1 =0	2 ÷ 13 =0.2	0 ÷ 8 =0	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0
Related Story	0 ÷ 4 =0	1 ÷ 15 =0.1	0 ÷ 5 =0	1 ÷ 24 =0						
Totals	11 (1.1)	9 (1.1)	8 (1.4)	28 (1.1)	1 (1.0)	15 (1.2)	8 (1.0)	2 (2.0)	2 (2.0)	0 (0)

(A7) The editor’s choice of attribute value

(A7.1) Strong agreement with

Main Point, a_{12} {d, U} Story 5, Clip 27.23 – 27.33 “Mm yep”

Main Point, b_{24} {e, U} Story 2, Clip 17.22 – 17.37 “[...] I quite agree with that; I don’t want to go behind the [Previous readers’ suggestions]”

Other Point, a_{12} {d, U} Story 5, Clip 27.34 – 27.42 “I will keep this one too”

Other Point, *a₂₀* {n, QU} Story 5, Clip 41.47 – 42.06 “...I think that's a good question; yeah, yeah, I agree - but the answer I think is not to classify and to say: it's normal, basically”

Other Point, *a₂₀* {n, QU} Story 9, Clip 52.20 - 52.36 “... definitely true – probably all of us I would have thought ... That's true”

Other Point, *b₇* {e, VU} Story 6, Clip 21.32 – 21.38 “Hmm, that's a good point”

Other Point, *c₁₆* {n, QU} Story 7, Clip 32.28 – 32.33 “Oh definitely; many ways”

Other Point, *d₃* {e, U} Story 12, Clip 61.21 – 61.27 “yes definitely, I agree with that”

Feature, *a₁₂* {n, U} Story 5, Clip 21.43 – 22.00 “Yes, this one, I mean this one is very visible, it's a very catchy sentence”

Feature, *a₁₂* {n, U} Story 5, Clip 22.00 – 22.03 “Err this one definitely”

Feature, *a₂₀* {d, QU} Story 5, Clip 42.33 – 42.38 “yeah definitely”

Feature, *b₇* {d, VU} Story 6, Clip 23.16 – 23.23 “[tick] Um, that's quite a good one [tick] that's nice, yes”

Feature, *c₁₆* {e, QU} Story 3, Clip 11.57 – 12.03 “[laughing] that's a good one”

Feature, *c₂₁* {e, QR} Story 3, Clip 32.58 – 33.23 “...I mean, I agree with that one [Erex storage]; that stuck out”

Feature, *c₂₁* {e, QR} Story 3, Clip 33.39 – 33.52 “I think the anger involved in there is a feature”

Feature, *c₂* {n, U} Story 7, Clip 16.28 – 16.31 “‘cunning’ definitely”

Feature, *c₁₆* {e, QU} Story 7, Clip 33.42 – 34.22 “Yeah, that's a fairly imaging one; that's also a good one; that's a good one. And the holy grail of the whole profession; that's another holy grail... The ‘ouch!’ is an abbreviation of the last sentence there, that's nice”

Feature, *c₂₂* {e, QU} Story 7, Clip 26.10 – 26.30 “yes ‘cunning’ amazing yeah”

Feature, *d₃* {n, U} Story 4, Clip 17.35 – 17.42 “‘privilege’ yeah, definitely that's the one”

Feature, *d₈* {n, QU} Story 4, Clip 10.39 – 10.42 “[double agreement: tick and select]”

Feature, *d₃* {n, U} Story 8, Clip 42.25 – 42.27 “‘pain’, oh yes a lot of it...”

Feature, *d₃* {n, U} Story 12, Clip 63.18 – 63.24 “... ‘apology’, [laugh] yeah ...”

Protagonist, *c₂* {e, U} Story 3, Clip 11.20 – 11.24 “Right so the protagonist is the ‘Community Pharmacist’, certainly”

Protagonist, *d₃* {d, U} Story 12, Clip 64.35 – 64.40 “‘My wife’ ... yes definitely ‘My wife’”

Antagonist, *d₃* {d, U} Story 4, Clip 23.56 – 24.04 “[Responding with humour]”

Antagonist, *d₃* {d, U} Story 8, Clip 52.19 – 52.25 “[Responding with humour]”

Other Character, *c₂* {n, U} Story 3, Clip 11.53 – 12.00 “... yeah certainly the patient”

Narrator, *d₂₃* {n, U} Story 8, Clip 28.22 – 28.36, “... yeah definitely ...”

Narrator, *d₂₃* {n, U} Story 12, Clip 40.20 – 40.30 “Intrusive I agree - again [Commenting on style of narration]”

Audience, *a₁₂* {e, U} Story 1, Clip 16.46 – 16.58 “...this definitely...”

(A7.2) Strong disagreement with

Main Point, *c₂₂* {e, QU} Story 7, Clip 21.55 – 22.26 “[How do I tackle the Point task part?]”

Main Point, *c₂₂* {e, QU} Story 11, Clip 39.06 – 39.35 “I don't agree with – I think

they try to ... No I disagree with um [What do I?]"

Main Point, *d₁₉ {n, U}* Story 4, Clip 14.00 – 15.05 "**[“What does task instruction expression mean?”]** *It is a point but [...] not mine, no... Basically I don’t see that as the main point and err, the editor has read and has picked that point up... I don’t think it’s the main point.*"

Feature, *c₂₁ {e, QR}* Story 3, Clip 33.23 – 33.30 "**[“What does editor’s suggested attribute value mean?”]**"

Feature, *c₂₁ {e, QR}* Story 3, Clip 33.39 – 33.47 "*Bonkers – why use that term?*"

Protagonist, *d₃ {d, U}* Story 8, Clip 48.33 – 48.58 "*The son is the protagonist of the story ... This guy [German orthopaedic surgeon] makes a comment. I don’t see this guy appearing here [outer story text] anywhere – unless I have misunderstood*"

Protagonist, *d₂₃ {e, U}* Story 8, Clip 25.00 – 25.36 "*No. No. Disagree [...] The principle roles. Am I not thinking – I mean he’s [Editor’s suggestion] not the principle role*"

Antagonist, *a₂₀ {d, QU}* Story 1, Clip 30.07 - 30.14 "*Software developers - that’s all they do poor people actually - you can’t give it to them*"

Narrator, *a₁₂ {n, U}* Story 5, Clip 25.11 – 25.18 "**[Not treating style of narration as being a mutually exclusive choice]** *Um, no I won’t have this one, I don’t like it; I don’t like it”*

(A7.3) Commenting on a value weakly agreed or disagreed with

Main Point, *a₂₀ {e, QU}* Story 1, Clip 20.24 – 20.34 "*...Do I think it’s to do with technology? I suppose I do but not totally; I think it’s something to do with problem ...solving here ...*"

Main Point, *a₅ {e, R}* Story 5, Clip 32.11 – 32.34 "*Yes, maybe*"

Main Point, *a₂₀ {e, QU}* Story 5, Clip 37.34 – 37.48 "*That’s true ... I totally agree ... I think she’s being more metaphysic ... more about mental health and the problems associated with it*"

Main Point, *a₄ {d, QU}* Story 9, Clip 30.30 – 30.40 "*Yeah, I can agree to some extent*"

Main Point, *b₉ {e, QU}* Story 6, Clip 18.45 – 19.10 "**[Handling reluctance to make a suggestion]** *Yeah okay [tick]*"

Main Point, *c₂ {e, U}* Story 3, Clip 06.01 – 06.17 "*I think I do agree with the Main Point for the moment anyway, I’ll leave that, that seems like a sensible sort of thing to say*"

Main Point, *c₆ {e, U}* Story 3, Clip 07.24 – 07.38 "**[What do I?]** *Yeah, that’s still another point*"

Main Point, *c₁₆ {d, QU}* Story 3, Clip 09.05 – 09.12 "*I’d suggest that would be an ‘Other Point’*"

Main Point, *c₂₂ {e, QU}* Story 3, Clip 07.02 – 07.55 "**[How do I tackle the Point task part?]**"

Main Point, *c₂ {e, U}* Story 7, Clip 15.48 – 16.19 "*I don’t know that that’s really the point of the story. [“For me it’s X” or similar] So I’m going to demote that to Other Point – It starts with that but I somehow felt the story went another way ... I think I’m going to promote that one ... to the Main Point*"

Main Point, *c₂₁ {d, QR}* Story 7, Clip 59.04 – 59.26 "*[...] I mean I’ll put that down as an Other Point but in my wording [...]”*

Main Point, *c₂₂ {e, QU}* Story 7, Clip 24.04 – 25.39 "*[...] Um no because I think the cynical part of me, with government ... you’re measured by your performances, then these*"

kind of false tick boxes come in, and therefore organisations in the NHS are almost driven to have performance claims because that's what you're measured on, as what you're achieving, so I think there is an element of that [editor's suggestion] ... so I wouldn't disagree with it totally [...]

Main Point, *c₆* {e, U} Story 11, Clip 30.43 – 31.47 “Well I would say [Does it make sense?] Well maybe it's the same anyway [...]"

Main Point, *c₁₆* {d, QU} Story 11, Clip 21.29 – 21.52 “mm yeah, that could be it [tick]"

Main Point, *d₃* {d, U} Story 4, Clip 11.24 – 12.07 “[...] No I do agree but it's like - I would put something else [“For me it's X” or similar]"

Main Point, *d₁₀* {e, U} Story 4, Clip 07.20 – 07.37 “... because I was trying to change this [editor suggestion] because I don't [...]"

Main Point, *d₂₃* {e, U} Story 4, Clip 06.30 – 06.37 “Yeah [...] from that, yeah I agree with that”

Main Point, *d₃* {d, U} Story 8, Clip 39.40 – 40.00 “... Yeah, I guess. On the other hand they don't treat. You know, because they don't give you anaesthetics when they reduce a fracture”

Main Point, *d₁₉* {n, U} Story 8, Clip 33.18 – 33.27 “I agree [laugh]"

Other Point, *a₁₂* {d, U} Story 1, Clip 10.38 – 10.48 “...it's not a matter of agreeing or not agreeing I just kind of [...] I wouldn't have said that [...]"

Other Point, *a₁₂* {d, U} Story 1, Clip 11.04 – 11.22 “...I could either keep it like this or reword it ... mm do I need to”

Other Point, *a₁₂* {d, U} Clip, Story 5, 20.17 – 20.29 “...No – well I mean that's not what I have retained from this thing [Remarking on the unfamiliarity of the domain]"

Other Point, *a₂₀* {n, QU} Story 5, Clip 41.36 – 41.46 “I don't know ... she's saying it could be shambolic ... not necessarily have to be..."

Other Point, *b₉* {n, QU} Story 2, Clip 10.15 – 10.21 “I don't remember [it being in the text]"

Other Point, *b₁₄* {e, U} Story 2, Clip 10.25 – 10.47 “... better not pretend to be better than the editor [laugh]"

Other Point, *b₉* {n, QU} Story 6, Clip 19.29 – 19.36 “... yeah ... very nice"

Other Point, *b₁₈* {n, QU} Story 2, Clip 18.32 – 19.35 “...it's basically what it says in here; it's just repeating what it says in here ... [Alternative ways of referring to the text and its communicability]; is that what it's asking? [...] Can you press on that?"

[interpreting Promote as Disagree] Well, I mean if you don't agree you just ignore it, okay - although I don't disagree, I just don't think it's the main [...]"

Other Point, *b₂₄* {n, U} Story 6, Clip 27.23 – 27.45 “The principles are the same as us I suppose”

Other Point, *c₂* {n, U} Story 3, Clip 06.43 – 07.01 “Yes, I'm not sure it's the bulk prescription that's irrational it's the fact that he has to have it all at once as it were [laugh]. Having a ... prescription for 3 months probably suits him quite well until they change it”

Other Point, *c₂* {n, U} Story 3, Clip 08.45 – 08.56 “Yeah I probably agree with that; I can imagine that must be pretty irritating for people when they're trying to sort things out [Task part consolidation]"

Other Point, *c₁₆* {n, QU} Story 3, Clip 09.48 – 09.57 “Yeah, that's fair enough; that's fair enough; I can agree with those and”

Other Point, *c₂₁* {e, QR} Story 3, Clip 21.47 – 22.06 “I don't think it's irrational – not necessarily – so I can agree with that one ['Bulk prescription is irrational?']”

Other Point, *c₂₁* {e, QR} Story 3, Clip 22.06 – 22.18 “Well that’s basically ... what I said in my system there – so I can agree with that one”

Other Point, *c₂₂* {n, QU} Story 7, Clip 25.43 – 26.05 “I’m sure there are, I’ll agree with that yes”

Other Point, *d₃* {e, U} Story 4, Clip 13.05 – 13.31 “... So basically what for me is one point, it was split here like in two points: the main point and other point”

Other Point, *d₁₀* {d, U} Story 4, Clip 09.56 – 10.10 “[Participants’ conceptions of the schema and story organisation] I might say something different but that’s not, you know, unvalid so I’ll just tick that ...”

Other Point, *d₂₃* {n, U} Story 4, Clip 07.54 – 08.04 “Um I suppose that makes a point”

Other Point, *d₁₉* {e, U} Story 8, Clip 33.35 – 33.44 “Yeah that also; I agree as well – a major point, yeah”

Feature, *a₁₂* {n, U} Story 1, Clip 12.11 – 12.53, “Farce [pop] okay...So the main editor thought that this was a big joke, this thing, maybe [narratological menus – General remark]”

Feature, *a₁₂* {n, U} Story 8, Clip 48.33 – 48.43, “mm language barrier doesn’t have any – any importance here”

Feature, *a₂₀* {d, QU} Story 1, Clip 25.46 – 26.07 “Yeah, that’s the key issue [advice] [Understanding of the task part] Okay, but I do agree with ‘medication’ and ‘body parts’ but not strongly [...] I think those are the main features that come out”

Feature, *a₂₀* {d, QU} Story 9, Clip 53.18 – 53.27 “‘Benefiting General Practice’ I’m not sure...”

Feature, *b₁₈* {e, QU} Story 2, Clip 20.58 – 21.26 “What was the ‘hangings’? I don’t seem to remember that bit”

Feature, *b₂₄* {n, U} Story 2, Clip 21.03 – 21.21 “Sounds more like in a Third World country isn’t it? ‘pick-up trucks’ [laugh]”

Feature, *c₆* {d, U} Story 3, Clip 08.59 – 09.31 “Well in a way, they’re all ... connected [...] that I think are more [...]”

Feature, *c₂₁* {e, QR} Story 3, Clip 33.27 – 33.40 “‘waste’; well that’s another thing that comes out; ‘time’ well yeah I mean, why have two to three months bulk orders [Talking about themselves]”

Feature, *c₆* {d, U} Story 7, Clip 23.31 – 23.38 “What’s ‘ouch!’? [laugh]”

Feature, *c₁₆*, {e, QU} Story 11, Clip 24.39 – 24.48 “... there’s a keyword for stroke; cool. Anyway, I will call it ‘CVA’ then [laughing]”

Feature, *c₂₂* {e, QU} Story 11, Clip 42.54 – 43.00 “CVA, yeah that’s um stroke”

Feature, *d₂₃* {n, U} Story 8, Clip 21.44 – 21.47 “I like that [The Italians like their stucco]”

Protagonist, *a₂₀* {e, QU} Story 1, Clip 28.53 – 29.05 “Yeah, I mean yeah I agree; if it’s her it’s her [Commenting on style (indicative of point-driven reading)]”

Protagonist, *a₁₂* {e, U} Story 9, Clip 33.27 – 34.23 “I was trying to find out if I could maybe just refine GP [Referring to the Authorial context - Author’s identity] [Moving beyond the text to suggest character roles] as opposed to the ones in the big cities for example [Referring to the Authorial context – Place of writing] but I assumed that the guy was from – because I saw...”

Protagonist, *c₂₁* {e, QR} Story 3, Clip 37.00 – 37.56 “[“What does attribute label mean?”] No, I don’t think it is [Community Pharmacist] [...] Okay, in a way I suppose I agree”

Protagonist, *c₁₆* {e, QU} Story 11, Clip 25.50 – 26.08 “*Protagonist ‘GP’ yeah, might be*”

Protagonist, *c₂₁* {e, QR} Story 11, Clip 88.17 – 88.56 “*GP; well, we don’t know it’s GP - Well yeah [pause] agree with that [GP]*”

Protagonist, *d₂₃* {e, U} Story 4, Clip 14.12 – 14.42 “*Principle role. I don’t know. The doctor isn’t she? So? ... but I understand what it is but I wouldn’t [...]*”

Antagonist, *a₁₂* {n, U} Story 5, Clip 23.53 – 24.09 “*...Assuming that the Government is the entity who has err written the guidelines...*”

Antagonist, *a₂₀* {d, QU} Story 5, Clip 43.47 – 44.00 “[laughing] *That’s a bit mean, putting ‘mental health’ as a Antagonist, but I suppose it’s true – I mean, as a concept*”

Antagonist, *c₂₂* {d, QU} Story 7, Clip 29.27 – 31.20 “[**Can I do nothing?**] *I suppose it is the ‘triage nurse’ but [...] not sure about that [...]*”

Antagonist, *c₂* {n, U} Story 11, Clip 29.30 – 29.57 “*I don’t know that the antagonist is the ‘Coroner’ because it’s not the coroner’s fault that that’s what a post mortem does; that’s what their profession tells them to do. It’s more ... the ‘System’ that’s at fault because the coroner has to do what the system tells him his job is to do.*”

Antagonist, *d₂₃* {e, U} Story 4, Clip 15.25 – 15.58 “[*Um well yeah antagonist ‘nuns’ definitely but I think [Offering an explanation for a suggestion]*]”

Antagonist, *d₂₃* {e, U} Story 8, Clip 26.25 – 26.50 “[*Laugh] ‘Italian Plasterers’ I don’t think – well ... yeah ... if you can call them that but you’d think - you know, wall plasterers [...]*”

Antagonist, *d₃* {d, U} Story 12, Clip 64.41 – 64.58 “... *No, I think the Antagonist is the NHS people*”

Antagonist, *d₁₉* {e, U} Story 12, Clip 46.45 – 47.10 “[*Can I edit a suggestion?*]”

Antagonist, *d₂₃* {e, U} Story 12, Clip 37.36 – 38.07 “[*No, I wouldn’t say the antagonist is ‘Email headers’ really. ‘System’; ‘IT system’ really because it’s not – you can’t just say it’s just the email headers [...]*”

Other Character, *a₁₂* {e, U} Story 8, Clip 55.41 – 55.55 “[*Cleaning ladies. Well I mean they are here because they have this very graphical visible thing but they don’t – well no I mean you cannot deny, they do contribute to the story [...]*]”

Other Character, *c₂₂* {d, QU} Story 7, Clip 30.02 – 31.02 “[*Well, I think the STD department has a sort of role in there doesn’t it as well, um so can I put that in? [...]*]”

Other Character, *d₈*, {n, QU} Story 4, Clip 12.22 – 13.31 “[**Change of mind regarding an attribute value (having moved away from, then returns)**] [*ticks, rereads unticks*] *This could be [...] in general [types]*”

Other Character, *d₃*, {e, U} Story 12, Clip 66.05 – 66.14 “[*‘Secretary’ Who’s the secretary? [reads text] Okay, ‘Secretary’ yes*]”

Narrator, *b₁₁*, {n, U} Story 2, Clip 13.20 – 13.38 “[*types*] *I missed the fact that he was a ‘Locum’ but I’ll carry on with this [laugh]*”

Narrator, *c₂*, {n, U} Story 3, Clip 12.42 – 13.03 “[*Community Pharmacist’ – well I don’t know [Commenting on detail]*]”

Narrator, *c₁₅* {n, U} Story 7, Clip 18.18 – 18.50 “[*I don’t think ‘Interested observer’ is quite the right*]”

Narrator, *c₂₁* {n, QR} Story 11, Clip 96.48 – 97.06 “[*Let’s see what they mean by First Person [views definition] Interesting someone’s chosen that; it depends on who the first person is really doesn’t it*]”

Narrator, *d₃* {e, U} Story 8, Clip 54.25 – 54.47 “[**What does editor’s suggested attribute value mean?**] [*Intrusive] Definitely it is this. [Does not select] ...*]”

Narrator, *d₂₃* {n, U} Story 4, Clip 17.11 – 17.40 “Yeah ‘First person’

[narratological menus – General remark] *No, I agree with you, yeah ‘First-person’”*

Narrator, *d₁₀* {n, U} Story 12, Clip 30.50 – 31.00 “It’s funny, I see these all as ‘First-person’ but two of them [12 and 8] have ‘Intrusive’”

Audience, *a₂₀* {n, QU} Story 1, Clip 34.54 – 35.02 “I don’t think GPs would be interested to be entirely honest ... but I think specifically, Nurse Practitioners and Fund Managers would be, probably”

Audience, *a₂₀* {n, QU} Story 9, Clip 60.40 – 60.49 “Yeah I think that’s true”

Audience, *c₂* {d, U} Story 3, Clip 13.33 – 13.51 “Well if the editor’s said that the audience is the ‘GP discussion group’ then it probably is because I’m assuming the editor knows but ...”

Audience, *c₁₆* {n, QU} Story 3, Clip 18.37 - 18.51 “...something like ‘Practice Managers’ probably because partly they can influence it; [whereas] the ‘discussion group’ it would always kind of just [...]”

(A7.4) Customising the editor’s suggestion to achieve the preferred interpretation

Main Point, *c₂* {e, U} Story 11, Clip 23.15 – 24.39 “What I want to say is something like [Employing verbal means to organise, clarify or get approval] [Commenting on the co-text] [Creating scenario type stories in response]”

Other Point, *a₁₂* {d, U} Story 5, Clip 20.39 – 21.34 “Mm, I would just say um”

Other Point, *d₃* {e, U} Story 8, Clip 40.22 – 40.42 “... I would say that ... I would reward it that...”

Other Point, *c₂* {n, U} Story 3, Clip 08.05 – 08.40 “I’m not sure about this, that it’s irrational exactly um. What do I think that it actually means [Immediacy and fluency] That’s clearer I think to what I would want to say”

(A7.5) Indicating that they wouldn’t independently suggest a value now agreed with

Feature, *d₃*, {n, U} Story 8, Clip 41.56 – 42.24 “[“What does editor’s suggested attribute value mean?”] Oh the mummy, the mummy, I see! It’s like somebody who has so much cast...”

Feature, *d₃* {n, U} Story 8, Clip 42.28 – 42.38 “‘crossing the language barriers’ Because of the ... like facial expressions”

Feature, *d₃* {n, U} Story 8, Clip 42.57 – 43.03 “‘prisoner’ ‘prisoner’ Oh in the cast I guess”

Protagonist, *d₃* {d, U} Story 4, Clip 25.51 – 26.04 “No, it is a protagonist ‘Pupil’; that’s a technical word that I wouldn’t know otherwise how to say”

Other Character, *a₂₀* {n, QU} Story 1, Clip 31.21 – 31.36 “Other Characters – I don’t think there are. Yeah he is there because that’s what she’s doing [Offering an explanation for a suggestion] Yeah because that’s the whole purpose isn’t it, you’re doing it for that – otherwise it would be a waste of time. Yeah”

(A7.6) The only thing I can do is word it differently; the meaning will be the same

Main Point, *a₁₂*, {d, U} Story 1, Clip 07.28 – 08.24 “...this is obviously a good summary...you feel like it's the key thing so...in this particular case I don't know if it's very easy to come up with something different; I mean you feel very, well okay this is true, there is no way to say it is wrong; I mean the only thing you could do is word it in a different way but the meaning would be the same. I would say 'Technology doesn't solve ... everything.' but this one is much better written so let's keep it like this”

Other Point, *a₁₂* {d, U} Story 1, Clip 11.04 – 11.34 “[Commenting on a value weakly agreed with] okay, maybe it's not completely or exactly what I wanted to say, but it's here, it's already written, so...”

Other Point, *b₁₄* {e, U} Story 2, Clip 09.33 – 10.38 “Can I expand a point as well? [...] This one I agree but um [...] I guess I can leave it as it is [...] Actually I think it probably is good enough actually because I couldn't probably add anything more that would improve that ...”

Other Point, *c₁₆* {n, QU} Story 3, Clip 09.30 – 09.48 “[...] Umm, I would say something around those lines but from these three that would be the closest which would be something like 'lack of... cooperation' and ...”

(A7.7) Rearranging the editor's suggested character roles

Protagonist, Antagonist, a₅ {e, n, R} Story 1, Clip 21.52 - 23.03 “The protagonist ... Oh Computer Operator yes maybe [“What does attribute label mean?”] Antagonist is the ... maybe for instance the Nurse ... because you don't need the nurse”

Protagonist, Antagonist, a₁₇ {e, e, U} Story 1, Clip 10.11 - 10.40 “”

Protagonist, Antagonist, d₈ {e, n, QU} Story 8, Clip 20.43 - 21.06 “”

Protagonist, Antagonist, Other Character, c₆ {d, d, n, U} Story 11, Clip 36.52 – 37.59 “[“For me it's X”] [editor's Other Character as Protagonist] ... [editor's Protagonist as Other Character] I don't know, who is the one who makes the PM? [...] How is it called? [editor's Antagonist as Other Character]”

Protagonist, Antagonist, Other Character, c₂₂ {d, d, d, QU} Story 11, Clip 45.00 – 48.32 “I could almost see this as the other way round entirely [Previous readers' suggestions]”

Protagonist, Other Character, a₅ {e, n, R} Story 5, Clip 35.34 - 37.09 “...the protagonist of the story, the doctor; yes maybe but [Handling unconventional input types]”

Protagonist, Other Character, b₁₄ {e, n, U} Story 10, Clip 34.09 – 34.33 “”

Protagonist, Other Character, c₆ {d, n, U} Story 3, Clip 13.41 – 14.34 “[“For me it's X” or similar] [Remarking on the specific nature of the domain menus]”

Protagonist, Other Character, a₁₂ {e, e, U} Story 8, Clip 53.43 – 54.16 “What about the 'Old lady'? I mean she has a part [...] No, no, she is in the way ... it wasn't just a bad luck thing – seems to be the way it is each and every time, so she's very important as a kind of proof or at least elements of proof that it always happens like this [...] Yeah, she prevented the little boy from sleeping”

Protagonist, Other Character, d₁ {e, n, U} Story 8, Clip 20.39 – 20.58 “”

Protagonist, Other Character, d₃ {d, e, U} Story 8, Clip 52.25 – 53.10 “...the 'son' and 'daughter' are protagonists. Then there is the 'father', the 'German, what's his name' ... and um, did I say the 'old lady'?”

Protagonist, Other Character, d₈ {e, n, QU} Story 8, Clip 21.14 – 21.20 “”

Protagonist, Other Character, d_{10} {e, n, U} Story 8, Clip 21.45 – 22.00 “*So I can disagree with the ‘Old lady’ being there and put her there?*”

Protagonist, Other Character, d_{23} {e, e, U} Story 8, Clip 25.00 – 27.25 “[Strong disagreement with] [...] *I thought he was just another character [...]*”

Protagonist, Other Character, d_{10} {e, n, U} Story 12, Clip 27.50 – 29.38 “*It’s funny when you see something you disagree with; you’re sort of thinking ‘am I wrong?’*”

[Understanding of the task part] [“**For me it’s X** or similar]”

Antagonist, Other Characters, b_{14} {n, n, U} Story 2, Clip 14.51 – 15.03 “”

Antagonist, Other Characters, b_{14} {n, n, U} Story 6, Clip 24.52 – 25.08 “”

Antagonist, Other Characters, b_{24} {e, n, U} Story 6, Clip 29.52 – 30.08 “[“**What are you thinking?**”] *See I would have put ‘Vet’ in the ‘Other Characters’, not in the ‘Antagonist’ [...] because I haven’t ticked there so [types]*”

Table (A7) The editor's choice of attribute value – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	16 ÷ 15 =1.1	2 ÷ 3 =0.7	8 ÷ 6 =1.3	26 ÷ 24 =1.1	2 ÷ 1 =2.0	77 ÷ 13 =5.9	41 ÷ 8 =5.1	11 ÷ 1 =11.0	1 ÷ 1 =1.0	0 ÷ 0 =0
Other Point	9 ÷ 8 =1.1	15 ÷ 13 =1.2	7 ÷ 3 =2.3	31 ÷ 24 =1.3						
Feature	11 ÷ 9 =1.2	14 ÷ 10 =1.4	6 ÷ 5 =1.2	31 ÷ 24 =1.3						
Protagonist	8 ÷ 16 =0.5	0 ÷ 4 =0	3 ÷ 4 =0.8	11 ÷ 24 =0.5						
Antagonist	4 ÷ 8 =0.5	2 ÷ 8 =0.3	6 ÷ 8 =0.8	12 ÷ 24 =0.5						
Other Character	2 ÷ 7 =0.3	3 ÷ 15 =0.2	1 ÷ 2 =0.5	6 ÷ 24 =0.3						
Narrator	1 ÷ 7 =0.1	9 ÷ 16 =0.6	0 ÷ 1 =0	10 ÷ 24 =0.4						
Audience	1 ÷ 6 =0.2	1 ÷ 10 =0.1	3 ÷ 8 =0.4	5 ÷ 24 =0.2						
Totals	52 (5.0)	46 (4.5)	34 (7.3)	132 (5.6)						
<i>Characters:</i>					0 ÷ 1 =0	13 ÷ 13 =1.0	3 ÷ 8 =0.4	0 ÷ 1 =0	2 ÷ 1 =2.0	0 ÷ 0 =0
<i>P & A</i>	2	1	0	3						
<i>P & A & O</i>	0	0.16	1.84	2						
<i>P & O</i>	5.5	1.0	3.5	10						
<i>A & O</i>	0.5	2.5	0	3						
Grand Totals	60	51	39	150	2 (2.0)	90 (6.9)	44 (5.5)	11 (11.0)	3 (3.0)	0 (0)

(A8) Remarking on the unfamiliarity of the domain

Main, Introduction, *a₁₃*, Clip 01.32 – 01.45 “...Okay, I may not be able to fully understand some of them”

Other Point, *a₁₂*, Story 5, Clip 20.17 – 20.40 “[Commenting on a value weakly disagreed with] but again, coming from a field which has nothing to do with medicine, obviously I'm just focussing on the classification task”

Main, Phase 1, *a₁₂*, Clip, Story 8 (optional), 45.06 – 45.23 “... let me see if there is anything without many technical terms [Attracted by the story’s title] okay maybe this one [8]”

Read, *a₄*, Story 7, Clip 46.22 – 46.38 “[“What does story title term mean?】 Okay, I don’t even know what is triage ... [laughing]”

Read, *a₄*, Story 12, Clip 55.25 – 55.47 “IT is Information Technology? ... Ah, it has different terminology for medical, I don’t know”

Discussion afterwards, *a₁₃*, Clip 68.37 – 68.59 “...there are many words that I don’t understand; maybe because it’s in medicine or something [...] if it was in software then I am pretty confident that I can know a lot of things [laughing]”

Discussion afterwards, *b₁₄*, Clip 57.20 - 57.34 “...and there’s no way you’re going to understand. As soon as I saw it, some of the terms, I said ‘okay, this is not about me understanding GP stuff...just do the other stuff’”

Discussion afterwards, *d₁₀*, Clip 46.12 – 46.18 “...and [medics] they’ll probably understand it a bit better as some of the context is a bit confusing...”

(A9) Concern with truth or semantic correctness

(A9.1) Truth of a story text

Read, *b₇*, Story 7, Clip 40.30 – 40.45 “[Responding with surprise] Is that really true [...] point 4? Incredible ...”

Related Reader, *c₁₅*, Story 7, Clip 41.38 – 41.49 “And that is actually true about ‘saying you have difficulty in breathing’ [Telling verbally, their own story in response]”

(A9.2) Correctness of an attribute value

Feature, *c₁₅*, Story 7, Clip 14.00 – 14.34 “I don’t know if this is correct: select ‘comedy’ to describe this because when I read it, it’s funny [...] Yeah, is that correct?”

Protagonist, *a₁₂*, Story 1, Clip 14.25 – 14.52 “I think I would go for ... ‘Hospital director’ or at least the person who wants to set up this system. I don’t know if it would be the director or kind of ‘manager’ ... maybe ‘manager’ is better”

Antagonist, *c₂*, Story 3, Clip 11.25 – 11.52 “... I would say is probably [types] ‘hospital pharmacists’ - or whoever has given this prescription; mm [deletes ‘pharmacists’] I’m going to be a little bit more [types] [Concern with spelling or grammar]”

Other Character, *c₂₁*, Story 7, Clip 74.29 – 75.08 “[Moving beyond the text to suggest character roles] Hang on, let’s take that out ... I’ve just thought what the proper term is there”

Audience, *c₂₁*, Story 7, Clip 79.20 – 79.58 “[Narrative style and the identification of an institutional body as audience] Yeah, I wonder if it’s best to put specialist interest organisations [...]”

Read, *a₄*, Story 11, Clip 53.32 – 53.42 “PMs don’t record the principle cause of death’ Is it true?”

Related Reader, *b₇*, Story 2, Clip 51.28 – 52.08 “[Immediacy and fluency] That’s the truth [Expressing confidence]”

Related Reader, *b₇*, Story 10, Clip 60.06 – 61.43 “[Employing verbal means to organise, clarify or get approval] It’s not really ‘At the time’ it’s ‘Subsequently’ really ‘I felt that it had been better – a GP rather than -’ And I’ll need to modify that ... ‘practice nurse’ I think I would have been happy to see. There! That is how I – Save that”

Related Story (10), *b₇*, Story 2, Clip 49.15 – 50.00 “That might not be wholly true; that’s how I perceive that [Commenting on the co-text] [Offering an explanation for a suggestion]”

Related Story (7), *b₁₄*, Story 10, Clip 49.13 – 49.19 “Is that the right term ‘triage nurses’ [refers to title and story] something like that yeah”

(A9.3) Does it make sense?

Main Point, *c₆* {e, QD} Story 11, Clip 30.43 – 31.47 “[Commenting on a value weakly disagreed with]”

Main Point, *d₃* {d, E} Story 4, Clip 12.49 – 13.04 “[Immediacy and fluency]”

I don’t know if that makes sense in English – makes sense ...”

Main Point, *d₁₉* {n, D} Story 4, Clip 16.30 – 16.46 “^”

Related Reader, *b₂₄*, {n, E} Story 6, Clip 52.50 – 53.00 “Does it make sense? [...] ‘zinc and magnesium’”

Related Reader, *c₆* {n, QD} Story 3, Clip 54.09 – 54.48 “^”

Related Story, (2) *b₂₄* {n, E} Story 10, Clip 59.27 – 60.12 “[Immediacy and fluency]”

Related Story (7), *c₆* {n, QD} Story 11, Clip 75.05 – 76.08 “[Finding the word or phrase] ‘low level operators’ does it make sense? [...]”

Related Story (2), *d₁₉* {n, E} Story 8, Clip 73.35 – 73.54 “^”

(A9.4) Consulting the story text in order to formulate a closely corresponding suggestion

Other Point, *d₈* {e, QE} Story 4, Clip 05.46 – 07.02 “”

Feature, *a₁₂*, Story 5, {n, E} Clip 22.44 - 23.13 “~”

Feature, *a₁₂*, Story 9, {n, E} Clip 43.03 - 43.25 “...but for some of the other points I had to go back to the text to actually...I thought that was appearing but maybe it was just the way I wanted to word it; I wanted to make it as close to the text as possible; so I had to come back to the text to see how to formulate it”

Protagonist, *d₃*, Story 8, {d, E} Clip 50.41 - 50.54 “... the ‘son’ - ah what’s his name? ‘Richard’? [types]”

Related Story [revisited] (2), *c₁₆* {d, QE} Story 7, Clip 77.01 – 77.22 “mm, how does he call it? ...”

(A10) Concern with spelling or grammar

(A10.1) General concern

Narrator, *c₂₁*, Story 11, Clip 97.50 – 98.12 “... can I ... correct it?”

Audience, c₂₁, Story 11, Clip 100.04 – 101.06 “[Identifying non-‘medical professional potential audiences] No, cross that out ... [retypes] Better!”

Related Story (1), c₂₂, Story 11, Clip 73.18 – 73.42 “Not good English [...]”

(A10.2) Asks e.g. ‘Is that right?’

Main Point, a₅, Story 1, Clip 11.40 – 13.00 “^”

Feature, a₁₂, Story 9, Clip 29.03 – 29.16 “[Immediacy and fluency] Is it correct English to say?”

Feature, a₁₂, Story 8, Clip 48.10 – 48.31 “^”

Feature, d₃, Story 8, Clip 44.13 – 44.49 “[Employing verbal means to organise, clarify or get approval] Is that correct? [...] Oh ‘moaning’”

Feature, d₃, Story 8, Clip 46.13 – 46.18 “Is that okay ‘elderlies’ spelt?”

Protagonist, d₃, Story 4, Clip 27.10 – 27.17 “Is this spelt okay, ‘practitioner’?”

Other Character, a₁₃, Story 9, Clip 39.52 – 40.01 “Did I spell right?”

Related Reader, d₃, Story 8, Clip 104.53 – 105.01 “[Cascading suggestions] I ‘suffered’ or I ‘broke’ a fracture; how do you say ‘I suffered a fracture’? [...]”

Related Story (11), a₁₃, Story 5, Clip 62.10 – 62.31 “^”

Related Story (12), a₂₀, Story 5, Clip 97.04 – 97.17 “‘digitisation’ ... Is that a word?”

Related Story (5), a₁₇, Story 9, Clip 55.16 – 55.34 “How do you spell ‘generally’?”

Related Story (5), a₂₀, Story 9, Clip 79.52 – 80.15 “[Immediacy and fluency] ‘anonymity’ Is that correct? No [...] I don’t know whether you spell it like that [...]”

Related Story (1), b₇, Story 10, Clip 57.15 – 57.31 “I’m spelling that wrong; ‘vigilance’ how do you spell ‘vigilance’?”

Related Story (7), b₇, Story 10, Clip 58.12 – 58.27 “[Immediacy and fluency] How do you spell ‘triage’?”

Related Story (7), b₉, Story 10, Clip 63.26 – 63.47 “[Immediacy and fluency]”

Related Story (1), c₆, Story 11, Clip 71.45 – 72.01 “‘technique’, like that?”

(A10.3) States e.g. ‘Don’t know if that’s right’

Other Point, c₂, Story 3, Clip 07.40 – 07.48 “I’m not sure I’m phrasing this very well”

Other Point, d₈, Story 8, Clip 17.17 – 17.48 “[Immediacy and fluency] I don’t sure if my English is correct”

Antagonist, c₂, Clip 11.43 – 11.52 “‘prescribers’, yes it’s probably a word”

Related Reader, b₇, Story 6, Clip 55.30 – 55.42 “[Immediacy and fluency] I’m not sure I’m spelling that right”

Related Story, a₁₇, Story 5, Clip 47.06 – 47.19 “Doesn’t look right...”

Related Story (1), c₁₅, Story 7, Clip 43.56 – 44.26 “[Employing verbal means to organise, clarify or get approval] oh I can’t remember how to spell that...well you know what I mean”

Related Story (3), d₁₀, Story 12, Clip 43.00 – 43.14 “I’m not sure that’s how you spell it actually”

(A11) Creative and unusual input value types

Feature, a_{12} {n, U} Story 5, Clip 22.27 – 22.46 “[Cascading suggestions] ‘*Guidelines can (should) help but they might not always be relevant*’”

Feature, c_{21} {e, QR} Story 11, Clip 87.35 – 87.47 “‘*died alone*’”

Feature, d_{19} {n, U} Story 12, Clip 44.20 – 45.13 “[Can I say what I want? I.e. how free is free input allowed to be?] *this is just [...] the date, yes*”

Antagonist, a_{12} {n, U} Story 9, Clip 32.29 – 32.52 “[Immediacy and fluency] ‘*Feeling of sadness or disgust in the profession*’”

Other Character, c_{16} {n, QU} Story 11, Clip 26.22 – 28.31 “*And one thing I would also mention is this interesting concept ‘absence of witnesses; absence of hospitals’ rather than witnesses and hospitals [Evidently considering two or more (non-point) attributes simultaneously]*”

Other Character, a_{17} {e, U} Story 9, Clip 29.17 – 30.00 “[Recognising potential Audiences in their Character suggestions] *tut tut tut [‘lay audience’]*”

Other Character, c_{21} {e, QR} Story 11, Clip 94.27 – 94.39 “‘*Church*’”

Narrator, c_{21} {n, QR} Story 7, Clip 75.52 – 77.14 “[Taking a long pause before typing the value (> 20 seconds)] *Mischiefous campaigner*”

Audience, d_1 {e, U} Story 4, Clip 11.17 – 12.16 “[Alternative ways of referring to the text and its communicability]”

Audience, d_3 {d, U} Story 4, Clip 30.35 – 30.58 “[Narrative style and the identification of an individual person as audience]”

Audience, d_3 {d, U} Story 12, Clip 67.38 – 67.49 “[Narrative style and the identification of an individual person as audience]”

Related Reader, c_{16} {d, QU} Story 3, Clip 56.15 – 56.38 “[Offering an explanation for a suggestion]”

Table (A11) Creative and unusual input value types – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	0 ÷ 15 =0	0 ÷ 3 =0	0 ÷ 6 =0	0 ÷ 24 =0	0 ÷ 1 =0	7 ÷ 13 =0.5	1 ÷ 8 =0.1	3 ÷ 1 =3.0	0 ÷ 1 =0	0 ÷ 0 =0
	÷ 8 =0	÷ 13 =0	÷ 3 =0	÷ 24 =0						
	1 ÷ 9 =0.1	2 ÷ 10 =0.2	0 ÷ 5 =0	3 ÷ 24 =0.1						
Protagonist	0 ÷ 16 =0	0 ÷ 4 =0	0 ÷ 4 =0	0 ÷ 24 =0						
	÷ 8 =0	÷ 8 =0.1	÷ 8 =0	÷ 24 =0						
	2 ÷ 7 =0.3	1 ÷ 15 =0.1	0 ÷ 2 =0	3 ÷ 24 =0.1						
Other Character	0 ÷ 7 =0.3	1 ÷ 15 =0.1	0 ÷ 2 =0	1 ÷ 24 =0.1						
	÷ 7 =0	÷ 16 =0.1	÷ 1 =0	÷ 24 =0						
	1 ÷ 6 =0.2	0 ÷ 10 =0	2 ÷ 8 =0.3	3 ÷ 24 =0.1						
Narrator	0 ÷ 7 =0	1 ÷ 16 =0.1	0 ÷ 1 =0	1 ÷ 24 =0						
	÷ 8 =0	÷ 8 =0.1	÷ 8 =0	÷ 24 =0						
	2 ÷ 7 =0.3	1 ÷ 15 =0.1	0 ÷ 2 =0	3 ÷ 24 =0.1						
Audience	0 ÷ 4 =0	0 ÷ 11 =0	1 ÷ 9 =0.1	1 ÷ 24 =0						
	÷ 4 =0	÷ 15 =0	÷ 5 =0	÷ 24 =0						
	1 ÷ 6 =0.2	0 ÷ 10 =0	2 ÷ 8 =0.3	3 ÷ 24 =0.1						
Related Reader	0 ÷ 4 =0	0 ÷ 11 =0	1 ÷ 9 =0.1	1 ÷ 24 =0	0 ÷ 1 =0	0 ÷ 13 =0	1 ÷ 8 =0.1	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0
	÷ 4 =0	÷ 15 =0	÷ 5 =0	÷ 24 =0						
	0 ÷ 4 =0	0 ÷ 15 =0	0 ÷ 5 =0	0 ÷ 24 =0						
Totals	4 (0.6)	5 (0.5)	3 (0.4)	12 (0.3)	0 (0)	7 (0.5)	2 (0.2)	3 (3.0)	0 (0)	0 (0)

(A12) Offering an explanation for a suggestion, either verbally or textually

Main Point [Phase 4], *a₁₇ {e, D} Story 1, Clip 59.53 – 60.28* “Well we’ve been promised the paperless office for a long time and it would appear that this now is going to be the personless consulting room.”

Main Point, *d₃ {d, E} Story 12, Clip 60.50 – 60.59* “Basically, they do things irresponsibly ... to save money or whatever”

Other Point, *a₁₂* {d, E} Story 1, Clip 09.09 – 09.26 “... *If I'm very interested in ... say I'm kind of a professional guy selling cards* **[Handling unconventional input types]**”

Other Point [Phase 4], *c₁₆* {n, QD} Story 7, Clip 80.43 – 81.19 “[Evidently considering two or more (non-point) attributes simultaneously] *That would be this kind of expression of ... I was mentioning in the other ones ... sometimes it might not be so easy ...*”

Other Point, *c₁₆* {n, QD} Story 11, Clip 22.19 – 22.27 “... *in this case it's kind of contributing factors rather than – it's one of the contributing factors*”

Other Point, *c₁₆* {n, QD} Story 11, Clip 23.15 – 23.35 “*Because one thing would be kind of - how could he diagnose dementia, basically, from PM*”

Other Point, *c₂₂* {n, E} Story 11, Clip 41.07 – 41.15 “[Employing verbal means to organise, clarify or get approval] *A non-accidental injury, sort of perpetrated by the staff kind of thing; that's what I'm saying [...]*”

Other Point, *d₃* {e, E} Story 8, Clip 41.06 – 41.33 “*Because you see, the patient pain is transitory – something that the patient feels ... temporarily and it doesn't have any effect on the recovery process. So basically it's the patient's problem, you know, it's like ... they feel it temporarily ... whereas casting has an effect on the process of recovery*”

Other Point, *d₁₉* {e, D} Story 8, Clip 33.44 – 34.42 “[That's what I was thinking; I was thinking of that as I was reading through”

Other Point, *d₃* {e, E} Story 12, Clip 62.45 – 63.06 “[Building on a theme] *NHS is serious organisation about health ... and this is ... about cultural or [types]*”

Feature, *a₁₂* {n, E} Story 8, Clip 55.13 – 55.35 “[Deleting and retying the whole of the value] *Okay it makes a very strange Feature but I just want to keep this idea that there was something to corroborate the story of this guy*”

Feature, *a₂₀* {d, QD} Story 1, Clip 27.19 – 28.00 “[I mean there's a bit of irony in the sense that the person might be saying ... that it's actually not possible and then lastly said this 'work on the software' ...”

Feature, *c₁₆* {e, QD} Story 3, Clip 13.13 – 13.35 “[Commenting on the co-text]”

Feature, *c₁₆* {e, QD} Story 3, Clip 13.50 – 14.06 “[laughing] *This one is good [types] if you wanted emotions and imagery*”

Feature, *c₂* {n, QE} Story 7, Clip 17.43 – 17.49 “[“For me it's X” or similar]”

Feature, *c₂* {n, QE} Story 7, Clip 18.40 – 19.09 “*What all this is about is that people feel the hospital's got a system that is working against them so they don't really feel much conscience in ... running their own scams to actually get seen*”

Feature, *c₂₂* {e, QU} Story 7, Clip 27.52 – 28.08 “[“For me it's X” or similar] *to think that they can buck a system to that [...]*”

Feature, *c₆* {d, QD} Story 11, Clip 36.03 – 36.10 “*Sounds strange 'tragedy' but still*”

Feature, *c₁₆* {e, QD} Story 11, Clip 25.25 – 25.48 “[typing] ... probably one of these ... allegories [scrolling] or hypothetical 'injury versus ... killed him' again ... personal point”

Feature, *d₃* {n, E} Story 4, Clip 22.00 – 22.17 “*'Religion' ... because ... the nuns I guess sort of Catholic nuns ... Moslem is another religion ...”*

Feature, *d₁₀* {n, E} Story 4, Clip 12.04 – 12.15 “*Simply because I couldn't understand the context of it and had to reread that sentence, so*”

Feature, *d₂₃* {n, QE} Story 4, Clip 11.40 – 12.23 “[Commenting on the co-text] *This sort of 'that was one task I choose not to do as my mother offered to do it' da that one - 'good luck with the sewing of name tapes' [...]* symbolism ...”

Feature, d_3 , {n, E} Story 8, Clip 46.35 – 46.41 “*Because nurses can be pretty rough [...]”*

Feature, d_{10} {n, E} Story 8, Clip 18.45 – 19.00 “*Ah [noticing editor’s ‘grim’] I was going to say ‘grim ward’ but to me, they’re kind of together”*

Feature, d_{10} {n, E} Story 8, Clip 19.43 – 20.01 “[Commenting on style]”

Feature, d_{23} {n, QE} Story 12, Clip 33.24 – 33.40 “*Well anyway, in the NHS – where money goes and where it doesn’t go and who gets planning and who doesn’t get planning”*

Feature, d_{23} {n, QE} Story 12, Clip 33.38 – 34.08 “*...I meant in all respects ... time for teaching, time for learning, time for bloody doing IT”*

Protagonist, c_{21} {e, QE} Story 7, Clip 68.40 – 69.36 “[Expressing confidence] [Laugh] let’s challenge things a bit here”

Protagonist, c_{21} {e, QE} Story 11, Clip 89.08 - 89.31 “[Entering as free text a value that is semantically equivalent to a menu item] Know what that is? [...] That do, or do you want me to expand that? [...]”

Protagonist, d_{10} {e, E} Story 4, Clip 13.46 – 14.05 “[Laugh] That was my first thought anyway; do you want my first thought...?”

Protagonist, a_{12} {e, E} Story 8, Clip 52.33 – 53.23 “[Placing the narrator inside the story] [Referring to the Authorial context - Author’s identity] Because okay, it’s his son that is being injured...”

Antagonist, a_{12} , {n, E} Story 5, Clip 24.09 – 24.18 “*...If I have understood; they have provided the guidelines some 20 years ago and they haven’t changed”*

Antagonist, c_2 {n, QE} Story 7, Clip 19.28 – 19.42 “*Antagonist ‘Triage nurses’; yes they’re kind of the people that they are trying to subvert aren’t they, so okay, add that”*

Antagonist, c_{21} {d, QE} Story 7, Clip 71.40 – 72.40 “*because that’s the process of the hospital; triage nurse does as she’s told”*

Antagonist, d_3 {d, E} Story 4, Clip 27.27 – 27.41 “*... you know, the nuns represent the system [Can I say what I want? I.e. how free is free input allowed to be?]”*

Antagonist, d_{23} {e, QE} Story 4, Clip 15.30 – 15.58 “*But I think the father was a bit of an antagonist...” because she talks about him [...] in a sort of demeaning way kind of thing”*

Antagonist, d_1 {e, E} Story 12, Clip 28.00 – 28.24 “[types] ‘... i.e. their lack of IT infrastructure’”

Antagonist, d_3 {d, E} Story 12, Clip 64.50 – 65.22 “[Finding the word or phrase] ‘management’ [Add] because it’s their fault...”

Other Character, a_{20} {n, QD} Story 1, Clip 31.21 – 31.36 “[Indicating that they wouldn’t independently suggest a value now agreed with] she’s orientating...”

Other Character, c_{16} {n, QD} Story 11, Clip 26.41 - 28.32 “[Creative and unusual input value types] I can probably comment on it here can’t I, that it makes sense [opening the comment box]”

Other Character, d_{23} {e, QE} Story 4, Clip 16.34 – 16.58 “*And I think the mother as well because she’s talking about choices [Commenting on the co-text] it’s not like she chose not to do it I don’t think – you know what I mean?”*

Other Character, d_3 {e, E} Story 12, Clip 66.16 – 66.33 “*Film Forum um management’ [Add] because it’s compared to the NHS management”*

Other Character, d_{23} {e, QE} Story 12, Clip 39.11 – 39.42 “[Previous readers’ suggestions] Because we don’t know what it is; could be a film but it could be something else”

Narrator, a₂₀ {n, QD} Story 1, Clip 33.27 - 33.36 “[Commenting on style of narration] but she also may be making a point that is quite valid”

Narrator, a₂₀ {n, QD} Story 9, Clip 60.30 – 60.39 “[Not treating style of narration as being a mutually exclusive choice] Not that I think she is [Unreliable] but that’s the reality of it”

Narrator, c₁₆ {n, QD} Story 3, Clip 16.54 – 17.16 “... Yeah, because [Commenting on the co-text] so might be kind of person who is aware of how things work”

Narrator, a₁₂ {n, E} Story 8, Clip 57.00 – 57.20 “... even if in that case it’s nearly impossible not to be affected by the – well you know, it’s your son so you ... tend to want the best and if anything goes badly ... you’re just going to say it wasn’t done properly so”

Audience, c₂ {d, QE} Story 3, Clip 14.27 - 14.37 “... I’ll put in ‘Pharmacists’ as well; I’m sure that they would empathise with the story shall we say”

Audience, c₂₂ {e, E} Story 3, Clip 18.30 – 19.10 “[Remarking on the specific nature of the domain menus] because they may be able to look at their systems ...”

Audience, c₁₆ {n, QD} Story 7, Clip 38.41 - 39.27 “I think ‘Receptionists’ would be good because typically it’s not that much ‘Nurses’ but it’s these people who very often deal with err something so [opening the comment box] [Creating scenario type stories in response]”

Audience, c₂₂ {e, E} Story 7, Clip 34.10 – 34.43 “[Telling verbally, their own story in response] Yes, and I feel they [NHS Direct] might be interested because they triage over the phone [...] and if you triage somebody over the phone, the words are so important ...”

Audience, c₂ {d, QE} Story 11, Clip 30.46 - 30.55 “‘Health Visitors’ they’re probably some of the few people who could actually do something about this sort of situation”

Audience, c₁₆ {n, QD} Story 11, Clip 29.43 - 30.03 “Hm [types] An interesting one [...] That’s a case essentially that things are not so clear cut”

Audience, c₂₂ {e, E} Story 11, Clip 49.36 - 51.12 “[...] Yes, ongoing kind of um, so it’s not used actually in their training but for ongoing professional [...] that’s specifically with regards to non-accidental injury [...]”

Audience, d₁₀ {d, E} Story 4, Clip 15.30 – 15.41 “I’m going to agree with this [editor suggestion] because I really wasn’t quite sure when I read it; so that sort of general community [...]”

Audience, d₂₃ {d, QE} Story 8, Clip 29.24 – 29.45 “Could be [Physiotherapists] I mean if you’re talking about – you could talk about how this might damage someone – you know what I mean? Physically – which is not what to do.”

Audience, d₂₃ {d, QE} Story 12, Clip 41.03 – 41.30 “We all know this; I think the General Practitioners need to know more about it [Previous readers’ suggestions] I’m just saying that they should know about these problems because often they’re not coping with emails”

Related Reader, b₂₄ {n, E} Story 6, Clip 51.06 – 51.40 “Because we come across ... zinc poisoning but very rare”

Related Reader, b₇ {e, E} Story 10, Clip 60.09 – 61.39 “No, actually I’ll say what I thought [Employing verbal means to organise, clarify or get approval]”

Related Reader, c₆ {n, QD} Story 3, Clip 55.38 – 56.15 “Oh may be it sounds a bit [laugh] [...] uh hm [Add]”

Related Reader, c₁₆ {d, QE} Story 3, Clip 56.15 – 56.38 “[Creative and unusual input value types] I would probably describe that as an idea, a viewpoint; it’s not necessarily me...”

Related Reader, *c₁₆* {d, QE} Story 7, Clip 66.16 – 66.33 “retrospect ... like after the war everyone's kind of cleverer and ...”

Related Reader [revisited], *c₁₆* {d, QE} Story 7, Clip 75.35 – 76.16 “So basically 'retrospectively things become clearer' that's partly the reaction to this thing that it doesn't need a specific individual to figure out that they're sick, and that sometimes things might look differently than what they really are and so one needs background knowledge ...”

Related Reader, *d₂₃* {d, E} Story 12, Clip 61.16 – 62.32 “Yeah that happens an awful lot I think, you know because of this didn't get there and that didn't get there and we didn't receive that um”

Related Story (1), *a₁₇*, {n, QE} Story 9, Clip 51.06 - 51.25 “Didn't I say that this um and the pace of change in the NHS ...”

Related Story (1), *a₂₀*, {n, QE} Story 9, Clip 76.31 - 77.23 “I was going to say actually something more dramatic but actually I think it doesn't matter does it [...] That primary care is going through a bit of a revolution [...] but I don't think it's true necessarily [...]”

Related Story (6), *a₂₀*, {n, QE} Story 9, Clip 80.39 - 81.59 “...There is an association though, and that is prevention. Preventive health care – nobody's interested. Actually some of the problems we have in family health care is prevention...”

Related Story (10), *b₇* {d, E} Story 2, Clip 49.15 – 50.00 “[Concern with truth or semantic correctness] [Commenting on the co-text] I appreciate that this wanting to see only those, but – I'll say that in that case”

Related Story (7), *b₁₄* {n, QE} Story 10, Clip 48.46 – 49.03 “[Can I say what I want? I.e. how free is free input allowed to be?] This one [10] seems to be 'for the benefit' saying that 'triage nurses are okay; they save time' but this one [7] [Identification of contrasting relationships]”

Related Story (2), *b₂₄*, {n, E} Story 10, Clip 58.50 – 59.03 “It relates in the sense that even in the first story [2], where he is in a remote part, you can come across a case of meningitis where this is a necessity”

Related Story (4), *c₂₁*, {n, E} Story 3, Clip 127.09 – 127.21 “It's choice use of experience to – to get round things; do you want me to put that down there, would that be better?”

Related Story [revisited] (2), *c₁₆* {d, QE} Story 7, Clip 77.22 – 78.04 “[“What are you thinking?”] ... perceived waste ... many nurses for one A&E; perceived extent ... one GP for ...750 miles. That was the idea of why it's contrasting - that perhaps they should balance it a little bit better”

Related Story (11), *c₁₆* {d, QE} Story 7, Clip 62.36 – 64.00 “There are two modalities because this one is ... and that one is ...I shall write it here [opens comment box]”

Related Story (1), *c₂₂* {e, QE} Story 7, Clip 67.40 – 68.10 “[The presence of story-story relations] Um yeah, I can see that [1] as just further [laughing] down the line of triage [7] really and err just as full of its shortcomings [...]”

Related Story (1), *c₆* {n, QD} Story 11, Clip 72.27 – 73.33 “[...] It's not really about automation ... maybe I should write technology? [...] It's not very clear; anyway, I can't write an essay to explain”

Related Story (3), *c₂* {n, D} Story 11, Clip 46.12 – 47.08 “What they're both about in a way is the way that the failure of the system – they're quite different stories but they're both sort of about that [Immediacy and fluency]”

Related Story (4), c₁₅ {n, QE} Story 11, Clip 46.40 – 47.23 “[**Immediacy and fluency**]
Do you know why I've put that?”

Related Story (6), c₂₂, {e, QE} Story 11, Clip 80.12 – 81.43 “[**The presence of story-story relations**] *It's ... again about the key worker or the main person, like the coroner [11] or the vet [6] having access to all the information that's available, which they might not have; like they didn't tell them that he'd got a ... galvanised zinc um, and [...] we don't know whether - hah - if I don't know whether um the coroner would have had all the information, especially if I thought it might have been non-accidental injury and that's not mentioned, then there's a chance that he didn't know all that [...]*”

Related Story (1), d₃ {d, E} Story 4, Clip 94.46 – 95.38 “*I mean, this is very vague but mm*”

Related Story (9), d₃ {d, E} Story 4, Clip 101.42 – 101.49 “[**Immediacy and fluency**]
Because obviously this person ... she had to resign”

Table (A12) Offering an explanation for a suggestion, either verbally or textually – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Difficulty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Main Point	1 ÷ 15 =0.1	0 ÷ 3 =0	1 ÷ 6 =0.2	2 ÷ 24 =0.1	0 ÷ 1 =0	24 ÷ 8 =3.0	16 ÷ 8 =2.0	14 ÷ 5 =2.8	2 ÷ 2 =2.0	0 ÷ 0 =0
Other Point	3 ÷ 8 =0.4	4 ÷ 13 =0.3	1 ÷ 3 =0.3	8 ÷ 24 =0.3						
Feature	4 ÷ 9 =0.4	11 ÷ 10 =1.1	2 ÷ 5 =0.4	17 ÷ 24 =0.7						
Protagonist	4 ÷ 16 =0.3	0 ÷ 4 =0	0 ÷ 4 =0	4 ÷ 24 =0.2						
Antagonist	2 ÷ 8 =0.3	2 ÷ 8 =0.3	3 ÷ 8 =0.4	7 ÷ 24 =0.3						
Other Character	3 ÷ 7 =0.4	2 ÷ 15 =0.1	0 ÷ 2 =0	5 ÷ 24 =0.2						
Narrator	0 ÷ 7 =0	4 ÷ 16 =0.3	0 ÷ 1 =0	4 ÷ 24 =0.2						
Audience	3 ÷ 6 =0.5	2 ÷ 10 =0.2	5 ÷ 8 =0.6	10 ÷ 24 =0.4						
Related Reader	1 ÷ 4 =0.3	2 ÷ 11 =0.2	4 ÷ 9 =0.4	7 ÷ 24 =0.3	0 ÷ 1 =0	8 ÷ 7 =1.1	12 ÷ 12 =1.0	2 ÷ 2 =1.0	1 ÷ 2 =0.5	0 ÷ 0 =0
Related Story	2 ÷ 4 =0.5	9 ÷ 15 =0.6	4 ÷ 5 =0.8	16 ÷ 24 =0.7						
Totals	23 (3.2)	36 (3.1)	20 (3.1)	80 (3.4)	0 (0)	32 (4.1)	28 (3.0)	17 (3.8)	3 (2.5)	0

(A13) Referring to the Authorial context

(A13.1) Time of writing

Point, d, {d, e, E} Story 4, Clip 07.33 – 07.35 “Okay ‘Time of authoring’”

(A13.2) Place of writing

Point, a_{13} {d, n, QD} Story 1, Clip 04.50 – 04.54 “*Britain*”

Point, a_{20} {e, n, QD} Story 9, Clip 47.23 – 47.31 “*This is a GP in Stony Stratford poor thing [laugh]*”

Point, (Phase 4), a_{20} {e, n, QD} Story 9, Clip 108.03 -108.08 “[**Responding with empathy**]”

Feature, a_{20} {d, QD} Story 9, Clip 52.42 – 53.00 “*Yeah, you see that helps ... being in Stony Stratford is probably not that hazardous ... you hardly see any ... difficult psycho-social problems [...]*”

Protagonist, a_{12} {e, E} Story 9, Clip 34.03 – 34.14 “[**Moving beyond the text to suggest character roles**] *No, I saw it from here and I might be fooled by this ‘Stony Stratford’ thing [...]*”

Other Character, a_{12} {e, E} Story 1, Clip 14.57 – 15.06 “*...and seeing that it’s happening in ‘Britain’ [**Moving beyond the text to suggest character roles**]*”

Read, a_{20} , Story 2, Clip 61.14 – 61.24 “*Richard, Scotland – Poor chap! [laughing] I actually want to go to Scotland myself...*”

Read, a_5 , Story 6, Clip 62.23 – 62.37 “*Aldershot. What is Aldershot? is a name?*”

Related Story, a_{12} {n, QE} Story 9, Clip 74.26 – 74.36 “[**Employing verbal means to organise, clarify or get approval**] *I’m still being heavily influenced by this ‘Stony Stratford’ thing...*”

(A13.3) Author’s identity

Point, a_{12} {d, d, E} Story 1, Clip 06.53 – 07.00 “*Okay, so we have this person who is presumably this ‘Christine’*”

Point, a_{20} {e, n, QD} Story 1, Clip 16.52 – 16.58 “[...]**Nurse Practitioner [...]**”

Point, a_{12} {d, d, E} Story 5, Clip 19.12 – 19.21 “*Okay, and this is from a ‘GP’ and still is it probably the same ‘Discussion Group’*”

Point, a_{20} {e, n, QD} Story 5, Clip 35.10 – 35.16 “*So he’s a GP*”

Point, a_{12} {d, d, E} Story 9, Clip 26.15 – 26.21 “*Okay, another ‘GP’*”

Point, (Phase 4), a_{20} {e, n, QD} Story 9, Clip 107.57 -108.03 “[**Responding with empathy**]”

Point, b_{14} {n, e, QE} Story 2, Clip 04.18 – 04.24, “”

Protagonist, a_{12} {e, E} Story 9, Clip 33.32 – 33.54 “[**Commenting on a value weakly agreed with**] *but it doesn’t say; he’s just an ‘GP’ here...*”

Protagonist, a_{12} {e, E} Story 8, Clip 52.50 – 53.00 “[...]**Well, can we assume it’s ‘Andrew’?**”

Character, a_{13} {e, n, e, QD} Story 1, Clip 15.09 – 15.23 “[**Responding with puzzlement**] *are these words by this ‘Christine’?*”

Narrator, b_{24} {d, E} Story 10, Clip 36.13 – 36.20 “”

Narrator, c_{22} {n, E} Story 7, Clip 31.43 – 32.24 “*What is a ‘Medical Advisor’? ... That’s the author of the piece isn’t it [...]*”

Narrator, d_1 {e, E} Story 12, Clip 28.26 – 28.59 “”

Narrator, d_{23} {n, QE} Story 12, Clip 40.29 – 40.35 “*I mean we know it’s a GP*”

Narrator & Audience, c_{16} {n, n, QD} Story 7, Clip 39.29 – 39.40 “...the name doesn't sound English, that's why you can tell that”

Read, d_3 , Story 2, Clip 76.30 - 76.39 “[Commenting on the co-text] – it is ...”

Read, a_5 , Story 8, Clip 68.45 - 68.50 “Discussion group member”

Read, a_5 , Story 12, Clip 76.48 - 76.54 “Donald, Discussion -”

Read, a_{20} , Story 10, Clip 70.42 - 70.47 “Who's that? He's a 'GP'...”

Related Reader, c_2 {d, D} Story 7, Clip 43.13 – 43.21 “[Understanding of the task part] Author: Senior Medical Advisor ...”

Related Story (2), a_{20} {n, QE} Story 1, Clip 101.31 – 101.44 “...A patient orientated approach or a problem orientated – 'Nurse Practitioner'”

Related Story (9), a_{20} {n, QE} Story 5, Clip 98.25 – 98.32 “...Is she a GP? Yes she is”

Table (A13) Referring to the Authorial context – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Difficulty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Point	3.5 ÷ 23 =0.2	3.5 ÷ 16 =0.2	4.0 ÷ 9 =0.4	11 ÷ 48 =0.2	0 ÷ 1 =0	11 ÷ 8 =1.4	2 ÷ 8 =0.3	9 ÷ 5 =1.8	0 ÷ 2 =0	0 ÷ 0 =0
Feature	0 ÷ 9 =0	0 ÷ 10 =0	1.0 ÷ 5 =0.2	1 ÷ 24 =0						
Character	4.7 ÷ 31 =0.2	0.3 ÷ 27 =0	0 ÷ 14 =0	5 ÷ 72 =0.1						
Narrator & Audience	1.0 ÷ 13 =0.1	3.0 ÷ 26 =0.1	1.0 ÷ 9 =0.1	5 ÷ 48 =0.1						
Read	N/A	N/A	N/A	N/A						
Relate	0 ÷ 8 =0	3.0 ÷ 26 =0.1	1.0 ÷ 14 =0.1	4 ÷ 24 =0.2	0 ÷ 1 =0	0 ÷ 7 =0	3 ÷ 12 =0.3	0 ÷ 2 =0	1 ÷ 2 =0.5	0 ÷ 0 =0
Totals	9.2 (0.5)	9.8 (0.4)	7 (0.8)	26 (0.6)	0 (0)	11 (1.4)	5 (0.6)	9 (1.8)	1 (0.5)	0 (0)

(A14) Mediation

(A14.1) Handling unconventional input types

Other Point [Related reader], a_{12} {d, U} Story 1, Clip 08.56 – 10.38 “[Other behaviours indicating reader relatedness to any story]”

Protagonist [Non-specific group], a_5 {e, R} Story 5, Clip 35.34 – 37.01 “[Expressing confidence] he speaks about the people ... umm maybe, yes this [Public Health Nurse] [...] The patient is already in this definition maybe [...]”

Protagonist [Institution], *a₁₂* {e, U} Story 8, Clip 52.09 – 52.38 “[Evidently considering two or more (non-point) attributes simultaneously] Would I be able to duplicate this [Antagonist]? Because here I would like to say the same thing at least for the ‘Hospital’ [Placing the narrator inside the story]”

Protagonist [Proper noun], *a₁₂* {e, U} Story 8, Clip 53.00 – 53.29 “[Offering an explanation for a suggestion] Alright, yeah, especially because I’m going to put ‘son’ here”

Antagonist [Emotion], *a₁₂* {n, U} Story 9, Clip 34.27 – 35.27 “[...] Mm yeah, it does make a good Feature ... Antagonist doesn’t have to be physical persons or? [Moving away from or requesting to move away from the current screen in order to gain understanding of a task part or the task as a whole]”

Related Reader [menu selection], *a₁₃* {n, QU} Story 1, Clip 56.50 – 59.58 “...so related reader, including me [...] well I’m a little bit confused”

Related Reader [Potential audience], *a₂₀* {n, QU} Story 5, Clip 88.50 – 89.02 “...I’m not a ‘Practice Manager’ but I think a ‘Practice Manager’ needs to look at it”

Related Reader [menu selection], *b₉* {d, QU} Story 2, Clip 52.38 – 53.46 “[Directing attention to an attribute] I don’t know [...]”

Related Reader [Generic reader], *b₁₁* {n, U} Story 2, Clip 40.42 – 41.18 “[Other behaviours indicating reader relatedness to any story] Anyone really [...]”

Related Reader [Potential audience], *b₂₄* {n, U} Story 10, Clip 55.00 – 55.19 “[...] So what about the ‘Practice Nurse’ and [...] [What do I?]”

Related Reader [Generic reader], *c₁₆* {d, QU} Story 3, Clip 56.21 – 57.40 “[Employing verbal means to organise, clarify or get approval] Uh okay, so should I say something like ‘nobody cares’? Would that be better? [Remarking on the specific nature of the domain menus]”

Related Reader [Generic reader], *c₁₆* {d, QU} Story 7, Clip 64.45 – 66.10 “...It’s that part of me responding to the story; that somehow I can imagine [Other behaviours indicating reader relatedness to any story]”

Related Reader [Related Story (1)], *d₈* {d, QU} Story 8, Clip 35.10 – 37.03 “This is common points...I don’t really mean that ‘proceedings’ is singular in both stories [...]”

(A14.2) Handling reluctance to make a suggestion

Main Point, *b₉* {e, QU} Story 6, Clip 18.37 – 19.12 ‘I’m not sure [Commenting on a value weakly agreed with]’

Antagonist, *a₄* {n, QU} Story 1, Clip 12.24 – 13.45 “It’s like traditional way of nursing ... they don’t want to have this ... what shall I put?”

Audience, *b₁₁* {n, U} Story 6, Clip 19.58 – 20.15 “Well ‘People at Large’ is what I used last time”

Related Reader, *b₁₈* {d, QU} Story 10, Clip 50.15 – 51.35 “It’s hard to relate to because you’re not living in that sort of area are you – so you don’t ... live with that sort of medical service do we so [...] I’m not sure what to put there”

Related Story (3), *a₄* {e, QU} Story 5, Clip 65.06 – 67.30 “[What do I?] Is it necessary, or...? [Employing verbal means to organise, clarify or get approval]”

Related Story (9), *a₁₇* {n, U} Story 1, Clip 42.14 – 43.42 “[...] Okay, um [types after pause] you’ll find my spelling out now”

(A14.3) Directing attention to an attribute

Other Character, *b₂₄* {n, U} Story 6, Clip 29.38 – 30.08 “[What are you thinking?]”

Audience, *d₁₉* {n, U} Story 8, Clip 38.30 – 39.25 “”

Related Story, *b₂₄* {n, U} Story 10, Clip 58.00 – 59.23 “[How do I?]”

Related Story, *c₁₅* {n, U} Story 3, Clip 36.21 – 37.12 “*Okay, so then I save [...] [The presence of story-story relations]*”

Related Reader, *a₁₇* {d, U} Story 1, Clip 44.38 – 44.56 “[Remarking that a particular story does not relate to them as reader]”

Related Reader, *a₂₀* {n, QU} Story 1, Clip 101.11 – 101.24 “*Yeah okay. Me as a GP – sadly [laugh]* [Remarking that a particular story *does* relate to them as reader]”

Related Reader, *a₁₇* {d, U} Story 5, Clip 49.53 – 50.14 “[Remarking that a particular story does not relate to them as reader]”

Related Reader, *a₂₀* {n, QU} Story 5, Clip 88.00 – 88.40 “*good point*”

Related Reader, *a₁₇* {d, U} Story 9, Clip 55.58 – 56.21 “*Err de de ch chu ...*”

Related Reader, *b₇* {e, VU} Story 2, Clip 50.11 – 50.23 “*Oh, section 9 [What do I?]*”

Related Reader, *b₉* {d, QU} Story 2, Clip 51.18 – 53.46 “[Handling unconventional input types]”

Related Reader, *b₂₄* {n, U} Story 2, Clip 47.00 – 47.32 “[Remarking that a particular story does not relate to them as reader]”

Related Reader, *b₁₁* {n, U} Story 6, Clip 43.10 – 43.36 “*Oh okay [...]*”

Related Reader, *b₁₁* {n, U} Story 10, Clip 38.58 – 39.28 “*Yeah, oh okay [...]*”

Related Reader, *b₉* {d, QU} Story 6, Clip 58.30 – 59.18 “[Remarking that a particular story *does* relate to them as reader]”

Related Reader, *b₂₄* {n, U} Story 6, Clip 49.21 – 49.37 “[...] *No [...] Well, let's see [...]*”

Related Reader, *c₁₅* {d, U} Story 3, Clip 38.10 – 38.34 “[Remarking that a particular story does not relate to them as reader]”

Related Reader, *c₁₆* {d, QU} Story 7, Clip 63.59 – 64.37 “*And anything else; well let's leave that [...] mm [...] I see* [reopens a story-story relation] [Employing verbal means to organise, clarify or get approval]”

Related Reader, *c₁₅* {d, U} Story 11, Clip 48.53 – 49.04 “[Remarking that a particular story does not relate to them as reader]”

Related Reader, *c₂₂* {n, QU} Story 11, Clip 73.39 – 74.29 “*Oh right, um* [Remarking that a particular story *does* relate to them as reader]”

Related Reader, *d₁₉* {d, U} Story 4, Clip 68.24 – 68.47 “*uh hmm [...] yeah*”

Related Reader, *d₂₃* {d, U} Story 4, Clip 52.49 – 53.03 “[Immediacy and fluency] *To me [...] umm*”

Related Reader, *d₁₉* {d, U} Story 8, Clip 75.45 – 75.59 “[Immediacy and fluency]”

Table (A14) Mediation – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	1 ÷ 15 =0.1	0 ÷ 3 =0	0 ÷ 6 =0	1 ÷ 24 =0	0 ÷ 1 =0	7 ÷ 13 =0.5	2 ÷ 8 =0.3	0 ÷ 1 =0	1 ÷ 1 =1.0	0 ÷ 0 =0
Other Point	0 ÷ 8 =0	0 ÷ 13 =0	1 ÷ 3 =0.3	1 ÷ 24 =0						
Feature	0 ÷ 9 =0	0 ÷ 10 =0	0 ÷ 5 =0	0 ÷ 24 =						
Protagonist	3 ÷ 16 =0.2	0 ÷ 4 =0	0 ÷ 4 =0	3 ÷ 24 =0.1						
Antagonist	0 ÷ 8 =0	2 ÷ 8 =0.3	0 ÷ 8 =0	2 ÷ 24 =0.1						
Other Character	0 ÷ 7 =0	1 ÷ 15 =0.1	0 ÷ 2 =0	1 ÷ 24 =0						
Narrator	0 ÷ 7 =0	0 ÷ 16 =0	0 ÷ 1 =0	0 ÷ 24 =0						
Audience	0 ÷ 6 =0	2 ÷ 10 =0.2	0 ÷ 8 =0	2 ÷ 24 =						
Related Reader	1 ÷ 4 =0.3	11 ÷ 11 =1.0	16 ÷ 9 =1.8	28 ÷ 24 =1.2	1 ÷ 1 =1.0	17 ÷ 13 =1.3	14 ÷ 8 =1.8	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0
Related Story	1 ÷ 4 =0.3	3 ÷ 15 =0.2	0 ÷ 5 =0	4 ÷ 24 =0.2						
Totals	6 (0.9)	18 (1.8)	17 (2.1)	42 (2.6)	1 (1.0)	24 (1.8)	16 (2.1)	0 (0)	1 (1.0)	0 (0)

(A15) Regarding the attributes hierarchically

Other Point, c_{16} {n, QU} Story 3, Clip 10.40 – 10.47 “*Is there any order of these other points ...?*”

Feature, a_{12} {n, U} Story 9, Clip 29.46 – 31.04 “[Evidently considering two or more (non-point) attributes simultaneously] *I feel like it's quite an important one, so I might remove this one and promote it to 'Other Point'*”

Feature, *a₁₂* {n, U} Story 9, Clip 37.40 – 37.47 “...*I mean the Protagonist is a more – I would see it as a more specific Feature...*”

Feature, *a₁₂* {n, U} Story 9, Clip 37.47 – 38.08 “...*I would just say everything is a Feature and then you have strong ones which become err main ideas and secondary ideas or Main Points and Other Points, and you have some other ones which for different reasons can be promoted to Protagonists and Antagonists because they are representing who is talking and what is being discussed...*”

Protagonist, *d₃* {d, U} Story 8, Clip 48.13 – 48.27 “*Again, I think there are different protagonists. This [German orthopaedic surgeon] is one. And the ‘old lady’ is definitely one. But the main protagonist, because this is autobiographic ...*”

Protagonist, *d₃* {d, U} Story 8, Clip 50.28 – 50.44 “*I don’t know where this German guy is located and what he said - he is a protagonist I guess but he’s not the main protagonist [...] The main protagonists are ...*”

Antagonist, *a₁₂* {n, U} Story 9, Clip 39.36 – 40.22 “...*Yeah I mean ‘Mass resignation’ it’s also a Feature of this story; you cannot deny it is a Feature of this story*

[Participants’ conceptions of the schema and story organisation] *and you could also make it to an Other Point”*

Table (A15) Regarding the attributes hierarchically – Attribute and Task Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Restriction)					
	e	n	d	Total	VU	U	QU	QR	R	VR
Main Point	0 ÷ 15 =0	0 ÷ 3 =0	0 ÷ 6 =0	0 ÷ 24 =0	0 ÷ 1 =0	6 ÷ 13 =0.5	1 ÷ 8 =0.1	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0
	÷ 8 =0	1 ÷ 13 =0.1	0 ÷ 3 =0	1 ÷ 24 =0						
	÷ 9 =0	3 ÷ 10 =0.3	0 ÷ 5 =0	3 ÷ 24 =0.1						
Protagonist	0 ÷ 16 =0	0 ÷ 4 =0	2 ÷ 4 =0.5	2 ÷ 24 =0.1						
	÷ 8 =0	1 ÷ 8 =0.1	0 ÷ 8 =0	1 ÷ 24 =0						
	÷ 7 =0	0 ÷ 15 =0	0 ÷ 2 =0	0 ÷ 24 =0						
Narrator	0 ÷ 7 =0	0 ÷ 16 =0	0 ÷ 1 =0	0 ÷ 24 =0						
	÷ 6 =0	0 ÷ 10 =0	0 ÷ 8 =0	0 ÷ 24 =0						
	÷ 4 =0	0 ÷ 11 =0	0 ÷ 9 =0	0 ÷ 24 =0	0 ÷ 1 =0	0 ÷ 13 =0	0 ÷ 8 =0	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0
Related Reader	0 ÷ 4 =0	0 ÷ 15 =0	0 ÷ 5 =0	0 ÷ 24 =0						
	÷ 4 =0	0 ÷ 15 =0	0 ÷ 5 =0	0 ÷ 24 =0						
	÷ 4 =0	0 ÷ 11 =0	0 ÷ 9 =0	0 ÷ 24 =0						
Related Story	0 ÷ 4 =0	0 ÷ 15 =0	0 ÷ 5 =0	0 ÷ 24 =0						
	÷ 4 =0	0 ÷ 11 =0	0 ÷ 9 =0	0 ÷ 24 =0						
	÷ 4 =0	0 ÷ 11 =0	0 ÷ 9 =0	0 ÷ 24 =0						
Totals	0 (0)	5 (0.5)	2 (0.5)	7 (0.2)	0 (0)	6 (0.5)	1 (0.1)	0 (0)	0 (0)	0 (0)

(A16) Characters

(A16.1) Indecision regarding the assignment of character roles

Protagonist, Antagonist, a_{12} {e, n, E} Story 8, Clip 50.26 – 50.59 “Um no, err, this is very much against, so yeah”

Protagonist, Other Character, a_5 {e, n, QE} Story 1, Clip 21.05 – 24.08 “The protagonist of this situation; oh I don’t know but for me it’s the patient [Rearranging the

editor's suggested character roles] [“What does domain menu term mean?”] *Other character ... ah, with non-central role. The patient ... yes okay”*

Protagonist, Other Character, c₆ {d, n, QD} Story 3, Clip 15.30 – 16.37 “[Change of mind regarding an attribute value (having moved away from, then returns)] *Well actually, I'll modify my – I'll put this here ...”*

Protagonist, Narrator, a₁₂ {e, n, E} Story 8, Clip 51.15 – 51.45 “[Evidently considering two or more (non-point) attributes simultaneously] *Why am I expecting to see the narrator here ...? Here I should be able to put ‘Andrew’ here if I want to [...]”*

Other Character, Protagonist, c₂₁ {e, e, QE} Story 3, Clip 43.35 – 45.05 “[... the dispenser chemist [...] that’s another character involved there [...] I can see that they’re meaning the same person really”

Other Character, Protagonist, c₂₁ {e, e, QE} Story 11, Clip 92.55 – 93.48 “[...] *Umm, no I suppose not really [Change of mind regarding an attribute value (having moved away from, then returns)]”*

Character, d₃ {d, d, e, E} Story 8, Clip 51.36 – 52.19 “[... *Then there is also them; there is the ‘Father’; my God, too many; it’s not, it’s other characters [...] No, no, no, no it’s wrong...”*

Character, d₈ {e, n, n, QE} Story 8, Clip 20.50 – 21.50 “[Change of mind regarding an attribute value (having moved away from, then returns)]”

(A16.2) Character roles

(A16.2.1) Moving beyond the text to suggest character roles

Protagonist, a₁₂ {e, E} Story 1, Clip 14.08 – 14.21 “[Commenting on the co-text] but there is no mention of this person in the text, so I will probably - probably leave it...”

Protagonist, a₁₂ {e, E} Story 9, Clip 33.47 – 34.04 “[...] *Maybe he’s you know, some kind of GP who takes care of children [Referring to the Authorial context - Author’s identity Or there could be some kind of countryside GP [Referring to the Authorial context – Place of writing]”*

Protagonist, c₂₁ {e, QE} Story 7, Clip 70.18 – 70.41 “”

Protagonist, c₂₁ {e, QE} Story 11, Clip 89.37 – 89.59 “”

Antagonist, a₁₂ {n, E} Story 1, Clip 15.13 – 15.32 “[“For me it’s X” or similar] *the guy who wants to cut the number of people working in the hospital...”*

Antagonist, a₂₀ {d, QD} Story 1, Clip 29.44 - 30.27 “[Establishing one view in order to suggest an opposing one] [Strong disagreement with] *I think it’s probably ... the managers ... I think it’s the bloody government basically”*

Antagonist, c₂₁ {d, QE} Story 11, Clip 90.45 - 91.27 “”

Other Character, a₁₂ {e, E} Story 1, Clip 14.57 – 15.06 “[Referring to the Authorial context] *I will put ‘NHS’”*

Other Character, a₁₇ {e, D} Story 9, Clip 29.17 – 30.00 “[Creative and unusual input value types]”

Other Character, b₁₈ {n, QD} Story 10, Clip 40.30 – 40.47 “[Presumably there’s a parent there as well but it doesn’t actually say”]

Other Character, c₆ {n, QD} Story 3, Clip 16.15 – 16.34 “[Indecision regarding the assignment of character roles] *or maybe there was another Pharmacist there”*

Other Character, *c₂*, {n, QE} Story 7, Clip 20.20 – 20.35 “[“Can I also select/tick/type?”] I’m going to put in ‘legendary friend’, as in the friend of a friend who always turns up in all urban legends”

Other Character [Phase 4], *c₁₆*, {n, QD} Story 7, Clip 82.13 – 82.35 “[Evidently considering two or more (non-point) attributes simultaneously] It’s a kind of almost third antagonist [Participants’ conceptions of the schema and story organisation]”

Other Character, *c₁₆*, {n, QD} Story 11, Clip 26.42 – 28.31 “[Offering an explanation for a suggestion, textually] [comment box entry] I meant those two additions as ‘being absent’ characters [Responding with surprise]”

Other Character, *c₂₁* {e, QE} Story 7, Clip 73.15 – 75.08 “[Finding the word or phrase]”

Other Character, *c₂₁* {e, QE} Story 11, Clip 94.13 – 94.37 “[Creative and unusual input value types]”

Other Character, *d₃* {e, E} Story 8, Clip 53.10 – 53.15 “[types ‘old lady’] the mummy”

(A16.2.2) Establishing one view in order to suggest an opposing one

Antagonist, *a₂₀* {d, QD} Story 1, Clip 29.44 – 30.07 “Actually let me just think – By thinking idea solving – and then yeah could be - and then who’s antagonistic to that idea would be um somebody who doesn’t want to do it, so is a bit less problem orientated”

Antagonist, *c₂₂* {d, E} Story 11, Clip 46.30 – 47.39 “[Employing verbal means to organise, clarify or get approval] So the opposite of that. It’s almost the GP because he hasn’t in my way [laugh] done what he should have done for this chap ...”

(A16.2.3) Drawing on knowledge of the story’s theme to suggest character roles.

Antagonist, *a₂₀* {d, QD} Story 5, Clip 44.43 – 45.05 “And I have to say fundamentally, they [Receptionists] can be quite difficult as well because as the front line people meeting people with mental illness in General Practice, they’re not receptive or compassionate or empathic to their needs at all [...] from my point of view”

Antagonist, *a₂₀* {d, QD} Story 9, Clip 54.57 - 55.18 “that’s a bit unfair actually [deselects ‘Practice Manager’] okay let’s just put the ‘PCT Managers’ because you know, they don’t get their finger out either, to be honest”

Antagonist, *c₂₁* {d, QE} Story 3, Clip 42.24 - 43.18 “Well, I mean they’re not mentioned there but really it’s the system; that once something’s prescribed for somebody, they can’t bring it back and issue it to somebody else – so that’s what the problem is ... well, the other thing is the fear of ... harm due to litigation, because if they’re not stored properly - they can’t guarantee ... so they can’t issue them to anybody else. But anyway, I’ll leave it there because system covers it ...”

Other Character, *a₂₀* {n, QD} Story 5, Clip 45.38 – 46.01 “...and District Nurses are involved in mental health quite a lot”

(A16.2.4) Suggesting potential alternative characters for a role

Protagonist, *a₁₃* {e, QD} Story 1, Clip 18.26 – 18.45 “”

Protagonist, *a₁₃* {e, QD} Story 5, Clip 30.40 – 31.52 “”

Protagonist, *a₁₇* {e, D} Story 9, Clip 27.50 – 28.23 “*So basically this could be any of - selecting any one you feel might be the – might fit that role*”

Protagonist, *c₁₆* {e, QD} Story 7, Clip 35.48 – 36.23 “‘Wily patient’ [laugh] [tick] yeah [types] [Cascading suggestions] ‘desperate patient’ that’s probably”

Protagonist, *c₂₁* {e, QE} Story 7, Clip 70.40 – 70.55 “... *That’s who the character could be*”

Protagonist, *c₂₁* {e, QE} Story 11, Clip 88.17 – 90.00 “[Commenting on a value weakly agreed with] [Offering an explanation for a suggestion] [Entering as free text a value that is semantically equivalent to a menu item, editor or previous reader suggestion.] [Moving beyond the text to suggest character roles]”

Protagonist, *d₁₉* {e, D} Story 4, Clip 25.44 – 26.15 “[“**What does menu mean?**”]”

Table (A16.2) Character roles – Attribute and Task Part Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Ease and Difficulty)					
	e	n	d	Total	VE	E	QE	QD	D	VD
Protagonist	11 ÷ 16 =0.7	0 ÷ 4 =0	0 ÷ 4 =0	11 ÷ 24 =0.5	0 ÷ 1 =0	6 ÷ 8 =0.8	9 ÷ 8 =1.1	12 ÷ 5 =2.4	3 ÷ 2 =1.5	0 ÷ 0 =0
Antagonist	0 ÷ 8 =0	1 ÷ 8 =0.1	7 ÷ 8 =0.9	8 ÷ 24 =0.3						
Other Character	5 ÷ 7 =0.7	6 ÷ 15 =0.4	0 ÷ 2 =0	11 ÷ 24 =0.5						
Totals	16 (1.4)	7 (0.5)	7 (0.9)	30 (1.3)	0 (0)	6 (0.8)	9 (1.1)	12 (2.4)	3 (1.5)	0 (0)

(A17) Narrator

(A17.1) Not treating style of narration as being a mutually exclusive choice

a₁₂ [Phase 4] {n, U} Story 1, Clip 80.02 – 80.27 “*The nurse is ‘First-person’ yeah; is she ‘Intrusive’? [Task part consolidation]*”

a₁₂ {n, U} Story 5, Clip 24.57 – 25.23 “[Strong disagreement with]”

a₁₃ {e, QU} Story 5, Clip 32.28 – 32.37 “”

a₁₂ {n, U} Story 9, Clip 41.01 – 41.23 “[Commenting on style of narration]”

a₁₂ {n, U} Story 8, Clip 56.40 – 57.00 “[Selecting the editor’s suggestion from a menu rather than agreeing directly] and I would say [Unreliable] too.”

a₁₃ {e, QU} Story 9, Clip 40.11 – 40.32 “”

a₂₀ {n, QU} Story 1, Clip 32.41 – 33.26 “*Is she ‘First Person’, well she is [narratological menus – General remark] and I think [Unreliable] that’s also true...*”

a₂₀ {n, QU} Story 9, Clip 60.24 – 60.40 “[Selecting the editor’s suggestion from a menu rather than agreeing directly] [Offering an explanation for a suggestion]”

b₁₈ {e, QU} Story 2, Clip 25.12 – 26.08 “[Selecting the editor’s suggestion from a menu rather than agreeing directly]”

c₂ {n, U} Story 3, Clip 13.04 – 13.31 “... ‘Unintrusive’ ...yes I think that is certainly true; I couldn’t say who it is. [Selecting the editor’s suggestion from a menu rather than agreeing directly] And probably a bit of that [Omniscient] as well – there we go”

c₆ {n, U} Story 3, Clip 17.20 – 17.58 “Hmm [Intrusive] I don’t know, I’m not sure anyway”

c₆ {n, U} Story 7, Clip 26.46 - 26.56 “”

c₁₆ {n, QU} Story 7, Clip 37.22 – 37.39 “‘Intrusive’, yeah let’s have that one; [editor’s suggestion] yeah that’s true”

c₆ {n, U} Story 11, Clip 39.40 - 41.01 “[Commenting on style of narration]”

d₁₉ {n, U} Story 4, Clip 28.44 – 29.02 “”

d₃ {e, U} Story 8, Clip 54.47 – 54.57 “Can I say ‘third person’? [“Can I also select/tick/type?”] Can I put both ...?”

d₃ {e, U} Story 12, Clip 67.07 – 67.36 “I know; again it’s First-person as well as Third [Commenting on style of narration]”

d₂₃ {n, U} Story 12, Clip 40.10 – 40.30 “So do I put – I put First Person don’t I, yeah. First Person [Strong agreement with] [Commenting on style of narration]”

(A17.2) Suggesting potential alternative narrators

c₂₁ {n, QR} Story 7, Clip 76.37 – 77.14 “[Creative and unusual input value types]”

c₂₁ {n, QR} Story 11, Clip 97.07 – 97.51 “”

(A17.3) Commenting on the differentiation of Narrator and style of narration

a₁₃ {e, QU} Story 1, Clip 20.16 – 20.49 “So this [editor suggestion] is Narrator that suggested by editor and this [editor suggestion] is err Narrating Aspects [...] Narrator and Aspects as well – both [...]”

b₁₈ {e, QU} Story 2, Clip 24.53 – 25.12 “So the locum GP is obviously the narrator so it’s just saying whether you believe it’s him speaking in the first person or whether? [...]”

c₁₆ {n, QU} Story 11, Clip 28.37 – 28.58 “So here you want almost to say the role of the person and the narrative position [...]”

d₃ {e, U} Story 4, Clip 29.14 – 29.21 “[“For me it’s X”] who speaks in the First-person”

(A17.4) Commenting on style of narration

Point, a₅, {e, n, R} Story 9, Clip 42.04 – 45.59 “...the doctor speaks [Commenting on the meaning of the physical text] but this is the same person as this – same writer”

Protagonist, d₃ {d, U} Story 4, Clip 24.24 – 25.26 “[Evidently considering two or more (non-point) attributes simultaneously] In fact, the story is narrated – it’s a story of this person who has to choose – who is choosing to [reads story text] mm, it’s like there

are – one story's 'I've left my job' ... the other story's ... in a way it's a flash back but it's also a story in the story that works as an allegory"

Narrator, a₁₂ {n, U} Story 1, Clip 15.56 – 16.25 "Um, [Intrusive] do we know anything about her...Well, the last sentence says that...Well you could say it's intrusive but..."

Narrator, a₂₀ {n, QU} Story 1, Clip 33.27 – 33.36 "*I think she's looking at it from her perspective; it may not necessarily be reliable ... [Offering an explanation for a suggestion]*"

Narrator [Phase 4], a₁₂ {n, U} Story 5, Clip 81.25 – 81.43 "[Can I go back?] *Thing is they're probably all unreliable because they're all relating personal experiences so you always have to take these things with a pinch of salt*"

Narrator, a₁₂ {n, U} Story 9, Clip 41.01 – 41.23 "Yes [Intrusive] because I think he likes his job, so we know about that. Well no [Omniscient] because he only sees his side of the story so we cannot say that "[Selecting the editor's suggestion from a menu rather than agreeing directly]"

Narrator, c₂₂ {n, QU} Story 7, Clip 32.37 – 33.20 "[Previous readers' suggestions] *I just feel he might have another axe to grind [...] which might give him a bias [...]*"

Narrator, c₆ {n, U} Story 11, Clip 39.40 – 40.43 "Well here it's a bit like tricky because 'Omniscient' means like he knows everything? Or he thinks he knows everything?"

Because he obviously thinks he knows everything ... but at the same time he's unreliable because it's just his thought [Not treating style of narration as being a mutually exclusive choice]"

Narrator, d₃ {e, U} Story 8, Clip 53.18 – 53.58 "...Ah, it's tricky because the father does tell things in the first person. However, he's talking about the son and the daughter so it's third person and first person same time"

Narrator, d₃ {e, U} Story 12, Clip 67.13 – 67.36 "[Not treating style of narration as being a mutually exclusive choice] because the guy first says something in third-person, then he also says it in first-person"

Narrator, d₂₃ {n, U} Story 8, Clip 28.05 – 28.36 "[What does editor's suggested attribute value mean?] Yeah, I would agree with that [Intrusive] actually [Strong agreement with] because he sounds like a bit of a [...]"

Narrator, a₁₂ {n, U} Story 8, Clip 56.09 – 57.00 "No [First-person] well, the thing is, can you consider the son as - the narrator is not the First-person because he's not the one that got injured but he's the kind of responsible parent for that so in a way he is the First-person too [Not treating style of narration as being a mutually exclusive choice]"

Narrator, d₂₃ {n, U} Story 12, Clip 40.20 – 40.30 "[Strong agreement with] *I think you see him – what he's like straight away*"

(A17.5) Placing the narrator inside the story

Protagonist, a₁₂ {e, U} Story 8, Clip 52.17 – 53.04 "[Employing verbal means to organise, clarify or get approval] Yeah, they are in the story [...]"

(A18) Audience scope

(A18.1) General and non-medical audiences

(A18.1.1) Remarking on or otherwise suggesting the general interest nature of the stories

a₅ {d, U} Story 1, Clip 25.38 – 25.44 “...I don't know; general - the people”

a₅ {d, U} Story 5, Clip 37.26 – 37.36 “...for all...the people [**“For me it's X” or similar]**”

b₁₁ {n, U} Story 2, Clip 14.09 – 14.32 “”

b₁₈ {n, U} Story 2, Clip 26.42 – 28.02 “[Domain menus – General remark] ... there's probably loads of these that would be interested in a story like that - because there's parts in it that relate to all of them...”

b₁₁ {n, U} Story 6, Clip 19.27 – 19.55 “it's a human interest story [Remarking on the specific nature of the domain menus] but this is probably true of most stories though [laugh]”

b₇ {d, Q} Story 10, Clip 32.07 – 32.16 “”

c₂ {d, V} Story 3, Clip 13.51 – 14.08 “...I don't feel that the story is particularly written for a particular group of people...”

c₆ {e, U} Story 3, Clip 18.36 – 19.00 “...it could be anybody [Identifying non-‘medical professional’ potential audiences] a suggestion like a ‘newspaper reader’?”

d₈ {d, U} Story 4, Clip 14.08 – 14.39 “”

(A18.1.2) Identifying non-‘medical professional’ potential audiences

a₁₇ {e, V} Story 9, Clip 31.06 – 31.38 “”

b₇ {d, Q} Story 6, Clip 25.33 – 25.54 “[Immediacy and fluency]”

b₁₁ {n, U} Story 6, Clip 19.14 – 19.27 “[Cascading suggestions] [Immediacy and fluency]”

b₁₄ {n, Q} Story 6, Clip 26.30 – 27.10 “”

b₂₄ {n, U} Story 6, Clip 30.18 – 30.45 “”

b₁₁ {n, U} Story 10, Clip 25.12 – 25.22 “[Cascading suggestions]”

c₆ {e, U} Story 3, Clip 18.36 – 19.00 “[Remarking on or otherwise suggesting the general interest nature of the stories] it could be like a journalist...”

c₂ {d, V} Story 7 Clip 21.30 – 21.43 “Well I think the audience here is um [laugh] patients everywhere desperately trying to be seen by a doctor”

c₆ {e, U} Story 7, Clip 28.26 – 29.13 “[Finding the word or phrase] I'll put ‘Generic...user’ [...] User of the hospital [...] Patient [...]”

c₆ {e, U} Story 11 Clip 41.24 – 41.42 “Um [types]”

c₂₁ {e, Q} Story 11, Clip 100.04 – 101.06 “[Concern with spelling or grammar]”

d₃ {d, V} Story 8, Clip 55.25 – 55.46 “This could be, to me ‘Acquaintances’...”

d₁₀ {d, V} Story 8, Clip 23.13 – 23.51 “[Immediacy and fluency]”

(A18.2) The influence of Narrative style on selected Audience kinds

(A18.2.1) Narrative style and the identification of an individual person as audience

First-person, a_{12} {e, U} Story 1, Clip 17.19 – 17.31 “[Recognising potential Audiences in their Character suggestions] ‘Hospital manager’”

First-person, d_1 {e, U} Story 1, Clip 10.58 – 12.16 “Can I? Ah [Creative and unusual input value types]”

First-person, d_3 {d, U} Story 4, Clip 30.35 – 30.58 “[Creative and unusual input value types] To me, somebody who would be interested in this story would be like um a friend or a colleague, somebody the person cares for and that she wants to, I don’t know, confide in or warn or sort of talk about general things on life with ...”

First-person, Third-person, d_3 {d, U} Story 12, Clip 67.38 – 67.49 “[Creative and unusual input value types] Audience... is yes ‘Acquaintance’...”

(A18.2.2) Narrative style and the identification of an institutional body as audience

First-person, a_{12} {e, U} Story 1, Clip 17.19 – 17.34 “[Recognising potential Audiences in their Character suggestions] ‘NHS’”

First-person, Intrusive, Unreliable, a_{12} {e, U} Story 5, Clip 25.36 – 25.44 “[Recognising potential Audiences in their Character suggestions] And I would probably put the ‘Government’ as well ...”

None specified, b_{24} {n, U} Story 2, Clip 24.50 – 25.33 “[Cascading suggestions] [‘PCT, Health authorities’]”

Unreliable, c_{21} {e, QR} Story 3, Clip 50.52 – 51.22 “[‘Patient support organisations’]”

None specified, c_{21} {e, QR} Story 7, Clip 79.20 – 79.39 “[Employing verbal means to organise, clarify or get approval] ‘self help organisations’ or the ‘specialist interest organisations’”

None specified, c_{21} {e, QR} Story 11, Clip 98.19 – 98.56 “Well, I’m going to put in there ... [‘Alzheimers Society’]”

Intrusive, Unreliable, a_{12} {e, U} Story 8, Clip 57.19 – 58.18 “...I’m just trying to think; would that be something which could be forwarded to Italian Authorities or if there is a Board where you can complain for medical practices abroad or maybe the Insurance Company they used when they were on holiday ...”

Omniscient, c_{16} {n, QU} Story 3, Clip 19.41 – 20.29 “...funding bodies in general ... ‘government’ for example ... something like ‘funding agency’ [The term is applicable but its definition (general practice context) is not]”

(A18.3) Recognising potential Audiences in their Character suggestions

Other Character, a_{17} {e, D} Story 9, Clip 29.17 – 30.00 “[Moving beyond the text to suggest character roles]”

Audience, a_5 {d, QE} Story 1, Clip 26.16 – 26.18 “maybe [Computer Operators] [laugh]”

Audience, a_{12} {e, E} Story 1, Clip 16.58 – 17.36 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to

be able to do at this point] Yeah because I will probably put 'Hospital manager' [Narrative style and the identification of an individual person as audience] and 'NHS' [Narrative style and the identification of an institutional body as audience] in the Audience"

Audience, *a₁₃* {n, QD} Story 1, Clip 22.24 – 22.43 “”

Audience, *a₂₀* {n, QD} Story 1, Clip 34.35 – 34.55 “But I think also 'Nurses' ... No sorry, let's take that off, 'Nurse Practitioners' ...”

Audience, *a₄* {n, QE} Story 5, Clip 27.10 – 27.18 “”

Audience, *a₅* {d, QE} Story 5, Clip 37.26 – 38.30 “[“What does domain menu term mean?”] [Can I say what I want? I.e. how free is free input allowed to be?]”

Audience, *a₁₂* {e, E} Story 5, Clip 25.36 – 25.44 “[Narrative style and the identification of an institutional body as audience]”

Audience, *a₁₃* {n, QD} Story 1, Clip 32.46 – 32.54 “”

Audience, *a₁₇* {e, D} Story 5, Clip 20.30 – 21.12 “”

Audience, *a₂₀* {n, QD} Story 5, Clip 46.41 – 47.18 “I was chasing that [Psychiatric Nurses] there you go ... Yeah that's good; I think all those people should be aware of that kind of story”

Audience, *a₁₇* {e, D} Story 9, Clip 30.32 – 31.18 “”

Audience, *a₂₀* {n, QD} Story 9, Clip 60.48 – 60.57 “”

Audience, *b₇* {d, VE} Story 6, Clip 25.53 – 26.00 “[Cascading suggestions]”

Audience, *b₇* {d, VE} Story 10, Clip 32.41 – 32.56 “”

Audience, *b₁₄* {n, QE} Story 10, Clip 35.39 – 35.51 “[Entering as free text a value that is semantically equivalent to a menu item]”

Audience, *c₂₁* {e, QE} Story 3, Clip 50.02 – 50.46 “”

Audience, *c₂₂* {e, E} Story 3, Clip 18.11 – 18.26 “”

Audience, *c₂* {d, QE} Story 7, Clip 21.43 – 21.50 “...although if they've got triage nurses, I might put them in”

Audience, *c₆* {e, QD} Story 11, Clip 41.01 – 41.24 “~”

Audience, *c₁₆* {n, QD} Story 11, Clip 29.20 – 29.41 “... 'Coroners' ...because that would be another ... group [types] whether what they ... actually provide...”

Audience, *c₂₁* {e, QE} Story 11, Clip 99.39 – 99.47 “”

Audience, *c₂₂* {e, E} Story 11, Clip 49.18 – 49.30 “um use it for trainee coroners? [...]”

Audience, *d₁₉* {n, D} Story 4, Clip 29.03 – 29.35 “”

Audience, *d₂₃* {d, QE} Story 8, Clip 29.44 – 29.53 “”

(A19) Menus

(A19.1) Domain menus

(A19.1.1) Remarking that the domain menus are the same

Character, *a₁₃* {e, n, e U} Story 1, Clip 18.52 – 19.24 “The lists are the same, right? [Understanding of the task part]”

(A19.1.2) Remarking on the specific nature of the domain menus

Protagonist, *b₁₁* {n, U} Story 2, Clip 11.56 – 12.14 “[types] Or was it in there [scrolls]”

Protagonist, *c₆* {d, U} Story 3, Clip 12.50 – 13.14 “Haven’t put ‘Patient’ [For me it’s X” or similar]”

Protagonist, *c₁₅* {n, Q} Story 7, Clip 16.00 – 16.39 “...but I don’t know which one of these would best describe that”

Protagonist, *d₃* {d, V} Story 4, Clip 26.50 – 27.09 “These are very specific and I have no information to help me”

Antagonist, *a₂₀* {d, V} Story 1, Clip 30.22 - 31.01 “...where’s the government? [...]”

Antagonist, *d₂₃* {e, Q} Story 4, Clip 14.57 - 15.21 “Antagonist um ‘father’ [scrolls] so there’s none there”

Other Character, *c₆* {n, U} Story 3, Clip 14.05 – 14.34 “[“For me it’s X” or similar] ‘chemist’ mm shall I write it, or put something similar? [...]”

Other Character, *c₂* {n, V} Story 7, Clip 19.41 – 19.58 “[scrolling] ‘friend’? [...]”

Other Character, *c₂₂* {d, V} Story 11, Clip 48.06 – 48.16 “... the coroner; is he in there as well? No [...] He won’t be there, okay”

Other Character, *d₃* {e, V} Story 4, Clip 27.59 – 28.26 “[scrolling] Oh ‘Mum’; could that be ‘Mum’? ‘Mum’ ‘Mother’”

Audience, *a₁₂* {e, U} Story 5, Clip 25.36 – 25.45 “[Narrative style and the identification of an institutional body as audience] I wonder if [Government] it’s somewhere here [menu]”

Audience, *b₁₁* {n, U} Story 6, Clip 19.29 – 20.00 “err how I [scrolls menu] [Handling reluctance to make a suggestion]”

Audience, *c₂* {d, V} Story 3, Clip 14.08 – 14.26 “...if there was one in here which said uh ‘Hospital Pharmacists’ I might tick it but err – there’s one on ‘Practice Pharmacists’; ‘Community Pharmacists’...”

Audience, *c₁₆* {n, Q} Story 3, Clip 17.41 – 18.19 “Does it have something like ‘Hospital Managers’...? [...] see because that’s probably more for them than GPs”

Audience, *c₂₂* {e, V} Story 3, Clip 18.30 – 19.10 “I think you could do with somebody in the hospital as well [Offering an explanation for a suggestion] pharmacy at the hospital”

Audience, *c₂* {d, V} Story 7, Clip 21.48 – 22.04 “... I can’t see triage nurses on this list so I’m going to assume it’s in alphabetical order which I think it is, which means I haven’t missed it [types]”

Audience, *c₁₆* {n, Q} Story 11, Clip 29.15 – 29.42 “Do ‘Coroners’ belong under GPs? [Recognising potential Audiences in their Character suggestions]”

Related Reader, *b₁₄* {e, Q} Story 2, Clip 44.00 – 44.36 “[...] Oh okay, so that doesn’t really apply [...]”

Related Reader, *c₁₆* {d, Q} Story 3, Clip 57.25 – 57.39 “yeah, especially if I kind of compare it to these kind of roles; because these are slightly different stories”

Related Reader, *c₂* {d, V} Story 11, Clip 47.09 – 47.19 “... Reader identity - Oh I’ve been through all these before haven’t I”

Discussion afterwards, *d₂₃*, {Q} Clip 70.43 – 71.35 “Yeah, I found those quite restricted though [...] probably because – I don’t know um, it was all medical wasn’t it”

(A19.1.3) The term is applicable but its definition (general practice context) is not

Antagonist, *a₂₀ {d, V}* Story 1, Clip 30.28 – 31.06 “[selects ‘Practice Manager’] *That’s them then [...] [deselects] So say that would be ‘PCT Management’... [types]*”

Audience, *b₂₄ {n, U}* Story 10, Clip 36.53 – 37.07 “*It’s not ‘Fund Managers’ I suppose it goes back to the Government doesn’t it*”

Audience, *c₁₆ {n, Q}* Story 3, Clip 19.34 – 20.29 “... ‘Fund Managers’ ... *I would rather write my own [Narrative style and the identification of an institutional body as audience] at least I know what it means [...] Yeah because it doesn’t provide kind of explanation; it might have different meaning...*”

Audience, *c₁₆ {n, Q}* Story 7, Clip 38.21 – 38.45 “[**What does domain menu term mean?**] *[Removes ‘School Nurses’] yeah, I meant something probably more like ‘trainee’ [...]*”

(A19.1.4) General remark

Places, *a₄ {Q}* Clip 00.34 – 01.12 “[**Commenting on the model or contextual implementation**]”

Places, *b₁₈ {U}* Clip 11.13 – 11.19 “... *have you got Northampton in here? [...] yeah obviously [laugh]*”

Places, *d₁₀ {V}*, Clip 01.01 – 01.26 “[**What do I?**] *Yeah [laugh] long way down*”

Protagonist, *d₈ {e, U}* Story 4, Clip 11.40 – 12.18 “*Okay, this is a list [scrolling] you’ve extract from the other texts [...]*”

Protagonist, *a₁₇ {e, V}* Story 1, Clip 09.50 – 10.18 “*A lot of choices!*”

Antagonist, *a₂₀ {d, V}* Story 1, Clip 29.15 - 29.26 “[...] *Oh, I see they are aren’t they! Drugs Liaison, Fund Managers ...*”

Antagonist, *a₂₀ {d, V}* Story 5, Clip 44.17 - 44.42 “*Mm [Pharmacist] No, they try and help ...*”

Audience, *b₁₈ {n, U}* Story 2, Clip 26.42 – 28.02 “[**Remarking on or otherwise suggesting the general interest nature of the stories**]”

Audience, *d₂₃, {d, Q}* Story 4, Clip 18.06 – 18.12 “*Continence Nurses – I don’t think so*”

Audience, *d₂₃, {d, Q}* Story 12, Clip 40.50 – 40.55 “*Mm yeah, whether they [Computer Operators] hear about it*”

Related Reader, *b₂₄ {n, U}* Story 6, Clip 49.32 – 50.12 “[...] *Let’s see if I can see anything there [...] No*”

Related Reader, *c₂, {d, V}* Story 7, Clip 43.23 – 43.26 “[**Understanding of the task part**] *Ah, so this might help me a bit*”

Table (A19.1) Domain menus – Attribute and Menu Utility Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Menu Usefulness)		
	e	n	d	Total	V	U	Q
Place	N/A	N/A	N/A	N/A	1*	1*	1*
Character	0.7	0.3	0	1.0	12	8	9
Protagonist	2.0 ÷ 16 =0.1	2.0 ÷ 4 =0.5	2.0 ÷ 4 =0.5	6.0 ÷ 24 =0.3	÷ 6 =2.0	÷ 11 =0.7	÷ 7 =1.3
Antagonist	1.0 ÷ 8 =0.1	0 ÷ 8 =0	4.0 ÷ 8 =0.5	5.0 ÷ 24 =0.2			
Other Character	1.0 ÷ 7 =0.1	2.0 ÷ 15 =0.1	1.0 ÷ 2 =0.5	4.0 ÷ 24 =0.2			
Audience	2.0 ÷ 6 =0.3	7.0 ÷ 10 =0.7	4.0 ÷ 8 =0.5	13.0 ÷ 24 =0.5			
Related Reader	1.0 ÷ 4 =0.3	1.0 ÷ 11 =0.1	3.0 ÷ 9 =0.3	5.0 ÷ 24 =0.2	2 ÷ 6 =0.3	1 ÷ 11 =0.1	2 ÷ 7 =0.3
Discussion afterwards	N/A	N/A	N/A	N/A	0	0	1*
Totals	7.7 (0.9)	12.3 (1.4)	14.0 (2.3)	34.0 (1.4)	15 (2.3)	10 (0.8)	13 (1.6)

* Attribute Ranking does not apply to the Place attribute or to Discussion afterwards

(A19.2) Narratological menus

(A19.2.1) The term is applicable but its definition is not

Feature, c_2 {n, V} Story 7, Clip 18.10 – 18.27 “...No, actually when I read what you've got 'disclosure' defined as I don't think it's true. Not that kind of disclosure I was thinking of”

Feature, d_{23} , {n, Q} Story 12, Clip 35.40 – 36.17 “[Responding with humour] But I meant sort of in an ironic way so I can't really tick it [...] Well, no, no, you can't call it a tragedy ...”

(A19.2.2) The definition is applicable but the term itself is not

Narrator, c_{15} {n, Q} Story 3, Clip 11.00 – 11.35, “I think this is a difficult one because I feel that Pharmacist is the narrator...and I feel that this is coming from their viewpoint...it's obviously based on their values and beliefs, but then I wouldn't say it was 'Unreliable'”

(A19.2.3) General remark

Feature, a_{12} {n, U} Story 1, Clip 12.27 - 12.36 “[“What does menu mean?”] this is where [editor’s suggestion] ‘farce’ is coming from [...]”

Feature, c_{16} {e, Q} Story 3, Clip 12.16 - 12.29 “Err what are these for – that I might choose from them or? [...]”

Feature, d_3 {n, V} Story 4, Clip 18.15 - 19.06 “... Hmm would that be an allegory or a metaphor? Maybe an allegory ... Let’s put ‘allegory’”

Feature, a_{17} {e, V} Story 9, Clip 26.20 - 26.39 “[...] I shall try and introduce it into a sentence tomorrow”

Feature, d_{23} {n, Q} Story 4, Clip 10.03 - 10.25 “[...] Oh god [...]”

Feature, d_{23} {n, Q} Story 12, Clip 35.05 - 35.58 “umm would you say there’s a metonymy there? [...]”

Feature, d_{23} {n, Q} Story 12, Clip 35.50 - 36.01 “... I mean it’s done as simile there but it’s not really a simile ...”

Narrator, a_{20} {n, V} Story 1, Clip 32.41 - 32.57 “Unreliable – that’s quite interesting isn’t it, that definition [the narrator interprets events according to their own values and beliefs] but ... that’s true anyway”

Narrator, c_2 {n, V} Story 3, Clip 12.31 – 12.42 “‘Narrator or Narrating Aspect’; ‘Omniscient’! Oh I see, right okay”

Narrator, d_{23} {n, Q} Story 4, Clip 17.15 - 17.39 “... And what do you want me to do with this ‘Narrator select’? [“What does a narratological menu term mean?”]”

Table (A19.2) Narratological menus – Attribute and Menu Utility Questionnaire Ranking

	Attribute Ranking				Task Part Ranking (Menu Usefulness)		
	e	n	d	Total	V	U	Q
Feature	2 ÷ 9 =0.2	7 ÷ 10 =0.7	0 ÷ 5 =0	9 ÷ 24 =0.4	5 ÷ 6 =0.8	1 ÷ 11 =0.1	7 ÷ 7 =1.0
Narrator	0 ÷ 7 =0	4 ÷ 16 =0.3	0 ÷ 1 =0	4 ÷ 24 =0.2			
Totals	2 (0.2)	11 (1.0)	0 (0)	13 (0.6)			

(A20) Nearest to hand suggestions

(A20.1) Selecting the editor’s suggestion from a menu rather than agreeing directly

Feature, d_{23} {n, Q} Story 4, Clip 10.34 – 10.48 “~”

Protagonist, a_4 {n, Q} Story 5, Clip 26.03 – 26.10 “It’s the same; I didn’t see that”

Protagonist, a_{17} {e, V} Story 5, Clip 19.12 – 19.36 “”

Narrator, a_5 {n, U} Story 1, Clip 24.59 – 25.30 “~”

Narrator, a₁₂ {n, U} Story 9, Clip 40.56 – 41.23 “[Not treating style of narration as being a mutually exclusive choice] and the central [First-person] yes”

Narrator, a₁₃ {e, U} Story 9, Clip 40.09 – 40.16 “”

Narrator, a₁₇ {e, V} Story 9, Clip 30.13 – 30.20 “”

Narrator [Phase 4], a₁₇ {e, V} Story 9, Clip 71.04 – 71.11 “[Other indicators of consolidation]”

Narrator, a₂₀ {n, V} Story 9, Clip 60.24 – 60.27 “~”

Narrator, b₁₁ {n, U} Story 2, Clip 13.41 – 13.43 “”

Narrator, b₁₈ {e, U} Story 2, Clip 25.52 – 26.08 “[Not treating style of narration as being a mutually exclusive choice]”

Narrator, c₂ {n, V} Story 3, Clip 12.31 – 13.31 “[Narratological menus – General remark] [Not treating style of narration as being a mutually exclusive choice]”

Narrator, a₁₂ {n, U} Story 8, Clip 56.40 – 56.50 “...Yes [Intrusive] because he's very keen to say things about other people...”

Narrator, d₁₉ {n, U} Story 8, Clip 38.00 – 38.07 “”

(A20.2) Entering as free text a value that is semantically equivalent to a menu item, editor or previous reader suggestion.

Entry screen, a₄, {QU} Clip 00.34 – 01.12 “[Domain menus - General remark] Is it okay if I type it [Milton Keynes]?”

Entry screen, a₁₃, {QU} Clip 01.06 – 01.22 “... okay, I'll type Milton Keynes, okay”

Entry screen, a₁₇, {U} Clip 01.15 – 01.31 “”

Entry screen, c₂₂, {QU} Clip 00.48 – 01.29 “[...] I'll put it in shall I [Northampton] PCT do you want or is that ... enough? [...]”

Entry screen, d₁₉, {U} Clip 06.53 – 07.16 “[...] Right okay [types]”

Entry screen, d₂₃, {U} Clip 00.51 – 01.06 “... so you just put Northampton, yeah?”

Protagonist, c₂₁ {e, QR} Story 11, Clip 89.08 - 89.31 “[...] Well I didn't look through to see”

Protagonist, c₂₂ {d, QU} Story 11, Clip 45.11 - 45.47 “[Previous readers' suggestions]”

Antagonist, c₂₂ {d, QU} Story 11, Clip 47.44 - 48.11 “Can I type it in [...] Yes I just missed it [having scrolled past]”

Other character, b₁₄ {n, U} Story 10, Clip 34.32 - 34.47 “”

Other character, c₂₂ {d, QU} Story 11, Clip 48.00 - 48.34 “... It has to be the um ... coroner [Remarking on the specific nature of the domain menus]”

Audience, b₁₄ {n, U} Story 10, Clip 35.39 - 35.51 “[Recognising potential Audiences in their Character suggestions]”

Audience, c₁₆ {n, QU} Story 3, Clip 18.37 - 19.35 “[Commenting on a value weakly disagreed with] I think there was something like that. It's just quicker to type it sometimes [...] Here it is 'Practice Managers' [...] because they're probably grouped according to main let's say job areas or kind of err responsibilities but then it's kind of more difficult to ... look for it.”

Related Reader, b₁₈ {d, QU} Story 2, Clip 52.49 – 53.21 “[Cascading suggestions]”

(A20.3) Remarking on semantic equivalence of terms.

Character, c_{16} {e, e, n, QU} Story 3, Clip 15.32 – 15.43 “[Task part consolidation] ‘chemist’ would be the same as ‘pharmacist’ so”

Audience, c_{16} {n, QU} Story 11, Clip 29.01 - 29.13 “‘GP discussion group’ ... Well [menu item] that’s the same basically yeah”

(A21) Story relations

(A21.1) Identification of story relationships

(A21.1.1) Identification of story relationship kinds

Related Story (8), c_{15} {n, U} Story 7, Clip 40.45 – 41.02, “...can things be related in terms of because I’m thinking - not necessarily by what they’re about but the way that they’re written?”

(A21.1.2) Identification of multi-way story relationships

Related Story (12 & 5), a_4 {e, QU} Story 1, Clip 68.48 – 70.14 “These are the same reason [Immediacy and fluency]”

Related Story (9), a_{20} {n, QU} Story 5, Clip 94.03 – 95.03 “Yeah, we’ve done that haven’t we; oh no but have we done it to this one?”

Related Story (1), a_{17} {n, U} Story 9, Clip 51.00 – 51.25 “Now, I think we’ve already related these the other way round haven’t we [Offering an explanation for a suggestion] so we don’t need to ... do it round the other way...?”

Related Story (5), a_{17} {n, U} Story 9, Clip 54.40 – 55.52 “[Concern with spelling or grammar]”

Related Story (4 & 9), b_{11} {n, U} Story 2, Clip 41.29 – 41.46 “[The Main Point as a memory aid] well, for the same reason really”

Related Story (2 | 6), b_7 {d, VU} Story 10, Clip 56.29 – 56.53 “Okay, that story; it really should have to relate it the opposite way back round again now but I might, might not, I don’t know [...] It doesn’t make a difference, right”

Related Story (4 & 6), b_{18} {e, QU} Story 10, Clip 63.43 – 64.59 “I feel like I’m repeating myself [Building on a theme]”

Related Story (7 & 11), c_{15} {n, U} Story 3, Clip 37.10 – 38.06 “”

Related Story (1 & 3), c_{15} {n, U} Story 7, Clip 44.27 – 44.47 “So, and again about...”

Related Story (6 & 11), c_{16} {d, QU} Story 7, Clip 60.45 – 63.07 “[The Main Point as a memory aid] [...] It’s almost counter arguments...It might even be a circle”

Related Story (12, 3 & 7), c_{15} {n, U} Story 11, Clip 48.36 – 48.54 “”

Related Story (7 & 3), d_{10} {e, U} Story 12, Clip 43.24 – 44.06, “I kind of want to put the same thing because I want to say the three are related...”

(A21.1.3) Identification of genre relationships

Related Story (6), c₁₅ {n, U} Story 11, Clip 45.21 – 45.45 “[The Main Point as a memory aid]”

Related Story (1), d₁ {n, U} Story 12, Clip 51.12 – 51.46 “[Building on a theme]”

(A21.1.4) Identification of contrasting relationships

Related Story (2), a₄ {e, QU} Story 1, Clip 61.05 - 61.41 “*This story [2] is a little bit contrasting with this story [1] so it is not related in a for sense but is relating in an against sense*”

Related Story (9), a₁₇ {n, U} Story 5, Clip 46.14 – 47.06 “*...they can be related by being on opposite sides of the argument I assume? [laugh] Not necessarily a positive relation*”

Related Story (10), a₂₀ {n, QU} Story 9, Clip 83.55 – 84.17 “*...there's a relationship between this guy and that, but it's to do with him feeling that his job is to do with seeing only what's necessary, and this lady's saying 'actually I love seeing patients and their families even if they've got nought wrong with them' [...]*”

Related Story (12), a₁₇ {n, U} Story 9, Clip 52.40 – 53.38 “*makes sense [laugh]?*”

Related Story (10), b₇ {d, VU} Story 6, Clip 53.40 - 54.56 “*They'll think I'm mad if I relate these two stories [laughing] I can see an antithesis relation rather than a relation you see, in the sense that [Employing verbal means to organise, clarify or get approval] [Immediacy and fluency] That's my relation; it's an odd relationship but one is the opposite of the other really; that's how I saw that*”

Related Story (7), b₁₄ {n, U} Story 10, Clip 48.16 – 49.18 “[**Finding the word or phrase**] this one seems to be saying the opposite [**Can I say what I want? I.e. how free is free input allowed to be?**]”

Related Story [revisited] (2), c₁₆ {d, QU} Story 7, Clip 76.23 – 78.05 “*I would probably add this one here as well, in terms of ... almost a contrast between the two [Consulting the story text in order to formulate a closely corresponding suggestion] [Offering an explanation for a suggestion]*”

Related Story (5), c₂₂ {e, QU} Story 11, Clip 76.56 – 77.34 “*A loose relationship there in as much as this one here [5] is arguing that: should one commit um diagnoses and things down for people forever? And that one's [11] - hah - almost saying: they're not writing down what – so it's kind of back to front relationship sort of*”

(A21.1.5) Identification of loose/weak/broad relationships

Related Story (9), a₅ {d, R} Story 5, Clip 94.58 – 96.44 “[**Weaving their own story as a means of relating two stories**] but it's a weak relation”

Related Story (1), a₂₀ {n, QU} Story 9, Clip 75.53 – 76.25 ‘*Only in the sense that General Practice is moving on I suppose [...] Yeah, for that story; the only way I can relate this story is that – it's moving on.*”

Related Story (1), b₇ {d, VU} Story 2, Clip 47.00 – 47.11 “*No, I'm not going to; I mean, I see why people might want to*”

Relate, c₁₅ {n, U} Story 7, Clip 42.26 – 42.43 “*I feel that there can be lots of different ways all these stories are related*”

Related Story (11), c_6 {n, U} Story 3, Clip 61.57 – 62.48 “[**Immediacy and fluency**]
Well, broadly speaking [...]”

Related Story (4), c_{16} {d, QU} Story 11, Clip 68.57 – 70.06 “[**Immediacy and fluency**]
they’re probably broadly related in terms of something I would call um ‘cause and choice’...”

Related Story (1), d_3 {d, U} Story 4, Clip 92.48 – 93.26 “[*... I mean they all have a degree of relation because they ... concern the GPs or whatever [...]”*

Related Story (5) d_1 {n, U} Story 12 Clip 52.00 – 53.03 “[**Abandoning completely a free input value**]”

Relate, d_3 {d, U} Story 12 Clip 113.06 – 113.50 “[*I could have put in more relations but they would have been ... quite subtle or quite marginal ... because you can link infinitely [...] and there are many levels of linking ... you can link words; you can link just touching on subjects,*”

Discussion afterwards, d_{23} {d, U} Clip 69.34 – 69.40 “[*... I mean if you want to really get complicated ... about things you could say they were all related [...]”*

(A21.2) Responses when viewing the two stories related by subject (7 and 8)

Related Story (–), Story 7, c_2 , Clip 42.54 – 43.05 “[**The unrelated non-focal story**]”

Related Story (–), Story 7, c_{21} , Clip 135.35 – 136.00 “”

Related Story (–), Story 8, d_1 , Clip 50.34 – 51.02 “”

Related Story (–), Story 8, d_8 , Clip 37.50 – 38.24 “”

Related Story (–), Story 8, d_{10} , Clip 41.46 – 42.02 “[**The unrelated non-focal story**]”

Related Story (–), Story 8, a_{12} , Clip 72.40 – 73.12 “[**The unrelated focal story**]”

Related Story (–8), Story 7, c_6 , Clip 66.19 – 66.24 “”

Related Story (–8), Story 7, c_{22} , Clip 71.19 – 71.28 “”

Related Story (–7), Story 8, d_3 , Clip 107.09 – 107.20 “[**The unrelated non-focal story**]”

Related Story (–7), Story 8, d_{19} , Clip 74.50 – 75.03 “”

Related Story (8), Story 7, c_{15} , Clip 40.20 – 41.09 “[**Identification of kinds of story relationships**]”

Related Story (8), Story 7, c_{16} , Clip 58.33 – 59.14 “[**The presence of story-story relations**] *umm – uh hmm*”

Related Story (7), Story 8, d_{23} , Clip 55.20 – 55.41 “[**The presence of story-story relations**]”

(A21.3) Weaving their own story as a means of relating two stories

Related Story (4), Story 1, a_5 {d, R} Clip 86.19 – 87.15 “[**Employing verbal means to organise, clarify or get approval**]
*Ah leave the profession – the work - maybe. Maybe there’s some relation because the systems changed because [...] Yes maybe because the medicine [practitioner] leave the work for umm the new system; for instance this is not very good for him – I don’t know maybe [**What do I?**]”*

Related Story (9), Story 5, a_5 {d, R} Clip 94.58 – 95.42 “[*The relation uh may be - I don’t know for the ... mental health err to understand ... the problem is necessary practice*”

of 20 years. In here [9] for instance, the people stay with same doctor for ... 20 years
[Identification of loose/weak/broad relationships]

Related Story (1), Story 10, *a₂₀* {n, QE} Clip 103.58 – 104.58 “Yeah, this guy; yeah, he’d love that idea ... just use computers; I’ll sit at home [laughter] [types] ‘Advance technology so we can do away with doctors’. Hold on! She’s saying what’s she saying? Yeah ... I think it deserves a question mark”

Related Story (4), Story 7, *c₆* {n, U} Clip 67.25 – 68.52 “[“What are you thinking?”] When you try to do things in another way [...] Since like, in the past I was sick of being waiting a long time, now I decided to find another way to visit the doctor very fast
[Deleting and retying the whole of the value]”

(A22) Remarking on Related Reader

(A22.1) Remarking that a particular story *does* relate to them as reader

Feature, *d₃* {n, E} Story 4, Clip 22.55 – 23.01 “How sad”

Related Reader, *a₂₀* {n, QE} Story 1, Clip 101.15 - 101.30 “[Directing attention to an attribute] me as a GP ... I suppose it does; but actually, yeah it does because there’s no other way it can relate to me”

Related Reader, *a₂₀* {n, QE} Story 9, Clip 75.10 - 75.32 “I think ... ‘Primary Health Care Profession’ as all encompassing sort of, and me specifically”

Main, *a₂₀* {n, QE} Story 2, Clip 72.57 - 73.10 “Relate a story; now; yeah, that was quite good fun; that relates ... for me”

Related Reader, *b₁₈* {d, QE} Story 2, Clip 52.16 – 53.01 “[Can I say what I want? I.e. how free is free input allowed to be?] as a parent I can relate to it [...] I mean if I put myself in that situation [...] you know, live in that area with those sort of [...] Um and as a nurse [Cascading suggestions] I can relate to that because we do have to deal with certain [...]”

Related Reader, *b₇* {e, E} Story 6, Clip 56.22 – 56.30 “So I do relate to that story with the pet dying, in the sense of the pet dying relating”

Related Reader, *b₉* {d, QE} Story 6, Clip 58.30 – 58.58 “[Directing attention to an attribute] Something personal, well yeah; the fact that I like very much this hamster – I don’t know”

Related Reader, *b₂₄* {n, E} Story 6, Clip 53.23 – 53.52 “[...] That’s right; because it’s the health shops [Telling verbally, their own story in response] Err zinc and magnesium they are the things which if you’re eating well, you don’t need to take extra supplements”

Relate, *d₃* {e, d, E} Story 6, Clip 99.00 – 99.14 “[Responding with empathy, compassion or pity] okay yeah, that relates with me because I’ve intoxicated animals in the past, without you know, knowing it”

Related Reader, *b₇* {e, E} Story 10, Clip 58.50 – 59.58 “I’m relating the wrong story here I think but...”

Related Reader, *b₁₈* {d, QE} Story 10, Clip 61.03 – 61.50 “It’s going to be the same again really as the other one [Story 2], as a parent again [...] and again as a nurse because I work in that area...”

Related Reader, *b₂₄* {n, E} Story 10, Clip 55.23 – 56.05 “[What do I?] [...] I can [...] as a ‘Principle GP’ [...]”

Related Reader, *c₂* {d, D} Story 3, Clip 44.47 – 45.03 “[Cascading suggestions] ‘Tax payer’. I’d rather they didn’t throw away thousands of my pounds; I would rather they were used for doing more sensible things”

Related Reader, *c₂₁* {e, E} Story 3, Clip 119.28 – 120.37 “[How do I?]

Right, now if I just leave that [Nurse] there and write what I might follow on from there with ... See what I’m going to say is a nurse who does injections and prescriptions you know? [...] Yeah, as a drug administrating nurse, yeah”

Related Reader, *c₂₁* {e, E} Story 3, Clip 121.03 – 122.01 “[...] Oh hang on! There’s another one I can ... add on there”

Related Reader, *c₂₂* {n, QE} Story 3, Clip 63.58 – 64.34 “[...] Working in the NHS, yes [...]”

Related Reader, *c₂* {d, D} Story 7, Clip 43.39 – 44.01 “Well I think the only aspect of this that I can put in is um [Immediacy and fluency] ‘patient who has sat in A&E for hours’”

Related Reader, *c₂₁* {e, E} Story 7, Clip 131.02 – 131.56 “[...] Yeah, the other way I was um ... related ... [types]”

Related Reader, *c₂₂* {n, QE} Story 7, Clip 69.07 – 69.17 “[...] Yes, working for NHS Direct as well because we triage people over the phone [...]”

Related Reader, *c₁₅* {d, QE} Story 7, Clip 41.15 – 41.35 “I can relate to this from waiting in Accident & Emergency”

Related Reader, *c₂₂* {n, QE} Story 11, Clip 73.42 – 75.05 “[Telling verbally, their own story in response]”

Discussion afterwards, *c₂₁* {e, E} Story 11, Clip 148.12 – 149.05 “[“Why did you do that? - not relate yourself as reader”] Yeah, I would’ve related [Cascading suggestions]”

Related Reader, *d₃* {e, E} Story 8, Clip 103.22 – 103.51 “That’s funny; that relates to me a lot because [Immediacy and fluency]”

Related Reader, *d₂₃* {d, E} Story 12, Clip 65.02 – 65.50 “[“Why did you do that?” – not use the menus] Well, definitely ‘Community Nurse’ definitely and ‘Nurse’ [...]”

(A22.2) Remarking that a particular story does not relate to them as reader

Related Reader, *a₅* {n, QD} Story 1, Clip 85.02 – 85.24 “...No, my identity is not related to this [laughing] [Can I do nothing?]”

Related Reader, *a₁₇* {d, QE} Story 1, Clip 44.38 – 44.56 “[Directing attention to an attribute] No, because I don’t think it probably does particularly relate to me”

Related Reader, *a₁₇* {d, QE} Story 5, Clip 49.53 – 50.14 “[Directing attention to an attribute] Umm, no, no [laughing]”

Relate, *d₃* {e, d, E} Story 1, Clip 95.40 – 95.48, “...it doesn’t relate to me really, that story...”

Related Reader, *a₅* {n, QD} Story 5, Clip 92.07 – 92.12 “...Mental health related with me, no I hope not [laughing]”

Relate, *d₃* {e, d, E} Story 5, Clip 98.35 – 98.43 “I don’t know even if it relates with me to be honest”

Relate, *b₁₁* {n, n, QE} Story 9, Clip 41.45 – 42.01 “[...] this doesn’t relate ...”

Related Reader, *b₂₄* {n, E} Story 2, Clip 47.00 – 47.32 “[Directing attention to an attribute] I cannot for the simple reason that I have never worked in the remote areas so

[...] I mean yes, this is a GP's job I quite agree; if err somebody who is working in say an island in Scotland, it applies to him. I have never done that sort of jobs, so it doesn't relate to me [...]"

Main, *b₁₈* {d, QE} Story 6, Clip 59.57 – 60.47 “[Requesting to return to view previously saved phase 3 relating] Could I have related myself to that? I don't know if I could [...] don't think I could have...”

Related Reader, *c₁₅* {d, QE} Story 3, Clip 38.10 – 38.34 “[Directing attention to an attribute] In what way? [...] I don't know; I can't say I've ever had any problems like that”

Related Reader, *c₁₅* {d, QE} Story 11, Clip 48.53 – 49.04 “[Directing attention to an attribute] No”

Related Reader, *c₁₆* {d, QE} Story 11, Clip 72.30 – 72.52 “Mm 'Unintrusive observer' - I don't know; this one is kind of harder to [Can I do nothing?]”

Discussion afterwards, *b₇* {e, E} Story 4, Clip 63.15 – 63.47 “That story there about the chap griping about his history and whatever; the one that says about 'the choices we made in the past' and 'school labels' and things. That story, I don't like it. I've never got my head around it; I still don't understand it properly, what his issue is. I'm glad I didn't get that one, otherwise I would have been here for another half hour while I scratched my head [Commenting on the task]”

Related Reader, *d₁₀* {n, VE} Story 8, Clip 41.55 – 42.26 “[...] “[The unrelated non-focal story] Nothing sprang to mind, so I would be just creating something for the sake of it and I didn't want to do that”

Related Reader, *d₃* {e, E} Story 12, Clip 108.45 – 109.04 “...I wouldn't know ... offhand what to think of; it never happened to me, that kind of thing”

Related Reader, *d₁₉* {d, E} Story 12, Clip 79.08 – 79.50 “[...] I can't ... this one”

(A22.3) Remarking that a particular story might relate to them as reader

Related Reader, *a₁₂* {n, QE} Story 1, Clip 66.00 – 67.45 “[How do I?] I don't know, I'm just trying to find a way [...]”

Related Reader, *a₁₇* {d, QE} Story 9, Clip 55.58 – 58.26 “[Directing attention to an attribute] But it is my identity as a Pharmacist that we are talking about [...] Oh, me as a reader [...] Ah right [...] I see, umm”

Related Reader, *b₁₈* {d, QE} Story 2, Clip 51.35 – 52.16 “The only way I really relate to that is from a professional type side of things [...] I mean, the only way I can, not in a professional way, would be you know, as a parent or something - if any of those things ... happened to ... my family or my children then I did [...]”

Related Reader, *b₂₄* {n, E} Story 6, Clip 49.21 – 50.55 “[Directing attention to an attribute] [Domain menu – General remark] [...] That is a story about a Vet isn't it. It will never come to a GP's doorstep at all. Yes the only thing that relates to a GP or a Community Health is err symptoms of zinc poisoning so I don't know how – whether you can relate that. That is the only part of the story which will relate to a GP [...] If it is just part of the story, then you can relate? [...]”

Related Reader, *b₉* {d, QE} Story 10, Clip 66.40 – 67.26 “[Taking a long pause before typing the value (> 20 seconds)] I don't know 'Experience'"

Related Reader, *c₂* {d, D} Story 3, Clip 44.35 – 44.47 “So I think again for related reader I will just put in 'Patient' again [Cascading suggestions]”

Related Reader, *c₁₆* {d, QE} Story 3, Clip 55.30 – 57.00 “[Taking a long pause before typing the value] *the viewpoint; it's not necessarily me...*”

Related Reader, *c₂* {d, D} Story 7, Clip 43.05 – 44.01 “Right, um, if I ‘Save now’ it will go off this; let’s just see if I can do any of this related reader stuff while I’m here [Understanding of the task part]”

Related Reader, *c₁₆* {d, QE} Story 7, Clip 64.30 – 66.12 “...but again it’s not really that my personality feels ambiguous [Handling unconventional input types]”

Related Reader, *c₂* {d, D} Story 11, Clip 47.19 – 47.26 “I think there’s really nothing I can put in this ‘Reader identity’ thing except ‘Patient’ I think really”

Related Reader [revisited], *c₁₆* {d, QE} Story 11, Clip 78.20 – 78.58 “...If it relates to the story it would be the surprise – I know how those people talk – it’s no kind of big surprise...they can have lunch and discuss what was new in the post mortems and who discovered what; if you’re not used to it then it may have inappropriate consequences for people’s digestions [laugh]”

Related Reader, *d₃* {e, E} Story 4, Clip 95.49 – 96.03 “Does it relate to me; well in a general sense I suppose”

(A22.4) Other behaviours indicating reader relatedness to any story

Other Point, *a₁₂* {d, E} Story 1, Clip 08.56 – 09.28 “[Can I say what I want? I.e. how free is free input allowed to be?] ‘Card system reminds me of KMi’s’ [Offering an explanation for a suggestion]”

Relate, *c₆* {n, n, QD} Story 1, Clip 57.50 – 58.47 “[The Main Point as a memory aid] I thought this one was ‘Technology is not a panacea’ ... Oh, I have to delete everything! [Forgetting - Phase 1 stories]”

Relate, *c₆* {n, n, QD} Story 7, Clip 63.09 – 64.08 “Well first [turns attention to Related Reader]”

Relate, *b₁₁* {n, n, QE} Story 4, Clip 40.22 – 41.17 “[Handling unconventional input types] The reason I understand that is it’s about life; life’s choices, so”

Relate, *d₂₃* {d, d, E} Story 3, Clip 62.42 – 62.58 “[Cascading suggestions] [Telling verbally, their own story in response]”

Related Reader, *c₆*, {n, QD} Story 11, Clip 69.14 – 70.43 “[responding with empathy, compassion or pity]”

Related Reader, *c₁₆*, {d, QE} Story 7 & 10, Clip 65.29 – 66.11 “[types] ‘...so all these stories kind of remind me...’”

Related Reader, *c₁₆*, {d, QE} Non-focal story, Clip 71.53 – 72.16 “Related reader: again I would say kind of aspects of identity would ... be ... seeking for holy grail idea? That there is something ... kind of panacea [...] Oh the [focal] top one”

Related Reader [revisited], *c₁₆*, {d, QE} Non-focal story, Clip 74.42 – 75.21 “[The Main Point as a memory aid] [pointing to a story title] [Telling verbally, their own story in response]”

Related Story (7), *b₇*, {d, E} Story 10, Clip 58.07 – 59.24 “[The presence of story-story relations] [Immediacy and fluency] ‘...and that is what we need...’”

Related Story (4), *c₂₁*, {n, E} Story 3, Clip 126.54 – 127.09 “[...] [Responding with puzzlement]”

Table (A22) Remarking on Related Reader – Attribute and Task Part Questionnaire Rating

	Attribute Ranking: Related Reader*				Task Part Ranking (Ease and Difficulty): Relate*					
	e	n	d	Total	VE	E	QE	QD	D	VD
Explicit does	9 ÷ 4 =2.3	8 ÷ 11 =0.7	7 ÷ 9 =0.8	24 ÷ 24 =1.0	1 ÷ 1 =1.0	23 ÷ 7 =3.3	29 ÷ 12 =2.4	5 ÷ 2 =2.5	5 ÷ 2 =2.5	0 ÷ 0 =0
Implicit does	2 ÷ 4 =0.5	5 ÷ 11 =0.5	4 ÷ 9 =0.4	11 ÷ 24 =0.5						
Explicit Might	1 ÷ 4 =0.3	2 ÷ 11 =0.2	9 ÷ 9 =1.0	12 ÷ 24 =0.5						
Explicit Does Not	4 ÷ 4 =1.0	5 ÷ 11 =0.5	7 ÷ 9 =0.8	16 ÷ 24 =0.7						
Total	16 (4.1)	20 (1.9)	27 (3.0)	63 (2.7)	53 (6.7)				10 (5.0)	

* Differs from the categories themselves which show the rating of the attribute and task part currently under consideration

(A23) The identification of story-story relations

(A23.1) Expressions on the absence of story-story relations

(A23.1.1) The unrelated focal story

Main, c₂ {n, D} Story 3, Clip 40.07 – 40.43 “Okay ‘Bulk prescription wastes money’ [“What does task instruction expression mean?”] [scans titles] [The Main Point as a memory aid] Okay, I don’t think there are any that I can see that directly relate to this one, number 3”

Main, d₁₀ {e, VE} Story 4, Clip 44.30 – 44.55 “[Can I do nothing?]”

Related Story, a₁₂ {n, QE} Story 8, Clip 72.35 – 73.11 “[Responses when viewing the two stories related by subject (7 and 8)] I cannot find anything for this one I’m afraid [...]”

Related Story, b₂₄ {n, E} Story 2, Clip 46.25 – 47.01 “[...] I can’t relate this story to any of those so [...]”

Related Story, b₁₁ {n, QE} Story 6, Clip 42.16 – 43.10 “[scans titles] No. I don’t think that is related [...]”

Related Story, b₂₄ {n, E} Story 6, Clip 47.53 – 49.10 “[...] So I’m really going back to this list to see if I can relate this to this isn’t it? [...] What about this bit in the middle? [...] But this [1] has nothing to do with this [6] has it [...] So I’m not looking at this [1] am I [...] I can’t relate this story [6] to any of these ...”

Related Story, *c₂* {n, D} Story 3, Clip 44.12 – 44.35 “... Now then I've decided that – I had a look at it and I decided that I didn't really think that there was anything – still don't think so, There's not really anything that relates directly to this”

Related Story, *d₁* {n, QE} Story 4, Clip 46.55 – 48.40 “”

Related Story, *c₂₂* {e, QE} Story 3, Clip 66.44 – 67.14 “I don't see any [...]”

(A23.1.2) The unrelated non-focal story

Related Story (2), *a₂₀* {n, QE} Story 1, Clip 107.13 – 107.27 “Yeah, that's it ... It's difficult to relate that to the rest of them actually [...] Yeah, I think they're somewhat unrelated [...] depends what context that's in [...]”

Related Story (5), *a₅* {d, QD} Story 1, Clip 89.19 – 89.27 “[...] Ah 'mental –' okay, not related”

Related Story (6), *a₅* {d, QD} Story 1, Clip 89.27 – 89.35 “[...] 'My first err hamster'. No”

Related Story (7), *a₂₀* {n, QE} Story 1, Clip 103.14 – 103.46 “Mm. How does it relate? Yeah. It doesn't unfortunately”

Related Story (9), *a₅* {d, QD} Story 1, Clip 91.03 – 91.15 “... Ah the doctor yes. No”

Related Story (11), *a₄* {e, D} Story 1, Clip 60.49 – 61.03 “Yeah, there is nothing that I can relate more to this”

Related Story (-), *a₁₇* {n, QE} Story 1, Clip 43.43 – 44.38 “[...] Yes I think that particular ... we're relating with the first story aren't we [Responding with humour] I think that probably only related to – I think from what I can recall anyway [scrolls titles]”

Related Story (1), *a₅* {d, QD} Story 5, Clip 92.20 – 92.49 “[The list position as a memory aid] Okay, but no it's not”

Related Story (2), *a₅* {d, QD} Story 5, Clip 92.50 – 92.59 “'Full emergency' 'ambulance service'. No”

Related Story (7), *a₅* {d, QD} Story 5, Clip 93.32 – 94.22 “Maybe is but um [reading] Ah no, no, no]”

Related Story (8), *a₅* {d, QD} Story 5, Clip 94.25 – 94.41 “[The Main Point as a memory aid] 'Italian way' No”

Related Story (10), *a₂₀* {n, QE} Story 5, Clip 100.31 – 101.12 “... No – I think they all relate to – No, I don't think it's related. So that's it [...]”

Related Story (-), *a₁₂* {n, QE} Story 5, Clip 71.47 – 72.03 “[scrolls titles] Okay that's probably the only one [4] here I want to keep”

Related Story (1), *a₂₀* {n, QE} Story 9, Clip 75.31 – 75.44 “And then this is the other one about poor chap doing all those [scrolls non-focal story] No! Ah right - I can't – Oh I see – I can't relate this story to this one”

Related Story (3), *a₂₀* {n, QE} Story 9, Clip 78.01 – 78.13 “This was really ooh [reading] I think it's unrelated [...] How do we say 'unrelated'? [...]”

Related Story (8), *a₂₀* {n, QE} Story 9, Clip 87.40 – 87.46 “No, can't do that, okay, do I 'Save now'? [...]”

Related Story (10), *a₅* {d, QD} Story 9, Clip 99.50 – 101.13 “Um, in this [10] err - he complain a situation no good because err two children wait 14 hours ... No, okay”

Related Story (11), *a₂₀* {n, QE} Story 9, Clip 83.06 – 83.15 “[...] [The Main Point as a memory aid] but I don't think it's related to that story; okay”

Related Story (11), *b₉* {n, QE} Story 2, Clip 49.23 – 49.32 “[whispered] I think that’s it”

Related Story (11), *b₇* {d, E} Story 6, Clip 54.58 – 55.08 “No, it’s the end of that”

Related Story (4), *b₇* {d, E} Story 10, Clip 57.44 – 57.49 “As I say, I’ve never really got to grips with that story [4]”

Related Story (1), *b₁₈* {e, QE} Story 2, Clip 53.21 – 53.40 “[...] not this one [...]”

Related Story (-), *c₂₁* {n, E} Story 3, Clip 128.51 – 129.43 “[...] Oh another story? [...] um [scrolls titles] Agh, leave it at that”

Related Story (1), *c₂₂* {e, QE} Story 3, Clip 65.14 – 65.38 “[...] And has it got any relationship to that story [...] No”

Related Story (-), *c₂* {n, D} Story 7, Clip 42.54 – 43.05 “Oh! ‘You may select another one’ [Responses when viewing the two stories related by subject (7 and 8)] I don’t think there’s actually another one that I feel the need to relate, so that’s okay”

Related Story (-), *c₂₁* {n, E} Story 7, Clip 139.55 – 140.16 “Right, leave it at that”

Related Story (8), *c₆* {n, QD} Story 11, Clip 77.05 – 77.08 “That’s it”

Related Story (3), *d₃* {d, E} Story 4, Clip 97.36 – 97.45 “No, I wouldn’t see this – I hope it’s okay”

Related Story (5), *d₃* {d, E} Story 4, Clip 97.46 – 98.38 “I don’t know. I don’t know this. No, I would say no”

Related Story (6), *d₃* {d, E} Story 4, Clip 99.39 – 99.45 “Then these two I’m afraid I don’t see much relation, no”

Related Story (7), *d₃* {d, E} Story 4, Clip 99.46 – 100.05 “Triage, no I don’t”

Related Story (1), *d₂₃* {d, E} Story 4, Clip 50.50 – 51.06 “They’re not related! [...]”

Related Story (6), *d₈* {n, QE} Story 8, Clip 38.40 – 39.26 “No. Okay, I think that [1] only story related [...]”

Related Story (7), *d₃*, {d, E} Story 8, Clip 107.09 – 107.20 “[Responses when viewing the two stories related by subject (7 and 8)] Triage – No...”

Related Story (-), *d₁₀* {e, VE} Story 8, Clip 41.46 – 42.02 “[Responses when viewing the two stories related by subject (7 and 8)] And – Okay, so if that’s the only one [2] I want to relate to this one [Focal story] then I do ‘Save now’ ...”

(A23.2) The presence of story-story relations

Main [Phase 3], *c₂* {n, U} Clip 40.43 – 41.08 “Okay so ‘Triage’ ... well actually this one - I think 10 is related to 7 [The Main Point as a memory aid]”

Main [Phase 3], *b₁₁* {n, U} Clip 36.27 – 36.32 “[The Main Point as a memory aid] I think this one (12) and this one (1) is related ...”

Main [Phase 3], *b₁₁* {n, U} Clip 36.44 – 38.41 “[The Main Point as a memory aid] This one [pointing to 10 and 11] [...] [link 10] Ah [...] [1st view] [Related?] Why did I do that [laugh] [...] [types]”

Related Story (2), Story 1, *a₄* {e, QU} Clip 61.01 - 61.41 “[2nd view] [non-focal story] [Identification of contrasting relationships]”

Related Story (3), Story 1→Story 5, *a₄* {e, QU} Clip 64.37 – 65.13 “[scrolls titles] [pointing to 3] [The Main Point as a memory aid] [Save later] [Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] [Story 5] [1st view] [Related?]”

Related Story (4), Story 1, *a₅* {d, R} Clip 85.59 – 87.19 “[1st view] [Forgetting - Phase 1 stories] [Weaving their own story as a means of relating two stories] [What do I?]”

Related Story (5), Story 1, *a₄* {e, QU} Clip 59.36 – 60.11 “[scrolls titles] [1st view] [What do I?] Yeah, this is related”

Related Story (8), Story 1, *a₅* {d, R} Clip 89.45 – 90.07 “[1st view] ‘Italian way’ ah maybe ‘different way’ maybe yes [...] yes”

Related Story (9), Story 1, *a₁₇* {n, U} Clip 41.12 – 43.02 “[scrolls titles] [1st view] [Related?] [Relate] [...] Um sorry where to put [...] I need to go back [...] Um this one? [...] [Retrieves] [...] [types]”

Related Story (10), Story 1, *a₁₂* {n, U} Clip 68.54 – 69.32 “is there anything [focal story] [scrolls titles] [1st view] [non-focal story] [Related?]”

Related Story (10), Story 1, *a₂₀* {n, QU} Clip 103.58 – 104.21 “[1st view] ... Meningitis [Weaving their own story as a means of relating two stories] [non-focal story] [darting] [Related?]”

Related Story (12), Story 1, *a₁₂* {n, U} Clip 68.03 – 68.40 “[The Main Point as a memory aid] [1st view] yeah this one [Employing verbal means to organise, clarify or get approval]”

Related Story (12), Story 1, *a₁₃* {n, QU} Clip 55.18 – 59.13 “[scrolls titles] [1st view] [Related Reader] [What do I?] [Related?]”

Related Story (12), Story 1, *a₂₀* {n, QU} Clip 105.37 – 106.08 “[1st view] [non-focal story] Um [focal story] they relate in the sense that ... [Related?]”

Related Story (1), Story 5, *a₂₀* {n, QU} Clip 89.14 – 90.54 “[focal story] [Related?] [...] Here I mean, the point is [non-focal story] [Responding with puzzlement] [focal story] [Commenting on the co-text] [non-focal story] ... I think what I can say is that umm [focal story] that's right [Taking a long pause before typing the value]”

Related Story (3), Story 5→Story 9, *a₄* {e, QU} Clip 62.48 – 63.45 “[focal story] [scrolls titles] [pointing to 3] [The Main Point as a memory aid] [Save later] [Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] [Story 9] [focal story] [1st view] [pause] [Related?]”

Related Story (3), Story 5, *a₂₀* {n, QU} Clip 91.49 – 92.04 “[1st view] [Related?]”

Related Story (4), Story 5, *a₁₂* {n, U} Clip 70.44 – 71.29 “[focal story] mm [scrolls titles] [selects 2, selects 3] [1st view] [non-focal story] [Related?]”

Related Story (6), Story 5, *a₁₃* {n, QU} Clip 60.44 – 61.23 “Okay now, how about this [scrolls titles] [1st view] [scrolls titles] [non-focal story] [Related?]”

Related Story (6), Story 5, *a₁₇* {n, U} Clip 47.26 – 48.31 “[scrolls titles] [2nd view] [Related?]”

Related Story (7), Story 5, *a₂₀* {n, QU} Clip 93.02 – 93.10 “[1st view] [Related?]”

Related Story (9), Story 5, *a₅* {d, R} Clip 94.40 – 95.42 “[1st view] [non-focal story] [focal story] mm [non-focal story] [Weaving their own story as a means of relating two stories]”

Related Story (9), Story 5, *a₁₇* {n, U} Clip 45.45 – 46.56 “[scrolls titles] [1st view] [pause] [Related?] [pause] [Identification of contrasting relationships]”

Related Story (9), Story 5, *a₂₀* {n, QU} Clip 94.03 – 95.03 “[1st view] [non-focal story] [Identification of multi-way story relationships] [focal story] [non-focal story] [Related?] [non-focal story] [Unrelated]”

Related Story (9), Story 5, *a₂₀* {n, QU} Clip 98.08 – 99.09 “What was that again [2nd view] [non-focal story] Yeah, that one's a really good one [focal story] And the same

here really [Referring to the Authorial context] [non-focal story] [Employing verbal means to organise, clarify or get approval] How do they relate [Related?] I think 'GPs' [types] 'grappling' - poor things"

Related Story (11), Story 5, *a₁₃* {n, QU} Clip 61.47 – 62.16 “[scrolls titles] [1st view] [non-focal story] [Related?]”

Related Story (11), Story 5, *a₂₀* {n, QU} Clip 95.03 – 95.34 “[1st view] [The Main Point as a memory aid] [Employing verbal means to organise, clarify or get approval] [focal story] [Related?]”

Related Story (12), Story 5, *a₂₀* {n, QU} Clip 96.50 – 97.09 “[1st view] [focal story] [Related?]”

Related Story (1), Story 9, *a₁₇* {n, U} Clip 50.19 – 51.24 “[non-focal story] [Identification of multi-way story relationships]”

Related Story (1), Story 9, *a₂₀* {n, QU} Clip 75.36 – 76.34 “[non-focal story] [The unrelated non-focal story] [focal story] [non-focal story] [Identification of loose/weak/broad relationships] [scrolls titles] [...] [Related?]”

Related Story (1), Story 9, *a₂₀* {n, QU} Clip 77.28 – 77.40 “[...] [1st view] Okay, that one. Relate [Related?]”

Related Story (2), Story 9, *a₁₂* {n, U} Clip 73.54 – 75.38 “[non-focal story] [focal story] [1st view] [non-focal story] [Related?] [pause] [...] [focal story] [types]”

Related Story (3), Story 9, *a₁₃* {n, QU} Clip 63.11 – 63.46 “[1st view] [focal story] [Related?] [non-focal story] [types]”

Related Story (4), Story 9, *a₂₀* {n, QU} Clip 78.14 – 78.47 “[1st view] 'Try to use my experience' [non-focal story] [The presence of story-story relations] [focal story] [non-focal story] 'leave my practice' [focal story] yeah [Related?]”

Related Story (5), Story 9, *a₁₇* {n, U} Clip 53.46 – 54.57 “[scrolls titles] [1st view] [Identification of multi-way story relationships] [Related?]”

Related Story (5), Story 9, *a₂₀* {n, QU} Clip 79.20 – 79.37 “[The Main Point as a memory aid] [2nd view] yeah [non-focal story] [Related?]”

Related Story (6), Story 9, *a₂₀* {n, QU} Clip 80.36 – 81.00 “[The Main Point as a memory aid] [1st view] [non-focal story] yeah, I mean [focal story] see that really shows that [Related?]”

Related Story (7), Story 9, *a₂₀* {n, QU} Clip 82.02 – 82.21 “[1st view] um [Related?] yeah, I mean it's [...] yeah they are you know but there [non-focal story] it's because of the fact that [types]”

Related Story (8), Story 9, *a₄* {e, QU} Clip 63.45 – 64.11 “[scrolls titles] [The Main Point as a memory aid] [1st view] [Related?]”

Related Story (10), Story 9, *a₂₀* {n, QU} Clip 83.48 – 85.13 “[2nd view] [non-focal story] see there's a relationship ... [focal story] [Identification of contrasting relationships] [Commenting on the co-text] [non-focal story] [Commenting on the co-text] [Related?]”

Related Story (12), Story 9→Story 1, *a₄* {e, QU} Clip 64.10 – 64.37 “[pointing to 12] [The Main Point as a memory aid] [Save later] [Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] [Story 1] [1st view] [Related?]”

Related Story (12), Story 9, *a₅* {d, R} Clip 101.24 – 102.04 “[1st view] [non-focal story] Oh err ... in this err [focal] story and this [non-focal] story [Employing verbal means to organise, clarify or get approval]”

Related Story (12), Story 9, *a₁₇* {n, U} Clip 51.25 – 52.58 “[scrolls titles] [focal story] [scrolls titles] [1st view] [Related?] [Identification of contrasting relationships]”

Related Story (12), Story 9, *a₂₀* {n, QU} Clip 86.21 – 87.00 “[2nd view] IT does relate but this person’s saying it’s all a waste of time [non-focal story] No, no it was – yeah [Related?]”

Related Story (3), Story 2, *b₁₁* {n, U} Clip 45.46 – 39.56 “[1st view] [Related?]”

Related Story (4), Story 2, *b₁₁* {n, U} Clip 40.05 – 40.38 “[Scrolls titles] [1st view] [...] Yeah, yeah [Related?]”

Related Story (8), Story 2, *b₉* {n, QU} Clip 45.30 – 46.56 “[Scrolls titles] [focal story] I think that [story 8] is one [1st view] [non-focal story] Just? [...] [Related?] [pause] [types]”

Related Story (9), Story 2, *b₁₁* {n, U} Clip 41.17 – 41.43 “Right, is there anything [Scrolls titles] [The Main Point as a memory aid] [1st view] [Identification of multi-way story relationships] [Related?]”

Related Story (9), Story 2, *b₇* {d, VU} Clip 47.48 – 48.21 “[1st view] [pause] [Related?] Yes, I think that’s related”

Related Story (9), Story 2, *b₁₄* {n, U} Clip 42.57 – 45.11 “[scrolls titles] [1st view] [scrolls titles] [non-focal story] [Remarking on the specific nature of the domain menus] [focal story] And if you click this does it [...] [Related?] [non-focal story] [types]”

Related Story (9), Story 2, *b₁₈* {e, QU} Clip 53.59 – 56.02 “[scrolls titles] [1st view] [Forgetting phase 1 stories] [non-focal story] Yeah that could be – so those two as related [Related?] ‘Say why’ um ... [Taking a long pause before or during typing the value] [focal story] [types]”

Related Story (10), Story 2, *b₇* {d, VU} Clip 48.42 – 49.20 “[1st view] [non-focal story] [Related?] [Taking a long pause before typing the value]”

Related Story (10), Story 2, *b₉* {n, QU} Clip 50.05 – 50.49 “[2nd view] [non-focal story] [Related?]”

Related Story (3), Story 6, *b₁₈* {e, QU} Clip 58.21 – 58.31 “[2nd view] [Related?]”

Related Story (4), Story 6, *b₁₈* {e, QU} Clip 58.49 – 59.22 “[2nd view] [non-focal story] [Related?] [pause]”

Related Story (4), Story 6, *b₁₄* {n, U} Clip 46.02 – 46.23 “[scrolls titles] [1st view] [pause] [non-focal story] [Related?]”

Related Story (10), Story 6, *b₇* {d, VU} Clip 53.09 – 54.17 “[1st view] [pause] [Identification of contrasting relationships] [Employing verbal means to organise, clarify or get approval] [Related?]”

Related Story (11), Story 6, *b₉* {n, QU} Clip 55.49 – 57.00 “[1st view] [non-focal story] [focal story] [Related?]”

Related Story (1), Story 10, *b₇* {d, VU} Clip 56.46 – 57.03 “[Default view] [non-focal story] Mm – yeah I can relate those [Related?]”

Related Story (1), Story 10, *b₁₈* {e, QU} Clip 61.51 – 62.37 “[default view] [non-focal story] [Related?]”

Related Story (2), Story 10, *b₂₄* {n, U} Clip 54.01 – 59.28 “... [The Main Point as a memory aid] [...] [1st view] [Related Reader] [...] [2nd view] [...] [Related?]”

Related Story (4), Story 10, *b₁₈* {e, QU} Clip 63.08 – 64.02 “[scrolls titles] [1st view] [non-focal story] [Related?] [pause]”

Related Story (6), Story 10, *b₁₁* {n, U} Clip 37.16 – 37.47 “Right [scrolls titles] [1st view] [Related?] [...] [types]”

- Related Story** (7), Story 10, *b₇* {d, VU} Clip 58.02 – 58.15 “[1st view] [pause] [Related?]”
- Related Story** (7), Story 10, *b₉* {n, QU} Clip 62.42 – 63.20 “[1st view] [focal story] [non-focal story] [Related?]”
- Related Story** (7), Story 10, *b₁₄* {n, U} Clip 48.09 – 48.20 “[scrolls titles] [1st view] [Related?]”
- Related Story** (7), Story 10, *b₁₈* {e, QU} Clip 65.00 – 65.33 “[scrolls titles] [1st view] [non-focal story] [Related?]”
- Related Story** (4), Story 3, *c₂₁* {n, QR} Clip 123.05 – 123.10 “[The Main Point as a memory aid] [1st view]”
- Related Story** (5), Story 3, *c₁₆* {d, QU} Clip 52.53 – 53.16 “[1st view] [The Main Point as a memory aid] [non-focal story] err [Related?] have to click there [types]”
- Related Story** (7), Story 3, *c₁₅* {n, U} Clip 36.30 – 37.34 “[scrolls titles] [1st view] [pause] [Related?]”
- Related Story** (8), Story 3, *c₆* {n, U} Clip 60.24 – 61.01 “[1st view] [pause] Yeah, this one maybe – what do I have to click ‘Related?’ [Related?] [pause then types]”
- Related Story** (8), Story 3, *c₁₅* {n, U} Clip 34.35 – 35.25 “[scrolls titles] [The Main Point as a memory aid] [1st view] err [How do I?]”
- Related Story** (9), Story 3, *c₁₆* {d, QU} Clip 54.16 – 54.29 “[1st view] [The Main Point as a memory aid] [non-focal story] [Related?] Yeah I’d say that’s kind of the same – kind of [types]”
- Related Story** (11), Story 3, *c₆* {n, U} Clip 61.42 – 62.01 “[1st view] [pause] [Related?]”
- Related Story** (11), Story 3, *c₁₅* {n, U} Clip 37.40 – 38.00 “[scrolls titles] [1st view] [Identification of multi-way story relationships] [Related?]”
- Related Story** (1 & 3), Story 7, *c₁₅* {n, U} Clip 42.54 – 43.26 “[...] [focal story] Mm; it’s like when I look at this one again (7) I think about [Cascading suggestions]”
- Related Story** (1), Story 7, *c₁₅* {n, U} Clip 42.18 – 44.01 “Hm ... that one was about [2nd view] Oh yeah mm [Identification of loose/weak/broad relationships] [...] So I’ll put them in there [3rd view] I’m just trying to think how to word it ‘Related’ pause [Related?] pause [Finding the word or phrase]”
- Related Story** (1), Story 7, *c₂₂* {e, QU} Clip 67.18 – 68.09 “[default view] Yeah I think there is with that one [...] [Offering an explanation for a suggestion]”
- Related Story** (2), Story 7, *c₆* {n, U} Clip 64.31 – 64.50 “[1st view] [pause] [Related?]”
- Related Story** (2), Story 7, *c₁₆* {d, QU} Clip 76.14 – 76.49 “[Task part consolidation] [scrolls titles] mm [1st view] [Identification of contrasting relationships] [Related?]”
- Related Story** (3), Story 7, *c₁₅* {n, U} Clip 44.26 – 44.46 “[Identification of multi-way story relationships] [2nd view] [non-focal story] mm [Related?]”
- Related Story** (4), Story 7, *c₆* {n, U} Clip 66.45 – 66.56 “[2nd view] [pause] [Related?]”
- Related Story** (4), Story 7, *c₂₁* {n, QR} Clip 132.14 – 132.51 “[scrolls titles] [1st view] [pause] Press that? [...] [Related?]”
- Related Story** (5), Story 7, *c₂₁* {n, QR} Clip 133.57 – 134.46 “See if I can find another one [pause over 5] [1st view] [Related?] [pause] [types]”
- Related Story** (6), Story 7, *c₁₆* {d, QU} Clip 60.17 – 60.24 “[1st view] I think this one relates because [Related?]”
- Related Story** (8), Story 7, *c₁₅* {n, U} Clip 40.05 – 41.00 “[scrolls titles] [1st view] [non-focal story] [Identification of kinds of story relationships]”

Related Story (8), Story 7, *c₁₆* {d, QU} Clip 58.33 – 58.49 “[1st view] [pause] [Related?] Here I can click [types]”

Related Story (9), Story 7, *c₂₁* {n, QR} Clip 135.37 – 136.36 “[scrolls titles] [1st view] [Related?] [non-focal story] [pause] [types]”

Related Story (10), Story 7, *c₁₆* {d, QU} Clip 59.26 – 59.35 “[1st view] uh hmm [Related?]”

Related Story (11), Story 7, *c₁₆* {d, QU} Clip 60.45 – 60.58 “[The Main Point as a memory aid] [1st view] [Related?] um [types]”

Related Story (1), Story 11, *c₆* {n, U} Clip 70.38 – 70.56 “[1st view] So okay ‘Related?’ [Related?] [pause then types]”

Related Story (1), Story 11, *c₁₆* {d, QU} Clip 66.41 – 66.51 “[1st view] [Related?] Yeah and that one his one [types]”

Related Story (1), Story 11, *c₂₁* {n, QR} Clip 140.18 – 142.24 “[default view] [pause] [Related?] Right [Taking a long pause before typing the value (> 20 seconds)] [types]”

Related Story (1), Story 11, *c₂₂* {e, QU} Clip 72.03 – 73.06 “[default view] [Employing verbal means to organise, clarify or get approval] [...]”

Related Story (2), Story 11, *c₁₆* {d, QU} Clip 70.07 – 71.02 “[scrolls titles] [1st view] [The Main Point as a memory aid] ... [non-focal story] ... [Related?] It’s kind of related on a level of I’d say [types]”

Related Story (3), Story 11, *c₂* {n, U} Clip 45.49 – 46.28 “... I think there’s another story in here [scrolls titles] [The Main Point as a memory aid] It was actually this [1st view] [Offering an explanation for a suggestion] [darting] [Related?]”

Related Story (3), Story 11, *c₁₅* {n, U} Clip 47.23 – 47.44 “mm [2nd view] [pause] [Related?]”

Related Story (4), Story 11, *c₁₅* {n, U} Clip 46.40 – 47.02 “[1st view] [pause] [Related?]”

Related Story (4), Story 11, *c₁₆* {d, QU} Clip 68.55 – 69.16 “[1st view] mm [pause] [Related?]”

Related Story (5), Story 11, *c₂* {n, U} Clip 45.07 – 45.41 “[focal story] ... Now then, there’s another mental health story in here, um, where is it? [scrolls titles] [The Main Point as a memory aid] [1st view] ... [non-focal story] ... [Related?]”

Related Story (5), Story 11, *c₆* {n, U} Clip 73.43 – 74.10 “[1st view] [non-focal story] These two ... [Related?] [pause then types]”

Related Story (5), Story 11, *c₂₂* {e, QU} Clip 76.51 – 77.33 “[1st view] [Identification of contrasting relationships]”

Related Story (6), Story 11, *c₁₅* {n, U} Clip 45.21 – 45.43 “[The Main Point as a memory aid] [scrolls titles] [1st view] [Identification of genre relationships] [Related?]”

Related Story (6), Story 11, *c₂₁* {n, QR} Clip 144.47 – 146.32 “[scrolls titles] [1st view] [Related?] [Taking a long pause before typing the value (> 20 seconds)] [types]”

Related Story (6), Story 11, *c₂₂* {e, QU} Clip 80.12 – 80.17 “[1st view] Yes, I could relate those two too [...]”

Related Story (7), Story 11, *c₆* {n, U} Clip 74.40 – 75.13 “[1st view] [pause] [Related?]”

Related Story (12), Story 11, *c₁₅* {n, U} Clip 48.35 – 48.50 “[2nd view] [pause] [Identification of multi-way story relationships] [Related?]”

Related Story (12), Story 11, c_{16} {d, QU} Clip 67.45 – 67.54 “[1st view] [The Main Point as a memory aid] [Related?]”

Related Story (1), Story 4, d_3 {d, U} Clip 92.50 – 94.52 “[Default view] [non-focal story] ... No, no ‘Related?’ No. Well [Identification of loose/weak/broad relationships]

Not quite ... [Non-focal story] [Commenting on the physical text]

Well in a way [Employing verbal means to organise, clarify or get approval] [How do I?] Right [Related?] Okay let’s see, ‘Say why’...”

Related Story (2), Story 4, d_{19} {n, U} Clip 64.21 – 64.48 “[1st view] [pause] I want to relate these two [...] Um how do I do that? [...] [Related?] [non-focal story] [types]”

Related Story (8), Story 4, d_8 {n, QU} Clip 39.40 – 40.20 “[scrolls titles] [1st view] [Related?] [pause] [types]”

Related Story (9), Story 4, d_3 {d, U} Clip 100.14 – 101.26 “[1st view] [non-focal story] ... Ah ... Ah, this might relate ... Oh this is ... [Related?]”

Related Story (9), Story 4, d_{23} {d, U} Clip 51.09 – 52.20 “[...] [scrolls titles] [1st view] [...] Mm, that one [non-focal story] [...] Yeah, that’s related; so I press that [Related?]”

Related Story (10), Story 4, d_{19} {n, U} Clip 67.43 – 68.16 “[1st view] [pause] [Related?]”

Related Story (1), Story 8, d_8 {n, QU} Clip 34.49 – 37.28 “[Default view] [Focal story] [Non-focal story] [Poised over ‘Related?’] [Related Reader] [Handling unconventional input value types] [Related?] [Taking a long pause before typing the value (> 20 seconds)]”

Related Story (2), Story 8, d_1 {n, U} Clip 49.44 – 50.04 “[1st view] [focal story] [Related?]”

Related Story (2), Story 8, d_{10} {e, U} Clip 41.07 – 41.34 “[1st view] And then, okay if I consider there’s some kind of a relation between these two stories [What do I?] [Related?]”

Related Story (2), Story 8, d_{19} {n, U} Clip 73.00 – 73.23 “[1st view] [pause] [Related?]”

Related Story (2), Story 8, d_{23} {d, U} Clip 53.36 – 54.36 “[The Main Point as a memory aid] but [scrolls titles] might be a [Can I have more than one?] [1st view] [Related?] [pause] [types]”

Related Story (3), Story 8, d_3 {d, U} Clip 105.26 – 105.57 “[1st view] ‘Bulk prescription wasted money’ [laugh] [The Main Point as a memory aid] [Employing verbal means to organise, clarify or get approval] [Related?] Let’s put some relation. Okay um [pause] ... [types]”

Related Story (3), Story 8, d_{19} {n, U} Clip 73.55 – 74.24 “[1st view] [Related?] [pause] [types]”

Related Story (7), Story 8, d_{23} {d, U} Clip 54.50 – 55.30 “[scrolls titles] [1st view] [non-focal story] [Related?]”

Related Story (10), Story 8, d_3 {d, U} Clip 107.28 – 107.53 “[1st view] ‘Everyone felt better that we had played safe, though on this occasion’ mm [non-focal story] Well in a way it’s playing safe; putting a lot of cast is playing... [Related?]”

Related Story (10), Story 8, d_{19} {n, U} Clip 75.17 – 75.38 “[1st view] [pause] [Related?]”

Related Story (10), Story 8, d_{23} {d, U} Clip 55.49 – 56.32 “[scrolls titles] [1st view] [pause] [Related?]”

Related Story (1), Story 12, d_1 {n, U} Clip 51.04 – 51.17 “[Default view] [non-focal story] [Related?]”

Related Story (1), Story 12, d_3 {d, U} Clip 109.54 – 110.05 “[Default view] ‘Technology is not a panacea.’ That could be! [Related?]”

Related Story (1), Story 12, d_8 {n, QU} Clip 40.41 – 41.13 “[Default view] [Non-focal story] [Related?]”

Related Story (1), Story 12, d_{19} {n, U} Clip 76.41 – 77.01 “[Default view] [pause] [Related?]”

Related Story (2), Story 12, d_{19} {n, U} Clip 77.13 – 77.33 “[1st view] [pause] [Related?]”

Related Story (3), Story 12, d_3 {d, U} Clip 110.54 – 111.14 “[1st view] ‘Bulk prescription wastes money.’ Mm well, it’s like - in a way yes because [Evidently considering two or more (non-point) attributes simultaneously] [Related?]”

Related Story (3), Story 12, d_{10} {e, U} Clip 42.44 – 43.04 “[1st view] [pause] [Related?]”

Related Story (3), Story 12, d_{23} {d, U} Clip 59.11 – 59.43 “[1st view] [pause] [Related?] [pause] [types]”

Related Story (5), Story 12, d_1 {n, U} Clip 51.46 – 53.03 “[1st view] [pause] [scrolls titles] [Related?] [types] [Identification of loose/weak/broad relationships] [Abandoning completely a free input value]”

Related Story (7), Story 12, d_{10} {e, U} Clip 43.14 – 43.46 “[1st view] [scrolls titles] [Identification of multi-way story relationships] [Related?]”

Related Story (9), Story 12, d_1 {n, U} Clip 53.03 – 53.47 “[scrolls titles] [1st view] [scrolls titles] [Related?]”

9.4.2 - Story categories (S)

(S1) Story engagement or involvement

(S1.1) Responding with humour

Story 1, b_{24} , Read, Clip 37.48 - 38.24 “[laughing] [...] I hope so; I don’t think it will”

Story 1, c_{16} , Read, Clip 40.40 – 40.50 “^”

Story 1, a_{17} , Related Story, Clip 43.43 - 44.11, “...the person goes in and puts their anatomy up against a machine [laugh] ...”

Story 5, a_{20} , Point, Clip 35.10 - 35.20 “Mental health is a bitch [laugh] I agree ...”

Story 5, c_2 , Read, Clip 33.36 – 33.51 “^”

Story 5, c_{16} , Read, Clip 45.25 – 45.30 “^”

Story 5, b_{24} , Read, Clip 39.50 - 40.55 “^”

Story 5, d_3 , Read, Clip 81.18 – 81.24 “Mine has taken 20 years in practice to write’ [laughing]”

Story 5, d_{23} , Read, Clip 46.15 - 46.33 “[...] ‘we’re all neurotic right ...’ [laughing]”

Story 2, c_{16} , Read, Clip 43.00 – 43.09 “That’s a good one [Commenting on the physical text]”

Story 2, d_3 , Read, Clip 72.58 – 73.08 “...and I testified at his dangerous driving court case’ [laughing]”

Story 6, b₇, Point, Clip 18.30 – 18.40 “*Oh dear*”

Story 6, b₂₄, Point, Clip 25.56 – 26.53 “[^] [Commenting on the physical text]”

Story 6, a₂₀, Read, Clip 67.01 – 67.08 “*My first hamster died of zinc poisoning [laugh]*”

Story 6, d₂₃, Read, Clip 47.08 – 47.29 “[^]”

Story 6, c₁₆, Read, Clip 45.40 – 46.27 “[^]”

Story 6, d₃, Read, Clip 82.06 – 82.12 “*... She particularly liked chewing on the bars’ [laughing]*”

Story 10, b₂₄, Point, Clip 30.54 – 31.07 “[^]”

Story 3, c₁₅, Point, Clip 04.56 – 05.02 “[^]”

Story 3, c₁₆, Point, Clip 07.20 – 08.29 “[laugh] good [laugh] good”

Story 3, c₁₆, Feature, Clip 13.00 – 13.12 “[laughing] It is ‘tragedy’ it’s true; I have to point directly to it [menu term]”

Story 3, a₅, Read, 57.30 – 57.50 “*...Ah, the problem is... Yes, in Italy also...*”

Story 3, b₁₄, Read, Clip 37.19 - 37.30 “[^]”

Story 3, b₂₄, Read, Clip 38.54 - 39.28 “[^]”

Story 7, c₂, Point, Clip 15.04 – 15.46 “[laughing] ... I’m sorry. Someone’s got a sense of humour here [...]”

Story 7, c₁₅, Point, Clip 12.25 – 12.37 “[^]”

Story 7, c₁₆, Point, Clip 30.15 – 31.10 “*Good – good to learn that. Have to remember for the future. Yes they tried ‘difficulty in breathing’, we had that, it helped. No we haven’t tried ‘supermarket’ but close to*”

Story 7, c₁₆, Point, Clip 32.00 – 32.12 “*That’s a little price to be paid yeah? [laughing]*”

Story 7, c₂₂, Point, Clip 20.27 – 20.47 “*Oh gosh [laughing] Oh dear [...]*”

Story 7, a₁₂, Read, Clip 62.20 - 62.28 “*I like this one; this one is winner*”

Story 7, a₁₇, Read, Clip 36.16 - 36.30 “[^]”

Story 7, a₂₀, Read, Clip 68.02 – 68.16 “[laugh] Excellent; actually I’ve got to get a copy of this one [...]”

Story 7, b₇, Read, Clip 40.42 – 40.56 “[laugh] I like that story; yes, liked that one”

Story 7, b₁₁, Read, Clip 31.40 – 31.46 “[^]”

Story 7, b₁₄, Read, Clip 39.40 - 39.53 “[^]”

Story 7, d₃, Read, 84.09 – 84.18 “[laugh] Always slip in the words central crushing pain”

Story 7, d₃, Read, 85.27 – 85.56 “[“**What does term in the story mean?**”]”

[Commenting on the story] *Ah ha-ha-ha I see... Oh my goodness, this is comical*”

Story 7, b₂₄, Read, 41.50 – 41.56 “[^]”

Story 7, d₁₉, Read, 57.23 – 57.35 “[^]”

Story 7, d₂₃, Read, Clip 47.38 – 48.08 “[laugh] always slip in the words central crushing pain”

hm hm [laugh] and I don’t think I’d do that!”

Story 7, c₁₅, Relate, Clip 39.00 – 39.11 “[laugh] That point about ‘collapse in a supermarket’ is funny [laugh]”

Story 4, d₃, Antagonist, Clip 23.50 – 24.06 “[Strong agreement with] And the nuns [laugh] yes”

Story 4, d₂₃, Audience, Clip 17.41 – 18.05 “[Laugh] Clinical Psychologists – God knows what they’d make of this eh, definitely. God yeah, and Counsellors – they’d think ‘mad doo-doo-doo-doo...’”

Story 8, d₃, Point, Clip 36.32 – 36.49 “[Telling verbally, their own story in response]”

Story 8, d₃, Antagonist, Clip 52.19 – 52.25 “[laughing] Yes, this is the antagonist definitely [Strong agreement with]”

Story 8, a₅, Read, 71.23 – 71.33 “...In Italy also...”

Story 8, b₇, Read, 42.05 – 42.14 “^”

Story 8, b₁₄, Read, Clip 40.36 - 40.51 “^”

Story 8, c₂, Read, Clip 35.25 – 35.43 “‘they do things differently in Italy’”

Story 8, c₁₅, Read, Clip 30.48 – 30.56 “^”

Story 8, c₁₆, Read, Clip 47.45 – 48.03 “^”

Story 8, a₁₂, Related Reader, Clip 72.10 - 72.35 “[low whistle] [Immediacy and fluency] [laughs] Sorry!”

Story 12, d₃, Point, Clip 57.02 – 57.31 “‘At least they were apologetic about it’ [laugh]”

Story 12, d₂₃, Feature, Clip 35.40 – 36.17 “‘Tis a tragedy isn’t it; no never mind [laugh] [...] [The term is applicable but its definition is not]”

Story 12, c₂, Read, Clip 38.19 – 38.29 “^”

Story 12, c₁₆, Read, Clip 50.15 – 50.43 “That’s bad”

(S1.2) Responding with empathy, compassion or pity

Story 5, a₂₀, Feature [Phase 4], Clip 110.04 – 110.15 “[Task part consolidation] that’s exactly what I feel; it’s tragic... in many ways, what she’s talking about”

Story 9, a₂₀, Point, Clip 107.57 – 108.20 “... He’s a nice guy John [...] I do know John actually; he’s in Stony Stratford, he’s a GP like me, he knows the score. He likes his job - he loves it. But he’s a bit tentative about the future – I don’t blame him. He’s worried about his own position and his reasonable sort of living”

Story 9, a₂₀, Feature [Phase 4], Clip 111.34 – 111.37 “Yeah it’s tragic as well sadly”

Story 2, d₃, Read, Clip 76.26 – 76.39 “I feel exhausted, this poor guy! [Commenting on the co-text]”

Story 2, a₂₀, Read, Clip 62.26 – 62.33 “He couldn’t have done much poor chap”

Story 6, c₂, Read, Clip 34.57 – 35.15 “...Oh poor hamster! – Ooh”

Story 6, d₃, Read, Clip 82.58 – 83.14 “[“What does expression in the story mean?”] Ah, this is really sad”

Story 6, d₂₃, Read, Clip 47.00 – 47.10 “Oh poor thing”

Story 6, d₃, Related Reader, Clip 98.52 – 99.05 “...Ah ... this is the little hamster [Remarking that a particular story does relate to them as reader]”

Story 3, a₂₀, Read, Clip 64.46 - 65.01 “Huh – God, I know the feeling...”

Story 3, d₃, Read, Clip 78.34 – 79.04, “...How sad, with public money. How sad”

Story 11, c₂, Point, Clip 22.52 – 22.56 “...Poor old chap”

Story 11, c₆, Related Reader, Clip 69.14 – 70.43 “[Other behaviours indicating reader relatedness to any story] Yeah, I can write like, what I feel when I see this story? [...] Yeah, it’s a bit bad but that’s what happens”

Story 11, d₃, Read, Clip 90.59 – 91.09 “My God, these stories are all kind of you know, sad”

Feature, d₃, {n, E} Story 4, Clip 22.55 – 23.01 “[Responding with empathy, compassion or pity] I think I could relate with that”

Story 8, c₁₆, Read, Clip 47.05 – 47.12, “That’s normal, no anaesthetics”

Story 8, d₃, Point, Clip 33.12 – 33.38, “...Ah painful! That’s very Italian...Oh my God”

(S1.3) Responding with anger or disbelief

Story 6, d₃, Read, Clip 83.14 – 83.37 “*Idiot! Why did they build a cage with zinc bars?*”

Story 3, d₃, Read, Clip 78.30 – 78.34 “*Bloody hell, what terrible disorganisation*”

Story 7, c₂₁, Points, Clip 56.23 – 56.42 “[“**For me it’s X or similar**] *There’s two things ...: someone has just got a cynical view of triage and 2: there’s a gross misunderstanding of what triage is aimed to be*”

Story 8, a₂₀, Read, Clip 69.15 – 70.00 “*That’s bloody awful isn’t it [...] It’s called money I’m afraid*”

Story 12, d₃, Other Points, Clip 61.00 – 61.20 “[**Forgetting – suggestions**] *Oh and they don’t even apologise [“For me it’s X or similar”]*”

Story 12, d₃, Related Story (3), Clip 111.45 – 111.56 “*That thing with the waste of money really pisses me off*”

(S1.4) Responding with surprise

Story 2, a₅, Read, Clip 54.48 – 55.00, “*Oh, my God*”

Story 2, d₃, Read, Clip 71.23 - 71.43, “*...Wow ...*”

Story 2, d₃, Read, Clip 73.43 - 74.27, “*...What! [Commenting on the meaning of the physical text]*”

Story 2, d₃, Read, Clip 75.08 - 75.24, “*...Bloody hell...*”

Story 3, c₂₂, Points, Clip 06.26 - 06.29, “*Gosh*”

Story 6, b₁₈, Discussion afterwards, Clip 77.38 – 78.34 “[“**Did you find the stories interesting?**”] *The hamster one was quite bizarre wasn’t it [laugh]? ...*”

Story 7, a₂₀, Read, Clip 68.17 – 68.50 “*... It’s true. Bloody hell man! God I’ve never – that’s a bloody good way – I don’t think the clinics would do it ordinarily but I suppose they have to. Ha excellent*”

Story 7, b₇, Read, Clip 40.30 – 40.45 “[**Truth of a story text**]”

Story 11, c₁₆, Other Character, Clip 28.18 – 28.33 “*That’s probably even more ... surprising ... because these are quite serious injuries and not even sent to hospital...*”

Story 11, c₂₂, Points, Clip 37.52 – 38.44 “[“**Umm. Gosh. It could’ve been abuse in the unit [...] which is not mentioned at all is it! An injury but it could be non-accidental injury [...]”**

Story 8, d₃, Point, Clip 35.10 – 35.40 “*... My God! [...]”*

(S1.5) Responding with puzzlement

Story 1, a₁₂, Point, Clip 06.25 – 06.53 “[**Commenting on style**] *because ... I cannot get it? [Commenting on detail]*”

Story 1, a₁₃, Characters, Clip 15.05 – 15.23 “[“**I don’t quite understand these two paragraphs** [**Referring to the Authorial context**]”]

Story 1, d₁₉, Discussion afterwards, Clip 92.25 – 93.29 “[“**...] initially it starts off and you’re not sure who’s telling the story and who’s ...**”]

Story 1, a₂₀, Related Story, Clip 89.26 – 90.20 “[“**...I think she’s being quite ironical and I don’t know what she was getting at actually** [**Commenting on the co-text**]”]

Story 9, a₅, Points, Clip 44.28 – 45.15 ‘[...] Yes, two jobs but what ... one job is the medicine no? [Commenting on style of narration]’

Story 6, c₆, Read, Clip 47.00 – 47.20 ‘What’s Cinnamon? [...] Why is it ‘the first of many’? [Commenting on the co-text]’

Story 3, c₂₁, Related Story (4), Clip 126.54 – 127.09 “[Other behaviours indicating reader relatedness to any story] why couldn’t they have done it – issued it in 2000 units, then I can make two 4000 uses or 6000”

Story 11, a₄, Read, Clip 54.45 – 55.15 “So post mortem gives wrong answers [...] But how ...? [...] um okay”

Story 11, a₅, Read, Clip 77.15 – 79.00 “I understand nothing of this sentence”

Story 4, a₅, Read, Clip 59.00 – 60.32 “[“What does term in the story mean?”]”

What is the writer, I don’t understand [...] the protagonist...who speak ...?

[Commenting on the meaning of the physical text]”

Story 4, a₅, Read, Clip 61.17 – 62.19 “Okay, but I don’t understand why he ...?”

[Commenting on the meaning of the physical text]

Story 4, a₂₀, Read, Clip 66.35 - 67.01 “I don’t understand that ... do you? ...Oh, there’s a choice involved, that’s the point”

Story 4, b₇, Related Story, Clip 47.12 – 47.25 “I never really understood that story when I read it before; yes, I never really got to understand that story, even when I read it”

Story 4, c₂₂, Related Story, Clip 75.57 – 76.38 “[The Main Point as a memory aid] [...] Yes, she must be saying a lot about where she’s coming from culturally I suppose [...]”

Story 8, a₅, Read, Clip 73.05 – 74.00 “I don’t understand if the talk is positive or negative on the tractament ... they describe the tractament in Italy but is good or not good for him? [Responding with interest]”

Story 12, a₅, Read, Clip 80.14 – 81.16 “Um, the problem is the – I don’t understand very well ...I don’t know in English...many, many paper – many paper in the office err [...]”

(S1.6) Responding with interest

Story 5, a₄, Main Point, Clip 20.53 – 21.43 “[“What does editor’s suggested attribute value mean?”] Yeah, yeah [...] classify [...] you can’t treat a human being as an entity...so they want to put human conditions in terms of computer, which is not possible obviously”

Story 5, a₂₀, Point, Clip 36.50 – 37.05 “Brilliant – Excellent”

Story 2, a₂₀, Read, Clip 63.27 – 63.30 “Brilliant stuff ...!”

Story 2, b₂₄, Point, Clip 14.20 – 15.18 “Gosh [reads] Sounds very interesting [...] My job seems to be very cushy reading that [laugh]”

Story 2, c₁₆, Read, Clip 41.54 – 42.40 “Um - um”

Story 2, d₂₃, Read, Clip 45.00 – 45.05 “Mm not kidding”

Story 2, c₁₆, Relate, Clip 70.22 – 71.34 “... interesting because ...basically he identifies the ... primary causes ... or indirect influences [Employing verbal means to organise, clarify or get approval] [Immediacy and fluency]”

Story 2, d₁₉, Discussion afterwards, Clip 91.59 – 93.29 “[“Did you find the stories interesting?”]”

Story 10, a₄, Read, Clip 52.10 – 53.17 “So it is spread by -How does it spread...?”

Story 10, a₅, Read, Clip 74.47 – 75.06 “Is mandatory the vaccination for Meninges? ...”

Story 10, d₃, Read, Clip 89.28 – 89.40 “So triage also in this context means that you distribute like cases? ... That the nurses make a first assessment? [...]”

Story 11, d₃, Read, Clip 90.39 – 91.01 “It’s like he fell because he was demented and that’s what killed him [...] Technically he died because of the [...] injuries that he reported. Okay, but he wouldn’t have ... fallen if he hadn’t been demented [...] I see”

Story 11, d₂₃, Read, Clip 49.38 – 49.47 “Mm, yeah; that’s a good one”

Story 4, d₃, Character, Clip 24.19 – 24.25 “[Commenting on style] It’s interesting ... there is a story into the story”

Story 8, a₅, Read, Clip 73.32 – 74.00 “[...] Yeah! [...] For instance without anaesthetic but [...] for a fracture! to err - okay”

(S1.7) Responding with disinterest

Story 4, b₂₄, Read, Clip 39.29 – 39.33 “”

Story 8, b₂₄, Read, Clip 41.56 – 42.00 “”

(S2) Commenting on the story

(S2.1) General comments

Story 5, a₄, Point, Clip 17.31 – 18.02 “[“What does expression in the story mean?”] Okay, you can’t just treat mental health as a code and do it [...]”

Story 5, a₂₀, Audience, Clip 47.19 – 47.22 “That was a good story actually”

Story 5, a₂₀, Feature [Phase 4], Clip 110.16 – 111.05 “Psychiatry was not a medical field at one time don’t forget; it was considered outside the scope of medicine; they had to fight for it. Mind you psychodynamic psychotherapy is a bit hard to understand; I mean systemic psychotherapy is quite interesting but psychodynamic therapy: they have to go through psychotherapy themselves ... throughout their life ... it’s Freudian type stuff ... it’s very, very complex ... I much prefer cognitive behavioural stuff...”

Story 9, a₂₀, Point, Clip 47.36 – 47.54 “That’s a bit unfortunate”

Story 9, a₂₀, Point [Phase 4 bug displays 9 instead of 1], Clip 107.48 – 108.00 “Yeah, this [1] was a toughy actually. No, this was – this [9] was great”

Story 9, a₂₀, Related Story (1), Clip 103.49 – 103.59 “Yeah that was a good narrative; I liked that narrative”

Story 2, b₂₄, Point, Clip 13.40 – 13.50 “That’s quite true”

Story 2, d₂₃, Read, Clip 44.10 – 44.17 “That’s true [laugh]”

Story 6, b₇, Point, Clip 19.19 – 19.24 “Well, it is a short story!”

Story 7, c₁₆, Point, Clip 30.07 – 30.14 “That’s a longer one”

Story 7, a₂₀, Read, Clip 67.53 – 67.56 “I agree”

Story 7, d₃, Read, Clip 84.36 – 84.47 “... the only other hospital department that patients can get to see a doctor without a letter of referral’ I’ll use it then, if it happens to me”

Story 7, d₃, Read, Clip 85.35 – 85.52 “So you have to say you have one of those and then you get seen ... very quick. So the importance is to get in ... you know to get in to be seen by somebody; then if you have that or something completely different it doesn’t matter [Responding with humour]”

Story 4, d₂₃, Point, Clip 06.00 – 06.10 “*That's a bit -*”

Story 8, a₁₂, Other Character, Clip 55.50 – 56.02 “[Commenting on a value weakly agreed with] Yeah, the only thing you want to say is 'oh that would never be like this here' so”

Story 8, c₆, Read, Clip 49.10 – 49.22 “*That's true, unfortunately*”

(S2.2) The physical text

(S2.2.1) Commenting on the physical text

Story 1, a₂₀, Point, Clip 20.04 – 20.10 “... ‘*Then they will do away with us*’ Mm”

Story 1, a₂₀, Character, Clip 28.24 – 28.47 “*So who – this is the Nurse Practitioner here, the Correspondent; what does the Correspondent mean there? [...]*”

Story 1, a₂₀, Narrator, Clip 32.25 – 32.40 “[Commenting on style] to be honest it's quite difficult to understand ... but you can draw something out of it”

Story 1, d₃, Read, Clip 69.02 – 69.10 “... ‘*Then they will do away with us*’ Ah ...”

Story 1, d₃, Related Story, Clip 93.28 – 93.42 “*Then they will do away with us*”

Story 1, a₂₀, Phase 3, Main, Clip 101.09 – 101.15 “*So it's this technology bit which I couldn't get a hold of very well...*”

Story 1, a₂₀, Related Story (2), Clip 101.50 – 101.59 “*do away with us*”

Story 9, a₂₀, Main Point, Clip 49.57 – 50.18 “*...she's really worried about the point of ... the recruitment crisis is a big issue and so she's saying that could affect us really badly – I mean it's quite cushy now she's saying - now that ... I've been in General Practice – seeing family units growing up ...*”

Story 5, a₄, Point, Clip 16.32 – 17.15 “*Oh, this is very tough [laugh]*”

Story 2, a₅, Read, Clip 53.12 – 53.24 “*'asthmatic' Ah a kind of disease*”

Story 2, a₁₂, Read, Clip 59.14 – 59.26 “*This is the ambulance guy - and the GP at the same time, okay*”

Story 2, a₂₀, Read, Clip 61.40 – 61.45 “*Ha, 'life threatening asthmatic case'*”

Story 2, c₁₆, Read, Clip 43.00 – 43.09 “[Responding with humour] [pointing to text]”

Story 6, b₂₄, Point, Story 6, Clip 26.05 – 26.18 “[Responding with humour] It's 'places' isn't it? 'fancy palaces' places”

Story 6, b₂₄, Point, Clip 27.00 – 27.20 “*It's saying 'Cinnamon – first of many' [...] What a name!*”

Story 3, c₁₆, Character, Clip 15.28 – 15.34 “*'surprise!'* [pointing to text]”

Story 3, c₁₆, Character, Clip 15.38 – 15.43 “[Remarking on semantic equivalence of terms]”

Story 3, c₂₁, Character, Clip 45.05 – 45.21 “*Now we went back to words just now; I just suddenly realised, why are they using 'quid'; that's poor editorial work [...]*”

Story 3, a₅, Read, Clip 56.30 – 56.43 “*This is a pharmacy*”

Story 3, d₂₃, Read, Clip 45.30 – 46.00 “*I mean you understand this but this is typical language that is used and it's just not good English I don't think. I mean yes, you can understand it but – like being in the military isn't it [...] you know, staccato kind of talking that does make sense but doesn't.*”

Story 7, c₆, Point, Clip 21.05 – 21.25 “*...it comes from Greek I think; ENT*”

Story 7, d₃, Read, Clip 83.37 – 83.55 “*...[reading 'scum' for 'scam'] that's very flattering ...*”

Story 11, *c*₂, Feature, Clip 27.01 – 27.07 “Right okay, so these features with question marks in have come straight out of the text haven’t they”

Story 11, *c*₆, Point, Clip 30.13 – 30.28 “[“What does term in the story mean?”] Oh what’s written here ‘bronchopneumonia’”

Story 11, *c*₁₆, Feature, Clip 24.22 – 24.48 “He had a ‘stroke’; where was the stroke mentioned; didn’t have stroke did he? [...] Where is it? [...] There; that’s stroke?”

[Commenting on a value weakly disagreed with]

Story 11, *c*₂₂, Feature, Clip 42.05 – 42.50 “...Those ‘query fit’ and ‘query fall’ that were ‘unwitnessed’ was the thing that brought NAI non-accidental injury to my – so they were strong images – so that would be alright wouldn’t it? [...] And it was the ‘unwitnessed’ that I feel is important [...] It says ‘unwitnessed in the night’ [...] Yes because how do you know how he did it and one’s just made a big assumption really.”

Story 4, *a*₂₀, Read, Clip 65.12 – 65.20 “Ha – To have my cake and eat it”

Story 8, *a*₁₂, Other Point, Clip 47.47 - 47.58 “And err all that stuff about the bed and all that ... I’m not interested in that...”

Story 12, *d*₃, Point, Clip 58.05 – 58.17 “...with all the To...s’ Oh, to this that that ... Okay, jeez I’m slow to understand [...]”

Story 12, *d*₂₃, Feature, Clip 36.55 – 37.19 “I don’t know what his wife is so – oh she’s consultant – no, well you don’t know do you? [...] could be the secretary couldn’t she [...]”

(S2.2.2) Commenting on the meaning of the physical text

Story 1, *a*₁₂, Other Point, Clip 10.51 – 11.08 “... I mean, she makes it clear that err, it’s not going to work like this, without any trouble or problem”

Story 9, *a*₅, Points, Clip 41.56 – 45.04 “The general practice of the health in the country is not good **[Commenting on style of narration]** Ah the same doctor [...] Sorry, I don’t understand this sentence ‘I’m lucky enough to be quite a long way down that road’ [...] Ah he works outside, no? **[Responding with puzzlement]**”

Story 9, *a*₅, Point, Clip 31.18 – 31.57 “[“What does expression in the story mean?”] Ah the writer has err employed 20 years to write no?”

Story 2, *Read, d*₃, Clip 74.03 – 74.27 “[Responding with surprise] Do they hang people still? [...] As usual I give the less unlikely interpretation [laughing]”

Story 6, *a*₅, Read, Clip 65.17 – 65.47 “[“What does term in the story mean?”] It’s a kind of animal – no [...] Ah okay, is the same hamster – no it’s another animal [...]”

Story 4, *a*₅, Read, Clip 58.40 – 58.59 “... ‘what does choosing mean’ ah the patient choose”

Story 4, *a*₅, Read, Clip 60.06 – 60.32 “[Responding with puzzlement] what practice? what work? Is he a doctor or? [...]”

Story 4, *a*₅, Read, Clip 61.17 – 62.19 “[Responding with puzzlement] Because the school is a jungle okay, there is many people there [...]”

Story 8, *d*₂₃, Point, Clip 19.10 - 19.33 “[...] next to the 8 bedder [...]”

Story 8, *d*₃, Feature, Clip 46.44 – 47.05 “cleaning ladies [were doing] of the cast [...] Oh that’s what he means ‘to make’”

Story 8, *a*₅, Read, Clip 71.11 – 71.22 “...is the same person - the son, the daughter”

(S2.3) Point-driven reading

(S2.3.1) Commenting on the co-text (indicative of point-driven reading)

Story 1, a₂₀, Main Point, Clip 19.11 – 19.51 “*...umm, the context - It would be nice to know what they were talking about actually, the first problem, but the general idea – the feeling you get from it is ...*”

Story 1, a₁₂, Protagonist, Clip 14.08 – 14.21 “*Well obviously there is the person who is at the other end of this kind of conversation* **[Moving beyond the text to suggest character roles]**”

Story 1, a₂₀, Related Story (5), Clip 89.26 – 90.20 “[**Responding with puzzlement**] but from what I gathered from this aspect of technology, um, it relates to this bit [Story 5] because again it's, um, we're being quite fantastical aren't we, about the uses of IT...”

Story 9, a₂₀, Other Character, Clip 55.17 – 57.55 “*Other characters involved – I mean, a lot actually – Oh the 'Silent majority'; now what was she relating that to ... she was saying 'are happy'; yeah, so most of us get on with the job [...] but that could include the Shipman like character you see ...*” **[Creating scenario type stories in response]**”

Story 9, a₂₀, Related Story (5), Clip 99.12 – 100.07 “*So they actually want there: us to do classification, and there: she's saying 'well we can't do everything because there's not enough GPs'*”

Story 9, a₁₂, Related Story, Clip 74.32 – 75.31 “*I don't know why; I want to think this guy is a kind of countryside doctor who practices in a small village* **[Employing verbal means to organise, clarify or get approval]** **[Commenting on detail]**”

Story 2, c₆, Read, Clip 47.06 – 47.20 “[**Responding with puzzlement**] Yeah [laugh] I thought 'the first of many who died'”

Story 2, a₂₀, Read, Clip 61.27 – 61.36 “*God, that must be a great job mustn't it?*”

Story 2, d₃, Read, Clip 76.26 – 76.39 “[**Responding with empathy, compassion or pity**] I assume it's a guy ...”

Story 2, b₇, Related Story (10), Clip 49.38 – 50.00 “*...I would imagine that doctor would be willing to go out and see a patient rather than just*” **[Offering an explanation for a suggestion]**”

Story 10, a₂₀, Read, Clip 70.47 - 70.55 “*um, he doesn't want to do any work does he; that's the problem*”

Story 10, a₂₀, Related Story (9), Clip 84.17 – 84.32 “*... his perspective is on efficient effective health care like a hospital practitioner – is he a hospital practitioner? ...*”

Story 10, a₂₀, Related Story (9), Clip 84.36 – 85.02 “*God, that's great isn't it; I want to sit at home – ha - and get paid for it! [...] Actually he doesn't need to do Out Of Hours work every day ...*”

Story 3, c₁₆, Feature, Clip 13.13 – 13.35 “[**Offering an explanation for a suggestion, verbally**] Well, what I meant by irony was essentially a lot of basically ah statements like here there's a sentence kind of suggesting that they didn't believe in it so - it would happen so it was kind of expect the worst case scenario.”

Story 3, c₁₆, Narrator, Clip 16.54 – 17.16, “*...it's a lot of kind of emotions*” **[Offering an explanation for a suggestion]**”

Story 7, c₁₆, Feature [Phase 4], Clip 81.21 – 82.02 “[**Evidently considering two or more (non-point) attributes simultaneously**] ...which is not mentioned there, but almost retrospectively [laugh]”

Story 11, c₂, Main Point, Clip 24.06 – 24.19 “[Customising the editor’s suggestion to achieve the preferred interpretation] Because probably he caught pneumonia because he had dementia and was unable to look after himself properly”

Story 11, c₂₂, Point, Clip 38.45 – 39.08, “I suppose he’s saying the dementia was the cause with effect but umm. No, I think he did die of bronchopneumonia; he could have lived on with dementia couldn’t he ...”

Story 4, d₃, Feature, Clip 19.28 – 20.20 “...the idea of sewing; it’s like a social role ...and that one thing that was meant for her to do...Now this is typically connected to a female role ...”

Story 4, d₂₃, Feature, Clip 10.34 – 13.25 “[allegory] definitely, definitely [...] [Selecting the editor’s suggestion from a menu rather than agreeing directly] I think it’s very complex as well in some places and it’s factual. It’s also that [hyperbole] definitely [“What does narratological menu term mean?”] Irony definitely [...] Symbolism yeah, I see some of that in there [“What are you thinking?”] [Offering an explanation for a suggestion] definitely symbolism. Tragedy, well you could see it as tragedy ... in the way that obviously something underneath there that they’re not happy about [...] it’s all that sort of ‘Oh I didn’t have a very happy childhood and look what happened to me’ type thing [...] I don’t know I wouldn’t tick tragedy but it’s a bit like that.”

Story 4, d₂₃, Antagonist, Clip 15.56 – 16.03 “Obviously there are some issues there”

Story 4, d₂₃, Other Character, Clip 16.41 – 16.55 “...but it’s not really a choice because her mother being a mother would offer to do it so ...”

Story 8, d₃, Feature, Clip 44.47 – 45.49 “As a feature of the hospital, I think Italian – well definitely Italian hospitals but probably also other hospitals; but if they don’t use enough anaesthetics or painkillers people are going to suffer [Telling verbally, their own story in response] I’ve never been into other ... hospitals in other countries so I don’t know ...”

Story 8, d₃, Feature, Clip 46.17 – 46.35 “[Cascading suggestions] Again, because elderly people, they grab them, they do what ever they want ... they pack them into these casts or whatever”

Story 8, d₂₃, Feature, Clip 22.47 – 24.04 “Definitely comedy. Bit of fact and a bit of fantasy actually - it was a bit of both and it was farcical as well. Irony definitely; [symbolism] yes definitely – I think the GP was saying they were a load of crap [laugh] wasn’t he”

Story 12, d₂₃, Feature, Clip 37.19 – 37.31 “... because the consultants often don’t get them; they go to their secretaries first so that’s why I don’t know; that’s why I’m not going to put it; is that alright? [...]”

(S2.3.2) Commenting on style (indicative of point-driven reading)

Story 1, a₁₂, Point, Clip 06.25 – 06.53 “Is it a dialogue...? [Responding with puzzlement]”

Story 1, a₂₀, Protagonist, Clip 29.00 - 29.05 “That’s her speaking there isn’t it; the whole thing’s her speaking actually isn’t it [...]”

Story 1, a₂₀, Narrator, Clip 32.25 - 32.35 “Then she moves on; yeah, it’s quite an interesting narrative...”

Story 11, c₂, Feature, Clip 27.45 – 28.32, “Hmm; it’s kind of biographical I think because it’s centring around this one person...It’s the sort of story that actually might

make a lot of people very angry but it's presented in a very factual, understated sort of way..."

Story 11, c₁₆, Relate [revisited], Clip 78.13 – 78.56 “...interestingly written...in a fairly light way...”

Story 11, c₁₆, Feature [Phase 4], Clip 83.28 – 83.44 “Can I write something ... 'light hearted'...? [Immediacy and fluency]”

Story 4, d₃, Protagonist, Clip 26.04 – 26.22 “... I see there is like – they're both main characters but it's like a story embedded in [...] but it's nice, it's very nice ...”

Story 4, d₃, Character, Clip 24.19 – 24.25 “[Responding with interest]”

Story 4, a₁₂, Read, Clip 60.32 – 60.59, “This is a dialogue, no?”

Story 8, d₁₀, Features, Clip 19.43 – 20.01 “[Offering an explanation for a suggestion] I know it wasn't funny but it was narrated in a funny way”

Story 8, d₃, Protagonist, Clip 49.19 – 49.43 “... okay, this is another [embedded] story”

(S2.3.3) Commenting on detail (indicative of point-driven reading)

Story 1, a₁₂, Point, Clip 06.35 – 06.52 “[Commenting on style] seeing this, I thought that would be 'correspondent' one and two”

Story 1, a₂₀, Main Point, Clip 20.34 – 21.00 “Because I think whatever they did initially - the person's saying – that's my feeling; that's the idea I get because it's specific to err a problem they've already solved [“For me it's X” or similar] So generalising on technology is not necessarily the main point ...”

Story 9, a₁₂, Related Story, Clip 74.32 – 75.31 “[Commenting on the co-text] Thing is, probably the whole idea of 'seeing different generations growing' probably makes me feel like okay this guy has been there for thirty years and you can only be at the same place for such a long time if you are in the countryside – I think [...]”

Story 3, c₂₁, Feature, Clip 32.20 – 32.59 “See, that I'm might mean ... I milligram ... I mean I've got ideas in my head here that this Eprex – that's a special infusion stuff ... um and that would mean that they would come in larger doses but of half strength or partial strength”

Story 3, c₂, Narrator, Clip 12.42 – 13.03 “[Commenting on a value weakly disagreed with] because it refers here to 'Pharmacist enraged' so I don't actually know”

Story 11 c₁₆, Feature, Clip 24.55 – 25.18 “... interesting kind of emotional idea is kind of this: 'as expected'; somehow, it fits kind of very interesting into”

Story 11 c₁₆, Other Character, Clip 26.25 – 26.43 “[Can I say what I want? I.e. how free is free input allowed to be?] because in a way, okay 'not sent' but might be kind of mentioned ...”

Story 4, d₃, Other Character, Clip 27.50 – 28.30 “...Mother, who was kindly sewing the tapes [Remarking on the specific nature of the domain menus]”

(S2.4) Telling a story in response

(S2.4.1) Telling verbally, their own story in response

Story 9, a₂₀, Point, Clip 50.15 – 50.52 “...That's the beauty of General Practice ... that you know the father, mother, grandfather, children and you keep to know them, so it

makes a big difference when somebody comes to see you with a problem ... and it's really nice to develop that relationship with a family; it's beautiful in many ways; you never get that in any other aspect of medicine – never ... ”

Story 9, a₂₀, Other Characters, Clip 57.53 – 59.47 “*...and I've noticed Hospital consultants do the same – they don't want to do the operation on a patient so they say to the patient 'Oh this has got massive risks' [...] honestly! ... Then he comes back to you and said 'I'm not going to have the operation' and I said 'Well why not? You know it's the best thing for you ... it's only a ...' I mean I've done hundreds of them, I'm just a surgeon ... and they say 'Well because the surgeon said I might lose my leg'. I said 'For God's sake you know, that's like a point nought, nought, nought three percent chance!' you know, and then I realise. I look at the waiting list, speak to the hospital manager, I realise there's a two year waiting list; and you know, a lot of the patients who can't speak English very well it has to be said, are usually fobbed off* [Creating scenario type stories in response]

Story 2, a₂₀, Read, Clip 63.30 – 63.49 “*I know a GP who works in [...] the Outer Hebrides. He's a very good friend of mine. He's married to a sister of a very good friend of mine. I was going to go there to see him – he does exactly the same thing. I was worried about him recently.*”

Story 6, b₇, Related Reader, Clip 55.55 – 56.23 “*Believe it or not that actually caused a real problem for my pet guinea pig - it eventually killed him; there was something wrong with his jaws in the end [...] teeth grew too long and the vet missed it again and again. I was a child, I wouldn't have known! It wasn't poisoned. I had another pet rabbit actually which got um ... maggots in it and died*”

Story 6, b₂₄, Related Reader, Clip 53.23 – 53.52 “[Remarking that a particular story does relate to them as reader] because in the past people didn't talk about zinc and magnesium; nowadays you find they always come 'but the health shop says that I should have extra magnesium in my diet and that's why I'm taking the tablets'...”

Story 10, a₄, Read, Clip 53.00 – 53.18 “[...] But in my part of my world – that is from India, I never heard of a disease called Meningitis. Maybe it is something related to region like Europe [...]”

Story 7, c₁₅, Relate, Clip 41.40 – 42.21 “[Truth of a story text] I've been in before with bad asthma and if you kind of emphasise that [...] yeah, then you get seen quicker [laugh] [...] And I went in hospital recently for my hand and I had to wait ages to be seen, and the woman who put the cast on my hand hadn't had experience in doing it before; it started to come undone after about a week.”

Story 7, c₁₆, Points, Clip 31.35 – 32.00 “*In my case that [tonsillectomy] was done in two weeks ... That was STD ... they wouldn't let me in at that age [laughing]*”

Story 7, c₁₆, Relate [revisited], Clip 74.50 – 75.21 “... yeah, I know that happens...because that was exactly my position...difficulty breathing ... were immediately there, but I said 'well, I didn't feel anything' so I didn't get the same treatment. Doesn't matter that the person was there just measuring probably my blood pressure. So it is true in a way – it's quite interesting”

Story 7, c₂₂, Main Point, Clip 23.50 – 24.10 “*No, I think it does ... help in prioritising people in - having done a day in Casualty sort of with a triage nurse I think [...]”*

Story 7, c₂₂, Audience, Clip 34.05 - 37.15 “*I've also worked for the um NHS helpline [...] NHS Direct* [Offering an explanation for a suggestion] *it was almost too successful and therefore the volume of people ringing in, we couldn't manage with the number of staff on and it – you almost hated going to work in the end [...] so I left [laugh] to do other things*

um because ... it ... became run on call centre ethics so it was call times and missed calls, not helping somebody not to commit suicide [...] oh masses! [...] yes but you couldn't be on the phone for an hour [...] people would be there um they'd then do um your average calls over your shift for the month and if they're very – too long then you'd be taken to task for – and that isn't what - anything to do with nursing is about; it's about the value and the content, and I couldn't bear that [...] so it was time to leave then; I couldn't change things so – and there was too much um monitoring of your performance which sounds awful but I've no – I don't mind people monitoring my performance at all but it became very tick boxy and once a month, and if you are only part time that comes around very quickly; and people listening to your calls and saying 'why didn't you do that?' and it's very easy with hindsight to change and I thought as a practitioner I have my own accountability and you're taking that away from me and I didn't have faith in that person who was judging my – I wasn't sure that I wanted to be – I wouldn't practice like they do; so there were lots of issues so um yes, I think it was good um as a need for people but I think it's been too successful"

Story 11, c₂₂, Related Reader, Clip 73.42 – 75.05 "*[...] What, the non-accidental injury one um, yep must've – and Health Visiting because we deal with non-accidental injuries with children and we've had training in abuse of the elderly and things so – but you would in your nurses training as well so um [Remarking that a particular story does relate to them as reader] not everyone knows that Health Visitors are nurses first and foremost either do they [...] Know that to be a Health Visitor you have to have been a nurse first [...]*"

Story 8, d₃, Point, Clip 36.32 – 37.15 "**[Responding with humour]** because it's true; they grab you ... if you break like a little tiny thing you know ... they give you a cast that takes ... one metre on one side and one metre on the other side. Well I'm exaggerating but you know they do tend to do a lot of um – I guess they want to be safe – rather safe than sorry because they try to immobilise..."

Story 8, d₃, Point, Clip 37.17 – 37.48 "*... My mother had broken her ... elbow here [gesture] and they did all of this [gesture], also the shoulder - I think it's, you know, they did a lot of err cast – casting? [...] Plus she had been operated; she went on and on and on with this thing you know. Mm, that was really bad [laugh] Poor mum*"

Story 8, d₃, Point, Clip 37.48 – 38.39 "*... She used to cycle a lot. However, she was a bit uncautious [...] Oh she broke so many things, she broke so many things ... Twice when she was cycling she ... broke. First time she broke her elbow and it was uncomposed; fracture was pretty bad, they had to operate it twice. And err second time she broke her back. And they told her she had been very, very lucky because she could remain paralysed [...] Yeah she's alright now but hmm, she's stopped cycling [...]*"

Story 8, d₃, Feature, Clip 45.00 – 45.43 "**[Commenting on the co-text]** I was in the hospital for twelve days once because I had a car accident, and it was ... you could hardly sleep because people were lamenting all the time ... but they would lament throughout the night and very also loudly depending on what ... they were in for. I was in orthopaedic – something orthopaedia – no they changed me ... because I had a concussion and I was treated for that. So it's very typical of Italian hospitals this um you know, sound in the night"

Story 8, a₂₀, Related Story, Clip 82.42 – 83.07 "*... I was on holiday and I got called to see a patient with a broken leg, and to be honest it wasn't broken at all, there was nothing wrong with them, but she got plastered because it costs money, and they wouldn't let her*

out of the hospital until she paid for the plaster [laugh], and I said 'don't pay for it because you don't need it!' but they wouldn't let her out poor thing."

Story 8, d₃, Point, Clip 33.38 - 34.19 "I didn't know that in other places they give anaesthetic [...] I've never heard people giving anaesthetic for reducing fractures, I really haven't; unless – yeah, no, they tend not to; they just do it as quickly as they can and then put the thing on. Hah, but you know – all depends what kind of fracture you have I guess, because mm - I've been lucky enough not to have that kind ... I had fractures; not that kind"

Story 12, d₂₃, Audience, Clip 41.31 – 42.20 "Oh my God, when I was on community err the emails that the general practitioners used to send to us – couldn't understand a word they were saying [...] not a word. And then all complicated and ... talk about hyperbole mad, you know, and you'd think, well the GPs need some training themselves on how – what to send people [...]"

Story 12, d₂₃, Related Reader, Clip 63.50 – 64.23 "[Cascading suggestions] ... in the community, I mean the amount of times we went to people's houses and they had a room full of pads and catheter bags and you know, I mean they could have stocked a pharmacy [...] and there was no need for it [...] and ... that's communication breakdown between the pharmacies and the doctors and the [...] yeah, and I've seen it!"

Discussion afterwards, b₁₈, Clip 83.32 – 84.49 "... It was um breast care but the wards have all changed; they've had a major reshuffle because they've closed one of the wards to save money and um, to try and get the waiting lists down in A&E, and it's all [sigh] money related ... So they've closed our ward and they've merged us with ... a urology ward, um so now we're supposed to be half breast care and half urology. It's a bit of a weird combination [...] You get the ladies that are coming in, and you know, they're going through trauma ... of having breast cancer; and then you've got all the men – I know it's not just men that have urology problems but mainly, predominantly men, you know, with urology problems so it's a bit of a strange mix; I don't know how it's going to work. We've only just merged so we don't know how it's going to work yet ... I don't know if it's going to work well or not ... It's quite you know a delicate sort of subject with the women [...] and then to be surrounded by a lot of men – I mean, the bays aren't ... the bay's sort of split you know, you haven't even got a whole bay that's all women; you've got half [...] there's men and there's women there, so I don't know. Early days – we shall see"

Discussion afterwards, b₂₄, Clip 66.24 – 67.53 "... If you look at our surgery as an example [...] When I joined – I have been there twenty six years; when I applied for the job there used to be hundred applicants per job okay? I was very fortunate that I applied here and I got the job. I don't know if you met our new partner Dr X, the lady doctor [...] now, she qualified from ... Cardiff. Her husband qualified from Bristol. Fifteen years ago she was an anaesthetist; he wanted to become a GP, couldn't find a job so he went to Winnipeg. She doesn't like to talk about this. They went to Canada because he couldn't find a job as a GP in this country [...] Can you believe it? Today when you have to [...] advertise the job, you're lucky if you get one applicant. That is the difference, and obviously there must be a reason behind it. It's the way you are treated.

Discussion afterwards, b₂₄, Clip 67.53 – 68.55 "If you look at night cover is a good example [...] All these years doctors are obliged to give twenty four hour cover, whether you do it or you get your partner to do it, you get a locum, but it's your obligation to your patients. And the way the government was working out was £15 per night was the payment to doctors. Now today they are realising because ... now we are not obliged; we

pay £6000 and that's it. I'm not obliged give cover for you at night; it's up to the government – up to the PCT [...] In [PCT] so far no ... has been done by the GPs; they have continued to give the cover [...] but we are not under obligation. But they realise in the South; they haven't got GPs so what they do? They get doctors from France and from Spain who come for the weekend ... They work two nights and they get £2000. So that is the difference between the way government was using the GPs and they are realising how [...] how much it costs.

(S2.4.2) Creating scenario type stories in response

Story 9, a₂₀, Other Character, Clip 55.47 – 57.55 “[Commenting on the co-text]

There might be really bad GPs who don't really give a hoot, they just carry on with their own ... substandard health care really and patients are resigned to it ... That's the sad thing, is that a lot of patients like she said, have never been registered under another GP all their lives for 20 years! They don't know anything else! So you know if he's a horrible GP they don't know necessarily and I hate to say it, they were very doctor-centred in those days 20 years ago you know; they weren't you know 'do you want to come with me along this path of treatment for you' and you know, empowerment and all that, it's 'you do what I tell you otherwise' ... Most professionals don't change their behaviour. Courses, they believe that you know, going on courses two day, three day, one week, one month; actually what it does, it gives them even better excuses to behave the way they're already behaving [...] there's lots of research to suggest that people are ingrained in their behaviour and often when you try and change their behaviour they get – become a little bit antagonistic unless you're going along with their ideas and concerns and expectations. So if you're, I don't know, say you said to a GP you know um 'Why do you keep prescribing antidepressants?' for anybody who's got anxiety, he might say 'Well it's easy for me, I don't have to chat every you know 20 minutes every six months just to give them ideas of cognitive behaviour therapy or whatever, I just give them a tablet, that's it, end of story, next patient please'. So and actually, once you've been doing that for a while it's really easy to do that, particularly with difficult anxiety problems. So you end up with not allowing the patient to be involved in this concordant sort of behaviour ... you're biasing their management plans by saying 'you know, I think probably the best thing is to go on this'..."

Story 9, a₂₀, Other Character, Clip 58.43 – 59.16 “*And so in the same context, what you do, you put the proposal of management plan to the patient and you say 'well actually I think' – it's usually the patient who is anxious, very anxious or claustrophobic or ... has got obsessive compulsive type symptoms, will often not make a decision for you anyway because they're helpless you know so you have to be a little bit doctor-patient, so they'll always listen to you. If you pose the plan in 'this is the best thing for you', what are they going to do? They're going to take the tablet! ...*”

Story 7, c₁₆, Audience, Clip 38.41 - 39.27 “[Offering an explanation for a suggestion, textually] so that perhaps [types in the comment box] kind of receptionists might be trained to recognise most striking symptoms of common complaints”

Story 11 c₂, Main Point, Clip 24.19 – 24.37 “[Customising the editor's suggestion to achieve the preferred interpretation] But I don't think the dementia was actually a cause of death which is what the existing one suggests because very sadly you can live for

a very long time with dementia if you're looked after properly so it was lack of care that's the problem I think"

(S2.5) Alternative ways of referring to the text and its communicability

Point, *b₁₈*, Story 2, Clip 18.40 – 18.44 “*... would you say that's an important part of the literature is it ...?*”

Point, *d₁₉*, Story 4, Clip 17.05 – 17.53 “*I'm to read the article and pick a point in the article? [Can I say what I want? I.e. how free is free input allowed to be?]*”

Feature, [Phase 4] *a₁₂*, Story 1, Clip 77.22 – 77.48 “*... as you start to consider the document as a [Participants' conceptions of the schema and story organisation]*”

Audience, *a₁₂*, Story 9, Clip 41.41 – 41.50 “*... could this be forwarded to someone else? ...*”

Audience, *d₁*, Story 4, Clip 11.22 – 12.16 “[Narrative style and the identification of an individual person as audience] [types] ‘*The author of the message that this is in response to*’”

Relate, *b₉*, Story 2, Clip 49.35 – 50.03 “[What do I?] **histories** is necessary to relate?”

(S3) Saliency

(S3.1) Title and Main Point saliency

(S3.1.1) Attracted by the story's title

Story 7, *c₂*, Main [Phase 1], Clip 14.42 – 14.48 “*Triage has no real function beyond allowing A&E to make performance claims. [laughing]*”

Story 3, *c₁₆*, Main [Phase 1], Clip 06.40 – 06.54 “*Is there any order or I can choose or? [...] Let's start 'money' [3]*”

Story 11, *c₁₆*, Main [Phase 1], Clip 20.41 – 20.45 “*Okay, let's try this one [selecting out of sequence] - sounds exciting*”

Story 8, *a₁₂*, Main [Phase 1], Clip 44.56 – 45.39 “[Understanding of the task part] *I just thought the title looked interesting so [Showing enjoyment of the task]*”

***d₂₃*, Main [Phase 1], Clip 04.24 – 05.06** “*So, then you got to the story [...] What do you mean, what I want to? [...] I was looking at all of them*”

(S3.1.2) The Main Point as a memory aid

Main [Phase 3] *b₁₁* [Story 12 & 1] Clip 36.27 – 36.32 “[The presence of story-story relations]”

Main [Phase 3] *b₁₁* [Story 10 & 11] Clip 36.44 – 36.52 “[The presence of story-story relations]”

Main [Phase 3] *c₂* [Story 3] Clip 40.18 – 40.43 “[The unrelated focal story]”

Main [Phase 3] *c₂* [Story 10 & 7] Clip 40.43 – 41.18 “[The presence of story-story relations] because it has the aspect that effectively the doctor was doing the triage; she was talking about triage...”

Relate, *b₁₁*, Story 10, Clip 37.06 – 37.15 “... what’s this [focal story]? [...] [reads story title] Ah! That’s the one yeah”

Related Story (9), *a₁₇*, Story 1, Clip 41.55 – 42.18 “[The presence of story-story relations]”

Related Story (3), *a₄*, Story 1, Clip 64.37 – 65.11 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point]”

Related Story (12), *a₁₂*, Story 1, Clip 67.50 – 68.07 “[Why do I?] There was something about email [The presence of story-story relations]”

Related Story (3), *a₄*, Story 5, Clip 62.48 – 63.32 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point]”

Related Story (8), *a₅*, Story 5, Clip 94.25 – 94.39 “[The unrelated non-focal story]”

Related Story (11), *a₂₀*, Story 5, Clip 95.06 – 95.15 “‘PMs don’t record the principle’ - that’s true, that’s absolutely right [The presence of story-story relations]”

Related Story (4), *a₂₀*, Story 9, Clip 78.14 – 78.28 “... yeah, what’s this?”

‘Dissatisfaction’; ‘choices’; yeah [The presence of story-story relations]”

Related Story (5), *a₂₀*, Story 9, Clip 79.17 – 79.26 “‘Bulk prescription wastes money’, no I’ve done that; ‘care’, ‘worry’ – yeah [The presence of story-story relations]”

Related Story (6), *a₂₀*, Story 9, Clip 80.36 – 80.44 “Who said that – ‘In retrospect’? [The presence of story-story relations]”

Related Story (11), *a₂₀*, Story 9, Clip 83.06 – 83.15 “‘PMs don’t’ and that’s true as well [The unrelated non-focal story]”

Related Story (8), *a₄*, Story 9, Clip 63.45 – 64.11 “[The presence of story-story relations]”

Related Story (12), *a₄*, Story 9, Clip 64.10 – 64.32 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point]”

Related Story (9), *b₁₁*, Story 10, Clip 41.22 – 41.36 “That’s related [Identification of multi-way story relationships]”

Related Story (2), *b₂₄*, Story 10, Clip 54.01 – 54.17 “‘Might be serious not sure...’ okay [The presence of story-story relations] I can relate to the ‘emergency kit’ ...”

Related Story (1), *c₆*, Story 3, Clip 57.48 – 58.25 “[...] I’m sorry but this story [highlighted list item] wasn’t this one [focal story] [Other behaviours indicating reader relatedness to any story]”

Related Story (4), *c₂₁*, Story 3, Clip 123.05 – 123.10 “That relates [The presence of story-story relations]”

Related Story (7), *c₁₆*, Story 3, Clip 74.42 – 74.51 “... the one with the ... funny thing where the guy ... about the - where is it? ‘triage nurses’”

Related Story (8), *c₁₅*, Story 3, Clip 34.35 – 35.01 “[...] It kind of made me think about this one [The presence of story-story relations]”

Related Story (5), *c₁₆*, Story 3, Clip 52.53 – 53.11 “What’s this one [The presence of story-story relations]”

Related Story (9), *c₁₆*, Story 3, Clip 54.16 – 54.24 “Yeah [selecting] that would be kind of [The presence of story-story relations]”

Related Story (10), *c₂*, Story 7, Clip 41.55 – 42.03 “So I make a story selection. The story was – that one [10] Okay ...”

Related Story (11), *c₁₆*, Story 7, Clip 60.45 – 60.51 “*And the same would be probably [selects] written about this one [The presence of story-story relations]*”

Related Story (2), *c₁₆*, Story 11, Clip 70.06 – 70.27 “*Thing on this one is interesting [The presence of story-story relations]*”

Related Story (3), *c₂*, Story 11, Clip 45.54 – 46.12 “[The presence of story-story relations] - at least one other story – which talks about the difficulties of working within the system. It was ... actually this ‘Bulk prescription’ story”

Related Story (5), *c₂*, Story 11, Clip 45.07 – 45.33 “[The presence of story-story relations] Ah it’s ‘classification labels’ that was it wasn’t it ...”

Related Story (6), *c₁₅*, Story 11, Clip 45.21 – 45.39 “*Hmm, there was one that this (11) reminds me of [The presence of story-story relations]*”

Related Story (2), *c₂₂*, Story 11, Clip 75.40 – 76.03 “... *I don’t think it’s the one on the emergency kit ...*”

Related Story (4), *c₂₂*, Story 11, Clip 76.02 – 76.37 “*That’s a strange one (4) that one [Responding with puzzlement]*”

Related Story (12), *c₁₆*, Story 11, Clip 67.45 – 67.55 “*And the same probably would be this one [The presence of story-story relations]*”

Related Story (10), *d₃*, Story 4, Clip 102.00 – 102.11 “*Where was I now? Here? ‘played safe’? [selects]*”

Related Story (3), *d₃* {d, E} Story 8, Clip 105.26 – 105.36 “[The presence of story-story relations] *It’s a kind of wasted resources [laughing] you know: too much cast for nothing*”

Related Story (2), *d₂₃*, Story 8, Clip 53.40 – 53.52 “*Well that one I would say definitely [points] but might be a [scrolls titles]*”

Discussion afterwards, *d₁*, Clip 60.50 – 61.18 “*But I found that even if I didn’t agree with the Main Point of the stories that I didn’t edit myself - some I did, some I didn’t, as could be expected - but I found in the next exercise, in the relating, it was easy to know what the story was about, you didn’t really need to read it again, you just knew which it was; it was a good memory aid*”

(S3.2) The list position as a memory aid

Related Story (2), *a₅*, Story 1, Clip 82.49 – 83.05 “[...] *This [1] is the ... Ah the first story that I read [...] And this [2] is, how many, what is ... Ah the first story and the second okay [How do I?]*”

Related Story (1), *a₅*, Story 5, Clip 92.20 – 92.44 “... *Ah this [1] is the first ... this is the first story ... in the first classification [The unrelated non-focal story]*”

(S3.3) Title function of Main points

Phase 1, Story 9, *a₁₂*, Other Points, Clip 31.07 – 31.45 “*With the fact that you have to write things which might potentially be titles here probably makes it a bit more, well not difficult, but you have to pay more attention to what you would select*”

Phase 1, Story 2, *b₁₄*, Clip 04.01 – 04.17 “[**Understanding of Phase 1**] ‘*A full emergency kit is essential up here*’”

Phase 1, Story 3, c_2 , Point entry, Clip 04.42 – 04.48 “‘Bulk Prescription wastes money’ okay”

Phase 2, Story 1, c_6 , Clip 42.47 – 42.57 “These are the titles of the stories?”

Phase 2, Story 1, c_{16} , Clip 40.04 – 40.09 “Those are all stories, right”

Phase 2, Story 1, d_3 , Clip 70.20 – 70.39 “Okay, ‘Read -’ ‘Technology is not a panacea’, ‘A full emergency kit is essential up here’. Oh no, these are ... other stories - yeah, the other stories ‘Read next’ story”

Phase 2, Story 2, c_2 , Clip 32.19 – 32.23 “Oh I see, so this is the titles of the stories”

Phase 3, Story 1, a_4 , Clip 58.06 – 58.25 “[Understanding of the task part] If I relate this [non-focal] story to ‘Technology is ... not a panacea’ ...”

Phase 3, Story 1, c_6 , Clip 53.10 – 53.28 “[...] What was the title of this one? ...”

Phase 3, Story 6, b_{14} , Clip 47.15 – 47.20 “... Yeah, that one [pointing] ‘I try to use my experience to make the best choices -’ yeah, yeah”

(S3.4) First Character suggestion

Antagonist, a_{13} {e, n, e, QD} Story 5, Clip 30.15 – 30.27 “”

Antagonist, b_{24} {n, e, n, E} Story 10, Clip 35.43 – 36.12 “”

Antagonist, d_1 {e, e, n, E} Story 8, Clip 20.07 – 20.32 “”

Other Character, d_1 {e, e, n, E} Story 12, Clip 27.01 – 27.40 “”

(S3.5) Recall

(S3.5.1) Recall of a previous story

Other Point, [Phase 4], d_3 , Story 8, Clip 116.06 – 116.11 “[Task part consolidation] ‘If they overtreat fractures, on the other hand, [laughing] they undertreat the patient’s pain’”

Feature, [Phase 4], d_3 , Story 8, Clip 116.24 – 116.26 “[Task part consolidation] ‘the Italians like their [laughing] stucco’”

Read, d_3 , Story 10, Clip 88.09 – 88.22 “[“What does term in the story mean?”] Oh right, because it [A&E] was in another story before – the one of STD”

Read, d_3 , Story 11, Clip 91.08 – 91.14 “... Some are funny; like the Italian one was funny”

(S3.5.2) Recall of the stories from a previous study

Story 1, b_7 , Read, Clip 35.21 – 36.31 “[...] I’ve seen this one before, I think; maybe I haven’t [...] Mm I remember this one”

Story 2, b_7 , Point, Clip 04.32 – 08.10 “I have read this one before [...]”

Story 2, c_2 , Phase 2, Clip 32.15 – 32.54 “[Expressing confidence] [Title function of Main points] Yes I think I remember this one from the last time I did this exercise so fortunately – despite the fact that it’s a long story ... I’m reading quite fast because I vaguely remember what’s in it”

Story 2, c₁₅, Read, Clip 27.05 – 28.35 “I’ve got a feeling I’ve read this one before [...] I do remember it though; I remember this one”

Story 2, c₁₆, Read, Clip 41.11 – 43.17 “I think I remember this one somehow [...] No not length, the topic [...] the ambulances yeah”

Story 3, b₇, Read, Clip 36.31 – 37.17 “I’ve seen this one before as well”

Story 4, b₇, Read, Clip 37.17 – 38.12 “I have seen this one before as well [...] okay”

Story 4, d₃, Point, Clip 07.49 – 10.19 “[“What does term in the story mean?”] Very vaguely, very vaguely, yes [...] Very vaguely I remember it”

Discussion afterwards, c₂, Clip 53.23 – 53.40 “... I think as far as I can recall, I had encountered two of those main stories before on the previous exercise ...”

9.4.3 - Task categories (T)

(T1) Participants’ conceptions of the schema and story organisation

Main Point, Story 9, a₁₂, Clip 38.18 – 38.38 “I’m just trying to find out if there could be maybe useful to have a way to generate [next] automatically a Feature for each of the things I am entering in the previous screen – I mean I don’t know if it’s useful I’m just ... throwing the idea up”

Other Point, Story 4, d₁₀, Clip 09.12 – 10.08 “I think when you read the Main Point you might think ‘well to me that wasn’t quite the Main Point of it’ but when I got to Other Point, it’s like well it seems less important...to sort of think about there may be Other Points and what’s more important than another one and it’s a bit [...] well they are all kind of Other, so it seems that I wouldn’t want to spend ... so much time thinking about this...because I think ‘well that’s valid’ but then if I read it again I might say something else [...] Yeah, they seem of equal relevance [Commenting on a value weakly agreed with]”

Point, Story 9, a₁₂, Clip 38.42 – 39.45 “...the thing is that since you have the Features in the middle; if you have [Characters] before, because then you would only put what you haven’t inserted yet [...] I mean Features to me appears like the big bag where you just throw in only things you cannot particularise”

Feature, Story 9, a₁₂, Clip 35.33 – 35.59 “...so could there be a way maybe to err create err instances of Features for each of the Antagonists ... for each Antagonist you create, because these things in turn [...]”

Feature, Story 9, a₁₂, Clip 44.00 – 44.14 “[...] You might be here and okay you start with ... ‘mainly enjoyable’ and then ... refine it a bit more and then in the end it’s becoming quite a good secondary Point [...]”

Character, Story 9, a₁₂, Clip 39.16 – 39.35 “[...] I don’t know if it’s sound to ... put Protagonist and Antagonist as Features as well – maybe it’s just the way I’ve understood it ...”

Character, Story 9, a₁₂, Clip 39.43 – 40.07 “[Regarding the attributes hierarchically] The way I understand it, it would be nice to have everything as Features and then if some

of these Features are more important you can just also put them into the Main Points and the secondary Points or the Protagonist and Antagonist”

Antagonist, Story 9, *a₁₂*, Clip 35.59 – 36.39 “*[...] I mean it depends on how you are using these ... annotations afterwards but um it would be nice to have a way – I mean, if I create this as an Antagonist, insure them so maybe be included as a Feature ...”*

Audience, Story 9, *a₁₂*, Clip 41.53 – 43.03 “*Okay I mean this one ... none of these things can go into the Features so [back] I mean this is clearly separated from the rest of the annotation but [back] [back] between these three screens Main Point and Other Points yes there is no problem [next] [next] If I jump to this one ... there is no problem with this [Character] screen either [back] and then I would see this [Feature] one, and here I would have to put all the remaining things that I haven’t inserted as either Protagonist or Main Point or secondary [...]”*

Feature, [Phase 4] Story 1, *a₁₂*, Clip 77.22 – 78.12 “*The thing is, obviously [Alternative ways of referring to the text and its communicability] you know, as just one member of a whole collection you just want to bring in concepts that you have read in different documents; I mean you start to see more connections between all of these documents and you just start to consider them as a collection – as a real collection instead of just one document without any links to it or anything pointing to it. So here you know you could just start to say things about IT and lack of IT support in hospitals because you could I mean it’s not in the story but in a way you could relate it [...]”*

Feature, [Phase 4] Story 1, *a₁₂*, Clip 79.12 – 79.37 “*I mean the thing is, yeah it all depends on when you are – I think you’re going – you should be able to make queries on these documents [...] alright [...] okay”*

Character, [Phase 4] Story 1, *a₁₂*, Clip 78.25 – 78.53 “*It’s very, very fuzzy - I mean annotating these anyway but err – you know the thing is you are never going to annotate I think one document like this, I mean it’s always going to be a part of a broader collection of documents, so obviously all these things are going to kind of interact, you know with each other and you will definitely get maybe more things – I don’t know”*

Character [Phase 4], Story 7, *c₁₆*, Clip 82.24 – 83.16 “*“[Moving beyond the text to suggest character roles] How do they call it in narrative? Almost like two antagonists; they have the one that plays the antagonist but then it’s the antagonist of the antagonist [...] But the third one might not be ... related to the other one – it is related but it’s not really antagonist, it’s helping or it might just be random kind of marginally related [...]”*

Discussion afterwards, *c₆*, Clip 81.20 – 82.12 “*[...] Otherwise you can give it like ... you can have many senses; when you decide that you take one sense ... one cut of the vision [...] so you can just say like, the protagonist is always like the patient; in this way maybe you can like [...]”*

(T2) Settling into the task

(T2.1) Expressing concern

(T2.1.1) Expressing concern generally

Discussion beforehand, *d₃*, Clip 00.10 – 00.32 “*[...] I will try to interpret a story; I am a very bad interpreter [laugh]*”

Guide 1, c₂, Clip 02.57 – 03.21 “[“What does task instruction expression mean?”] I’ll hope this [Related Reader] comes clear later...”

Guide 1, c₂₂, Clip 02.42 – 03.01 “How will you remember [indexical attribute definitions] those? [...] [laughing] I’m thinking ‘Oh short term memory loss’”

Guide 1, c₂₂, Clip 03.34 – 03.48 “Gosh! I feel overwhelmed [...]”

Guide 1, d₁₀, Clip 04.06 – 04.26 “[“What does attribute label mean?”] Will that [Related Reader] be a bit more clear when I’ve gone through it because I’m not quite sure what that means at the moment?”

Guide 2, a₁₃, Clip 04.27 – 04.36 “Okay ... I don’t need to read them all, right?”

Guide 2, a₁₇, Clip 04.05 – 04.41 “I suspect it might be perhaps clearer once you actually get going?”

Guide 2, c₂₁, Clip 12.45 – 13.00 “[...] Slow reading! [...]”

Guide 2, d₁₀, Clip 05.10 – 05.20 “And please keep an eye on me to make sure that I save when I’m meant to [laugh]”

Guide 2 → Main, c₁₆, Clip 06.31 – 06.39 “uh hmm. Good. I should have remember that – maybe”

Phase 1, Story 5, Point, a₅, Clip 26.58 – 27.04 “[Expressing concern] Oh my god [laugh]”

Phase 1, Story 2, Point, b₁₈, Clip 16.05 – 16.17 “It’s like one of those things I’m going to be asked to remember as much of it as possible aren’t I [laughing]?”

Phase 1, Story 6, Point, b₇, Clip 17.50 – 18.21 “That’s [2] the first story then [...] I’d picked the right next story [6] haven’t I? [...]”

Phase 1, Story 4, Point, d₃, Clip 07.10 – 07.30 “Is there, like a menu where I can choose – do I have to remember by memory all the eight indexing elements? [...]”

Phase 1, Story 1, Main Point, a₂₀, Clip 19.46 – 20.45 “[Commenting on the physical text] We haven’t even got to the Protagonist yet have we [Commenting on a value weakly disagreed with]”

Phase 1, Story 3, Main Point, c₂₁, Clip 19.29 – 19.43 “I can put that [mouse] out of the way can’t I [...] It’s trying to get into [navigating] this bloody keyboard [...]”

Phase 1, Story 1, Other Point, a₄, Clip 07.45 – 08.16 “Let me get used to it”

Phase 1, Story 4, Other Point, d₁, Clip 07.06 – 07.37 “[Cascading suggestions] I think I’ve messed that one up [...] Next] I think I’ve messed that up [laughing] never mind [...]”

Phase 1, Story 4, Other Point, d₃, Clip 14.48 – 15.04 “It’s my fault [unexpected effect of promote] because I’m very slow to understand [...]”

Phase 1, Story 8 (end), Main, d₃, Clip 55.51 – 55.59 “Am I being too slow, yeah? ...”

Phase 1, Story 1 (end), Main, a₅, Clip 26.44 – 27.03 “[...] Oh my god [Expressing concern]”

Phase 1, Story 6 (end), Main, b₁₈, Clip 34.56 – 35.27 “This is really hard isn’t it – well not hard but you know you just think you’re missing something [...] I’m trying to think of something else but all I’m focussing on is what they’ve already put and just agreeing [...] Yeah because you get focussed on that more don’t you; it’s hard to think of something else”

Phase 1, Story 3 (Save now), c₂₂, Clip 19.13 – 19.31 “Sorry, I’m being slow aren’t I”

Phase 2, Story 2, a₅, Clip 51.10 – 51.35 “This is one story only – oh my – How many stories [...] Aah! [laugh] [...] But I have problem to read them quickly because if I read quick I don’t understand [laugh]”

Phase 3, Story 4, Related Story, d₃, Clip 100.04 – 100.08 “I hope I’m not missing all these relations”

Phase 3, Story 4, Related Story, d_3 , Clip 101.50 – 101.55 “*Am I being very - I'm being very slow haven't I*”

Phase 3, Story 2, Save now, b_{18} , Clip 56.32 – 56.52 “*Oh, should I have done that [Save now]? [...] Did I just save that? [...] Had I finished that page though? I had hadn't I [...] I think so*”

Phase 3, Story 4 (end), Main, d_3 , Clip 102.39 – 102.54 “*I'll try to finish quickly; we've been here longer [...] more than an hour. I'm sorry but I am slow at doing things [...]*”

(T2.1.2) How do I?

(T2.1.2.1) Phase 1: How do I?

Point, c_6 , Story 3, Clip 06.20 – 07.40 “*[...] Which are the other possibilities of the Main Point [points to editor's Other Points] this one? [...] I don't agree! [...] Yeah, but it's relative like, to which are the other possibilities [...] Yeah, I agree with this one [ticks Other Point] I think that this one is the Main Point [...] 'requires storage' [...] [ticks Promote to Main Point] [What do I?] [Commenting on a value weakly agreed with] [ticks Demote to Other Point] uh okay, I understand*”

Point, d_{19} , Story 4, Clip 12.24 – 13.18 “*So I'm supposed to index this now. How do I index it? [...]*”

Main Point, a_5 , Story 1, Clip 08.35 – 09.06 “*Sorry I don't understand what I have to [...]*”

Main Point, d_3 , Story 4, Clip 13.31 – 14.10 “*[...] Oh because I clicked here [Promote] to change that [...] But then it means I can never change this [...] Oh how stupid [...] Yeah, I can kind of [retype Main Point]*”

Other Point, b_{24} , Story 2, Clip 18.00 – 18.32 “*[...] Okay, so once I do [free text entry] that, I really am overruling all these [editor suggestions] isn't it [...] So I have to agree or disagree [points to agree and promote check box columns] to all of them okay. So I have to [tick] respond to these as well? [...]*”

Feature, d_3 , Story 4, Clip 17.40 – 18.16 “*Am I supposed to add some more? [...]*”

(T2.1.2.2) Phase 2: How do I?

Phase 2, c_{15} , Story 1, Clip 26.26 – 26.46 “*[...] So what do I need to do now? [...]*”

Phase 2, c_{16} , Story 1, Clip 40.55 – 41.11 “*So now, how can I essentially relate them? Just in words or? [...] So just kind of skim each through basically [...] Okay*”

(T2.1.2.3) Phase 3: How do I?

Phase 3 entry, c_{15} , Clip 33.40 – 34.34 “*Okay, I'm a bit lost ... now [...] What do I have to do on this bit?*”

Phase 3, a_5 , Story 1, Clip 82.41 – 84.25 “[The list position as a memory aid] Sorry, the first step with this; what is my first step in this err screen? [...]”

Related Reader, *a₅*, Story 1, Clip 84.13 – 85.09 “[...] I have to select this [indicating menu] [...] I have to type [...] I have to write a word, a sentence, or what ...? This [scrolling menu] is not ... helpful for me? [...] My identity?”

Related Reader, *a₁₂*, Story 1, Clip 66.00 – 67.45 “[...] I could relate because I’m working in a - It’s quite tricky here I have to say – I’ve been working in a company building cards or – I don’t know if it’s a kind of ... correct related reader? Or I’m a nurse too? [Remarking that a particular story might relate to them as reader] Can I claim to be a nurse? [...] And here it’s kind of job description? [...] Okay so [types]”

Related Reader, *a₁₃*, Story 1, Clip 59.20 – 59.44 “[... select another story to view’ err [scrolls story titles] but [indicating Related Reader] there’s nothing’s changed here [...]”

Related Reader, *a₂₀*, Story 9, Clip 73.59 – 74.36 “[...] Yeah [...] How does aspects of my identity relate to the story; but there’s these [menu item] people [...] Oh I see [...]”

Related Reader, *c₂₁*, Story 3, Clip 118.10 – 120.37 “[...] Don’t follow [...]” [Remarking that a particular story *does* relate to them as reader]”

Related Story (2), *b₂₄*, Story 10, Clip 54.01 – 58.30 “[The presence of story-story relations] So what do I do? The first [focal story] one there - yes, I can relate to the [non-focal story] so what do I do with that? [...] So you can relate to the first story [...] to the stories we have seen up till now, is that right? [...] From this list? [...]”

Related Story (1), *c₂₁*, Story 3, Clip 122.14 – 122.34 “Right, what about this? [...]”

Related Story (8), *c₁₅*, Story 3, Clip 35.07 – 36.01 “[The presence of story-story relations] So what do I have to do now? [...] I am a little bit confused now [...] I feel that those two [3 and 8] are related”

Related Story (1), *d₃*, Story 4, Clip 93.55 – 94.50 “[The presence of story-story relations] But I don’t know – how do I – how can I, you know, relate it with [searches screen] Is there anywhere where I can say why I think these are related? [...]”

(T2.1.2.4) How do I tackle the *Point* task part?

Other Point, *a₅*, Story 1, Clip 13.00 – 13.50 "... ‘fantasy’ what I think or? [...] Yes, I agree it’s fantasy”

Main Point, *c₂₂*, Story 3, Clip 07.02 – 07.55...I’m just answering these questions for that story, not in an overall NHS sort of way? [...] Would be that, yes [Commenting on a value weakly agreed with] though I can see where at other times it ... might be different [...]”

Main Point, *c₂₂*, Story 7, Clip 21.55 – 22.26 “So I can totally [Strong disagreement with] disagree with this one or am I analysing the fact that he says that [editor’s suggestion] in the narrative and that’s the main point? [...] Disagree, is that alright? [...] Yes, am I seeing it ... from mine”

(T2.1.3) What do I?

(T2.1.3.1) Task commencement: What do I?

Discussion beforehand, *d₂₃*, Clip 00.06 – 00.18 “Am I supposed to look beautiful [for the video recording]? [...] [laugh] good”

Entry screen, *a₁₂*, Clip 00.09 – 00.54 “[...] Right, so what is my mission? [...] My mission is to take the story? [...]”

Entry screen, *a₁₃*, Clip 00.30 – 01.08 “[...] What kind of indexing ...? [...]”

Entry screen, *b₇*, Clip 00.26 – 00.30 “Is this timed by the way? [...]”

Entry screen, *b₉*, Clip 00.20 – 01.02 “[...] I need to read in loud voice [...] or just follow instructions? [...]”

Entry screen, *b₁₁*, Clip 00.28 – 01.02 “[...] How long are the stories? Fairly short [...]”

Entry screen, *b₁₄*, Clip 00.53 – 01.04 “[...] Do I need any special skills ...? [...]”

Entry screen, *b₂₄*, Clip 09.00 – 09.55 “[...] Type anything there? [...] So what are we selecting 'Northampton' or [...]”

Entry screen, *c₂₁*, Clip 06.28 – 07.24 “What, where we live you mean? [...] Not on there [...] yeah fine here we go then [...]”

Entry screen, *c₂₂*, Clip 00.38 – 00.47 “[...] Oh! Do you want me to – you want me to vocalise as well? [...]”

Entry screen, *d₁*, Clip 00.05 – 00.20 “Okay, so just go for it basically; and pretend you're not here? Or can I ask you if I get stuck on anything [...]”

Entry screen, *d₁₀*, Clip 01.02 – 01.20 “Can I just put any location ...? [Domain menus – General remark]”

Guide 1, *a₅*, Clip 03.59 – 04.21 “[“What does task instruction expression mean?”] How many, how many stories are we have?”

Guide 1, *a₁₃*, Clip 02.57 – 03.24 “Will these err [Phase 1] keywords show up somewhere during my err [...] Okay [...] So I need to use these keywords right? [...]”

Guide 1, *a₁₃*, Clip 03.24 – 04.21 “... Do I have to read all the stories? [Understanding of the task part]”

Guide 1, *b₁₈*, Clip 13.00 – 13.09 “[I do this bit [phase 1] first, is that right? [...]”

Main, *a₄*, Clip 04.26 – 04.55 “[...] 1, 5 and 9 [...] You need three? [...]”

Main, *b₁₁*, Clip 01.45 – 01.52 “Do I need to print this? No I don't do I [...]”

Main, *b₁₄*, Clip 01.55 – 02.09 “Okay, the printing ... I don't have to do this first? [...]”

Main, *b₁₄*, Clip 02.40 – 02.50 “And will I have reminders of these eight attributes as I go? [...]”

Main, *b₂₄*, Clip 13.19 – 13.30 “[...] So if I say 'Print 3' that will take me to those three stories [...]”

Main, *c₆*, Clip 01.35 – 02.18 “So I have to click one and index it? [...]”

Main, *c₁₅*, Clip 01.11 – 01.20 “So what do I just select one of these [highlighted links]? [...]”

Main, *c₁₅*, Clip 03.01 – 03.37 “Okay, so I have to read three of these [...] Why are ... some in bold? [...] So just click on it and then read this [story]”

Main, *c₁₆*, Clip 02.21 – 02.32 “Is that [colour key] something I should remember now? [...]”

Main, *c₁₆*, Clip 02.51 – 03.03 “For explanation of phases use the guide' - should I use the guide? [...]”

Main, *c₂₁*, Clip 07.27 – 09.34 “[...] Mm [...] the guide – where's the guide? [...] There? [...] What do I have to - bring it up? [...]”

Main, *d₁*, Clip 00.48 – 01.48 “Just choose any story or do you have to do all of the stories [...] Oh okay, and ... you can have a look at the others as an example”

Main, *d₃*, Clip 02.03 – 02.17 “Okay 'Phase one: index a story' Now ... how - Can I talk to you doing this? [...]”

Main, *d₁₉*, Clip 07.29 – 07.44 “Is this the beginning now? [...] And can I ask questions where I don't understand? [...]”

(T2.1.3.2) Phase 1: What do I?

Main, *b₁₁*, Story 2, Clip 05.05 – 05.22 “Okay, and I just do this yeah? [link]”

Main, *c₂₁*, Clip 13.41 – 14.22 “[...] So I've got to look at those [3, 7 & 11] have I?”

Point, *a₄*, Story 1, Clip 04.56 – 05.02 “Okay, this is a story”

Point, *a₅*, Story 1, Clip 06.43 – 06.54 “I have to read this?”

Point, *a₁₃*, Story 1, Clip 04.54 – 04.59 “Err so this is a story window”

Point, *b₇*, Story 6, Clip 19.24 – 20.53 “I don't know if I did that right [...] I've demoted the Main Point. That [free text entry Other Point] I consider to be my Main Point [...]”

Point, *b₁₈*, Story 6, Clip 30.05 – 30.16 “[“Can I also select/tick/type?”] [...] is that right? Yeah”

Point, *b₂₄*, Story 6, Clip 25.50 – 25.56 “... again, we go back to the story first, yes?”

Point, *b₂₄*, Story 10, Clip 32.37 – 32.47 “And I would like this [other] point to be the main point [...] Yes; so what do I do?”

Point, *d₁*, Story 8, Clip 17.54 – 18.15 “[“For me it's X” or similar] Is that okay, to leave it [demoted Main Point] in there and not remove it? [...]”

Point, *d₂₃*, Story 4, Clip 05.06 – 05.17 “So; so I read this [...] Right okay”

Main Point, *a₁₃*, Story 5, Clip 29.07 – 29.23 “[...] So I just leave like that; you will record that [free text input] I don't need to save it or something? [...]”

Main Point, *b₁₁*, Story 2, Clip 08.06 – 08.34 “How do I put my own in?”

Main Point, *c₆*, Story 3, Clip 07.14 – 07.38 “[...] So do I have to click here as well 'Demote to Other Point'? [Commenting on a value weakly agreed with]”

Main Point, *c₂₁*, Story 3, Clip 18.11 – 18.47 “So what do you want me to do now, write in here? [...]”

Main Point, *c₂₂*, Story 11, Clip 39.22 – 39.34 “[Strong disagreement with] So I have to write my own point in? [...] Right um”

Other Point, *a₁₃*, Story 1, Clip 07.29 – 07.49 “So I have to be in complete agreement with these points [...]”

Other Point, *c₆*, Story 3, Clip 07.49 – 08.01 “Okay? That's finished here, right? [...] [Next]”

Other Point, *c₁₅*, Story 3, Clip 05.39 – 05.49 “So do I go onto the next one then? [...] [Next]”

Other Point, *d₃*, Story 4, Clip 16.53 – 17.03 “Okay; now I go 'Next' [...] shall I go - I'm done here yeah? [Next]”

Feature, *b₁₁*, Story 2, Clip 10.31 – 10.44 “What do I do here with this [menu]?”

Feature, *c₆*, Story 3, Clip 10.14 – 10.33 “What about this [menu]? If I click here what happens? Nothing. Oh other features ... okay”

Audience, *a₁₃*, Story 1, Clip 23.57 – 24.10 “'Save now'? err so this is save what I have done”

Audience, *b₁₁*, Story 2, Clip 14.31 – 14.48 “Do I 'Save now'? [...] [Save later]”

Save now, *c₁₅*, Clip 11.55 – 12.03 “So then I save that one? [...] [Save now]”

Save now, *d₃*, Clip 31.42 – 31.56 “... Ooh and then I'm done ... I have to 'Save' [...] [Save now] Okay, because I'm afraid to lose it [laugh]”

Save now → **Main**, *a₁₃*, Clip 24.11 – 24.17 “Okay, so ... now I should read story 5 or? [...]”

(T2.1.3.3) Phase 2: What do I?

Main, *a₁₃*, Clip 40.59 – 41.25 “Do I click ‘Read now?’ or? [...]”

Read, Story 2, *a₁₂*, Clip 59.30 – 59.46 “How much time are we supposed to spend on each story or - because - okay well here there is a big description? [...]”

Read, Story 2, *a₁₇*, Clip 33.42 – 33.59 “So, sorry is it then to go through each of the stories in turn first of all? [...] right [...] right, so I have to [Read next] thank you”

Read, Story 1, *b₉*, Clip 30.00 – 30.28 “[...] Just read them ...? [...]”

Read, Story 3, *a₄*, Clip 41.53 – 42.18 “This is the second story [...] Okay, it’s not only those stories ... which reader has indexed, I read all the stories [...] Okay only those I haven’t done”

Read, Story 1, *b₁₈*, Clip 42.31 – 42.59 “[...] Okay; so I don’t read this bit [story] just look at this bit [titles] [...] This bit [story] yeah”

Read, Story 1, *b₂₄*, Clip 38.25 – 38.35 “Where do I go from there? [...]”

Read (end), *d₃*, Clip 91.14 – 91.35 “Okay, what shall I do now? [...] [Read next] Because then I would start again, because ... I’ve read them all [...] Okay [Stop reading] ‘Stop reading’ okay”

(T2.1.3.4) Phase 3: What do I?

Main, *a₁₃*, Clip 55.07 – 55.19 “Do I click story 1 again? [...]”

Main, *b₁₁*, Clip 35.59 – 36.11 “Now how do I ‘Relate’ things? [...]”

Main, *b₁₈*, Clip 47.25 – 47.43 “What am I doing now? [...]”

Main, *b₂₄*, Clip 45.14 – 45.34 “So what am I doing now? [...]”

Main, *d₁₀*, Clip 40.20 – 40.42 “So ... how do I relate - if I click on one of [...]”

Main, (Story 7), *c₂₁*, Clip 129.43 – 129.51 “Right, what now? [...]”

Relate, Story 1, *a₁₃*, Clip 60.20 – 60.44 “Okay, so err by clicking this [Save now] button [...] Okay, [Save later] ‘Save later’ means I can come back”

Relate, Story 2, *b₉*, Clip 49.35 – 50.03 “How many [Alternative ways of referring to the text and its communicability]”

Related Reader, *b₂₄*, Story 10, Clip 55.06 – 55.23 “[Handling unconventional input types] Just me ... so I can just make comments there, yes?”

Related Reader, *b₂₄*, Story 10, Clip 55.23 – 56.01 “[Remarking that a particular story does relate to them as reader] [...] so as a ‘Principle GP’, ‘Locum GP’, both – I’m a ‘Principle GP’ so that’s what I would click yes?”

Related Reader, *b₇* {e, E} Story 2, Clip 50.20 – 50.59 “[Directing attention to an attribute] This is referring to either that [focal story] or that [non-focal story] [...]”

Related Reader, *c₂₂*, Story 7, Clip 68.50 – 69.08 “Do I have to put my ID in again or is that all in? [...]”

Related Story (4), *a₅*, Story 1, Clip 86.29 – 87.19 “[The presence of story-story relations] What I have to [...] Sorry, I have to write the, no [...] What I have to? [...]”

Related Story (5), *a₄*, Story 1, Clip 59.40 – 59.52 “This is one of the indexed stories; I can relate this also [The presence of story-story relations] [Deferring input]”

Related Story (8), *a₅*, Story 1, Clip 89.45 – 90.07 “[The presence of story-story relations] I have to write [...] I have to write now?”

Related Story (12), *a₁₃*, Story 1, Clip 58.15 – 58.54 “[The presence of story-story relations] Err how – so what ... should I – I click this [title] there's nothing here [output box] So I have to click 'Related?'?”

Related Story, *a₄*, Story 5, Clip 65.17 – 65.35 “Is it necessary that I should relate all the stories?”

Related Story (1), *a₂₀*, Story 9, Clip 77.20 – 77.31 “Shall I put 'Relate'? [...]”

Related Story (1), *b₂₄*, Story 2, Clip 45.46 – 46.16 “[...] So I can relate this story [2] to any of these; is that what we're doing? [...]”

Related Story (2), *d₁₀*, Story 8, Clip 41.09 – 41.28 “... Is it here that I? Where do I? I click just here 'Related?' [The presence of story-story relations]”

(T2.1.3.5) Phase 4: What do I?

Main Point, *a₁₇*, Story 1, Clip 60.27 – 60.37 “So we just leave that [free text input] in place do we; we don't actually have to tick anything [...]”

Save now, *d₃*, Clip 115.35 – 115.55 “I don't 'Save' or I 'Save' or I go 'Back' [...] How do I go to the next [...] Yes to the next sort of indexing story [...]”

(T2.1.4) Why do I?

Guide 2, *a₅*, Clip 05.31 – 06.22 “... err why I can 'suspend'? [...] Yes by why I have to 'suspend'? [...]”

Main, *a₁₂*, Clip 05.00 – 05.16 “...what would be the difference between the ones which are [indicates highlighted and non-highlighted links]? [...]”

Audience, *a₁₂*, Story 1, Clip 17.35 – 18.02 “Okay, so I should have finished it [...] What would be the difference then? [...] alright 'Save now' yeah”

Read, Story 2, *a₄*, Clip 38.29 – 38.33 “What is this [story titles list] thing?”

Read, Story 2, *a₄*, Clip 38.33 – 38.42 “[...] What is this 'Stop reading'? ”

Related Story (2), Story 1, *a₁₂*, Clip 67.52 – 68.03 “... why is this story [2] presented to me; just because it's the first one in the list?”

(T2.1.5) Forgetting

(T2.1.5.1) task part instructions

Story 7, *c₂₂*, Phase 1, Clip 26.35 – 27.06 “I've forgotten what these 'Features' [Commenting on the model or contextual implementation]”

Questionnaire, *b₁₈*, Clip 77.08 – 77.30 “'Relating the reader' What was that? What does that mean? [...] Oh yeah”

Questionnaire, *c₂₂*, Clip 87.30 – 89.00 “I didn't use some of them [attributes] did I [...] And some one didn't change did one ... got that right? [...] And the 'Features', was that um the emotional thingy? [...]”

(T2.1.5.2) task parts

Discussion afterwards, *d*₈, Clip 42.08 – 42.35 “[“Why did you do that?” - not relate yourself as reader] *I think that I forgot, just forgot [Related Reader]*”

(T2.1.5.3) words and context

Story 11, *c*₂₁, Phase 1, Clip 80.56 – 81.29 “*Oh Post Mortem, right; wondered whether Prime Minister [...] Initially ... when I read the first list I thought, well yeah, it's Post Mortem, but just suddenly seeing it this time*”

(T2.1.5.4) Phase 1 stories

Story 9, *b*₁₈, Phase 3, Clip 54.26 – 54.29 “*Can't remember what they're all about now*”

Story 3, *c*₆, Phase 3, Clip 58.26 – 58.46 “*Wait a second; what's this [focal] story? It's like a new one [...]*”

Story 3, *a*₅, Phase 3, Clip 85.42 – 85.59 “*What is the story, I don't remember [...] ah okay ... no [...] no*”

Story 4, *a*₅, Phase 3, Clip 86.00 – 86.21 “*I try to use my – 'What is this? [...]'*”

(T2.1.5.5) Phase 2 stories

Phase 2, Story 2, *a*₅, Clip 55.34 – 55.45 “*I won't remember [...] Okay [laughing]*”

Phase 2/3, *a*₅, Clip 82.19 – 82.41 “*... but I don't remember very well the stories [...]*”

(T2.1.5.6) suggestions

Story 2, *c*₂, Phase 4, Clip 47.53 – 49.21 “[**Change of mind regarding an attribute value (having moved away from, then returns)**] *Hold on - right. That wasn't what I wanted as the Main Point ... [false memory of Phase 1 choice]*”

Story 12, *d*₃, Phase 1, Clip 60.58 – 61.09 “*Oh God, I had a point in mind [Responding with anger or disbelief]*”

(T2.2) Showing their understanding of the task or task part

(T2.2.1) Understanding of the task

Main, *a*₄, Clip 04.21 – 04.28 “*These are the four phases [...]*”

Main, *a*₁₂, Clip 01.13 – 01.29 “*Okay, so an editor has already indexed them, so what I'm going to do is in addition to professional editor or at least to someone else [...]*”

(T2.2.2) Understanding of the task part

(T2.2.2.1) Understanding of Phase 1

Main, a₄, Clip 01.38 – 01.56 “[...] Okay, so I should index any of those three [...]”

Main, a₁₂, Clip 01.46 – 01.57 “So I have to take at least 1, 5 and 9 [...]”

Main, a₁₂, Clip 18.02 – 18.14 “Okay and this one [1] has disappeared because I have indexed it [...] So err I’m still in phase 1, so let’s go [5]”

Main, a₂₀, Clip 16.32 – 16.53 “So there’s twelve; they’re all twelve there, right. And I can pick three essentially [...] Yeah [points to 1, 5 and 9]”

Main, b₇, Clip 01.09 – 01.21 “So it’s 2, 6 and 10 I’m doing”

Main, b₁₁, Clip 01.54 – 02.00 “So I go to 2, 6 and 10 [...]”

Main, b₁₄, Clip 04.01 – 04.17 “[Title function of Main points] Okay, so I index story number 2 then”

Main, c₂, Clip 04.34 – 04.39 “So I’m doing 3, 7 and 11 and they’re the highlighted ones, okay”

Main, c₁₆, Clip 01.10 – 01.29 “So these [3, 7 & 11] are the stories to do; to be working on”

Main, c₁₆, Clip 02.07 – 02.13 “Okay, so these are the stories; the bold ones are mine”

Main, d₁₉, Clip 10.35 – 10.51 “So I choose any three – oh 4, 8 and 12 are [...] and those are the ones I must”

Guide 1, d₁₀, Clip 03.38 – 03.58 “... just so that I can sort of clarify what I’m going to be doing, I assume that there’s three stories that have been indexed and you want me to have a look at what’s already been input there, but to edit it or to just put my own [...] view?”

Guide 2, a₁₃, Clip 03.55 – 04.21 “[...] Three stories? Okay [...] Relate them you mean, the three stories and the [...]”

Point, [Guide 1] c₂, Clip 02.25 – 02.37 “... So I’m indexing with sentences, okay ...”

Point, [Guide 1] d₃, Clip 02.51 – 03.03 “Okay so Main Point; okay I see [the 8 indexical attributes]; basically, this is the indexing”

Point, [Guide 1] c₁₆, Clip 03.10 – 04.10 “... Ah ‘Main Point’ is made by editor [...] so if it says ‘Editor’s indexing’ it should be somehow expressed in terms of points [...] like Main Point blah blah blah [...] Am I supposed to change these? [...] Any specific criteria to distinguish between Main and Other or? [...] So it has to be like primary [...]”

Point, [Guide 2] c₁₆, Clip 05.44 – 05.49 “... Oh right, so ‘Main Point’, that has to be a single point [...] okay”

Point, Story 3, c₁₆, Clip 06.54 – 07.03 “So this is the story itself, yeah? [...] And the annotation – good”

Main Point, Story 1, a₄, Clip 06.52 – 07.12 “So I can either agree with it or [...]”

Main Point, Story 1, a₅, Clip 10.12 – 10.32 “If I don’t agree, I have to write – to type the ‘main point’”

Main Point, a₂₀ {e, QD} Story 1, Clip 20.50 – 21.13 “... then I can put my Main Point [...] my idea ...”

Main Point, Story 5, a₁₃, Clip 27.20 – 27.40 “So I can write down ... my Main Point in this box”

Main Point, a₁₇ {e, D} Story 5, Clip 14.38 – 15.00 “So right, I can write my own [...] sort of suggestions here, um [types]”

Main Point, Story 2, b₁₄, Clip 06.45 – 07.05 “Oh I just have to say if I agree [...]”

Main Point, Story 2, *b₂₄*, Clip 17.38 – 17.59 “[...] If I didn’t agree then I would have put my comment in the box [...]”

Main Point, Story 3, *c₂*, Clip 05.36 – 06.04 “Okay, so this is the Main Point and this is the editor’s suggestion; so I can either agree with this or I can demote it or I can put in some other points ...”

Main Point, Story 4, *d₃*, Clip 10.27 – 10.38 “‘Main Point’ is the moral sort of, of the -”

Other Point, Story 3, *c₁₆*, Clip 09.57 – 10.38 “I would probably add one more point - would be [types]”

Other Point, Story 3, *c₂₁*, Clip 21.33 – 21.43 “So, now I can agree for some of these can I? [...]”

Feature, Story 1, *a₂₀*, Clip 25.46 – 25.56 “... You can disagree or agree with any of them [...]”

Feature, [Guide 1] *c₁₆*, Clip 04.10 – 04.26 “So ‘Feature’ is essentially annotation of say nonverbal things [...]”

Feature, Story 1, *a₂₀*, Clip 27.54 – 28.10 ‘There’s a lot you could do actually, but ... I’m trying to keep it simple [...]’

Feature, Story 2, *b₂₄*, Clip 22.02 – 22.15 ‘So these [output items] are the things I agree with, I don’t have to do anything [...]’

Feature, Story 3, *c₁₆*, Clip 11.28 – 11.58 “So I should go to the next page [...] and that would be the ‘Features’ and err my suggestions. Okay, and the others ...”

Feature, Story 3, *c₁₆*, Clip 13.35 – 13.45 “[types] What about this one”

Feature, Story 3, *c₂₁*, Clip 35.24 – 35.51 “Right, my suggestion [Immediacy and fluency]”

Feature, Story 11, *c₂₁*, Clip 85.30 – 85.40 “So I can put an alternative here isn’t it [...]”

Feature, Story 4, *d₁₀*, Clip 10.30 – 10.51 “I’m only ticking ‘Agree’ if they’re things that kind of leapt out at me”

Feature, Story 4, *d₁₀*, Clip 10.54 – 12.05 “[“What does task instruction expression mean?”] Well, to my view it wasn’t salient if I didn’t have a memory of it but then it could be that these [editor suggestions] prompted me [...] so it was kind of, this may have been salient and if it was there [in the story] I would have gone, yeah that was salient at the time”

Feature, Story 4, *d₂₃*, Clip 09.33 – 09.56 “[“What does attribute label mean?”] [...] Right, just agree with the ones that um that I – without looking at that [Story] again – I mean I know I can look back at it again but without looking at it again I’m trying to think what [...]”

Feature, Story 8, *d₃*, Clip 43.05 – 43.32 “What else? umm. What else could I suggest?”

Feature, Story 8, *d₂₃*, Clip 22.10 – 22.23 “Those are the ones that came out at me, um I’m not – I mean I know the other ones were there but [...]”

Character, [Guide 1] *b₁₁*, Clip 02.33 – 03.07 “... like a hero and a villain yeah? [...]”

Character, [Guide 1] *c₁₆*, Clip 04.26 – 04.32 “‘Protagonist’, ‘Antagonist’ okay; ‘Other characters’ – whoever is involved yeah”

Character, Story 1, *a₁₃*, Clip 18.52 – 19.24 “[Remarking that the domain menus are the same] But anyway, we can type it in here”

Character, *d₁₀*, Story 12, Clip 27.50 – 28.02 “... but I think, there’s no right answer is there [...]”

Narrator, Story 7, *c₂₁*, Clip 75.11 – 75.30 “[“What does attribute label mean?”] So who’s the narrator? That what this is? [...]”

Narrator, Story 11, *c₂₁*, Clip 94.53 – 95.04 “[“What does attribute label mean?”] So who’s the narrator; is that what this is asking?”

Audience, *b₁₄* {n, QE} Story 2, Clip 15.54 – 16.47 “Oh ‘potential’ oh okay [...] I was thinking that it was, you have ... to identify who he was writing for; oh okay [...]”

Audience, Story 12, *d₁₀*, Clip 31.04 – 31.35 “The Audience is quite a tricky one I have to say; I don’t know if other people have said that”

Save now, Story 3, *c₁₆*, Clip 20.26 – 20.41 “Okay, I can revisit it later, yeah? [...] So I can ‘Save now’ [...] and I can still visit it later. [Main] Right, disappeared [disabled title], good”

Main, Story 8 (optional), *a₁₂*, Clip, 44.55 – 45.09 “Okay, so I guess Phase 1 is over ... or maybe I can just – let me see if there is anything ...”

(T2.2.2.2) Understanding of Phase 2

Guide 1, *a₂₀*, Clip 14.20 – 15.19 “... So actually you need to sort of skim read all 12 [...] so you’ve changed it a bit then [...] No, no, this was the whole idea. So mainly read three and then at the end comment on, as an overview [...]”

Guide 1, *c₁₆*, Clip 04.38 – 04.47 “... That’s reasonable – no guidelines there [laugh]”

Guide 1, *d₃*, Clip 04.01 – 04.28 “So ‘Phase 2: skim read’ ... for now I have to do just that [Phase 1] ...”

Guide 1, *d₁₀*, Clip 03.58 – 04.07 “And then there’s what eight or something other stories, or however many other stories that aren’t indexed and I have to skim read those [...]”

Main, [Phase 1], *b₁₁*, Clip 01.58 – 02.32 “[...] and then go to the others “[“What does task instruction expression mean?”] Oh don’t index them, just read them”

Main, [Phase 1/2], *c₁₆*, Clip 39.39 – 40.03 “Okay, so now I’m supposed to read any other stories and relate them to – to the three I did before. Okay, so ‘Read now?’ basically moves me to next stage yeah?”

Main, [Phase 1/2], *d₃*, Clip 67.53 – 68.25 “Ah, now I have to ‘Read any stories that you haven’t indexed’ [navigational incident] I have indexed the stories and then I have to read them, the ones that I haven’t indexed ...”

Read, *a₄*, Clip 38.12 – 38.29 “Oh I have to read all the stories [...]”

Main, [Phase 2/3], *c₂*, Clip 38.50 – 39.00 “... I’ve read the stories fairly quickly but I think I can vaguely remember what most of them are ...”

(T2.2.2.3) Understanding of Phase 3

Main, [Phase 2/3], *a₄*, Clip 56.39 – 57.37 “[...] I should relate? [...] mm, okay these [1, 5 & 9] are all three principle stories which I have to – I might or might not relate [...]”

Main, [Phase 2/3], *c₁₆*, Clip 50.47 – 51.07 “So now I should go back to relating which is step 3, and that means I wouldn’t be able to err change the original annotations [...] Okay”

Main, [Phase 3], *a₁₂*, Clip 65.39 – 65.46 “So I can relate only something I have annotated it seems [activates link] so I’m going to relate this one”

Main, [Phase 3], *b₉*, Clip 44.28 – 44.38 “I need to return [activates link]”

Main, [Phase 3], *b₁₄*, Clip 42.32 – 42.41 “So I then choose one of these [highlighted] stories”

Relate, [Guide 1] *d₃*, Clip 04.27 – 04.45 “... Okay and a relation can be any ... whatever I see as relation between stories”

Relate, [Guide 2] *c₁₆*, Clip 05.27 – 05.44 “Relational attributes are those ‘Reader’ and ‘Story’; the ones at the end; so I should be kind of more disregarding those at the first phase? [...] Then return to there, okay”

Relate, [Guide 2] *c₁₆*, Clip 06.15 – 06.32 “So the only thing I can’t change would be the relations [...] just to keep it spontaneous [...] That’s cool [laugh]”

Relate, Story 1, *a₁₇*, Clip 40.24 – 40.55 “[...] Right I see; so looking for connections either to yourself or um to the other stories, right um”

Relate, Story 4, *d₁₀*, Clip 44.30 – 45.19 “[Can I do nothing?] [The unrelated focal story] Okay because I knew because I had them all in mind as I was going through [...] I read them really properly when I first went through because I was aware of what was coming.”

Related Reader, [Guide 1] *a₁₂*, Clip 64.37 – 65.00 “[...] Yeah, okay so the first one is how can I ... relate to the current story, and err here, which ones are related and I think related is left to me to decide - I mean how much relatedness I need or [...]”

Related Reader, [Guide 1] *c₁₆*, Clip 04.47 – 05.06 “...is it kind of which particular thing I find interesting or somehow tells me something?”

Related Reader, [Guide 1] *d₃*, Clip 04.27 – 05.21 “Okay, so this first is what really I feel relates with me, if I had an experience or whatever in a medical, okay”

Related Reader, Story 2, *b₇*, Clip 50.59 – 51.58 “I think that what you actually said in that little mark [tooltip] there is actually quite right [types] Oh! my identity, right um [deletes] ‘to you the reader’ right um **[Immediacy and fluency]**”

Related Reader, Story 2, *b₁₈*, Clip 48.42 – 49.16 “[Um [...] So it’s if you feel it relates to us in any way [...] Oh right okay”

Related Reader, Story 3, *c₆*, Clip 53.43 – 54.07 “Oh, so I have to write down what like – the things that relate this story to me? [...]”

Related Reader, Story 7, *c₂*, Clip 43.05 – 43.40 “[Referring to the Authorial context – Author’s identity] [Domain menus – General remark] Okay, so my identity isn’t particularly deep and psychological which is what I was afraid that it might be when I first looked at it.”

Related Reader, Story 7, *c₂₁*, Clip 129.52 – 131.02 “[Umm right, how did I relate to that story”

Related Story, [Guide 1] *a₅*, Clip 04.32 – 04.49 “[What do I?] Ah for instance, story 1 with story 10 was similar, I have to connect, oh okay, okay”

Related Story (1), Story 2, *b₇*, Clip 46.23 – 46.53 “I see what you’re saying; I now see what you’re doing ‘Remote practice’ [...] Okay. I now understand ‘Technology is not a panacea’”

Related story (2), Story 1, *a₄*, Clip 57.50 – 59.08 “[...] Okay, but I can relate this story [2] to both ... like err [Title function of Main points] [2] might also be related in some way to the other story [...]”

Related Story (1), Story 3, *c₁₆*, Clip 51.48 – 52.20 “So that’s the original one [...] And okay, and it shows me all the stories, or some of them basically, and I need to [...] Oh right I see, fine”

Related Story (1), Story 7, *c₂₁*, Clip 131.57 – 132.18 “[Right, now then, got to find a relating story [...] What am I relating to, that [7]? [...]”

Related story (5), Story 3, *c₁₆*, Clip 53.56 – 54.14 “And that story disappeared, yeah? [...] So I can’t – but it still might be available for the other [...] okay”

Discussion afterwards, *d₂₃*, Clip 69.40 – 69.59 “[...] But if you’ve got to do it, just - you know, like you said; just do it and don’t even think about it, then yes it’s quite easy because you just pick out the main things ...”

(T2.2.2.4) Understanding of Phase 4

Guide 1, *d₃*, Clip 05.20 – 05.34 “Oh okay, so supposedly that might change the way I look at them”

Feature, *d₃*, Story 4, Clip 114.52 – 115.10 “... this is where mine [Task part consolidation]”

(T2.3) Expressing confidence

(T2.3.1) Expressing confidence generally

Main, *d₁*, Clip 01.49 – 01.59 “[bypassing Guide] I might just have a go for one [selects story 4]”

Guide 1, *a₂₀*, Clip 15.15 – 15.23 “Okay, cool [next]”

Phase 1, Main, *a₁₂*, Clip 01.29 – 01.47 “Okay. Phase 1. Yeah, I mean everything’s explained so [laugh] that’s all right”

Phase 1, Story 3, Other Point, *c₂₁*, Clip 22.27 – 23.42 “So what’s this down here? [participant’s Other Point selections] [...] Right okay umm [...] I know it’s probably covered in what I’ve said actually but [...] Where does that go, in here?”

Phase 1, Story 4, Audience, *d₂₃*, Clip 18.06 – 18.25 “[Domain menus – General remark] That’s it yeah [...] ‘Save’? [...] Yep, I just go ahead”

Phase 1, Story 2, Save now, *b₁₄*, Clip 16.55 – 17.16 “Okay, so I can save this now [Save now?] How am I doing so far, okay? [...]”

Phase 1, Story 3, Save now, *c₂*, Clip 14.36 – 14.40 “Right, ‘Save now’ definitely ‘Save now’”

Phase 1, Story 8, Point, *d₁₀*, Clip 17.21 – 17.29 “This one appears a bit more straightforward than the last one, I have to say”

Phase 1, Story 5, Main Point, *a₄*, Clip 22.29 – 23.50 “[“For me it’s X” or similar] Yeah, this is just a part of what I say, so what I say is the super class of this [...] No, no, what I’m saying is more generic than this; you know, like this is a specific problem of what I say...”

Phase 1, Story 5, Character, *a₅*, Clip 35.32 – 38.17 “[“What does editor’s suggested attribute value mean?”] [Rearranging the editor’s suggested character roles] [“Can I also select/tick/type?”]”

Phase 1, Story 7, Protagonist, *c₂₁*, Clip 68.40 – 69.36 “[Offering an explanation for a suggestion]”

Phase 1, Story 11, Other Point, *c₆*, Clip 32.21 – 33.23 “... oh here [types] [...] Add [...] Mm no it’s okay. So ‘Next’”

Phase 1/2, Main, *c₆*, Clip 42.15 – 42.40 “[...] I can do another one? [...]”

Phase 1/2, Main, *d₁*, Clip 29.25 – 29.56 “How are we doing for time; would you like me to do another one or a couple or something?”

Phase 1/2, Main, *d₁₉*, Clip 48.36 – 48.48 “I don’t know how you think I did”

Phase 2, Story 1, *c₂*, Phase 2, Clip 32.15 – 32.19 “*This is nice and easy*”

Phase 2 (end), *a₄*, Clip 56.30 – 56.39 “[...] *It's okay*”

Phase 3, Story 3, Related Reader, *c₆*, Clip 59.40 – 59.59 “[...] *Really? [...] To me, that's the easiest*”

Phase 3, Story 6, *b₇*, Clip 51.59 – 52.13 “*So that's that one [Save now] next story [6] [laugh] ... Right - okay, I'm getting the hang of this now...*”

Phase 3, Story 6, *b₉*, Clip 59.51 – 60.08 “[**Task part consolidation**] *What else*”

Phase 3, Main, *b₂₄*, Clip 53.50 – 54.00 “*So that – 'Save' yes? [...] got something [laugh]*”

Phase 4, Story 1, Main Point, *a₁₇*, Clip 59.28 – 60.28 “[**Change of mind regarding an attribute value (having moved away from, then returns)**] [**Immediacy and fluency**] *I'm going to use a word that I don't think exists actually [Offering an explanation for a suggestion]*”

(T2.3.2) Showing enjoyment of the task

Main, Entry, *c₁₆*, Clip 00.45 – 01.12 “[...] ‘*Milton Keynes*’ great, cool. First step passed [laugh] *okay*”

Guide 2, *c₁₆*, Clip 05.50 – 06.05 “[*laughing*] *Ah, they [suggestions] should probably – correspond to the story text* [...] *a little bit - roughly*”

Phase 1, Story 8 (optional), Points, *a₁₂*, Clip 45.22 – 45.31 “*Okay, let's go [**Attracted by the story's title**] Yeah, for the fun of it*”

Phase 1, Story 1, Antagonist, *a₂₀*, Clip 29.26 - 29.44 “*...Is there Practice Manager there? [...] God how interesting* (selects; laughs; quickly removes) [...] *poor guy; poor lady*”

Phase 2, Story 2, *a₂₀*, Clip 63.49 - 64.21 “[**God that's great stuff isn't it!**] *Right, what do we do? [**Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point**]*”

Phase 2, Story 5, *d₃*, Clip 79.05 – 79.16 “*I'm getting depressed [laugh] I'm joking [...] Oh really? Ooh...*”

Main, Phase 2/3, *b₇*, Clip 45.24 – 45.43 “*I enjoyed some of those stories by the way; not all of them but some of them...two or three of them were really very good stories to read*”

Phase 3, Story 12, *d₃*, Clip 109.42 – 109.57 “[**Can I do nothing?**] *Well, says a lot [laughing] ...Okay, let's find relations to other stories...*”

Main, Exit, *a₁₂*, Clip 84.53 – 85.03 “*Okay [...] Nothing more? There is this big button here [laughing]*”

Main, Exit, *c₁₆*, Clip 84.03 – 84.37 “*Good...So I should press 'Exit' now... I can read 'Guide' again; or 'Print', I can start printing...*”

Discussion afterwards, *b₁₄*, Clip 55.48 – 55.57 “[*I enjoyed it actually [...] yeah, it was good*”

Discussion afterwards, *d₁*, Clip 60.03 – 60.21 “[*That was really interesting*” ... ”*I found the stories interesting*”... “[*It's interesting because the editing is interesting as well*”

(T3) Task part consolidation

(T3.1) Attending to the output list

Phase 1, Other Point, Story 3, *c*₂, Clip 08.48 – 08.56 “[Commenting on a value weakly agreed with] [scroll] Okay, ‘Next’”

Phase 1, Feature, Story 9, *a*₄, Clip 34.17 – 34.33 “[view then repair]”

Phase 1, Feature, Story 9, *a*₁₂, Clip 31.59 – 32.09 “Okay [view] Okay, everything’s fine”

Phase 1, Feature, Story 2, *b*₁₁, Clip 11.22 – 11.37 “Okay, that’s done [scroll] that’s it”

Phase 1, Feature, Story 2, *b*₁₈, Clip 22.03 – 22.13 “[scroll]”

Phase 1, Feature, Story 6, *b*₁₈, Clip 31.33 – 31.45 “[hover over]”

Phase 1, Feature, Story 10, *b*₁₁, Clip 24.07 – 24.18 “[hover over]”

Phase 1, Feature, Story 10, *b*₂₄, Clip 35.20 – 35.42 “[scroll]”

Phase 1, Feature, Story 3, *c*₂₂, Clip 15.54 – 16.22 “[hover over]”

Phase 1, Feature, Story 7, *c*₂₁, Clip 64.32 – 64.41 “[hover over]”

Phase 1, Feature, Story 11, *c*₂, Clip 28.36 – 29.09 “Right, so I’ve got all of these; now am I actually happy with all of these [Change of mind regarding an attribute value (having moved away from, then returns)] [scroll and repair]”

Phase 1, Feature, Story 4, *d*₈, Clip 11.12 – 11.28 “[hover over]”

Phase 1, Feature, Story 8, *d*₂₃, Clip 23.58 – 24.55 “... that’s it [scroll] – so ‘Selections’ [...] these are the ones I’ve chosen? [...] Oh yeah yeah yeah [scroll] yeah [...] no that’s fine”

Phase 1, Other Character, Story 8, *d*₁₀, Clip 22.04 – 22.13 “”

Phase 1, Audience, Story 1, *a*₁₃, Clip 23.32 – 24.00 “[view, repair and query] [“What does domain menu term mean?”] Okay, never mind, I’ll just leave it there”

Phase 1, Audience, Story 12, *d*₂₃, Clip 41.49 – 42.00 “~”

Phase 3, Related Reader, Story 12, *d*₂₃, Clip 66.03 – 66.11 “~”

Phase 3, Related Story (2), Story 7 [revisited], *c*₁₆, Clip 76.14 – 76.47 “[The presence of story-story relations]”

Phase 4, Point, Story 4, *d*₃, Clip 114.40 – 114.52 “[read output]”

Phase 4, Point, Story 8, *d*₃, Clip 115.56 – 116.12 “[read output] [Recall]”

Phase 4, Point, Story 12, *d*₃, Clip 117.03 – 117.29 “[read output]”

Phase 4, Other point, Story 2, *b*₁₄, Clip 52.53 – 52.57 “... Did I put that [Main point] down there [scroll] yeah”

Phase 4, Other Point, Story 7, *c*₁₆, Clip 80.29 – 80.51 “What did I write here? Err [type]”

Phase 4, Feature, Story 1, *a*₁₂, Clip 77.14 – 77.22 “[view]”

Phase 4, Feature, Story 5, *a*₁₂, Clip 80.54 – 81.04 “[view] uh ha”

Phase 4, Feature, Story 5, *a*₂₀, Clip 110.04 – 110.10 “[view] [...] No, I think that’s good ...”

Phase 4, Feature, Story 9, *a*₁₂, Clip 83.57 – 84.19 “[scroll and repair]”

Phase 4, Feature, Story 11, *c*₁₆, Clip 83.20 – 83.47 “[Commenting on style] [view, type and review]”

Phase 4, Feature, Story 4, *d*₃, Clip 114.52 – 115.10 “[Understanding of the task part] [read output]”

Phase 4, Feature, Story 8, *a*₁₂, Clip 82.57 – 83.21 “[view] [Change of mind regarding an attribute value (having moved away from, then returns)] [repair]”

Phase 4, Feature, Story 8, *d*₃, Clip 116.13 – 116.35 “[read output] [Recall]”

- Phase 4**, Feature, Story 12, d_3 , Clip 117.29 – 117.46 “[read output]”
Phase 4, Character, Story 5, a_{12} , Clip 81.05 – 81.17 “[view]”
Phase 4, Character, Story 8, a_{12} , Clip 83.22 – 83.34 “[view and scroll]”
Phase 4, Character, Story 11, c_{16} , Clip 83.49 – 83.58 “[view]”
Phase 4, Character, Story 4, d_3 , Clip 115.12 – 115.26 “[read output]”
Phase 4, Character, Story 8, d_3 , Clip 116.36 – 116.53 “[read output]”
Phase 4, Character, Story 12, d_3 , Clip 117.47 – 117.58 “[read output]”
Phase 4, Narrator, Story 1, a_{12} , Clip 80.02 – 80.27 “[view and review] [Change of mind regarding an attribute value (having moved away from, then returns)]”
Phase 4, Narrator, Story 5, a_{12} , Clip 81.17 – 81.23 “[scroll]”
Phase 4, Audience, Story 11, c_{16} , Clip 83.58 – 84.03 “[view]”
Phase 4, Narrator & Audience, Story 4, d_3 , Clip 115.27 – 115.35 “[read output]”
Phase 4, Narrator & Audience, Story 8, d_3 , Clip 116.53 – 117.01 “[read output]”
Phase 4, Narrator & Audience, Story 12, d_3 , Clip 117.57 – 118.12 “[read output]”

(T3.2) Attending to the story

- Phase 1**, Point, Story 9, a_4 , Clip 31.23 – 32.34 “[“What does term in the story mean?”]”
Phase 1, Other Point, Story 9, a_{17} , Clip 26.41 – 27.23 “”
Phase 1, Feature, Story 1, a_{12} , Clip 13.32 – 13.45 “Okay, is there anything”
Phase 1, Feature, Story 6, b_{14} , Clip 23.30 – 23.52 “”
Phase 1, Feature, Story 3, c_2 , Clip 12.06 – 12.19 “Okay”
Phase 1, Feature, Story 7, c_{16} , Clip 35.29 – 35.45 “”
Phase 1, Character, Story 2, b_{14} , Clip 14.59 – 15.36 “[Change of mind regarding an attribute value]”
Phase 1, Character, Story 3, c_2 , Clip 11.57 – 12.06 “Okay, I’m happy with that ...”
Phase 1, Character, Story 3, c_{16} , Clip 15.32 – 15.43 “I think there are no more people there are there [Commenting on the physical text]”
Phase 1, Character, Story 8, d_1 , Clip 21.04 – 22.15 “”
Phase 1, Antagonist, Story 1, a_{12} , Clip 15.05 – 15.33 “Yeah because the antagonist [“For me it’s X” or similar] so we will keep it like this”
Phase 1, Other Character, Story 5, a_{13} , Clip 31.53 – 32.20 “”
Phase 1, Other character, Story 6, b_{14} , Clip 25.07 – 25.19 “”
Phase 1, Other character, Story 10, b_{14} , Clip 34.48 – 35.12 “”
Phase 1, Other character, Story 4, d_{19} , Clip 26.37 – 26.52 “Can I go to ‘Next’? [...]”
Phase 1, Other character, Story 8, d_{23} , Clip 27.23 – 27.43 “Mm [scroll] Oh yes, and the ‘daughter’ [tick] I think that’s it. Yeah”
Phase 1, Audience, Story 9, a_{12} , Clip 44.48 – 44.55 “Okay then the ‘Discussion Group’ [reads] ... I can only say that here”
Phase 4, Other point, Story 2, b_{14} {e, QE} Story 2, Clip 50.31 – 50.51 “Okay, I do agree with that actually [tick]”
Phase 4, Other point, Story 2, b_{14} , Clip 52.06 – 52.53 “[Immediacy and fluency] [scroll] [type] [scroll] Okay, I think that’s it ...”
Phase 4, Other Point, Story 10, b_{14} , Clip 54.42 – 55.05 “[Immediacy and fluency]”
Phase 4, Character, Story 9, a_{12} , Clip 84.19 – 84.38 “”
Phase 4, Antagonist, Story 8, d_1 , Clip 58.04 – 59.08 “[types]”

Phase 4, Audience, Story 2, *b₁₄*, Clip 53.52 – 54.11 “[types]”

(T3.3) Other indicators of consolidation

Phase 1, Point, Story 9, *a₁₂*, Clip 28.29 – 28.35 “[scanning suggestions]”

Phase 1, Point, Story 6, *b₁₁*, Clip 16.46 – 17.10 “[scanning suggestions]”

Phase 1, Point, Story 3, *c₂₂*, Clip 11.49 – 12.10 “[...] Okay, yeah I think so”

Phase 1, Point, Story 7, *c₂*, Clip 16.17 – 16.26 “[scanning suggestions] Right, I think I'm happy with that”

Phase 1, Point, Story 11, *c₂₂*, Clip 41.31 – 41.51 “I think that's okay”

Phase 1, Point, Story 12, *d₂₃*, Clip 31.35 – 32.02 “Mm, no I've got all the points; I've said 'training'; that's all the points”

Phase 1, Main Point, Story 9, *a₂₀*, Clip 52.09 – 52.19 “[after typing full stop] I think that's probably true, definitely true”

Phase 1, Other Point, Story 5, *a₁₇*, Clip 16.57 – 17.56 “[pausing over 'Next' then repairing]”

Phase 1, Feature, Story 6, *b₇*, Clip 24.00 – 24.38 “[pausing over 'Next' then repairing] [Deleting and retyping the whole of the value]”

Phase 1, Feature, Story 4, *d₁₉*, Clip 23.29 – 23.36 “That's fine [...]”

Phase 1, Feature, Story 4, *d₂₃*, Clip 13.16 – 13.44 “[upward scroll of menu] Right, next? [...]”

Phase 1, Feature, Story 8, *d₃*, Clip 45.50 – 46.18 “Anyway ... that would be enough for me to suggest I would think – unless ... what else ... um [Concern with spelling or grammar]”

Phase 1, Character, Story 2, *b₂₄*, Clip 23.23 – 24.15 “I've got nothing to add there 'Victims' 'Wild nature' [...] yeah [...] So I can put it here isn't it, on antagonists [Immediacy and fluency] The characters are victims so that's fine, 'next'?”

Phase 1, Character, Story 12, *d₂₃*, Clip 38.38 – 38.48 “mm yeah, that's it [Accessing a list]”

Phase 1, Other Character, Story 9, *a₁₃*, Clip 40.00 – 40.08 “[pausing over 'Next' then repairing]”

Phase 1, Other Character, Story 12, *d₃*, Clip 66.31 – 66.44 “[pausing over 'Add'] mm ... no that's it, that's it I think ... okay”

Phase 1, Narrator, Story 11, *c₂*, Clip 30.15 – 30.32 “[consulting menu definitions] Okay, I think I'm happy with what we've got there”

Phase 1, Audience, Story 5, *a₁₃*, Clip 32.59 – 33.10 “[pausing over 'Save now']”

Phase 1, Audience, Story 11, *c₂₂*, Clip 51.10 – 51.21 “mm yeah, I think that's probably everybody”

Phase 1, Audience, Story 4, *d₂₃*, Clip 18.11 – 18.20 “[scroll of menu] That's it; yeah; okay? [...]”

Phase 1, Audience, Story 8, *d₁*, Clip 23.10 – 23.20 “[quick scroll of menu]”

Phase 1, Audience, Story 12, *d₈*, Clip 29.09 – 29.23 “[partial scroll of menu]”

Phase 3, Related Story, Story 5, *a₁₃*, Clip 65.28 – 65.50 “[Retrieves for viewing, previously related stories 6 and 11 from the output box]”

Phase 3, Related Story, Story 4, *d₂₃*, Clip 52.28 – 52.51 “That's it; that's all it is really; umm [...] Yeah? That's all that's related”

Phase 3, Related Story, Story 12, *d₂₃*, Clip 60.48 – 61.14 “[downward scroll of menu ...]
Yeah”

Phase 3, *a₁₃*, Clip 65.10 – 65.28 “Okay [Save now] this one [9] is okay now; I'll go back to this one [1]”

Phase 3, Story 6, *b₉*, Clip 59.51 – 60.08 “[Expressing confidence]”

Phase 3, Story 3 [revisited], *c₁₆*, Clip 75.24 – 75.32 “I guess I can leave this one [...] I think so [Save now]”

Phase 4, Point, Story 1, *a₁₂*, Clip 76.25 – 76.45 “[Entering phase 4] [scanning suggestions] Yeah we'll still keep this”

Phase 4, Point, Story 5, *a₁₂*, Clip 80.32 – 80.54 “[scanning suggestions] Yeah it's still like that”

Phase 4, Point, Story 5, *a₁₇*, Clip 64.57 – 65.24 “[scanning suggestions]”

Phase 4, Point, Story 9, *a₁₂*, Clip 83.46 – 83.56 “[scanning suggestions]”

Phase 4, Point, Story 9, *a₁₇*, Clip 68.44 – 69.15 “[scanning and ticking]”

Phase 4, Point, Story 9, *a₂₀*, Clip 108.20 – 108.31 “[scanning suggestions] Yeah, I think that's true”

Phase 4, Point, Story 10, *b₁₄*, Clip 54.19 – 54.42 “[scanning suggestions]”

Phase 4, Point, Story 11 *c₁₆*, Clip 83.14 – 83.19 “That one's okay”

Phase 4, Point, Story 4, *d₁₉*, Clip 80.37 – 81.39 “[...]"

Phase 4, Other Point, Story 6, *b₁₈*, Clip 68.21 – 68.43 “[tick]”

Phase 4, Other Point, Story 10, *b₁₈*, Clip 69.28 – 69.50 “I didn't agree with any of those [other] points did I [tick]”

Phase 4, Other Point, Story 12, *d₁₉*, Clip 85.16 – 86.04 “[tick] [tick]”

Phase 4, Feature, Story 1, *a₁₇*, Clip 61.41 – 62.34 “[scrolling and selecting from menu]”

Phase 4, Feature, Story 5, *a₁₇*, Clip 65.24 – 66.20 “[scrolling and selecting from menu]”

Phase 4, Feature, Story 2, *b₁₄*, Clip 52.59 – 53.17 “[scanning suggestions]”

Phase 4, Feature, Story 2, *b₁₈*, Clip 67.42 – 68.08 “[Evidently considering two or more (non-point) attributes simultaneously] [next] [back] [tick]”

Phase 4, Feature, Story 10, *b₁₄*, Clip 55.11 – 55.22 “[scanning suggestions]”

Phase 4, Feature, Story 3, *c₁₆*, Clip 79.54 – 80.11 “[types] The one from the other story [7] - that was quite good [laugh]”

Phase 4, Feature, Story 7, *c₁₆*, Clip 81.21 – 82.02 “[Evidently considering two or more (non-point) attributes simultaneously] [types, pause, Add, types]”

Phase 4, Feature, Story 8, *d₁*, Clip 57.56 – 58.02 “I think I've pretty much done; I was pretty much okay with these I think”

Phase 4, Protagonist, Story 10, *b₁₈*, Clip 69.59 – 70.25 “[...] It's come up there but not there [comparing output list with ticked items]”

Phase 4, Character, Story 5, *a₁₇*, Clip 66.20 – 67.19 “[scrolling menus]”

Phase 4, Character, Story 9, *a₁₇*, Clip 70.10 – 71.04 “[ticking]”

Phase 4, Character, Story 9, *a₂₀*, Clip 108.35 – 108.43 “Yeah, that's good I like that”

Phase 4, Character, Story 2, *b₁₄*, Clip 53.17 – 53.42 “[scanning suggestions]”

Phase 4, Character, Story 10, *b₁₄*, Clip 55.23 – 55.33 “[scanning suggestions]”

Phase 4, Character, Story 7, *c₁₆*, Clip 82.03 – 82.18 “specialists' [scrolls and selects Other Character] and perhaps GPs in general might be ...”

Phase 4, Narrator, Story 9, *a₁₇*, Clip 71.04 – 71.14 “[Selecting the editor's suggestion from a menu rather than agreeing directly]”

Phase 4, Narrator, Story 10, *b₁₄*, Clip 55.36 – 55.47 “[consulting menu term definition]”

Phase 4, Narrator, Story 4, *d₁₉*, Clip 82.19 – 83.29 “[consulting definitions of Phase 1 suggestions and reselecting them]”

Phase 4, Narrator, Story 8, *a₁₂*, Clip 83.34 – 83.42 “[scanning suggestions] okay”

Phase 4, Narrator, Story 8, *d₁₉*, Clip 84.31 – 85.12 “[consulting definitions and not reselecting a Phase 1 suggestion that a Phase 4 bug has removed]”

Phase 4, Audience, Story 6, *b₁₄*, Clip 49.39 – 49.46 “[“Can I also tick?”] Right, I wanted to say ‘yes’ I agree with that as well [tick] yes I remember that”

(T4) Navigation

(T4.1) Can I come back?

(T4.1.1) Request to suspend indexing the current screen

Phase 1, Story 3, Features, *c₂*, Clip 11.00 – 11.20 “Features – well – I can come back can’t I? [Evidently considering two or more attributes simultaneously]”

(T4.1.2) Request to suspend relating the current story

Phase 3, Story 1, *a₄*, Clip 62.11 – 62.33 “Maybe if I relate some stories to the other stories and then come back”

Phase 3, Story 3, *c₁₆*, Clip 55.06 – 55.30 “Can I return to it and add furthermore, yeah?”

Phase 3, Story 3, *c₁₆*, Clip 57.38 – 58.04 “So if I ‘Save now’ basically, I can go to another story” [...] I just want to check the other ones and then I might come back [...] ‘Save later’”

(T4.1.3) ...to the guide if I need to

Guide 1, *b₁₁*, Clip 03.17 – 03.47 “... Ah okay err, Related Reader, Related Story – so I can come back to this can’t I, for the second phase?”

Guide 1, *d₁₀*, Clip 02.35 – 02.47 “And will I be able to go back to this at any time to...just check that I’m writing the right things?”

Guide 1, *d₁₉*, Clip 09.20 – 09.37 “I can always come back...?”

Guide 2, *d₂₃*, Clip 03.48 – 04.24 “[Commenting on the task] so can I print that...?”

(T4.2) Can I go back?

(T4.2.1) Requesting to return to view previously saved phase 1 indexing

Main, Story 4, *d₁*, Clip 23.20 – 23.43 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] Oh, once I’ve saved it I can’t go back [...] Oh okay, sorry, I’m getting ahead of myself/[laughing]”

(T4.2.2) Requesting to return to view previously saved phase 3 relating

Phase 3, Main, *b₁₈*, Clip 59.57 – 60.47 “[“Why did you do that? - not relate yourself as reader”] I missed that bit; where was that? Can I go back there [6]? [Remarking that a particular story does not relate to them as reader]”

Phase 4, Main, *c₂₁*, Clip 149.04 – 149.39 “[...] So this is what I could do; I could go back to this one [11] and [...]”

(T4.2.3) Requesting to return to view previously saved phase 4 indexing

Main, Story 1, *a₁₂*, Clip 81.25 – 81.59 “[Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point] Could I go back to this one? [...] No? It’s too late? [laugh] Okay, so she won’t be intrusive, no sorry unreliable; she was but...”

(T4.3) Moving away from or requesting to move away from the current screen in order to gain understanding of a task part or the task as a whole

Main screen → Guide(1), *b₇*, Clip 01.31 – 01.48 “”

Main screen → Guide(1), *b₂₄*, Clip 09.57 – 10.23 “”

Main screen → Guide(1), *c₂*, Clip 02.13 – 02.19 “Um ‘For explanation of the phases and general advice’ click the Guide”

Main screen → Guide(1), *d₁₀*, Clip 02.15 – 02.21 “I’m going to have a look at the guides”

Main screen → Guide(1), *d₂₃*, Clip 01.23 – 01.54 “[...] Scanning it ... that’s what I do; I scan and then I go back and see what on earth is this about ... and then went back and saw that [Guide link]”

Guide(1) → Main, *a₁₂*, Clip 02.35 – 02.56 “... I just want to [back] go back to here. So phase one was this one [...] and then [guide] read any stories...”

Feature → Point, Story 1, *a₄*, Clip 08.20 – 08.52 “[...] Okay, can I go back and see what exactly is that? [...]”

Feature → Character → Feature, Story 3, *c₂*, Clip 11.00 – 12.19 “[Request to suspend indexing the current screen] [Next] [Evidently considering two or more (non-point) attributes simultaneously] Let’s go back to the Features [Back] [...]”

Feature → Guide(1), Story 1, *a₂₀*, Clip 24.59 – 25.30 “How do we go back to what they mean – these features?”

Feature → Guide(1), Story 3, *c₆*, Clip 09.49 – 10.14 “[What does (attribute label) mean?]”

Protagonist → Guide, Story 1, *a₁₃*, Clip 13.10 – 14.42 “I think I need to go back to the guide again [“What does task instruction term or expression mean?”]”

Antagonist → Feature, Story 9, *a₁₂*, Clip 35.01 – 35.34 “[Handling unconventional input types] I’m trying to figure out what would be the difference between Antagonist and Feature; okay Antagonist is stronger...”

Narrator → Character, Story 1, *a₂₀*, Clip 31.38 – 31.53 “*What did we just do? Story characters; so this is Narrator, okay*”

Narrator → Character, Story 3, *c₆*, Clip 14.35 – 16.17 “[*Back*] [Evidently considering two or more (non-point) attributes simultaneously]”

Narrator → Character, Story 4, *d₁₉*, Clip 26.52 – 27.54 “[*Back*]”

Save now → Point, Story 1 (optional), *d₁*, Clip 12.19 – 13.46 “*These ones that are already been done yeah? This one [Story 1] is isn't it [Back] [...] Oh okay, right*”

Main [Phase 2/3] → Guide(1), *c₂*, Clip 39.00 – 39.14 “*...Okay I'm going to have to read the Guide and remind myself what it was I was meant to be doing...*”

(T4.4) Indicating that they would like to move away from the current screen in order to do something they feel they ought to be able to do at this point.

Phase 1, Point → Main, Story 12, *d₁*, Clip 23.20 – 23.43 “[**Can I go back?**]”

Phase 1, Feature → Main Point, Story 8, *a₁₂*, Clip 48.57 – 49.19 “[*Back*] *Okay so something like a [Next] 'high variability' [Back] it's probably ... in there already so I won't have to [Next]*”

Phase 1, Feature → Other Point, Story 9, *a₁₂*, Clip 29.48 – 31.04 “[*Actually I just want to [Back] I might mm [Next] ... [Back]*] [Evidently considering two or more (non-point) attributes simultaneously] *It would be nice to have a copy and paste from the previous screen to this one [Regarding the attributes hierarchically]* Yeah or even promote one of the things [...]”

Phase 1, Feature → Character, Story 3, *c₁₆*, Clip 14.34 – 14.40 “[*Next*] *Okay let's try something else*”

Phase 1, Protagonist → Feature, Story 9, *a₁₂*, Clip 36.39 – 37.08 “[...] *I would like maybe to have a way to [Back] I mean here I would like to have a way to put 'GP' here, or maybe not to put it but to know that automatically it would be [...]*”

Phase 1, Antagonist → Feature, Story 9, *a₁₂*, Clip 40.06 – 40.14 “[*Back*] *Okay I just want to put [Regarding the attributes hierarchically]*”

Phase 1, Other Character → Feature, Story 8, *a₁₂*, Clip 54.16 – 54.25 “[Evidently considering two or more (non-point) attributes simultaneously]”

Phase 1, Character, *d₁* {d, E} Story 8, Clip 21.19 – 22.13 “[Evidently considering two or more (non-point) attributes simultaneously]”

Phase 1, Narrator → Narrator, Story 5, *a₁₂*, Clip 25.18 – 25.34 “[...]*I don't remember if I selected First Person for the Nurse in the previous story [...] yeah I would probably go back yeah*”

Phase 1, Narrator → Protagonist, Story 8, *d₁*, Clip 22.15 – 23.06 “[Evidently considering two or more (non-point) attributes simultaneously]”

Phase 1, Audience → Character, Story 1, *a₁₂*, Clip 16.56 – 17.16 “[...]*If I go back, that will be saved here – if I just go back to the previous screen? [...]*”

Phase 1, Audience → Character, Story 1, *a₂₀*, Clip 34.03 – 34.18 “[...]*Let me just add that on [Evidently considering two or more (non-point) attributes simultaneously]* [*Back*]”

Phase 2, Story 2, *a₂₀*, Clip 63.49 – 64.21 “[**Showing enjoyment of the task**] *Read next. Can't I comment on that? [...] Not now? [hovering over 'stop reading']*”

Phase 3, Related Story (3), *a₄*, Story 1→Story 5, Clip 64.37 – 65.13 “[The Main Point as a memory aid] [Save later→Main→Story 5] [The presence of story-story relations]”

Phase 3, Related Story (3), *a₄*, Story 5→Story 9, Clip 62.48 – 63.45 “[The Main Point as a memory aid] [Save later→Main→Story 9] [The presence of story-story relations]”

Phase 3, Related Story (11), Story 9, *a₂₀*, Clip 83.15 – 83.31 “Can I go back and do that [relate Story 11 to Stories 5 and 1]?”

Phase 3, Related Story (12), *a₄*, Story 9→Story 1, Clip 64.10 – 64.35 “[The Main Point as a memory aid] [Save later→Main→Story 1] [The presence of story-story relations]”

Phase 4, Character → Feature, Story 1, *a₁₂*, Clip 78.53 – 79.12 “[Evidently considering two or more (non-point) attributes simultaneously] [Back]”

Phase 4, Narrator → Narrator, Story 5, *a₁₂*, Clip 81.25 – 81.59 “Hmm what about the [Story 1] nurse [Commenting on style of narration]”

(T5) Previous readers' suggestions

(T5.1) Accessing a list

Point, *a₁₇*, Story 1, Clip 06.05 – 06.42 “”

Point, *a₂₀*, Story 1, Clip 23.53 - 24.12 “Oh yeah ... how about that!”

Point, *a₂₀*, Story 5, Clip 39.38 – 40.20 “~”

Point, *a₂₀*, Story 9, Clip 49.16 – 49.30 “”

Point, *b₁₈*, Story 2, Clip 16.30 – 17.20 “Can I press that [tick] and then see what they've put as well?”

Point, *b₁₈*, Story 10, Clip 37.24 – 37.48 “”

Point, *c₂₁*, Story 3, Clip 27.35 – 27.53 “~”

Point, *c₂₂*, Story 3, Clip 08.22 – 09.01 “[...] oh right”

Point, *c₂₂*, Story 11, Clip 39.35 – 39.56 “[...] oh right; that's a good idea [laughing]”

Point, *d₁₉*, Story 4, Clip 19.17 – 19.52 “[...] yeah”

Point, *d₂₃*, Story 4, Clip 06.30 – 07.40 “[Commenting on a value weakly agreed with] [...] Did they make other ones then? [...]”

Point, *d₂₃*, Story 8, Clip 20.49 – 20.59 “mm”

Point, *d₂₃*, Story 12, Clip 30.37 – 30.47 “”

Feature, *a₂₀*, Story 9, Clip 53.18 – 53.40 “[Commenting on a value weakly disagreed with] Let's just have a feel”

Feature, *d₂₃*, Story 12, Clip 32.03 – 32.26 “”

Character, *c₂₂*, Story 11, Clip 45.00 – 45.25 “[Rearranging the editor's suggested character roles] let me just read down the clues here ...”

Character, *d₂₃*, Story 12, Clip 38.38 – 38.48 “[Other indicators of consolidation]”

Narrator & Audience, *c₂₂*, Story 7, Clip 32.28 – 32.41 “mm where've they – reader – umm [Commenting on style of narration]”

Narrator & Audience, *d₂₃*, Story 12, Clip 41.15 – 41.18 “[Offering an explanation for a suggestion]”

(T5.2) Selecting from a list

Other Point, *a₂₀*, Story 5, Clip 40.28 - 41.36 “Well that’s true ... yeah that’s definitely true [...] So that’s why this point ... that’s the point I think probably”

Other Point, *b₁₈*, Story 10, Clip 37.25 – 38.06 “Can I put – can I use that [...]?”

Main Point, *c₂₂*, Story 11, Clip 39.59 – 40.24 “Umm, so can you just highlight that or do you write it in or? [...]”

Other Point, *d₂₃*, Story 8, Clip 21.00 – 21.31 “Um yeah, I agree – so what – how do you agree with those?”

Main Point, *d₂₃*, Story 12, Clip 31.00 – 31.11 “I’ll take that off [untick] put that in [select]”

Feature, *d₂₃*, Story 12, Clip 33.00 – 33.27 “Well ... I mean they’ve got everything there ‘under-resourced’ – that’s a problem you find. I can’t really think of anything else that they haven’t [...] Yeah definitely and ‘bureaucracy’ definitely...”

(T5.3) Commenting on a list item or the list generally

Point, *a₂₀*, Story 1, Clip 24.12 – 24.22 “[Commenting on the model or contextual implementation]”

Point, *a₂₀*, Story 5, Clip 40.47 – 41.28 “...It’s quite detailed, I think for a non-medical person; talking about classifications wouldn’t mean much to them but they would know that ... you’ve got problems about it [...] and the Big Brother concept comes in for them doesn’t it, as it does for us medics”

Point, *c₂₁*, Story 3, Clip 27.53 – 28.29 “[“What does previous reader’s suggested attribute value mean?”] It doesn’t say what for”

Point, *d₁₉*, Story 4, Clip 19.46 – 20.13 “[smiling] I like this one [...]”

Main Point, *b₂₄*, Story 2, Clip 16.41 – 17.37 “[...] [Strong agreement with] I don’t want to go behind [see] the Readers’ thing”

Feature, *a₂₀*, Story 9, Clip 53.18 – 53.40 “...This [item] is downstairs isn’t it...”

Feature, *d₂₃*, Story 12, Clip 32.26 – 32.58 “‘bad manners’? hmm; ‘bureaucracy’ yeah [...]”

Protagonist, *c₂₂* {d, QU} Story 11, Clip 45.11 - 45.47 “Yes, I was going to say the ‘Old man’ [Entering as free text a value that is semantically equivalent to a menu item, editor or previous reader suggestion]”

Character, *c₂₂*, Story 11, Clip 48.06 – 48.33 “[Entering as free text a value that is semantically equivalent to a menu item, editor or previous reader suggestion] Oh yes there. That’s good. Yes, they haven’t put the GP as the Antagonist though [...]”

Antagonist, *d₂₃*, Story 12, Clip 38.48 – 39.11 “That’s interesting, they’ve put different – you know NHS Managers and stuff like that. That’s not what the story was about really. Well, I don’t think it is. I mean, yes we know about NHS management, we can all scream about it but if we’re actually concentrating just on the story [...]”

Other Character, *d₂₃*, Story 12, Clip 39.11 – 39.40 “Yeah I suppose ... you’re right there ‘FilmFour ...’ – it’s not management, I’d just say ‘FilmFour’ [Offering an explanation for a suggestion]”

Narrator & Audience, *d₂₃*, Story 12, Clip 41.18 – 41.24 “Acquaintance, Counsellors mm that’s interesting”

(T6) Phase 4 indexing

(T6.1) Declining to enter phase 4

Main, a₄, Clip 72.37 – 72.57 “No [laugh] [...] Is it okay?”

Main, a₅, Clip 102.48 – 103.22 “No, it’s okay, it’s okay [laugh]”

Main, a₁₃, Clip 65.50 – 66.09 “Okay, seems to be it [...] Yes, I think so [...] No, no I think that’s it [...]”

Main, b₇, Clip 61.45 – 61.52 “So I exit now [...] I’m happy with what I’ve done”

Main, b₉, Clip 67.31 – 67.49 “Exit”

Main, b₁₁, Clip 44.02 – 44.10 “Ah [...] No I don’t think...”

Main, b₂₄, Clip 60.34 – 60.49 “No”

Main, c₆, Clip 77.09 – 77.31 “What should I do? [...] No [laugh]”

Main, c₁₅, Clip 49.04 – 49.18 “No, I’m happy with that”

Main, c₂₁, Clip 149.40 – 149.50 “No”

Main, c₂₂, Clip 82.40 – 83.18 “[...] I don’t think so; I didn’t feel intimidated by changing what I felt I wanted to [...]”

Main, d₈, Clip 41.35 – 41.51 “”

Main, d₁₀, Clip 45.18 – 45.36 “... I thought about it at the time and so ... I’m not going to change it because that would be, again, for the sake of it ...”

Main, d₂₃, Clip 66.15 – 66.33 “I’m not going to change anything – it would take you [...] I mean there’s no point really [...] because it’s not a test [...] it’s not a test [...]”

(T6.2) Entering phase 4

Main, a₁₂, Clip 76.14 – 76.35 “I’ll just have a go and see, especially the first one because since I changed afterwards my way of understanding what was Feature and what was Main Point.”

Main, a₁₇, Clip 58.30 – 58.46 “[...] Right; for those three stories”

Main, a₂₀, Clip 107.25 – 107.52 “[...] Oh I see, go through it. Okay, how do you do that? [...] Oh I see, just review it, oh I see, yeah”

Main, b₁₄, Clip 49.20 – 49.31 “...I think there was a mistake that I made [activates link 6] if I remember correctly [“Can I also tick?”]”

Main, b₁₄, Clip 49.59 – 50.20 “And that [6] is it I think [...] I think I pretty much did it correctly the first time um so is that it? [...] [activates link 2] Let’s just double check to be absolutely sure”

Main, b₁₄, Clip 54.13 – 54.20 “I think that one was fine [activates link 10] just to be complete”

Main, b₁₈, Clip 66.57 – 67.38 “Now do I go through them again? [...] Okay, umm, I’ll have a quick look but I can’t think of anything”

Main, c₂, Main, Clip 47.29 – 47.53 “...Is there anywhere where I can just quickly review the indexing I’ve got?”

Main, c₁₆, Clip 78.59 – 79.27 “Now I can exit, or I can re-index - Phase 4 re-index a story - I can’t re-index can I? Oh yeah I can because I have to click on this yeah? That will re-index stories – just probably look at that once again just to remember what I wrote there”

Main, d₁, Main, Clip 54.18 – 54.35 “”

Main, d₃, Main, Clip 113.50 – 114.21 “I think I was quite happy with that [...] I don’t think I would change it [...] Do you think maybe I could go through it again just to...?”

Main, d₁₉, Clip 79.53 – 80.37 “I won’t modify it [...] Okay, I’ll go back again”

(T7) Mediator is curious to know

(T7.1) “Why did you do that?”

(T7.1.1) - not relate yourself as reader

b₁₈, (story 6), Main, Clip 60.17 – 60.34 “Oh sorry I didn’t ... I missed that bit; where was that? [...] Was there another bit? Oh there was, wasn’t there; I missed the um [...]”

c₂₁ (story 11), Main, Clip 148.10 – 148.56 “Oh right, okay [...] Yeah [...] Umm yeah I would have done as a ... hang on ... what was the thing there? [...] Post mortem wasn’t it. [Remarking that a particular story **does** relate to them as reader]”

d₁, Discussion afterwards, Clip 61.40 – 62.22 “... I wasn’t sure whether you meant relate as a health professional...there were other ones that were talking more about patients that maybe I could relate to as a reader a bit more...it seemed that wasn’t the aim, the aim was to relate the stories up together”

d₈, Discussion afterwards, Clip 42.09 – 42.35 “[Forgetting – task parts] Yeah, yeah, yeah. In fact I forgot [...] In the beginning I was trying to figure out what that field was related to but after that I think that I forgot, just forgot”

(T7.1.2) – not use the menus

(T7.1.2.1) – not use the narrative Features menu

b₇, Discussion afterwards, Clip 62.53 – 63.12 “I saw the generic list but I didn’t like the generic list very much – I hope I gave reasonable answers”

b₂₄, Discussion afterwards, Clip 63.05 – 63.25 “There wasn’t much available there [...] I didn’t think there was much which related to it”

(T7.1.2.2) – not use the menus generally

b₁₄, Discussion afterwards, Clip 57.42 – 58.21 “Oh no, no, no, no, no [...] I guess I’m not really a big [...] usually I don’t [...] I did it the first time, then it was like, some of these things I could probably just do better myself rather than...scan through all of them trying to find something; I can just say what I want to say [...] not trying to shape it to what someone else does”

b₁₈, Related reader, Clip 53.04 – 53.19 “[...] Oh is there one [Nurse] there? Oh of course there is [...]”

d₂₃, Related Reader, Clip 65.02 – 66.11 “[...] What list? [...] This one here? [...] Oh I see what you mean [...] [Remarking that a particular story **does** relate to them as reader] I should have done - I mean I forgot about it [...] Well all of the bloody things [selects Community Midwife]”

(T7.1.3) - not view previous reader's suggestions

a₁₇, Discussion afterwards, Clip 72.31 – 73.14 “[Commenting on the task] In part...because I assume that you wouldn't want undue influence would you, from other people...? [...]”

b₂₄, Discussion afterwards, Clip 61.35 – 61.50 “No, no reason [laugh] [...] bit different I'm sure”

d₁₉, Discussion afterwards, Clip 87.14 – 88.18 “The line of thought of the reader...I thought I would get my own ideas first without having a look at what others had to say because I would be ... saying 'that is true' and following that line of thought”

(T7.1.4) – enter Phase 4

a₁₇, Discussion afterwards, Clip 74.13 – 74.32 “Oh that's the job; you see I spend all day checking things [laugh]”

(T7.1.5) “find so many relationships between stories”

a₂₀, Discussion afterwards, Clip 112.32 – 112.47 “...but we're quite interested aren't we; this is our little angle”

(T7.1.6) “find relating easier than indexing”

d₂₃, Discussion afterwards, Clip 68.50 – 69.34 “[...] I think it depends what kind of brain you've got ... when you break down things ... is that related to that? ... emergency-emergency; fracture-fracture ...”

(T7.2) “What are you thinking?”

b₂₄, **Guide (1)**, Clip 11.18 – 12.06 “[laugh] because this is all related to what the whole program is about isn't it – the different characters [...]”

c₂₁, **Guide (1)**, Clip 11.14 – 11.57 “I'm just looking at everything up there [...]”

c₂₂, **Story 3, Feature**, Clip 14.52 – 15.49 “[Can I say what I want? I.e. how free is free input allowed to be?] Pharmacists would be perhaps um disappointed ... of his own values; trying to get another organisation to agree; that why should he have those values almost - or try to save money or think of the patient, storage and if another lot [...] I think disappointment that he spent all this time and energy and at the end of the day it hasn't happened for him has it”

d₂₃, **Story 4, Feature**, Clip 11.38 – 12.33 “[...] No I didn't mean that one [ambiguous menu item selection]; how do I take that off?”

b₂₄, **Story 6, Character**, Clip 29.52 – 30.08 “[...] [Rearranging the editor's suggested character roles] [...]”

- a₅*, Story 1, **Antagonist** (retrospectively), Clip 33.32 – 34.27 “[...] Maybe [keep] Specialist Nurse [and remove] Nurse”
- a₁₇*, Story 5, **Narrator**, Clip 67.40 – 68.09 “[...] No sorry, it should be ‘First-person’”
- c₂₂*, Story 11, **Narrator**, Clip 51.20 – 51.43 “[...] Umm [...] Can you have the ‘dead man’? I mean that’s not – you can’t really because he’s not there [...] No, no ‘GP’ was just [...] No, he [GP] did narrate it, that’s fine”
- b₁₁*, Story 6, **Audience**, Clip 19.29 – 19.55 “I was thinking of [Remarking on or otherwise suggesting the general interest nature of the stories]”
- c₁₆*, Story 3, **Related Reader** [revisited], Clip 73.02 – 73.55 “[...] so that’s probably ... relating the top [focal] story through the others ... [clarification of Related Reader]”
- d₂₃*, Story 12, **Related Reader**, Clip 64.21 – 65.01 “[...] it was both [focal (12) and non-focal (3)] actually [...] [clarification of Related Reader]”
- b₁₄*, Story 6, **Related story**, Clip 46.50 – 47.21 “[...] Did I do it right - relating this one [6] to the one about the experience [4] is that right? [Title function of Main points]”
- c₂₁*, Story 3, **Related Story (4)**, Clip 126.38 – 127.10 “Well it’s the idea of making choices [...] and as I said, [Responding with puzzlement]”
- c₆*, Story 7, **Related Story (4)**, Clip 67.26 – 67.40 “[...] Yeah [clarification of ‘Why’ explanation]”
- c₁₆*, Story 7, **Related Story (2)**, [revisited], Clip 77.25 – 78.04 “[...] Mm yeah because ... these are like ‘wasting’ ... whereas here ... it’s almost contrasting ... [clarification of Related Story]”

(T7.3) “Did you find the stories interesting?”

- a₄*, **Discussion afterwards**, Clip 75.17 – 75.52 “Yeah, yeah, I came to [know] a lot of things – I don’t know what ... is, I don’t know...I mean, not all [the] stories are interesting, some of them are interesting; most of them are informative [...] and a few are boring [laugh]”
- a₁₇*, **Discussion afterwards**, Clip 78.19 – 78.54 “Um yes, and I think probably the second [5] and the third one [9] more so than the first one [1]. The first was quite short wasn’t it, and probably to the point; the second and third were more sort of um – I ticked them as being autobiographical, and probably because of that they were more interesting because you felt as though you were actually sharing someone’s experiences rather than a short, err skit in a review.”
- c₆*, **Discussion afterwards**, Clip 78.07 – 78.24 “... Some of them; some of them like I just found too technical, so let’s say if I found them on a newspaper I would just like jump them; it’s too technical you know; it takes like an effort to go inside them”
- b₁₈*, **Discussion afterwards**, Clip 77.38 – 78.34 “I did yes! [Responding with surprise] No, they were – very interesting; obviously true stories - were they? [...] Very interesting [...] Yeah, definitely”
- d₁₉*, **Discussion afterwards**, Clip 91.59 – 93.29 “[Responding with interest] They were, they were; especially the one [7] that was the triage [...]. I liked that one [2] about the doctor [...]. [Responding with puzzlement] Some were quite – I could follow, I could get the basic gist of the story but um some of them were a bit complex; I couldn’t tell who was telling most of the story, especially the one [1] talking about err blood donation and um having a swipe card and going into a room...”

c₂₁, Discussion afterwards, Clip 150.29 – 150.58 “Not all of them no [...] Yeah, I’m trying to remember them all now but umm -”

c₂₂, Discussion afterwards, Clip 83.21 – 83.41 “Yes some of them. Yes, they were, yes [...] They all had a um statement in there didn’t they which was an issue or a um something. Yes, that was very interesting – thank you.”

(T7.4) “Did you deliberately skip stories 4 and 8 because they didn’t interest you?”

b₂₄, Read, Clip 44.32 – 44.58 “No! [...] I thought it didn’t go to the next one so I did it again. I don’t think I skipped [...] no, no, no”

(T7.5) “Can you imagine a resource of this kind?”

c₆, Discussion afterwards, Clip 78.22 – 80.53 “Yeah? [...] help for them? [...] for what [...] I’m missing like the whole point, the whole point of this thing ... It will help like um doctors or people [...] Okay, help them ... in which sense? [...] It’s interesting yeah [...] It’s a big project [...] Yeah sure, sure. Oh so the problem is the indexing method somehow [...] Ah I understand [...]”

c₂₂, Discussion afterwards, Clip 92.24 – 93.54 “Yes! ... I think so, and you could use them as we said about for different audiences and [...] it would be very interesting. [...] And I found it interesting to relate one story to another because it made you think slightly what might be maybe not as obvious – a sort of negative as well as a positive in there yes ...”

(T8) Commenting on the model or contextual implementation

Entry screen, a₄, Clip 00.34 – 01.12 “Oh, is this only in UK, all these places? [Entering as free text a value that is semantically equivalent to a menu item]”

Entry screen, a₅, Clip 00.40 – 01.12 “... UK or England? [...] Ah the city, the city”

Entry screen, c₆, Clip 01.18 – 01.34 “Location - where’s UK? [...]”

Entry Screen, a₂₀, Clip 12.25 – 12.53 “Mm so I have to put my [...] We say Northampton don’t we [...] Is it Northamptonshire [...] Actually, mind you, I should say London [location] really shouldn’t I? [...]”

Entry screen, d₃, Clip 00.55 – 01.20 “Are these UK places? [...] So we are ‘Milton Keynes’ ...”

Guide 1 (Protagonist), a₂₀, Clip 13.49 – 14.03 “In fact, I was going to say that. The term you used last time when we were talking about this was Protagonist. I was wondering...it’s the principle character often isn’t it – portrayed as”

Guide 1 (Audience), a₂₀, Clip 14.10 – 14.20 “Might be receptive to [...] That’s a good way of looking at it [...] yeah, yeah”

Guide 1 [revisited], c₁₆, Clip 84.03 – 84.37 “...Yeah, that was...an interesting reflection on who is the related reader or rather what does it mean to become a related reader...Good”

Point, Story 1, a₂₀, Clip 24.12 – 24.22 “[Previous readers’ suggestions] Well to be honest, it’s not the point actually: medical or non-medical...”

Feature, Story 7, *c₂₂*, Clip 26.35 – 27.35 “[Forgetting - task part instructions] So a lot of these things I know so um wouldn’t jump out at me; you’d know ... that tonsillectomies aren’t done that frequently nowadays and things, so it kind of would perhaps change what you see really...”

Phase 1 end, *a₂₀*, Clip 60.55 - 61.05 “How interesting!”

Related Reader [revisited], *c₁₆*, Clip 74.10 – 75.21 “This is interesting because my reading of ‘aspects of your identity’ ...which particular...trait or something...was triggered by...I’m still whatever, researcher, but now I’m reacting to this more as a whatever, decision maker, more as a parent, more as a child...or a patient with exactly the same experience [Other behaviours indicating reader relatedness to any story]”

Related Story, Story 6, *b₂₄*, Clip 49.10 – 49.21 “... Very limited choice isn’t it; it doesn’t give you a lot [...] None of these relates to the story there”

Discussion afterwards, *a₁₇*, Clip 76.12 – 77.40 “So this is then to what, improve [...] efficient dissemination of knowledge [...]. Quite philosophical really isn’t it because I suppose it’s a case of, when anybody writes anything or communicates anything they obviously have a definite idea of what it is they’re attempting to communicate but how do you ever know that the person that hears it [...] and where misunderstanding arises I assume.”

Discussion afterwards, *a₁₇*, Clip 78.54 – 79.42 “[...] Yes well, it’s the um idea of a parable I suppose as a way of disseminating information – am I right to think that’s what parables are? [...]”

Discussion afterwards, *b₉*, Clip 68.05 – 68.36 “How many histories are in the base? [...] okay, very nice”

Discussion afterwards, *b₁₁*, Clip 44.12 – 44.46 “That’s very interesting [...] I can kind of relate to this because I’ve thought about how do we - this is a nice way of doing it actually ... these hyperlinks and so on usually come from the author don’t they and [...] it’s the reader that matters; and even the choice of indexing terms, again it’s the reader that matters; but people are different...”

Discussion afterwards, *b₂₄*, Clip 69.01 – 69.25 “It [narrative] is used and ... when used correctly I think it helps to improve services [...] yes; and err education and health services, they both are having the same problems with the government”

Discussion afterwards, *c₂*, Clip 53.42 – 53.52 “The stories are quite good; they’re quite engaging; you get quite a clear sense of there being different voices and people telling their stories.”

Discussion afterwards, *c₂₂*, Clip 83.18 – 83.21 “That was very interesting [...] mm”

Discussion afterwards, *c₂₂*, Clip 91.09 – 91.34 “And I’m sure, I’m sure – I’d be interested to know that – I’m sure that people who work in the NHS have very different perspectives um on things and certain amount of cynicism, and it will be different for I suppose who has the power, as well as um things like frustrations ...”

Discussion afterwards, *d₃*, Clip 118.15 – end, “I really like this...” [...]idea of an experiential resource] unrecorded

Table (T8) Commenting on the model or contextual implementation – Where it was made and the degree of restriction felt

Where comment made ↓	Restriction felt						
	VU	U	QU	QR	R	VR	Position totals
Task entry	0 ÷ 1 =0	2 ÷ 13 =0.2	2 ÷ 8 =0.3	0 ÷ 1 =0	1 ÷ 1 =1.0	0 ÷ 0 =0	5 ÷ 24 =0.2
Guide	0 ÷ 1 =0	0 ÷ 13 =0	3 ÷ 8 =0.4	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	3 ÷ 24 =0.1
Indexing	0 ÷ 1 =0	0 ÷ 13 =0	3 ÷ 8 =0.4	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	3 ÷ 24 =0.1
Reading	0 ÷ 1 =0	0 ÷ 13 =0	0 ÷ 8 =0	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	0 ÷ 24 =0
Relating	0 ÷ 1 =0	1 ÷ 13 =0.1	1 ÷ 8 =0.1	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	2 ÷ 24 =0.1
Task exit	0 ÷ 1 =0	6 ÷ 13 =0.5	3 ÷ 8 =0.4	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	9 ÷ 24 =0.4
Questionnaire	0 ÷ 1 =0	0 ÷ 13 =0	0 ÷ 8 =0	0 ÷ 1 =0	0 ÷ 1 =0	0 ÷ 0 =0	0 ÷ 24 =0
Restriction totals	0 ÷ 1 =0	9 ÷ 13 =0.7	12 ÷ 8 =1.5	0 ÷ 1 =0	1 ÷ 1 =1.0	0 ÷ 0 =0	22 ÷ 24 =0.9

(T9) Commenting on the task

Main, c₂, Clip 01.33 – 02.13 “Okay, I’m not quite sure what this entails now; I know I did this a year ago ... but it’ll hopefully start coming back to me”

Guide (1), c₂, Clip 03.20 – 03.30 “... I think I’m probably going to have an easier time probably working out that one [Related Story]”

Guide (2), a₁₂, Clip 04.30 – 05.00 “Okay, you can ... split the work into – I mean if you ... don’t have enough time or enough ideas to finish phase one you can save it before [...]”

Guide (2), a₂₀, Clip 15.26 – 16.06 “The editor’s indexing is what...? So there’s the story and then there’s the editor’s indexing of these points: Protagonist, Antagonist [...] But the editor does that, i.e. you [...] for all the stories [laugh]. Yeah, quite; no, that’s good, I mean it gives you what do you call it? a umm [...] yeah.”

Guide (2), c₆, Clip 05.00 – 05.12 “Yeah, can I keep in mind all of those well [laugh] but I will try to do my best”

Guide (2), d₂₃, Clip 02.42 – 03.10 “[...] There’s no wrong or rights to this so”

Guide (2), d₂₃, Clip 03.48 – 04.24 “Cor it’s a bit complicated [...] What I would say is it might be a little bit difficult to remember all the phases when you’re actually doing it [Can I come back ... to the guide if I need to?]”

Point [Phase 4], Story 5, a₂₀, Clip 108.53 – 109.36 “[...] I’m just wondering if you should do that first then ... it will maybe give people an idea of what’s happening ... and then you go to this bit ... I see why you do come back ...”

Feature, Story 4, d₁, Clip 08.24 – 08.36 “Maybe I should have just gone for it [taken a different approach to the task part] beforehand”

Discussion afterwards, a₅, Clip 103.23 – 103.35 “... my English is bad; err you employed double of time with me”

Discussion afterwards, a₁₃, Clip 66.13 – 66.55 “Well the first story was a little bit; I had a bit of a problem when I was reading the first one; then after going through the whole thing then I know what I’m expected to do and what’s there; I know what the keywords mean from after I did the first one because although I read the guide I didn’t actually remember every word of the guide”

Discussion afterwards, a₁₃, Clip 66.57 – 67.17 “By reading the guide doesn’t help much when you don’t know what’s in the interface and after you read it then you may want to go back to it...”

Discussion afterwards, a₁₃, Clip 67.24 - 67.45 “...but [immediate access to the guide] may not be necessary because some of the words have a short description there; I found out that later actually; I didn’t notice that until later”

Discussion afterwards, a₁₇, Clip 71.43 - 72.11 “[...] [laughing] It was quite hard work actually”

Discussion afterwards, a₁₇, Clip 72.31 – 73.14 “[“Why did you do that?”- not view previous reader’s suggestions] It’s just I think um - I think if I was sort of doing the same sort of study I’d probably myself prefer uninfluenced responses [previous readers] but I suppose it’s the way the experiment has been set up”

Discussion afterwards, a₂₀, Clip 113.09 – 113.28 “... actually to be honest, I found that quite difficult to do; I found indexing was more difficult than [relating] but I didn’t find [relating] easy [...]”

Discussion afterwards, a₂₀, Clip 113.38 – 114.08 “[...] Quite unrestricted because ... actually the problem is you don’t know ... what’s expected of you [...]”

Discussion afterwards, a₂₀, Clip 115.21 – 116.07 “[...] I think that [Protagonist and Main Point] was definitely easiest [...] I found ‘Features’ and ‘Antagonists’ [...] as quite difficult to think about”

Discussion afterwards, b₇, Clip 62.46 – 62.53 “I understood roughly I hope what you were looking for but it took an hour; it took me an hour anyway”

Discussion afterwards, b₇, Clip 63.42 – 63.47 “There were a couple of really rather good stories in there as well - I liked them”

Discussion afterwards, b₉, Clip 67.53 – 68.00 “[laughing] I don’t know is it good enough”

Discussion afterwards, b₁₄, Clip 56.07 – 56.27 “It’s a very good idea to let you go back ... because after the first story you kind of get the hang of it [...] The first story ... should I be more agreeable ... to the guy you know, but then when I get the hang of it I realise I can put my own thing; it’s quite nice though, quite nice”

Discussion afterwards, *b₁₄*, Clip 57.01 – 57.19 “It’s not too bad; I mean the hardest thing is having to do the reading of the story and then to have to do the read of the instructions. Sometimes you might think there’s a bit too much reading but actually it’s not, it’s quite intuitive...”

Discussion afterwards, *b₁₈*, Clip 70.32 – 71.12 “That wasn’t as bad as what I thought it was going to be [...] I thought it was going to be more that you wanted me to tell you stories [...] and I was thinking ‘I can’t think of any stories!’ I’m sure if I wasn’t asked, I would be able to think of loads”

Discussion afterwards, *b₁₈*, Clip 81.00 – 81.30 “...I would have found it difficult if you weren’t there because I was stuck on a few things and you need somebody just to clarify what you actually mean by it don’t you? No it’s good.”

Discussion afterwards, *b₁₈*, Clip 72.15 – 72.52 “I actually found [indexing] quite difficult; initially on the first story; I think it got easier once I knew what was expected [...] It’s just the unknown isn’t it really”

Discussion afterwards, *b₁₈*, Clip 73.00 – 73.33 “Yeah, relating them I found easier [...] I felt more pressure to try to think of something else, not to just go along with what the editor had said, so I think I was worrying too much that I hadn’t put anything else there whereas relating them [...]”

Discussion afterwards, *b₁₈*, Clip 73.50 – 75.00 “It’s not restricted at all really is it – whatever you wanted to put isn’t it [...] yeah that’s true actually ... mm do sort of focus more on what the editor’s put ... mm maybe I might change that [questionnaire rating] actually now that you’ve said that because that was true, I did find I was looking more at what they’d put [...]”

Discussion afterwards, *b₁₈*, Clip 75.00 – 75.46 “The selection lists ... what were they; were they the ones [...] That wasn’t the ... other readers suggestions was it [...] Including the readers [...] Yeah, to have a look, yeah definitely”

Discussion afterwards, *b₂₄*, Clip 62.08 – 62.21 “Well it [Relating] was easy once you explained it to me [laugh]”

Discussion afterwards, *b₂₄*, Clip 62.36 – 62.47 “Indexing and relating was generally’ ... ah it was good”

Discussion afterwards, *c₂*, Clip 51.38 – 51.44 “It wasn’t too tiring”

Discussion afterwards, *c₂*, Clip 52.26 – 53.23 “I wasn’t always quite sure what I was meant to be doing, but where there were prompts it became easier because in effect I had a template as it were of what somebody else had done; and although in a way that template sometimes influenced you and sometimes you went back and you thought ‘well no actually I don’t want to keep all those things’, the fact that the template was there gave you an idea maybe of what the instructions meant; because if you’ve not been thinking about things in a particular way, other people’s indexing systems don’t always make clear sense because you don’t know what the theory behind them is and why they want to do them that way, so I found that quite useful.”

Discussion afterwards, *c₆*, Clip 77.38 – 78.08 “[...] Some I think are really like particular like subject because you know I’m not English speaker so my comprehension of the text is [...] Many of those were like really difficult for me anyway”

Discussion afterwards, *c₆*, Clip 81.01 – 81.10 “No, maybe sometimes it was my fault, like about protagonist or the subject of the story, it’s not always easy to determine”

Discussion afterwards, *c₁₅*, Clip 49.15 – 49.22 “[...] Yeah, it was alright yeah”

Discussion afterwards, *c₂₁*, Clip 152.04 – 152.14 “The difficult [indexing] bit was putting it into words really ...”

Discussion afterwards, c₂₁, Clip 154.11 – 154.17 “*Oh that was easy [relating]*”

Discussion afterwards, c₂₁, Clip 164.15 – 164.30 “*That [took] two hours – two and half*”

Discussion afterwards, c₂₂, Clip 83.58 – 84.23 “*[...] Once I got going; I felt nervous to start with because I didn't understand the words. You know the words but I couldn't think I don't know what that means [...] When you get going then you kind of do understand what it's about; I think you get more confident don't you.*”

Discussion afterwards, c₂₂, Clip 84.23 – 85.35 “*‘Indexing’ [...] That was quite easy yes, it was easy [...] [Relating] I suppose, a bit more difficult [...] umm, no maybe not. I think that probably – yes you had two things to compare so that was quite easy; very easy”*

Discussion afterwards, c₂₂, Clip 85.32 – 86.13 “*... Well I had very strong opinions on what was – as you said in the beginning ‘there's no wrong or right but I felt that I [...] No, I didn't mind arguing with the editor [...] and it may be just that you feel more confident with the whole thing as time goes by”*

Discussion afterwards, c₂₂, Clip 86.28 – 87.02 “*[...] No, I didn't feel restricted, no ‘Quite unrestricted’”*

Discussion afterwards, c₂₂, Clip 88.10 – 90.18 “*[...] Right, I mean the Main point was fairly easy [...] And the Features [...] that was quite easy. Oh the Protagonist, the Antagonist, oh that was more thought provoking [...] Relating the stories, I didn't find that difficult [...] and the Audience I didn't find difficult [...] I found that [Characters] hard [...]”*

Discussion afterwards, c₂₂, Clip 90.14 – 90.27 “*[...] My pleasure. That was very interesting. Thank you for letting me participate [laugh]*”

Discussion afterwards, d₁, Clip 62.49 – 63.33 “*[...] There is quite a lot to do in one go um there's quite a lot of different things should I say ... there's not really that much to do, it's just lots of little different things to make up the whole thing, um, but that wasn't clear to me as soon as I went in. Although it's there on the screen, it wasn't clear to me that there was those three phases ... Maybe if I'd taken that on board a bit more at the beginning then you would have thought ‘well there's three phases of this’”*

Discussion afterwards, d₈, Clip 41.52 – 42.09 “*...I think that my English is not so good so [...] yeah, I missed some points but I hope that I understood what I'm doing – it was nice, it was nice”*

Discussion afterwards, d₁₉, Clip 88.27 – 88.42 “*Indexing the stories [laugh] it was difficult”*

Discussion afterwards, d₁₉, Clip 91.30 – 91.58 “*[...] Relating the stories ... was okay [...]”*

Discussion afterwards, d₁₉, Clip 95.37 – 96.24 “*How was my relating of stories; did you find people related more stories [than me]?”*

Discussion afterwards, d₂₃, Clip 70.23 – 70.36 “*Yeah it was ‘Unrestricted’ I wouldn't say ‘Very Unrestricted’ [...]”*

Questionnaire, a₁₂, Indexing Easy “*Annotating was easy, in spite of, in my case, not being familiar with the field. But most of them contained something one can relate to, and it helped the annotation process.*”

Questionnaire, b₁₁, Indexing Easy “*Because they were short? Because they didn't contain specific names of people or things?*”

Questionnaire, c₂₂, Indexing Easy “*Became easier as one progressed*”

Questionnaire, d₃, Indexing Easy “*At times I would not be sure of the roles to assign to the characters...that is, at what narrative level I should do the indexing.*”

Questionnaire, *d₁₀*, Indexing Easy “*... It was hard to know what level of detail was useful for ‘other points’. Even though the stories were quite short, in some cases it would have been possible to pick out lots of other points, at different levels of triviality.*”

Questionnaire, *a₅*, Indexing Quite Easy “*I had some difficulty, but for English I don’t know very well.*”

Questionnaire, *b₁₄*, Indexing Quite Easy “*For the most part I approached the task of indexing in much the same way as I would a reading comprehension passage on a GRE/GMAT examination. What this means is that I just tried to understand the main points of each passage rather than concern myself with trying to understand any particular medical terminology.*”

Questionnaire, *c₂*, Indexing Quite Easy “*The editor’s indexing provided a guide to what was required for each type of index.*”

Questionnaire, *c₂₁*, Indexing Quite Easy “*Finding the word to express my meaning succinctly was awkward.*”

Questionnaire, *d₂₃*, Indexing Quite Easy “*A little difficult to understand at first but soon got the hang of it.*”

Questionnaire, *a₁₃*, Indexing Quite Difficult “*Simply indexing the stories without any understanding is not that difficult.*”

Questionnaire, *b₁₈*, Indexing Quite Difficult “*Initially [difficult] on the first story*”

Questionnaire, *c₁₆*, Indexing Quite Difficult “*Largely due to lack of knowledge about the domain, sometimes it was trickier to get to the point the story was really about...*”

Questionnaire, *a₁₇*, Indexing Difficult “*end of long day*”

Questionnaire, *d₁₀*, Relating Very Easy “*I think I found relating the stories very easy because I knew from the task instructions that I would be required to do this at some stage and was keeping this in mind as I read. However, I think if there had been more stories that it occurred to me to relate, or more stories to read, then this strategy may not have worked since my memory may have started failing.*”

Questionnaire, *b₇*, Relating Easy “*Again once the general feel for the interface was sorted relating the stories was straightforward.*”

Questionnaire, *d₃*, Relating Easy “*Relations can be found among just about any stories, depending on the level at which one looks for relations. At times I was not sure of what the best level would be.*”

Questionnaire, *a₁₂*, Relating Quite Easy “*Not too difficult because I was able to ‘appropriate’ the stories (ie, make myself ‘mine’). But one still has to hold the ten documents in her mind at once and try to inter-relate them.*”

Questionnaire, *b₉*, Relating Quite Easy “*In my opinion this phase was a little difficult because represent a more objective matter and it was need to analyze the texts during more time to achieve some conclusion.*”

Questionnaire, *b₁₁*, Relating Quite Easy “*The process of assigning main theme seemed to help to interrelate the stories. I wonder if it would work if you didn’t read all the stories in the same session?*”

Questionnaire, *b₁₄*, Relating Quite Easy “*One problem I had with relating stories was that the ‘non-indexed stories’ (i.e. stories 1, 3, 5, 7, etc) were more difficult to understand than the three indexed ones. This meant that I related the stories largely using just the titles as the guide to what some of these non-indexed stories were saying.*”

Questionnaire, *c₁₆*, Relating Quite Easy “*It was more difficult than thought originally; mainly because of a need to justify a relationship, which was sometimes hidden and vaguely felt rather than rationally articulated.*”

Questionnaire, d₈, Relating Quite Easy “*The software helped me with some suggestions, but in some manner, was hard to remember about the subjects, due to the significant number of stories included in the list.*”

Questionnaire, c₂, Relating Difficult “*Relating the stories required me to read and keep in mind the content of all the other stories. This was a considerable extra cognitive load compared to the simple indexing where I only had to focus on one story at a time.*”

Questionnaire, a₁₂, Generally Unrestricted “*Ah, I find different ways to answer here. (1) It was unrestricted in the sense that you were, in the end, free to bypass any suggestion by the system. (2) It was also, maybe not restricted, but guided (is it correct?) by the suggestions, ‘constrained’ maybe, but it’s a good thing as it makes the annotator feel less alone. And finally, (3), the interface does split the process in several steps that one has to follow, so it constrains/guides the user. But again, one is free to go back and forth in the different annotation screens, so it’s easy to revert to complete freedom.*”

Questionnaire, b₇, Generally Very Unrestricted “*Very unrestricted because one could add ones own comments/suggestions at each and every stage.*”

Questionnaire, b₁₁, Generally Unrestricted “*I am not sure what other indices and relationships would be needed that couldn’t be dealt with. I suspect if the stories were ‘news’ or ‘business’ etc., then people would want to have some structure within indices and relationships. There seemed to be already a viewpoint in that the exercise asked you to identify and index very specific things like narrator role, audience/readership, nature of story (e.g. biography, autobiography, parable, tragedy etc.) I guess in some other indexing domain, one would provide similarly appropriate pre-defined slots.*”

Questionnaire, b₁₄, Generally Unrestricted “*I enjoyed the freedom to write my own points during the indexing and to explain in detail how I thought that stories were related.*”

Questionnaire, c₂, Generally Unrestricted “*...but the interface invited additional comments.*”

Questionnaire, d₃, Generally Unrestricted “*I felt that I could freely relate and categorize the elements of the stories, which I liked a lot.*”

Questionnaire, d₁₀, Generally Unrestricted “*At one point, it would have been nice to be able to easily relate three stories under one ‘heading’ or word, rather than relating the 2 stories back to the ‘primary’ story and having to remember to use the same word.*”

Questionnaire, a₂₀, Generally Quite Unrestricted “*Because although there is no right answer one does not know what’s expected for the response, i.e. can answer in a number of different ways.*”

Questionnaire, b₁₈, Generally Quite Unrestricted “*Restricted by editor’s comments.*”

Questionnaire, c₁₆, Generally Quite Unrestricted “*Mostly, it was not very restricted; however, sometimes it would be useful to express more complicated (e.g. three-way) relationships in addition to simple ‘X relates to Y’ = for instance, X and Z both relate to Y but X pulls in diff. direction than Z.*”

Questionnaire, c₂₁, Generally Quite Restricted “*Felt some obligation to use suggested options.*”

Questionnaire, c₂, Selection lists Very Useful “*It was helpful to have pick lists to choose from because they gave exemplars of the sort of thing that was expected, ...*”

Questionnaire, d₃, Selection lists Very Useful “*They would provide a starting point to help find other elements of the same category.*”

Questionnaire, d₁₀, Selection lists Very Useful “*I found that the selection lists helped to provide context for the task, even when I didn’t use them and added my own items.*”

Questionnaire, a₁₂, Selection lists Useful “*Always useful to have a recommendation*”
Questionnaire, b₁₁, Selection lists Useful “*I certainly felt a temptation to impose my own view in most cases, only in some cases, did I feel the offered suggestion was appropriate*”
Questionnaire, b₇, Selection lists Quite Useful “*I may not have used/explored these to the full.*”

Questionnaire, b₁₄, Selection lists Quite Useful “*Generally, however, I preferred to write my own answers rather than rely too heavily on the selection lists.*”

Questionnaire, c₁₆, Selection lists Quite Useful “*Sometimes they were a bit restrictive, esp. in the ‘Related Reader’ case... the idea of providing tooltips was very helpful though.*”

Questionnaire, c₂₁, Selection lists Quite Useful “*They felt limited to professional perceptions and did not encourage one to react as a person*”

Questionnaire, d₂₃, Selection lists Quite Useful “*I found them quite restricted as the choices were all medical personnel.*”

Questionnaire, a₁₂, Easiest attributes “*Characters were usually not ambiguous. Their position in the story was clear...*”

Questionnaire, b₇, Easiest attributes “*Main point was usually quite clear in my mind (often alluded to in the title of each article)*”

Questionnaire, b₁₄, Easiest attributes “*I tended not to agree with the Main point that was suggested.*”

Questionnaire, c₂, Easiest attributes “*The protagonist was usually pretty easy to spot. The main point sometimes required a bit of debate.*”

Questionnaire, c₁₆, Easiest attributes “*These were mostly factual pieces of information; for articulating main/other points or relationships one had to interpret the story in addition to picking up the words.*”

Questionnaire, d₃, Easiest attributes “*It was easier, for instance, to identify ‘a’ point in the story...a bit more challenging deciding whether that point should be the main one. Likewise, with the characters, it is easier to identify all the characters than to choose which one should be the main one. The narrator was always easy, as you always know who is telling a story. Also, relating a story to oneself is something that one does spontaneously, every time one reads a story.*”

Questionnaire, d₁₀, Easiest attributes “*...It was generally very easy to have an idea of how to identify the main point, protagonist, antagonist, narrative voice etc...*”

Questionnaire, a₁₂, Hardest attributes “*...I’ve found it more difficult to identify the main points and the other points: it’s easy to consider the main point as a secondary one and vice versa.*”

Questionnaire, b₇, Hardest attributes “*In particular Features were the hardest concepts to identify/delimit.*”

Questionnaire, b₁₄, Hardest attributes “*It was tricky trying to decide if the Features that were suggested were just merely words that happened to appear in the passage or whether they conveyed true imagery and emotion from the passage (which is what I understood Feature to mean).*”

Questionnaire, c₂, Hardest attributes “*I found the audience hard to pick because I am not in the medical field so could only guess which professional groups would benefit. On relating the reader I didn’t have much to say – always a patient! Perhaps this information could be gathered once at the beginning (i.e. that the reader is a nurse, GP, etc.) then they can change it if they feel they have other relevant roles. I also wasn’t sure what ‘identity’ meant and ended up identifying it as ‘role’ which may be wrong.*”

Questionnaire, c₁₆, Hardest attributes “*As mentioned earlier, one reason of finding the formulation of the main point tricky was my lack of familiarity with the domain knowledge. The relationships on the other hand, required surfacing various ‘feelings’ and ‘impressions’, which were sometimes hard to express in a few simple words. But the whole exercise was significantly helped by the structured guidance through the process!*”

Questionnaire, d₃, Hardest attributes “*Identifying which, among the various points of a story is to be considered the main one is more committing and I was concerned that I might get it wrong. Same thing goes for choosing protagonist and antagonist with respect to identifying characters in general. Also, at times it was not straightforward which characters would really qualify to play one role or the other. The audiences were always a mystery, since there was nothing in the stories that explicitly suggested that: I could only infer a generic interlocutor. Relating stories to one another could be tricky as I would have to decide at what level I would want to relate them and which relations would be relevant in the context of the exercise. Again, this was not always straightforward.*”

Questionnaire, d₁₀, Hardest attributes “*...I found identifying the ‘audience’ a little more difficult and mainly relied on the supposed identity of the protagonist to imagine who the intended audience would be...*”

Table (T9) Commenting on the task – Where it was made and the degree of restriction felt

Where comment made ↓	Restriction felt						
	VU	U	QU	QR	R	VR	Position totals
Task entry	0 ÷1 =0	1 ÷13 =0.1	0 ÷8 =0	0 ÷1 =0	0 ÷1 =0	0 ÷0 =0	1 ÷24 =0
Guide	0 ÷1 =0	5 ÷13 =0.4	1 ÷8 =0.1	0 ÷1 =0	0 ÷1 =0	0 ÷0 =0	6 ÷24 =0.3
Indexing	0 ÷1 =0	1 ÷13 =0.1	1 ÷8 =0.1	0 ÷1 =0	0 ÷1 =0	0 ÷0 =0	2 ÷24 =0.1
Reading	0 ÷1 =0	0 ÷13 =0	0 ÷8 =0	0 ÷1 =0	0 ÷1 =0	0 ÷0 =0	0 ÷24 =0
Relating	0 ÷1 =0	0 ÷13 =0	0 ÷8 =0	0 ÷1 =0	0 ÷1 =0	0 ÷0 =0	0 ÷24 =0
Task exit	2 ÷1 =2.0	16 ÷13 =1.2	20 ÷8 =2.5	3 ÷1 =3.0	1 ÷1 =1.0	0 ÷0 =0	42 ÷24 =1.8
Questionnaire	5 ÷1 =5.0	36 ÷13 =2.8	14 ÷8 =1.8	3 ÷1 =3.0	1 ÷1 =1.0	0 ÷0 =0	59 ÷24 =2.5
Restriction totals	7 ÷1 =7.0	59 ÷13 =4.5	36 ÷8 =4.5	6 ÷1 =6.0	2 ÷1 =2.0	0 ÷0 =0	110 ÷24 =4.6

(T10) Talking about themselves

Discussion beforehand, *a₂₀*, Clip 11.42 - 12.20 “Everything’s finished; I’m fully fledged...I’m going to be doing some work in - probably Indonesia I think with MSF. I’m going to take a break, take my MRCPG exams and then go abroad, spend some time and then probably do a six month psychiatry job because I’m quite interested – I’m working at a sort of family therapy centre a day a week, voluntary basis, just to gain some sort of insight into that; because I’m a surgeon and I know all the medical side but psychosocial side is quite – quite tough to get hold of. So I’m doing that.”

Discussion beforehand, *b₂₄*, Clip 08.36 – 09.10 “I’m hopeless with computers [...] Shows my age doesn’t it [laughing] [...] Well yes, I’m using it because I have to [...] No [...] Well, I think you can’t do anything without the computers now”

Point, Story 1, *a₂₀*, Clip 17.46 - 18.15 “[...] I do spend a lot of time on discursive web sites ...but actually I can imagine [narrative] might be quite useful for GPs, Nurse Practitioners or other people [...]”

Feature, Story 3, *c₂₁*, Clip 33.31 – 33.40 “[Commenting on a value weakly disagreed with] well I have to deal with bulk orders but there you are”

Discussion afterwards, *a₁₇*, Clip 80.09 – 82.53 “[...] I only see other pharmacists if we go out to continuing education evenings or social evenings, so that may only be once every couple of months or so. We're also very much – although there are moves afoot to change it – sort of on the periphery of the health service. We've always been sort of semi detached [...]”

Discussion afterwards, *b₁₈*, Clip 83.12 – 83.30 “[...] No, I do part time at the hospital; I do nights and twilights and things. So yeah, some weeks I have more shifts than others ... I couldn't do full time [...] Eventually, I will, when the girls are both at school”

Discussion afterwards, *b₁₈*, Clip 84.50 – 85.22 "... Once the girls are in school I will be going on to the district I think mm bit more flexible [...] I'd like to get back on to days – back into the land of the living a bit because doing nights and twilights it's horrible so ...

Discussion afterwards, *d₁₀*, Clip 45.06 – 45.17 “[...] All I do is read most of the time so [laugh] Speed reading is my kind of forte”

Discussion afterwards, *d₁₀*, Clip 48.00 – 48.19 “[...] Like I said, I mean I'm used to having to do stuff like this because we were forced – I mean because it is so difficult at times to get subjects or people to do evaluations or experiments, they said 10% of our Psychology mark – we had to do Psychology for two years as part of the Cognitive Science ...”

Part C - Navigational and Operational Data Analysis

1 - Introduction

This part of the report discusses findings from the research which though not central to the thesis may be of relevance and interest to researchers, designers and builders of graphical user interfaces, especially where those user interfaces are to be used as a means of collecting data.

The PhD research itself was primarily concerned with narratological models and how, given a particular annotation template and a set of stories to annotate, study participants would engage with the task. It was not our intention to report on user interface issues but having chosen grounded theory as our main research method for collection and analysis of close observation data, this secondary-source data presented itself and could not be ignored.

There follows a brief description of the task. There were twenty four participants and each was assigned to one of two study sessions. Those in the first session were knowledge media researchers and those in the second session were health care professionals. Participants were given access to a small story base which contained a selection of twelve stories borrowed from an online discussion forum used by health care professionals.

The task was divided into four phases: narratological annotation, reading, relational annotation and reviewing narratological annotation. In the first phase, participants would be given a set of three stories to annotate on a number of narratological dimensions. After completing the first phase, participants would enter the second phase in which they would read the remaining stories in the collection. After completing the second phase participants would enter the third phase where they would revisit the stories that they had annotated in the first phase, this time to annotate them on relational dimensions. The fourth phase would be optional; it would allow participants to review their narratological annotation but not their relational annotation.

There were three differences between the sessions. Firstly, size: the first session consisted sixteen knowledge media researchers and the second session consisted eight health care professionals. Secondly, order: the second session did not begin until the first session had completed. Thirdly, knowledge: the healthcare professionals were given optional access to the narratological (but not relational) annotations made by the knowledge media researchers. In every other respect, the sessions were identical and all participants had immediate access to an editor's narratological annotation and a guide.

Each of the twenty four participants was assigned to one of four distinct sets of stories: *a*, *b*, *c* or *d* so that within each set there were exactly four knowledge media researchers and two health care professionals. There was a little variation in the sets. Sets *a* and *c* each contained three professional type stories, set *b* contained two professional type and one

social type, and set d contained one professional type, one social type and one technological type.

The purpose of the study was to evaluate a prototype story annotation schema, a brief description and rationale follows. In order for a collection of stories to be usefully accessible there needs to be some provision for their organisation. In the case of our model there is a fundamental requirement that a story's position within the collection is fluid; it is entirely dependent on the accumulated annotation of each and every story in the collection. The model allows that a story is multiply interpretable and therefore there needs to be provision for it to be multiply annotated. Any story is accepted in the storybase provided that its teller can supply a main point, i.e. a motive for its telling. The main point is the only mandatory dimension. It is also the only dimension that is restricted in terms of the number of values it may have. Neither story teller nor audience member may assign more than one main point. The story teller's main point acts as its title and audience members' main points act as alternative titles. This dimension provides the most obvious means of browsing the collection, retrieving stories from the collection and understanding what those stories are about. The other dimensions are multi-faceted in addition to being multiply interpretable. That is, they are unrestricted in terms of the number of values that can be assigned by individual annotators. These other dimensions provide a means of customised browsing and retrieval. For example "show me those stories where *some* perspectives have Protagonist as "GP" and *most*

perspectives have Narrator as “First Person”. This multi-dimensional, multi-perspective and multi-faceted annotation is what enables the story base to self organise.

In the case of the study, the twenty four study participants provided an audience of reader annotators and, for pragmatic reasons, an editor’s annotation replaced any that the original story tellers might have provided. On the narratological dimensions, therefore, each story presented itself for annotation through the perspective frame of the editor. Participants could agree or disagree with the editor’s view, provide suggestions entirely of their own and on certain dimensions, make selections from menus provided. For the relational dimensions, the editor did not offer suggestions and participants were entirely on their own, not even having access to previous readers suggestions. This is because the relational dimensions are designed to capture how readers relate personally to particular stories and what relationships between stories they identify.

The user interface was designed specifically for the evaluation prototype where freedom of interaction on the one hand and navigational ease on the other were considered equally important. However, because it was to be a measured study compromises were needed just in order for those measurements to be made possible. As we said, our main concern was participants’ engagement in the task, not with how the user interface facilitated it. Still it is felt that lessons were learned from participants’ navigation of and interaction with the user interface which will usefully inform future narrative mark up tool design. We have attempted, therefore, to separate these user interface issues from task issues which are discussed in the thesis. That said, the objective in user interface design,

including this one, is to achieve transparency on the task, it is an unsatisfactory separation. It is also possible that participants' ease and difficulty judgements also discussed in the thesis might at least have been partially explained by their navigational behaviours and the time they spent on the various task parts.

Before beginning the task, participants were told very little about the nature of the study since most important would be participants' direct interactions with and responses to the stories and the task. That is, there were two things which it was felt, prior knowledge might encourage which would be detrimental. Firstly, expectation that the task would require them to put themselves in the position of what they consider to be, the ideal reader, i.e. the one they perceive as being assumed or expected by the author. Secondly, greater concern with the user interface than the task, especially for participants of the first session if they consider themselves to be more knowledgeable about usability issues than medical ones. Indeed, the purpose of having the two kinds of reader was to discover whether their domain knowledge, or lack of, affects task engagement.

This report has six main sections and two appendices. Section 2 presents a navigational map of the task as a whole, i.e. a chronology of task parts which effectively shows for each participant, the sequencing of their between-screen movements. In Section 3 various graphs show the length of time that individuals, and the story sets (*a*, *b*, *c* or *d*) they were assigned to, spent on relevant task parts. The story sets are colour coded (*a*: black, *b*: dark grey, *c*: light grey and *d*: white). The more interesting and extraordinary

navigational and operational incidents occurring on the various screens comprising the experimental user interface are discussed in Section 4 and detailed maps are provided in Appendix 1. Also in Section 4 are observations of participants' interactions with the user interface at two specific phase boundaries: between phases 1 and 2 and between phases 2 and 3. There follows a short section where participants comment specifically on the user interface before our concluding discussion.

2 - Between-screen Navigational map

The story annotations study was designed to control the annotator's movement through four distinct phases. But within a given phase, they had the freedom to move backwards and forwards between the component screens, and in addition, they could choose to remain in the first phase and continue annotating stories beyond the mandatory three.

In the Table 1 below, the first column, lists in the expected navigational sequence, the screens and modes entered. Italic script in this first column indicates optional navigation. There are twenty four columns alongside, one for each annotator and grouped according to story set. The sixteen knowledge media researchers are numbered 1 to 16; the health care professionals, whose navigations are shown in blue, are numbered 17 to 24.

The numbers in each cell represent the actual navigation sequence. One way in which the actual differs from the expected sequence is where annotators select for annotating,

optional or later titles before mandatory or earlier ones. For example, c_2 relates stories out of sequence and a_{12} goes on to annotate a fourth story.

Two or more numbers per cell, indicate the revisiting of an earlier task part, i.e. no two can be consecutive. For example, a_{12} enters page 1 of the Guide three times, first within the Introductory Phase and later within the *Relatedness* Phase.

Empty cells indicate omission of a task part, i.e. only optional task parts will have empty cells alongside. For example, d_1 bypasses the Guide and goes instead immediately from the Main screen to Phase 1 annotation. Cells containing asterisks are those where the task part is bypassed inadvertently. For example b_{11} on two occasions skips the *Character* screen.

Bold script indicates between-screen navigational guidance. There are three situations in which this kind of assistance is given:

- (A) Participants have deviated from the expected course.
- (B) They signal that they are about to deviate from the expected course.
- (C) Pre-emptive progression of the task.

The reason for navigational guidance whether between screens as discussed here, or in respect of a given screen which will be discussed in Section 4, is that the annotation task data is considered more important than data resulting from the annotation task software.

In the case of C especially, but also for B, it tries to ensure that the software does not impede the task itself. In the case of A, it is judged not to be detrimental to the task to allow the participant to stray off course; and the reason for this is that it makes evident, user interface design issues that would need to be addressed when designing similar phased studies.

The minimum number of steps possible to complete the task is 26. After allowing the first participant to omit the Guide, the remainder were advised to view it. This and entering the Exit screen increases the number by three. Several participants came close to the minimum. Comparatively few used the 'back' button to return to the immediately previous annotation screen or to return to the Guide. Fewer still chose 'Save later', an option that allowed them to review their annotation later in the current phase. Only one chose to annotate more than the mandatory three; others indicated that they were willing but chose not to after it was explained what it would add to the task. However, over 40 percent of participants entered phase 4.

Table 8.1

Chronology of task parts

Stories	Set a: 1, 5 & 9						Set b: 2, 6 & 10					Set c: 3, 7 & 11					Set d: 4, 8 & 12							
Participant	a ₄	a ₅	a ₁₂	a ₁₃	a ₁₇	a ₂₀	b ₇	b ₉	b ₁₁	b ₁₄	b ₁₈	b ₂₄	c ₂	c ₆	c ₁₅	c ₁₆	c ₂₁	c ₂₂	d ₁	d ₃	d ₈	d ₁₀	d ₁₉	d ₂₃
Entry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Main: Intro	1 3	1 10	1 8	1 3	1 8	1 3	1	1	1	1	1	1	1 3	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
Guide 1	2 4 71	2 11	2 9	2 9	2 9	2 9	4	2	2	2	2	2	2 26	4	2	2 44	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
Guide 2	3	3	5	3	3 10	3 10	3	5	3	3	3 3	3 3	3	5	3	3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3

Main: Phase 1	4	4	6	4 12	4 11	4	6	4 17	4	4 17	4	4	6 23	4	4	4 23	4 23	1	4	4	4	4	4	
Points Stories 1-4	5 7	5	7	5 9 13	5 7 12	5	2	5 18	5	5 18	5	5 18	2 7 24	5	5	5 24	5 24	2	5	5	5	5 5	5	
Features Stories 1-4	6 8	6	8	6 12 14	6 13	6	8	6 19	6	6 19	6	6 19	8 25	6	6	6 25	6 25	3	6	6	6	6 6	6	
Characters Stories 1-4	9	7	9	7 11 15 17	7 14	14 16 18	7	9	7 20	7	7 9	7 9	9 11 26	7	7	7 26	7 26	4	7	7	7	7 9	7	
Narrators / Audiences Stories 1-4	10	8	10	16	8 15 17 19	8 15 17 19	10	8 21	8	8 10	8 10	10	10 12 27	8	8	8 27	8 27	5	8	8	8	8 10	8	
Main: Phase 1	11	9	19	17	9 20	20	9	11	9 22	9	9 22	11	9 22	13 28	9	14	9 28	9 28	8	9	9	9	9 11	9
Points Stories 2-8	12	10	20	18	10 21	21	10	12	10 23	10	10 23	12	12 23	14 29	10	15	10 29	10 29	9	10	10	10	10 12	10
Features Stories 2-8	13	11	21	19	11 22	22	11	13	11 24	11	11 24	13	13 24	15 30	11	16	11 30	11 30	10	11	11	11	11 13	11
Characters Stories 2-8	14	12	22	20	12 23	23	12	14	* 25	12	14 25	12	14 25	16 31	12	17	12 31	12 31	11 13 15	12	12	12	12 14	12
Narrators / Audiences Stories 2-8	15	13	23	21	13 24	24	13	15	12 26	13	15 26	15	15 26	17 32	13	18	13 32	13 32	14 16	13	13	13	13 15	13

Stories	Set a: 1, 5 & 9						Set b: 2, 6 & 10						Set c: 3, 7 & 11						Set d: 4, 8 & 12						
Main: Phase 1	16	14	24	22	14	25	14	16	13	14	16	14	16	18 33	14	9	14	14	17 19	14	14	14	14	16	14
Points Stories 9-12	17	15	25 27 29 35 37 41 49 53	23	15	26	15	17	14	15	17	15	17	19 34	15	10	15	15	18 20	15	15	15	15	17	15
Features Stories 9-12	18	16	26 28 30 32 34 36 38 40 42 48 50 52 54	24	16	27	16	18	15	16	18	16	18	20 35	16	11	16	16	21	16	16	16	18	16	16
Characters Stories 9-12	19	17	31 33 39 43 45 47 51 55	25	17	28	17	19	*	17	19	17	19	21 36	17	12	17	17	22	17	17	17	19	17	17
Narrators / Audiences Stories 9-12	20	18	44 46 56	26	18	29	18	20	16	18	20	18	20	22 37	18	13	18	18	23	18	18	18	20	18	18

Stories	Set a: 1, 5 & 9					Set b: 2, 6 & 10					Set c: 3, 7 & 11					Set d: 4, 8 & 12				
<i>Main: Phase 1</i>		57				19					21					6	19		19	
<i>Points Story Optional</i>		58	60	62		20					22					7	20		20	
<i>Features Story Optional</i>		59	61	63	65															
<i>Characters Story Optional</i>		64	66																	
<i>Narrators / Audience Story Optional</i>		67																		

Read now?	21	19	68	27	19	30	21	21	27	19	21	19	23	38	19	19	19	19	24	21	19	21	21	19
Phase 2	22	20	69	28	20	31	22	22	28	20	22	20	24	39	20	20	20	20	25	22	20	22	22	20

Relate now?	23	21	70	29	21	32	23	23	29	21	23	21	25	40	21	21	21	21	26	25	21	23	23	21
Main: Phase 3	24	22	73	32	22	37	24	24	32	22	24	22	30	41	22	22	22	22	27	26	24	28	27	22
Relate Stories 1-4	25	23	74	33	23	38	25	25	33	23	25	23	31	42	23	23	23	23	28	27	25	29	28	23
Main: Phase 3	26	24	75	34	24	35	26	26	34	24	26	24	28	43	24	24	24	24	29	28	22	24	29	24
Relate Stories 5-8	27	25	76	35	25	36	27	27	35	25	27	25	29	44	25	25	25	25	30	29	23	25	30	25
Main: Phase 3	28	26	79	36	26	33	28	28	30	26	28	26	32	45	26	26	26	26	31	30	26	26	31	26
Relate Stories 9-12	29	27	80	37	27	34	29	29	31	27	29	27	33	46	27	27	27	27	32	31	27	27	32	27

Stories	Set a: 1, 5 & 9					Set b: 2, 6 & 10					Set c: 3, 7 & 11					Set d: 4, 8 & 12					
<i>Main: Phase 3</i>			77																		
<i>Relate Story Optional</i>			78																		
<i>Main: Phase 4</i>	38	28	81	42	28	39	30	30	36	33	30 41	28	34	47	28	28	28	33	32	28	30
<i>Points Stories 1-4</i>			82		29	40				34	31 35 42		35			29		34	33		34
<i>Features Stories 1-4</i>			83 85		30	41				35	32 34 43		36			30		35	34		35
<i>Characters Stories 1-4</i>			84 86		31	42				36	33 *		37			31		36	35		36
<i>Narrators/ Audiences Stories 1-4</i>			87		32	43				37	44		38			32		37	36		37
<i>Main: Phase 4</i>			88		33	44				28	36		39			33		38	37		38
<i>Points Stories 5-8</i>			89		34	45				29	37		40 46			34		39	38		39
<i>Features Stories 5-8</i>			90		35	46				30	38		41 45			35		40	39		40
<i>Characters Stories 5-8</i>			91		36	47				31	39		42 44			36		41	40		41
<i>Narrators/ Audiences Stories 5-8</i>			92		37	48				32	40		43			37		42	41		42
<i>Main: Phase 4</i>			100		38	49				38	45		47			38		43	42		43
<i>Points Stories 9-12</i>			101		39	50				39	46					39		44	43		44
<i>Features Stories 9-12</i>			102		40	51				40	47					40		45	44		45
<i>Characters Stories 9-12</i>			103		41	52				41	48					41		46	45		46

Stories	Set a: 1, 5 & 9					Set b: 2, 6 & 10					Set c: 3, 7 & 11					Set d: 4, 8 & 12					
<i>Narrators/ Audiences Stories 9-12</i>		104		42	53			42	49				42			47	46		47		
<i>Main: Phase 4</i>		93																			
<i>Points Story Optional</i>		94																			
<i>Features Story Optional</i>		95		97																	
<i>Characters Story Optional</i>		98																			
<i>Narrators/ Audiences Story Optional</i>		99																			
<i>Main: Phase 4</i>		105		43	54			43	50				43			48	47		48		
<i>Main: Exit</i>	39	29	106	43	44	55	31	31	37	44	51	29	48		29	45	29	49	48	29	
	a4	A5	a12	a13	a17	a20	b7	b9	b11	b14	b18	b24	c2	c6	c15	c16	c21	c22	d1	d3	d8
																			d10	d19	d23

3 - Task part durations

Just one indicator of task difficulty is the time it takes to complete, and this will very likely be affected by the relative complexity of the stories themselves. How that might be measured is addressed in the thesis. This section just shows for every participant, and for every set of stories they were assigned, the minutes spent on the relevant screens.

Of the four sets, *a* and *b* annotators are most consistent: *a* annotators tend to be slow to annotate three professional stories and *b* annotators tend to be quick to annotate one social story and two professional ones. There is most variation in task duration between sets *c* where participants annotate only professional stories and *d* where they annotate all three kinds; but this variation is only in respect of the task parts *Narrator & Audience* and *Relating*. Otherwise the patterns are similar, and in the case of *Main & Other Point*, *Feature* and *Character*, almost identical. This can be seen most clearly in Figure 7 which averages the mandatory task part durations; the patterns are the same even without the inclusion of Phase 4. Also in Figure 7 it can be seen that participants spent more than twice as long on the screens for *Point* and *Relatedness* annotation than they did on the screens for *Feature*, *Character* and *Narrator & Audience* annotation. The time participants spent reading (Phase 2) fell between these two extremes.

Figure 1

Minutes spent annotating *Main & Other Point* (Phases 1 and 4)

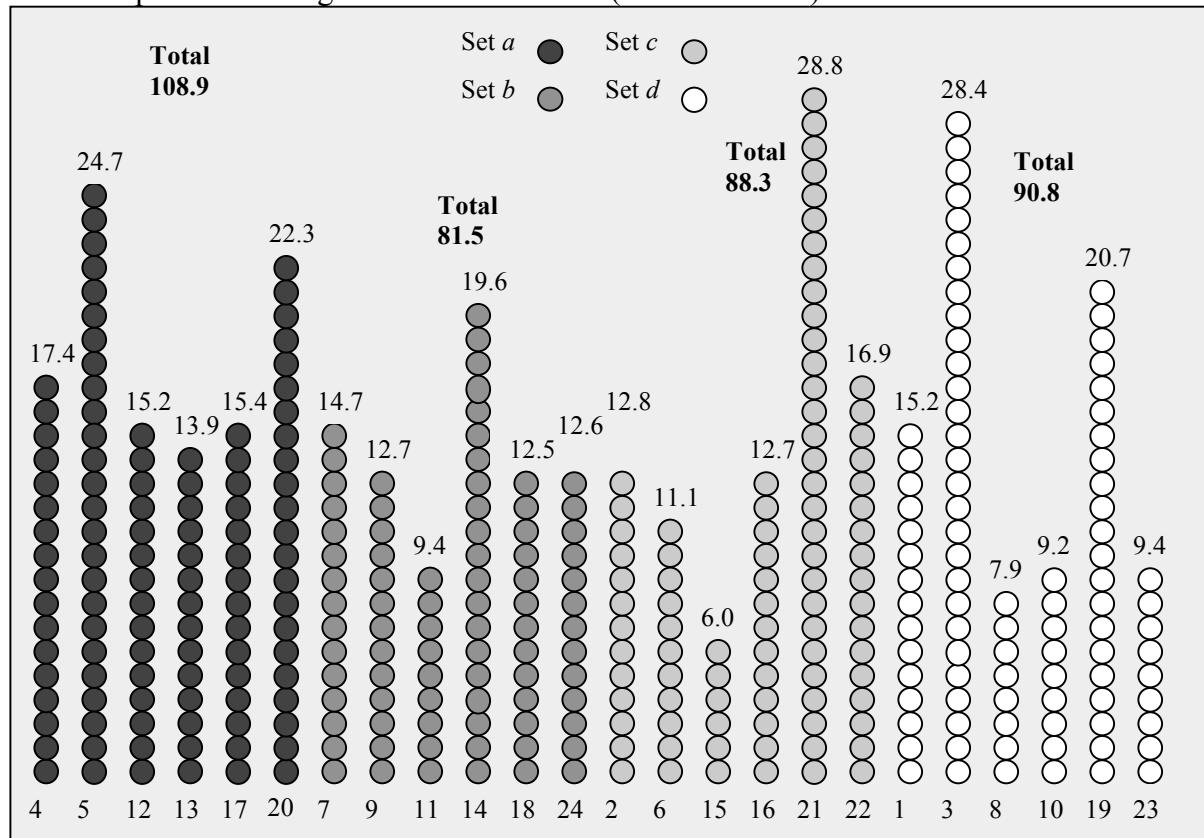


Figure 2

Minutes spent annotating *Feature* (Phases 1 and 4)

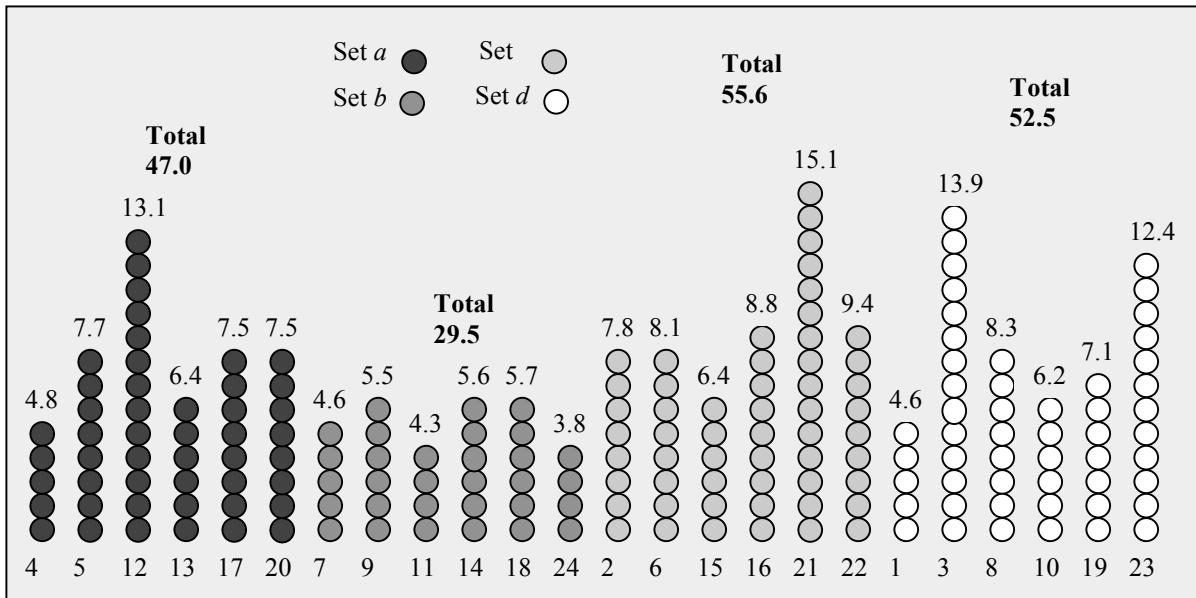
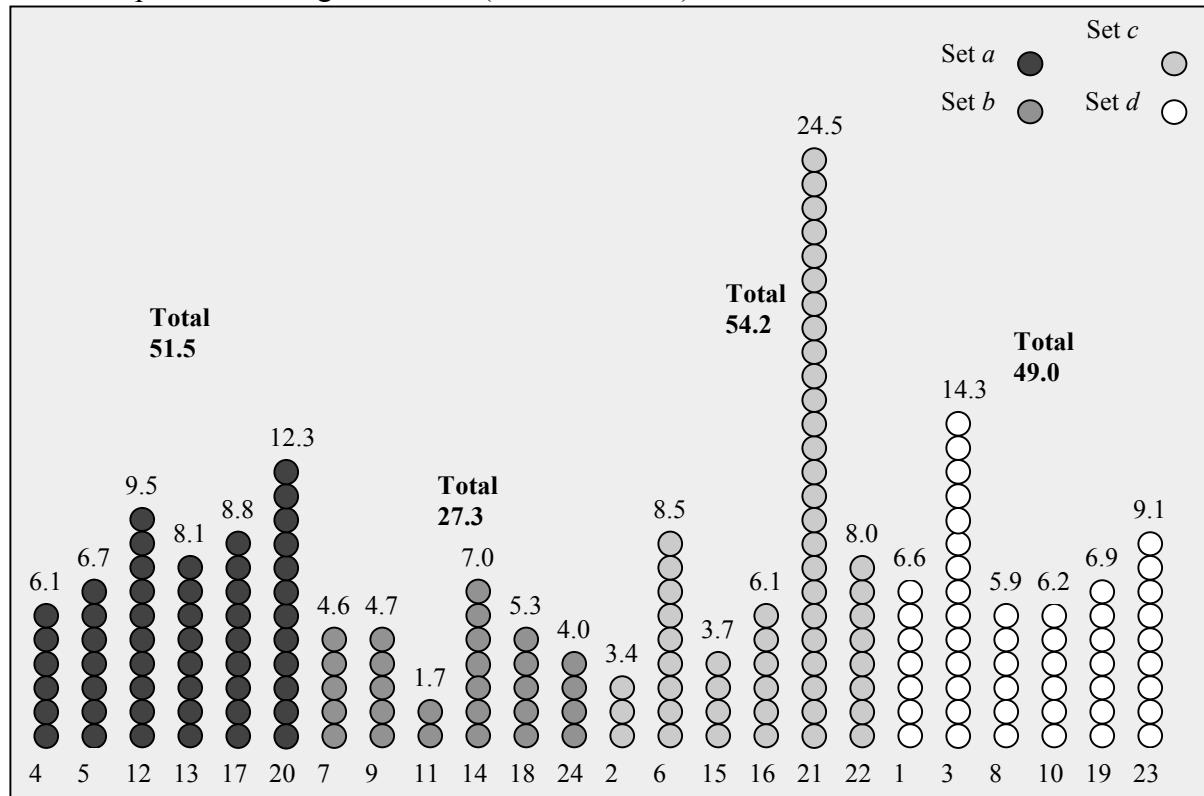


Figure 3

Minutes spent annotating *Character* (Phases 1 and 4)



Technical Report

Figure 4

Minutes spent annotating *Narrator & Audience* (Phases 1 and 4)

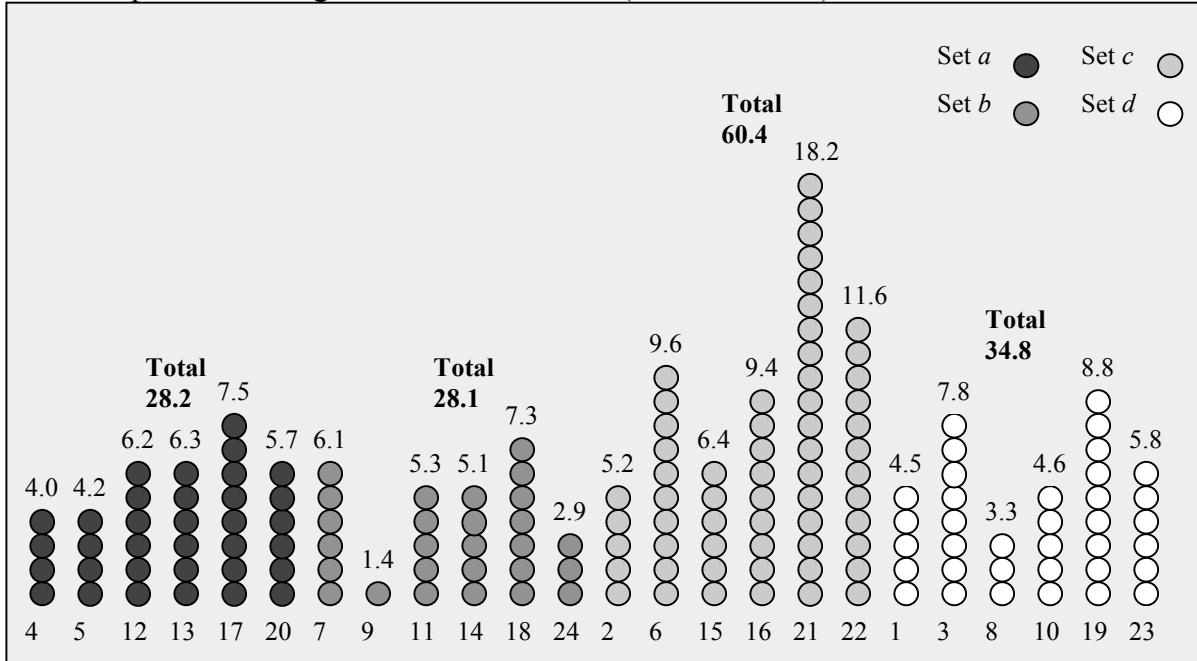


Figure 5

Minutes spent Reading (Phase 2)

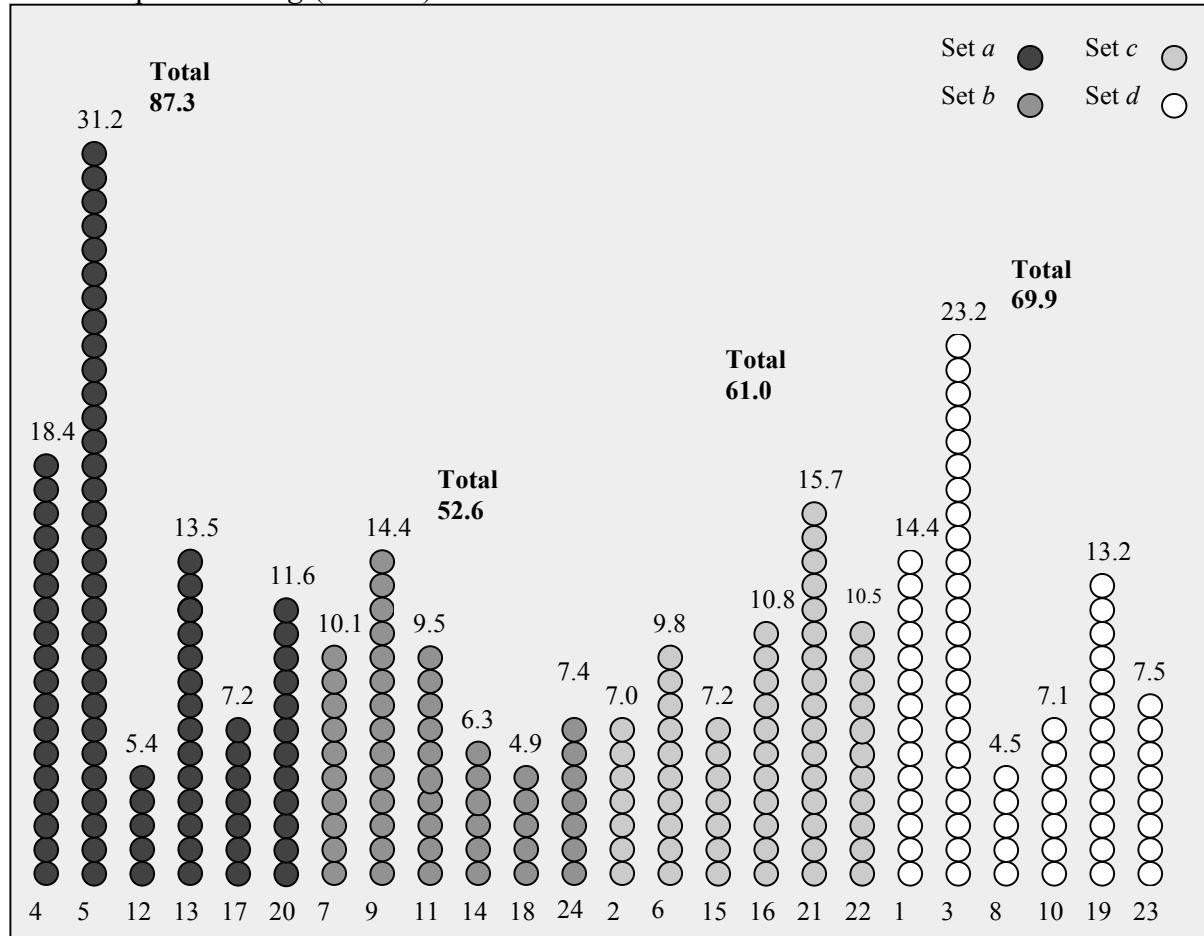


Figure 6

Technical Report

Minutes spent *Relating* (Phase 3)

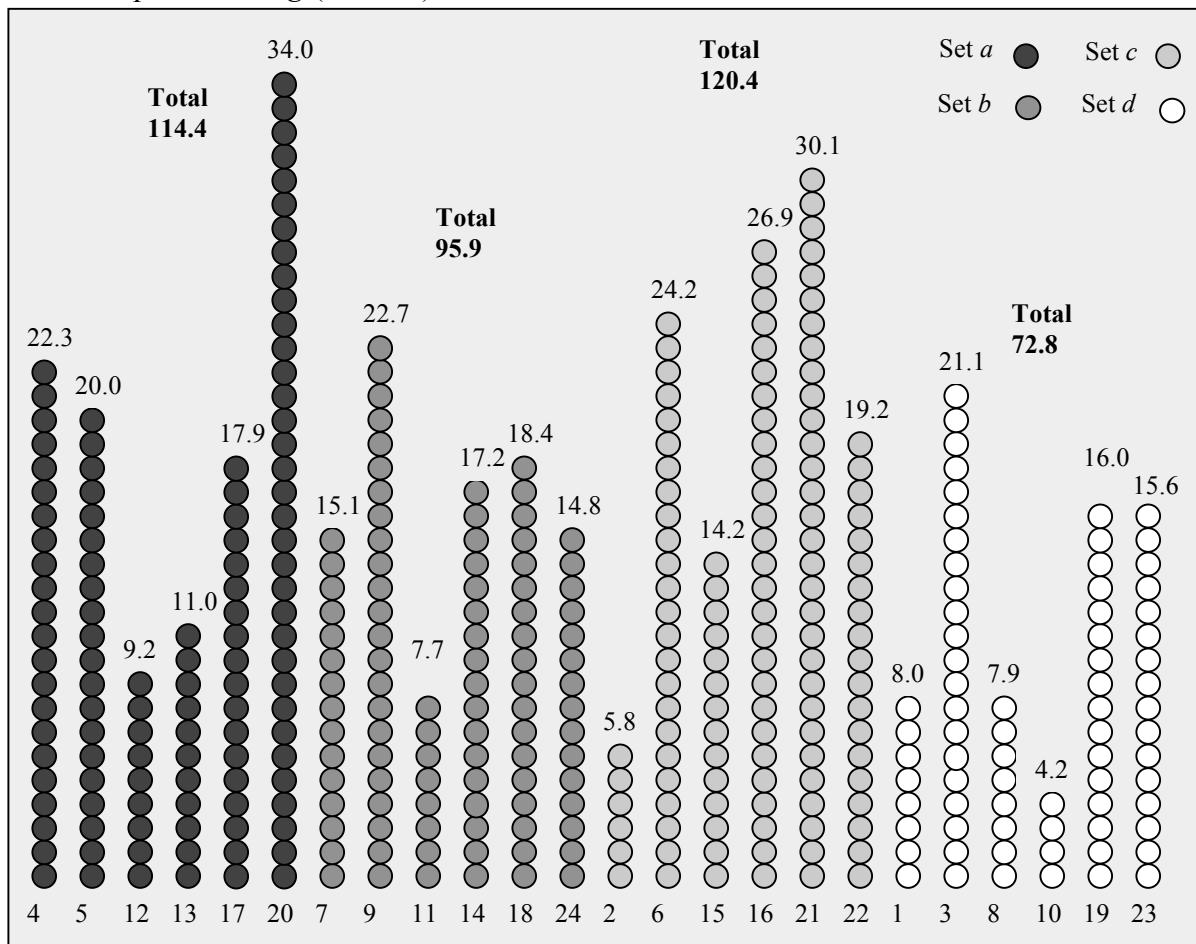
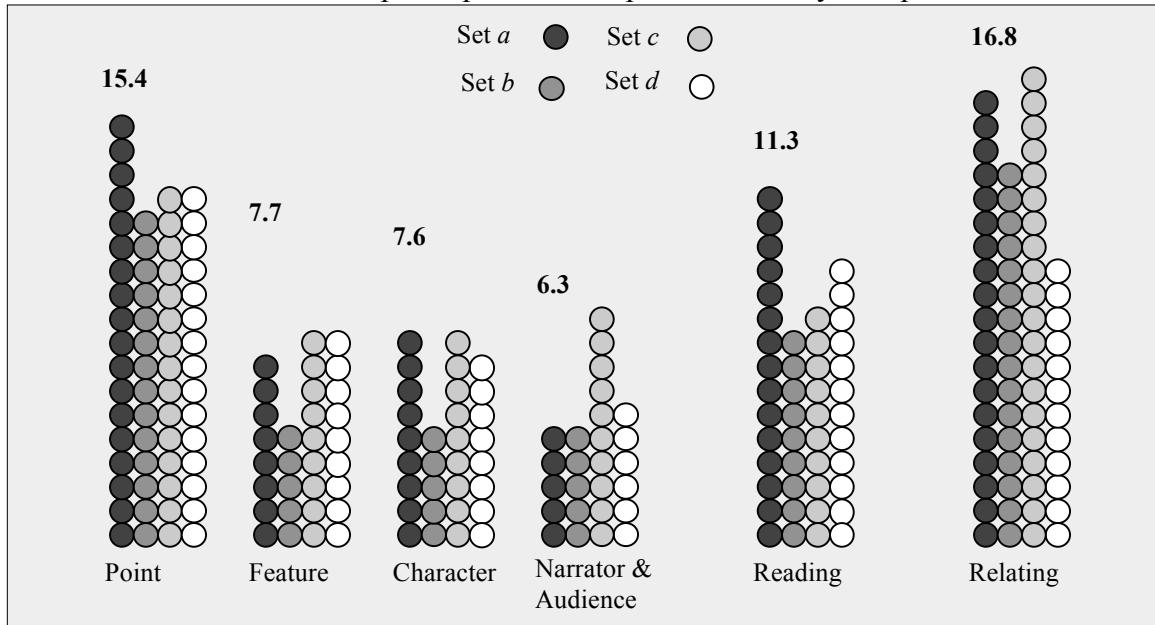


Figure 7

Mean number of minutes for participants to complete mandatory task parts



4 - Within- and between-screen navigational and operational incidents

This section discusses the more interesting and extraordinary within- and between-screen navigational and operational incidents; the maps themselves are provided in Appendix 1. They show for each screen, where participants experienced difficulty or did something relatively unusual either while navigating within it or leaving it. To make the separation of navigational behaviours discussed here and task behaviours discussed in the thesis is in practice difficult and arbitrary. Generally however, each map displays rare or novel use of user interface objects as well as incidents where they or their operation draw attention away from the task. Also shown are the software bugs that became manifest as the study progressed. While the earlier ones were corrected the later ones were not.

Technical Report

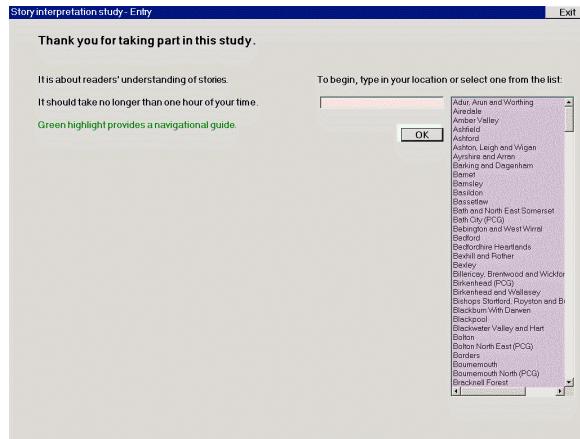
The screens are reproduced here in miniature from the larger images provided in the thesis as a reminder, to situate the navigational incidents and operations. The narratological annotation screens: *Point*, *Feature*, *Character* and *Narrator & Audience* are as they appeared to both sessions. Those in the second session had in addition a “Readers’ suggestions” button in the upper right region which when activated displayed the suggestions of participants in the first session where these differed from the editor’s, and which now offered an alternative or additional source of agreement besides the editor’s suggestions.

It is very evident by the maps in Appendix 1 that navigational markers at phase boundaries lack prominence and participants will often construct mental models in order to decide what to do next. Appendix 2 provides the relevant recording clips where these mental models are articulated.

4.1 - Navigational and operational incidents during the introductory stage

Figure 8

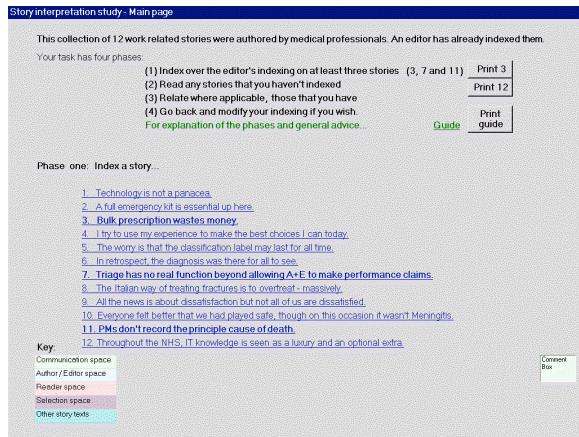
Entry page - Navigational incidents



This screen displays after the participant has clicked on the short cut icon on the desktop. It is designed to reassure them that the task before them will not be difficult but also to expect that the task may take quite a long time to complete. They are introduced in a graduated way, to the navigational colour coding: green for the path, mauve for list selection and pink for their input. They are also introduced to the idea that they will be restricted in their path through the task: here, the OK button has a green background showing the path but remains inactive until they either type a value or select one from the list. Although all participants activate it appropriately, the map in Appendix 1 shows that at least one participant is not guided by its green background. The screen also provides an opportunity to introduce participants to the idea that their suggestions matter just as much as their interaction with screen objects.

Figure 9

Main introductory page - Navigational incidents



Participants will make several return visits to this main screen, both during a task phase and between task phases when it will change its appearance slightly. At the top they are told for the first time that the stories in the collection are medical stories. It then lists the four task phases and introduces in green to show that it is on the navigational path, a guide to those phases. In the centre of the screen the stories are listed under a heading stating the current phase. At the lowest point on the screen there is a colour key for reference and a comment box. The interactive objects on this screen include activation buttons, textbox and hyperlinks. The buttons here, unlike the previous screen, are not on the navigational path.

The first incident in the associated map in Appendix 1 refers to participants who had very little knowledge of graphical user interfaces. They didn't readily distinguish interactive objects from non-interactive ones, or active states from inactive ones. For these participants, the use of colour as a navigational and operational aid may initially at least have increased

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rather than lessened the complexity of the screen. Also, the choice of numbering both the task phases and the story titles may have appeared conflicting, especially if the participant does not immediately recognise the latter as navigable.

After the first participant (d_1) who saw the Guide link but chose not to follow it: Clip 63.33 – 63.40, “*yeah but I didn’t go to it did I*” the screen was modified to include the line “For explanation of the phases and general advice...”; but even this fails to draw most participants and an explanation is given by c_{16} , Clip 02.31 – 03.10:

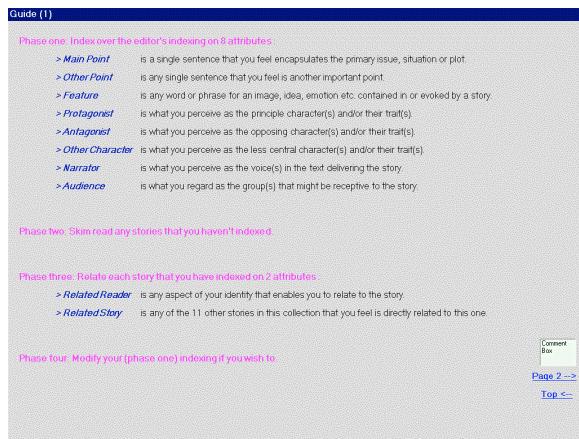
“*You see I’m a programmer; I use the guide only when everything else fails*”

Because it was felt that participants who visited the Guide early would have an unfair advantage over those that visited it later or not at all, the mediator decided to choose a time to draw participants’ attention to the Guide link and encourage them to traverse it before entering Phase 1.

The last incident in the map is where participants choose to suspend saving their Phase 1 annotation. The appearance of the relevant story link is meant to remind them that there is unfinished business and they will not be able to proceed to Phase 2 without traversing this link again: it remains active but its appearance is changed slightly.

Figure 10

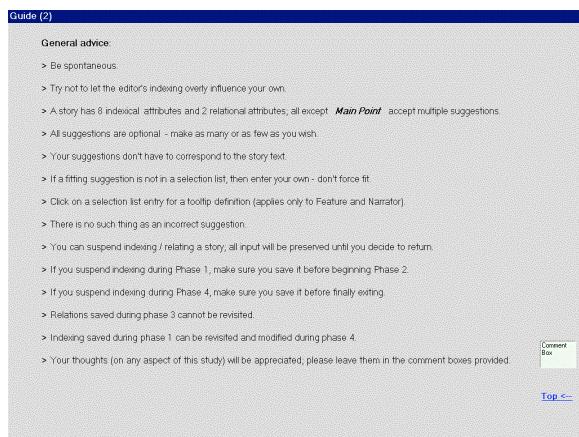
Page 1 of the guide – Incidents



There is only one user interface incident here; all the others being task-related. This one was experienced by a participant wishing to break out of the strict task structure imposed both here and again during Phase 4.

Figure 11

Page 2 of the guide – Incidents; i.e. where participants expressed concern



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The reason why these incidents are treated as having to do with the user interface rather than task behaviours is that they all have to do with participants expressing concern over things that they haven't yet encountered and might never do; i.e. far from reassuring participants about what is required of them it actually adds to their anxiety.

The screen contains some unnecessary advice which participants felt they needed to remember. For example, '...make sure you save...' gives them cause to think that data may be lost when in fact the program will anyway ensure its safety.

In later runs of the task, the mediator explained to participants that the only thing they might try to remember is to be spontaneous in their annotation of the stories and that there is no such thing as a correct or an incorrect annotation value.

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4.2 - Navigational and operational incidents during phases 1 and 4

Figure 12

Phases 1 and 4: *Main & Other Point* - Navigational and operational incidents

The figure consists of two side-by-side screenshots of a web-based annotation interface. Both screenshots have a dark header bar with the text 'Index the story 'A full emergency kit is essential up here.'' and a dark footer bar with navigation buttons.

Left Screenshot (Phase 1):

- Header:** Time of authoring: 18th October 2002, Place of authoring: Scotland, Author identity: Richard (Locum GP, Discussion group member).
- Text Area:** Remote practice is a little different - in some of the places I cover, I use the ambulance service as well as the GP (some places in the Highlands and Islands still use pick-up trucks etc. to reach a safe landing place).
- Text Area:** I use the emergency kit on average once a week - I had a four person PTA with a helicopter and two land ambulances required last week (most of the Highland ambulances do not have paramedics - still retention problem).
- Text Area:** Some of the practice areas in Highland are in excess of 750 square miles with winding single track roads.
- Text Area:** I had a life-threatening asthma case a couple of winters ago where I had to drive on seven bents
- Buttons:** Readers' suggested points, Agree, Disagree to Other Point.
- Section (1) Main Point:** A single sentence encapsulation of the primary issue, situation, or plot. Editor's suggested: **Main Point** - If you are in complete agreement, tick the box alongside... A full emergency kit is essential up here. Agree, Disagree to Other Point.
- Section (2) Other Points:** Important but less salient. Editor's suggested: **Other Points** - Tick the boxes alongside any you are in complete agreement with... I use the emergency kit on average once a week. I AM the ambulance service as well as the GP. Being first on the scene I must be well equipped. It's never a dull moment for the rural locum.
- Buttons:** Add, Remove, Comment Box, Back ←, Next →.

Right Screenshot (Phase 4):

- Header:** Time of authoring: 18th October 2002, Place of authoring: Scotland, Author identity: Richard (Locum GP, Discussion group member).
- Text Area:** Remote practice is a little different - in some of the places I cover, I use the ambulance service as well as the GP (some places in the Highlands and Islands still use pick-up trucks etc. to reach a safe landing place).
- Text Area:** I use the emergency kit on average once a week - I had a four person PTA with a helicopter and two land ambulances required last week (most of the Highland ambulances do not have paramedics - still retention problem).
- Text Area:** Some of the practice areas in Highland are in excess of 750 square miles with winding single track roads.
- Text Area:** I had a life-threatening asthma case a couple of winters ago where I had to drive on seven bents
- Buttons:** Agree, Disagree to Other Point.
- Section (1) Main Point:** A single sentence encapsulation of the primary issue, situation, or plot. Editor's suggested: **Main Point** - If you are in complete agreement, tick the box alongside... A full emergency kit is essential up here. Agree, Disagree to Other Point.
- Section (2) Other Points:** Important but less salient. Editor's suggested: **Other Points** - Tick the boxes alongside any you are in complete agreement with... I use the emergency kit on average once a week. I AM the ambulance service as well as the GP. Being first on the scene I must be well equipped. It's never a dull moment for the rural locum.
- Buttons:** Agree, Promote to Main Point, Add, Remove, Comment Box, Back ←, Next →.

For the annotation screens the separation of user interface and task incidents becomes more difficult. One example is where participants seeing the 'Agree' checkbox assume the one sitting alongside is for 'Disagree'. Even after the function of the second is explained, the initial assumption, because it seems more logical, may persist and so the mediator may again remind them that if they tick the rightmost checkbox, it means 'Partial agreement' and if they tick the leftmost checkbox it means 'Total agreement' with the suggestion. As a user interface incident, the expectation of a facility for explicit disagreement raises questions about the relative positioning of objects, use of symmetry and the representation state. As a task category it raises questions about the model; i.e. about what people tend to expect to be able to do and why.

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Not being able to express their disagreement is an example of a lack of dialogue. A similar thing applies to the *Main Point*. Just because the *Main Point* can only have one value doesn't stop the participant from expecting some acknowledgment of their free text input. Because it isn't commented on, there is only a potential feedback problem on *Other Point*: an operational oversight means that under a complex set of conditions, whether the most recent addition is immediately visible depends on the current scroll position.

Overcrowding is the main problem with this screen, especially since it is the first annotation screen encountered. It is particularly noticeable for those stories where the number of editor suggestions is relatively high. Partly as a way of reducing the problem the use of colour compartmentalises the screen. Although explained on the main screen directly before this one, the colour guide goes unnoticed by many participants who attempt to enter their own text in the blue boxes, expect their own free text entries to redisplay in the blue boxes and who do not recognise their own suggestions, including agreements, once they have dropped into the pink box at the bottom of the screen.

Seeing as this is the first annotation screen it is fairly surprising that only one participant chose to explore the later screens before beginning the task. This participant continued to be navigationally active throughout the task as is evident from Table 1 in the number of steps they took to complete.

As with all the annotation screens there are bugs. The first was uncovered by the first participant and was fixed. The cause of the second more serious bug remains a mystery.

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Although the participant noticed that something was amiss the mediator who hadn't noticed persuaded them that all was as it should be.

Figure 13

Phases 1 and 4: *Feature* - Navigational and operational incidents

For the first story especially, there is often an expectation to see a different story just because the screen has changed. Participants may be so convinced of this that they will continue reading until the mediator redirects their attention to the attribute.

The greatest number of incidents on this screen are related to the selection list, and in particular its dual functionality. In later runs of the experiment the mediator explains the list box operation but participants have to demonstrate that understanding in order to qualify under 'Tooltip understood' in the associated map. It can be seen by the story number, that understanding comes later for some than for others and sometimes not at all. Even when

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they do understand, many will disassociate the tooltip definition of a highlighted item once it has scrolled out of view and associate it with the term currently in focus.

On this screen is the first indication that participants aren't necessarily guided by the length of the input field or will anyway not regard it as a restraint on input.

Following on from the previous screen is the gradual realisation that participants don't always make the connection between what they tick, nor sometimes even what they type and select, and the output box which lacks prominence.

A rare incident here although relatively common previously on the *Point* screen is where the annotator indicates agreement with the suggestions of previous readers but does not actively select them. That participants might not actively select from readers suggestions is a surprise in two respects. Firstly, the mauve colour is designed to inform them that this is a menu to be used just like any other menu. Secondly, there has never been an occasion where an annotator has only passively agreed with domain or narrative menu terms. On the other hand, the location of previous readers' suggestions in the upper third of the screen alongside the story text may cause annotators to regard them as purely informational, especially since the mediator has explained that what lies behind the button is an optional extra facility.

Few annotators initiate *Back* navigation from this screen but not shown is where *Back* navigation is initiated on narratological annotation screens following this one, i.e. *Feature*, *Character* and *Narrator & Audience* screens.

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Figure 14

Phases 1 and 4: Character - Navigational and operational incidents

Index the story 'Technology is not a panacea.'

Time of authoring: 4th October 2002 **Place of authoring:** Britain

Author identity: Christine Nurse Practitioner Discussion group member

Readers' suggested Characters

(4-6) Story Characters and Traits Active and passive, central and peripheral, human and non-human

Editor's suggested **Story Characters** - Tick the boxes alongside if you agree.

You may also or alternatively suggest your own **Protagonist**, **Antagonist** and **Other Character** by selecting from the centre lists and/or using your own words.

Use the 'Add' buttons if you want to create more **Characters or Character Traits** ...

Protagonist (principle role) Agree

Character selection

Computer Operator, Clinical Psychologist, Counsellor, Dietician, Drugs Liaison

Your suggestion(s)

Add **Remove**

Antagonist (opposing role)

Character selection

Software developers

Your suggestion(s)

Add **Remove**

Other Character (less central role)

Character selection

Patient

Your suggestion(s)

Add **Remove**

Comment Box

Back <- **Next ->**

Index the story 'Technology is not a panacea.'

Time of authoring: 4th October 2002 **Place of authoring:** Britain

Author identity: Christine Nurse Practitioner Discussion group member

Additional story characters suggested by readers - selected to agree:

Protagonists **Antagonists** **Other Characters**

Nurse, Computer Operator, Traditional ways of Health Visitor, Specialist Nurse, General Practitioner, NHS Hospital Manager

Readers' suggested Characters

(4-6) Story Characters and Traits Active and passive, central and peripheral, human and non-human

Editor's suggested **Story Characters** - Tick the boxes alongside if you agree.

You may also or alternatively suggest your own **Protagonist**, **Antagonist** and **Other Character** by selecting from the centre lists and/or using your own words.

Use the 'Add' buttons if you want to create more **Characters or Character Traits** ...

Protagonist (principle role) Agree

Character selection

Computer Operator, Clinical Psychologist, Counsellor, Dietician, Drugs Liaison

Your suggestion(s)

Add **Remove**

Antagonist (opposing role)

Character selection

Software developers

Your suggestion(s)

Add **Remove**

Other Character (less central role)

Character selection

Patient

Your suggestion(s)

Add **Remove**

Comment Box

Back <- **Next ->**

Still there is a fairly sizeable expectation of 'new screen new story'.

Prior to this, on both the *Point* and The *Feature* screens, annotators have attempted to move suggestions from one screen to another and from one attribute to another; they have also tried to cut text fragments from the story itself to use as their suggestion. On this screen there is an attempt to retrieve for editing an added item; this indicates that they don't expect their suggestions to be final and that they therefore need a facility for making minor adjustments not just for removing suggestions. As for the *Feature* attribute, some participants type longer suggestions than can be displayed in the output list box which will not scroll horizontally.

The editor's use of 'none' in place of an attribute value confuses some annotators who tend to read it as forbidding suggestions. Perhaps annotators would be more inclined to make suggestions if the field was empty but then again, *set b* annotators were not confused by the editor's use of 'none' for *Other Point* on Story 11.

Figure 15

Phases 1 and 4: Narrator & Audience - Navigational and operational incidents

Index the story 'Technology is not a panacea'*

Time of authoring: 4th October 2002 **Place of authoring:** Britain **Author identity:** Christine, Nurse Practitioner, Discussion group member

[corresponded] east But I was actually suggesting something that would solve your next problem... Oh yes please [corresponded] And I would take account that little nice as creatures that we are keeping an eye on, and patient's skin condition etc... Moving on... Then they will do away with us. The patient will come in, opening the door with their smart card [They gain access to the consulting room where they put their card in the slot, and have up to date access to their history with the computer which stores biostatistics (don't dwell on the fact...) too much] [Add a new [+] paper opens with the consultation, a great out of interest, after, and the patient leaves]

(7) Narrator or Narrating Aspect: Person or persons delivering the text e.g. character(s) or observer(s). Editor's suggested: **Narrators** - Tick the boxes alongside any that you agree with... You may also or alternatively enter your own **Narrator** (selecting from the centre list if you wish). Use 'Add' to suggest more **Narrators** or **Narrating Aspects**...

(8) Audience: Potential recipient groups. Editor's suggested **Audience** - Tick the box alongside if you agree... You may also or alternatively enter your own **Audience** (selecting from the centre list if you wish). Use 'Add' to suggest more **Audiences**...

(7) Narrator or Narrating Aspect: Person or persons delivering the text e.g. character(s) or observer(s). Editor's suggested: **Narrators** - Tick the boxes alongside any that you agree with... You may also or alternatively enter your own **Narrator** (selecting from the centre list if you wish). Use 'Add' to suggest more **Narrators** or **Narrating Aspects**...

(8) Audience: Potential recipient groups. Editor's suggested **Audience** - Tick the box alongside if you agree... You may also or alternatively enter your own **Audience** (selecting from the centre list if you wish). Use 'Add' to suggest more **Audiences**...

Comments:
Add | Remove | Comment Box

Save now | Save later | Back ←

Because this is the final screen in Phases 1 and 4 it does not have a *Next* link; instead it has two buttons, labelled *Save now* and *Save later*. If the annotator activates *Save now*, all their annotation of the current story thus far is fixed, and both the story and annotation is made inaccessible to them. If the annotator is currently in Phase 1, it means that they will be given access again in Phase 4. If they already in Phase 4, it means that they will never again have access. Regardless of phase, *Save later* allows continued access during the current phase via the link on the Main screen that will have changed its appearance slightly. *Save later* allows them to view again the story and modify their annotation of it if they wish.

Several incidents in the associated map relate to participants navigating away from this screen. The mediator needs to ensure that the participant, moving towards *Save now*, particularly if they are in Phase 4, understands what that means.

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A reason for declaring a listbox size as smaller than the number of items contained is that it makes more evident when the list is being viewed. This is because in order to scroll it the mouse must enter the listbox. In the case of the *Narrator* attribute then, there may be no clue as to whether the narrative terms menu is being viewed.

Perhaps the most serious conceptual flaw had to do with the dual functionality of this same list box. Implicit in the design of the narratological menu facility is an expectation that users would consult a term's definition before selecting it and that having made their selection they would not consult the definition again. Operationally, it is that when the user highlights an item, a definition displays; when they physically tick the item, it drops into the suggestions box. Subsequently however, if the user consults the same definition, the term is removed from the suggestions box. In practice, participants will often view a definition more than once but owing to the relative distance of the suggestion box, they won't necessarily notice that the item has been removed because they won't either necessarily have noticed items dropping into it. This also occurred on the *Feature* screen but there it appeared more as an intentional act of item removal via tick removal which is how the list box was designed to operate.

The significance of the tick is even more ambiguous in the case where a software bug did not transfer a ticked item to the suggestion box. Other bugs only appear during Phase 4. One of these is caused by indirect agreement; this is where the annotator chooses to tick a list item instead of ticking the editor's suggestion identical to it. Another bug, fixed immediately after, caused d_1 to input new values for two of the three stories.

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The numbers of annotators that type long strings into short text boxes increases on this screen.

It was also apparent on previous screens as well as this one, that annotators assumed a variety of novel functions for the Add button. Among other things, ‘inappropriate use’ in the associated map refers to it being pressed during its inactive state whereas ‘non use’ refers to it not being activated once its state has changed. Indeed, even for experienced graphical user interface users, the state of screen objects often goes unacknowledged. More interesting is where participants associate the Add button with objects located some distance away. This raises two questions. Firstly, whether proximity actually functions as a guide to operation and secondly, whether certain graphical user interface objects or words have a greater pulling power than others. Here it appears that the button or its labelling is somehow regarded stronger or more conclusive than the tick or highlight. Not always however, since there is a fairly high incidence of the Add button not being used at all. In one such case, the annotator uses punctuation to separate an input and in another, they ask whether to conjoin. Of course, ‘Add’ isn’t actually necessary when the annotator wants to make only one free text suggestion; however, when it is used it is a strong and important indication that the annotator knows that multiple suggestions are possible. Also, because the added item drops into a collection, that the action of dropping draws attention to the collection and gives the annotator one more opportunity to recognise those suggestions as being theirs.

Only two participants choose *Save later* an option that allows them if they wish, to annotate other stories before returning to save the current one. Importantly, neither of these

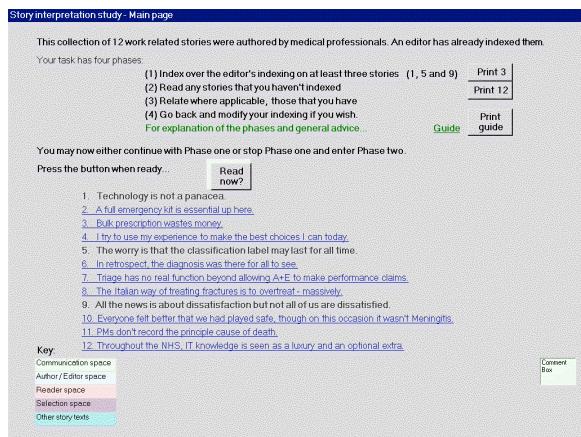
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participants made modifications to their annotation before saving and incidentally, there was never an occasion when a participant suspended the annotation of one story prior to *Save later* in order to begin on another.

4.3 - Navigational and operational incidents at the phase 1/2 boundary

Figure 16

Phase 1/2: Main – Navigational and operational incidents



The pull of certain graphical user interface objects is once again evident on the Main screen at the transition between Phase 1 and Phase 2. However, here it is because the participant has during Phase 1, made at least three returns to this screen and is now in the habit of directing their gaze at that part of the screen which changes during Phase 1: the colour and state of the links. What most participants expect is actually quite logical. Most of them by this stage, understand that the mandatory part of the task requires them to annotate three stories and then read the nine stories remaining. However, a few of them realise that they could if they wish, annotate more than the mandatory three. Because in principle, the

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participant can annotate all twelve, the links to the nine remaining stories are still active even though the *Read now?* button is also present and active. Participants don't notice *Read now?* even given that they know they are about to enter Phase 2 simply because they see that the links are still active and so make the reasonably assumption that Phase 2 consists in accessing stories for reading via those links. In the words of a_{12} :

“... Yeah, I mean it’s quite big but I don’t know, for some reason you just want to...I mean, I just see the links; I’m very attracted to the links”.

This comment was made after directing the participant to *Read now?* Another participant having likewise been directed enquired whether they were supposed to select a story and then activate the button, i.e. they saw it as fulfilling a consolidating function once again. There was only one occurrence where a participant enters Phase 2 and exits after reading just one story. Although it is permitted to leave Phase 2 at any stage, the mediator needed to ascertain whether the exit was intentional since it is felt that premature exit might make Phase 3 more difficult.

Turning attention again to the *Read now?* button, almost two thirds of participants appear to need help either to see or to activate it. Precisely what participants' navigational expectations are at this point are given in the action sequence clips in Appendix 2 (an example is given below), all of which suggest models that differ from the task model. However, the only action sequences shown are where the participant makes known their mental model of the transition. The most common mental model allows story titles to be

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selected from the Main screen. Participants may in addition, expect to be able to choose the order in which these stories are selected for reading. Once Phase 2 is entered, a fairly elaborate mental model has the stories being presented to the reader in a random order. Also shown, is the incident where ‘Stop reading’ is activated prematurely; in this case, the participant appears to be developing a read and relate model since once back on the Main screen they move towards *Relate now?* Each of the clips is presented in the same manner: context, participant, clip and quote. Ellipses indicate that the participant is speaking and bracketed ellipses indicate that the mediator too is speaking. Bold bracketed text indicates that the participant’s actions qualify for membership in some other category discussed in the thesis, i.e. they are demonstrating that they have constructed a navigational model that deviates in some way from the one laid out for them, but at the same time their actions qualify for category membership elsewhere. Participants’ other actions are indicated by italic bracketed text. A solid arrow head marks the point at which *Read now?* or *Read again?* is activated and the Phase 2 screen is entered or re-entered.

¶Main, a₁₂, Clip 58.18 – 58.53 “*Phase 2 ‘Read any stories –’ so ... I have to go for ... all of them? [...] uh [laugh] okay ... yeah I mean it’s quite big but I don’t know for some reason I just want to [...] I think I just see the links, I mean I’m very attracted to the links. So I just have to click [...] ►*”

Figure 17

Phase 2: Reading - Navigational and operational incidents

Read remaining stories

Time of authoring: 4th October 2002 **Place of authoring:** Britain **Person authoring:** Christine, Nurse Practitioner, Discussion group member

My wife has had trouble recovering documents from her trust, sent to all consultants, because the enormous header (with all the To...s) made the email system fail over. The problem is that, throughout the NHS, IT knowledge is even more flimsy and unreliable. Typical: So a manager who can just shout 'ops' at a群 of IT people in an PC room and have them run around, email them, and then they'll get on with it, with no back up (hospital IT departments being gravely under-resourced - mind you we don't have any at home!) as 'IT' as OP loads.

I subscribe to a Family mailing list and they once made the same mistake, having to use an anonymised email list with the private email addresses of all three list members. At least they were sympathetic.

Stories:

- > **Technology is not a panacea.**
A full emergency kit is essential up here
Bulk prescription wastes money
I try to use my experience to make the best choices I can today.
The worry is that the classification label may last for all time.
In retrospect, the diagnosis was there for all to see.
Triage has no real function beyond allowing A-E to make performance claims.
The Italian way of treating fractures is to over-treat - massively.
All the news is about dissatisfaction but not all of us are dissatisfied.
Everyone felt better that we had played safe, though on this occasion it wasn't Meningitis.
PMS don't record the principle cause of death.
Throughout the NHS, IT knowledge is seen as a luxury and an optional extra.

Comment Box

Read next **Stop reading**

Read remaining stories

Time of authoring: 17th April 2003 **Place of authoring:** Cardiff **Person authoring:** David, GP, Discussion group member

Technology is not a panacea.
A full emergency kit is essential up here
Bulk prescription wastes money
I try to use my experience to make the best choices I can today.
The worry is that the classification label may last for all time.
In retrospect, the diagnosis was there for all to see.
Triage has no real function beyond allowing A-E to make performance claims.
The Italian way of treating fractures is to over-treat - massively.
All the news is about dissatisfaction but not all of us are dissatisfied.
Everyone felt better that we had played safe, though on this occasion it wasn't Meningitis.
PMS don't record the principle cause of death.
Throughout the NHS, IT knowledge is seen as a luxury and an optional extra.

Comment Box

Read next **Stop reading**

This screen essentially follows the same layout as the annotation screens, with the story and the author's details displayed in the upper third and the comment box at the lower right. Now instead of the *Next* and *Back* links there are two buttons located next to the story window. These are for paging between stories and returning to the Main screen. The titles of the twelve stories are displayed below. The title currently pointed at is for the story on display. When the reader activates *Read next*, the pointer moves to another title and the story with that title displays. The titles in italic font are for the stories annotated during Phase 1; they are never pointed at and therefore the reader is able to view only those stories not previously annotated.

In most cases not reading to the story's end is due to there being a paragraph change near the end of the text and the vertical scrollbar nearing its lower limit. Because the reader is advised anyway just to skim read the stories, it doesn't really matter on this screen. It

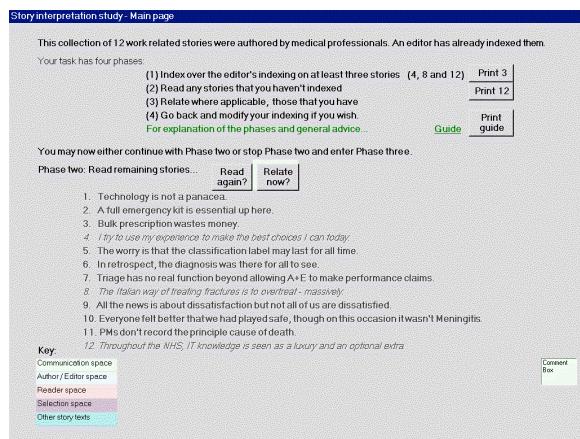
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matters more on the *Point* screen where it may affect the annotator's understanding and consequent mark up. For reasons of consistency, the size of the story window is the same on every screen; on the annotation screens its size is dictated by the space taken up by the annotation facilities. Unfortunately its size means that the reader is usually unable to see at a glance the structure of the text and that too can affect understanding. Two participants complained that the story text was uncomfortably small. Several participants were disconcerted by the scroll bar that often had to be held in position. c_2 brought attention to the fact that it also retained its previous scroll state on subsequent stories, a problem that was fixed immediately. The most common incident on this screen is readers not acknowledging or following the green highlight when it moves from 'Read next' to 'Stop reading'. This may be exploratory however since only occasionally will they request assistance and even less will they actually need assistance.

4.4 - Navigational and operational incidents at the phase 2/3 boundary

Figure 18

Phase 2/3: Main - Navigational and operational incidents



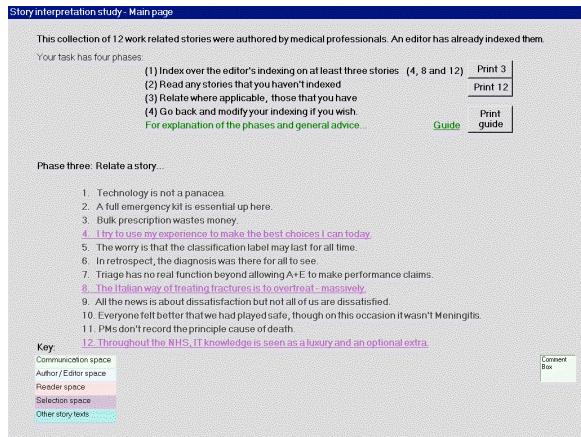
Having completed Phase 2 and now back at the Main screen, participants understand in principle what the next phase is and will again form mental models. Again, certain action sequences betray them and an example clip from Appendix 2 will be given at the end of this subsection.

Some participants needed to pause either to look again at the Guide or for clarification of the next phase. Indeed it may be that more are taking this deliberate pause than is recorded, judging by the number that need directing to *Relate Now?* This button has just made its appearance on the screen, is in receipt of the green highlight and is located alongside the button now relabelled *Read again?* The story titles are evidently inactive but one participant, understanding that they are about to enter Phase 3 attempts to click on the explanation of it at the top of the screen.

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Figure 19

Phase 3: Main - Navigational and operational incidents



Because on recent returns to the Main screen attention has been diverted from the links towards a new focus it may be that some participants are looking for that new focus. However, given the concern some participants express about recalling the content of stories, it is more likely that they just expect this to be the screen where they decide story relations. In fact, the most common incident on this screen is not activating a highlighted link; it's as if there is expectation that by pressing *Relate now?* on the previous screen the relevant screen will display immediately. Indeed some participants indicated that they were mentally relating stories here. Being an intermediate screen, it is by design, very similar to the previous one and doesn't announce strongly enough its function of offering a limited choice. Notice from the associated map in Appendix 1 however, that when they do select a link there is a correspondence between selecting out of sequence and relating stories by their titles.

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The annotator will return to this screen a number of times, more if they choose to suspend saving their annotation; this explains the re-navigation to *Save now* incidence in the associated map.

The clip below being typical of those in Appendix 2 shows a clearly marked two-stage process of entering the *Relatedness* screen. Only certain of the incidents include the activation of *Relate now?* an action that enables just those story links that the participant saved during Phase 1. All incidents include as a final action, the selection of a story link. This time the solid arrow head represents the point at which a story link is activated and bold type represents prior GUI interactions. The most common mental model allows participants to select story-story relations on the main screen whether before the activation of *Relate now?* when all the story links are disabled, or afterwards when all but the focal story links are disabled.

¶Main, [Phase 2/3], d_3 , Clip 91.36 – 92.47 “Now next phase ‘Relate where applicable, those that you have’ ... Okay so Relate – how do I? From here? [indicating disabled links] How do I sort of select them to relate them? [...] ‘Relate now?’ or ‘Read again?’ [...] Okay so that’s to read them all [Read again?] [...] [Stop reading] [...] okay ‘Relate’ [Relate now?] Let’s try to relate ... ‘Phase 3: relate a story’ Now ‘Technology is not a panacea’ ... let me think [points to enabled story 4] So I’m going to relate these stories to these three [...] So it’s in there [story 4] that I have to go [...] [▶]”

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Figure 20

Phase 3: Relatedness - Navigational and operational incidents

The screenshot shows a 'Related story' interface. At the top, a story is displayed with details: Time of authoring: 4th October 2002, Place of authoring: Britain, Correspondent said: But I was actually suggesting something that would solve your next problem. Below this is a text box with a red box highlighting the word 'Related'.

Author identity: Christine, Nurse Practitioner, Division group member
Related Reader? Enter and/or select aspects of your identity that relate the adjacent story to you the reader.

Clinical Psychologist
Coroner
Doctor
Drugs Liaison

Reader identity:

Related?

Related Story? Does this story complement the story above?
 A full emergency kit is essential up here

Story Selection:
 A full emergency kit is essential up here
 Bulk prescription waste's money
 Try to use my experience to make the best choices I can today
 The only way is that the classification label may last for all time.

Related Stories:

Save now **Save later**

On the *Relatedness* screen three categories arise wholly from poor user interface design and as such are displayed in red in Appendix 1. They are highlighted to show how instead of offering a clear view of the task, the screen becomes an obstacle to it. Once this became apparent, the mediator tried to ensure that participants understood, particularly about there being two separate task parts.

There are several things the mediator needed to be alert to. Participants often assumed that *Related Reader* did not apply to them just because they were not medical professionals or their area of medicine was different to that of the story's *Protagonist* or *Author*; they may also have assumed that *Related Reader* referred to what they considered to be the ideal reader, the author's intended reader or potential audiences. In any event, it indicates that the task part instructions are not sufficiently clear. Those readers, who had decided that it was irrelevant to them on the first story, may need reminding of it on subsequent stories. This is because, the *Related Story* task part tends to dominate the screen and readers simply stop

looking at the corner of the screen where the *Related Reader* task part is located. Also, unlike the previous annotation screens, there is no visible boundary between task parts and therefore participants will often assume that *Related Reader* applies to the lower story or to both stories on display.

However, of all the attributes, *Related Reader* is where most participants disregarded the length of the input field and type long sentences describing their relationship with the story. The fact that they cannot see the length of their suggestion once they have activated ‘Add’ makes it more likely that participants would want to retrieve an added item just in order to remind themselves of what they had put; the surprise is that this did not happen more.

Turning now to the *Related Story* attribute, the most commonly occurring incident is not activating *Related?* once having decided that the two stories on display are related. Often there is an expectation that there will be a place on the screen for stating the relation and that it will be permanently visible. They search the screen for such a place and find it in either of the two output listboxes. They may by this time have learned that the annotator’s regions of the screen are pink but there is still nothing to differentiate the output object from the input one. Regarding the relative position of the *Related?* button, there is a tendency to associate it with the *Related Reader* attribute.

When this screen is entered, two stories are on display; the upper window displays one of the stories annotated during Phase 1 and the lower window displays the first story read during Phase 2. If the annotator regards this particular pair as unrelated, they may be puzzled as to

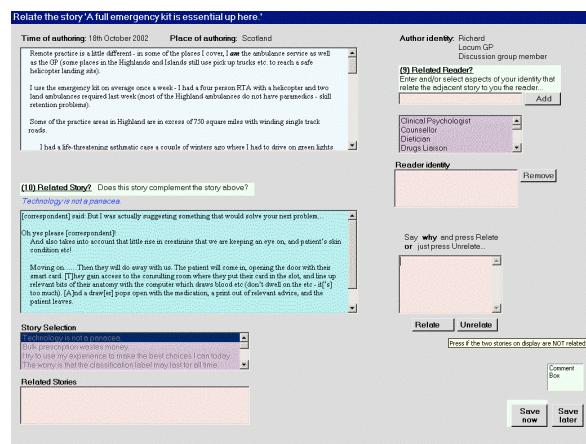
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why they are appearing together, especially if they have not yet noticed the list of stories or don't know what the list is for.

Unlike Phase 1 the activation of *Save now* is final on this screen and so the mediator will try to ensure that participants understand this. Only three participants chose *Save later* but two of those expected to be able to return via *Save now*.

Figure 21

Phase 3: *Relatedness* - Explaining story-story links - Navigational and operational incidents



A common incident on the previous screen was not responding to the identification of a relationship between two stories by activating *Related?* but its presence was intuitive for some as the following quote from *b14* shows:

"And if you click this does it [...] let's see what happens ... Okay, I was wondering if it'd give me something like 'Say why'"

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That is, activating *Related?* causes a textbox to open for the annotator to provide an explanation. At the same time, the list of stories is made inactive and remains in that state until either of the buttons immediately below the textbox is pressed. Occasionally they will return to the list of stories without having done this and will therefore find it inactive. If however, they press *Relate* it causes the story in the lower window to be replaced by a prompt to select another story; it also causes the story title to be transferred from the selection list to the suggestion list. Now when they return to the selection list they may become disoriented by the fact that the title previously highlighting their position in the list is no longer in the list.

The participant who paired most stories also expected to be able to explicitly record pairs they considered unrelated. Although only one participant expected to be able to suggest multiple relations for a given pair, several wanted to retrieve suggestions they had made previously.

5 - Commenting on the user interface

This section is concerned with participants' comments that have mainly to do with the user interface and its effects, an example of which is given below. Mostly these are made by participants in the first session whereas those in the second tend to be less critical. This is because the medics without exception focus on the task whereas some of the knowledge media researchers focus on the interface and even regard the task itself as secondary. The comments in Appendix 2 are listed in task part order and include those made during discussion immediately afterwards and those written on the questionnaire subsequently.

¶**Discussion afterwards, c₂, Clip 51.45 – 51.54** “*I found the interface, once I got used to it, there were sufficient regularities in it that I could work out where I was meant to go.*”

6 - Reflective discussion

Some of the problems indicated above were predicted beforehand and are solely to do with using the standard set of Visual Basic widgets and not sufficiently improving their appearance or event handling. The vertical scroll bar attaching to story windows for example, which often needed to be held in position. Another problem is the functionality of the narratological menus. Because check box lists are used, selecting an item is usually a two stage process instead of the one stage process in the case of domain menus. Highlighting the item provides a tooltip definition but to select the item requires the check box to be checked. This was disconcerting for some participants and it was often difficult to ascertain firstly whether a definition had even been noticed. Secondly, because the definition remains visible even after the associated term may have scrolled out of view, the annotator may associate incorrectly. Thirdly, when the annotator just highlights the term, it is difficult to judge whether they mean to select it. On several occasions the mediator would interrupt a participant’s train of thought just in order to clarify intent. Worse is the prospect that this might be construed as an implicit instruction:

“Are you sure you want / don’t want to select that item?”

Sometimes this particular question goes unasked simply because it is missed. This is a prime example of where user interface concerns, affect the collection and interpretation of task data. It happened in the case of Participant *d₈* whilst they were attending to the *Feature*

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menu. In this instance, we can only judge and cannot know for sure that they intended not to select two highlighted items. Partly this is because on highlighting a third item, they notice that it hasn't ticked; they then scroll back up the list as if to check on the other two and so have an opportunity to see that these haven't ticked either. They then scroll down the list and select a fourth item before finally adding a free text entry. This drops onto a stack of suggestions already comprising the previously ticked items, thus giving further opportunity to see that the first two items are not included.

Once the annotator is made aware of the tooltip definitions on the narratological menus, they then come to expect to see the same on the domain menus. There is no good reason for this functional and operational inconsistency, especially since even the General Practitioners weren't always sure whether the terms were necessarily specific to the general practice domain or could be interpreted more widely.

There were numerous other problems that were not predicted. Not all of these will be relevant to story base user interface design but may anyway inform future phased studies. Again to do with menus, it was found that annotators may choose to select from them rather than to directly agree with an identical term suggested by the editor. It turns out that this is a very interesting subcategory of annotation behaviours and as such is discussed in the thesis. In this case, it revealed certain limitations of the software that simply was not designed to deal with such eventualities. For example, analysis of the data from Participant d_{19} , showed that they had during Phase 1, selected just such an identical item from list and that by Phase 4, evidence of its selection had mysteriously disappeared. How should the results data

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interpret this: selected or not selected? In this case, it is decided to record it as not selected because the participant during Phase 4 consults the definition for this and other terms but makes no selection. In all probability therefore, regardless of whether they remember selecting the term originally, they subsequently reject it. A separate problem with the same cause occurs when annotators consult a narratological definition more than once. There is nothing wrong with this, in task terms it is a very positive sign that participants take an interest and care about what they are doing. However, because it wasn't anticipated, it wasn't accommodated in the design of the user interface and so when the definition of a ticked term is consulted, the tick is removed, i.e. it is deselected. Usually, the participant is oblivious because the output box containing their collection of suggestions lacks prominence.

A very rare incident in relative terms was the omission of a task part. This happened for two participants. In the case of b_{24} it was probably intentional, although they denied that it was. Being an optional task part it didn't matter and just revealed that this participant would only read those stories that were in some way interesting to them. On the other hand, it may help explain why they only managed to make one story-story relation subsequently. The other omission was a mandatory task part and was due to the uniform placement of Next links on layered screens and how in this case it enabled b_{11} to inadvertently, double-click, as clarified later with them, and skip a screen not just once but twice. This fact was only picked up when it came to viewing the video recordings, without which this participant would have been wrongly classified as having nothing to say regarding the *Characters* in these stories.

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User interface consistency might also be held responsible for participants not seeing objects that made their appearance on the Main screen at the end of a given phase to guide them through the next phase. The first of these is the button labelled *Read now?* This is located on the Main screen and only makes an appearance after the annotation of the mandatory three has been saved. Other participants did not see the button labelled *Relate now?* This is more surprising because it makes its appearance directly on return from reading the remaining stories and sits right alongside the first button now relabelled *Read again?* Activating *Relate now?* causes the screen to change its appearance slightly. While the titles of the stories that were read remain disabled, the titles of the annotated stories are once more enabled. It was expected that this would make obvious the next step; to select an enabled link and follow it. Often participants would remain on the Main screen looking at the titles. So this design flaw, if it can be called that, is particularly interesting for it reveals a readiness to reason about stories and their relationships just by viewing their titles.

On the subject of colour there are two things. Firstly, the use of contrasting colours to separate the editor areas and participant areas goes unnoticed by many participants who frequently try to overwrite the blue areas and do not recognise the pink areas as being their own. This partly explains why on entering Phase 4, they just expect items ticked during Phase 1 to have retained those ticks. Being uppermost on the screen, it is the blue areas that draw attention during Phase 1 and it is still those same areas that draw attention during Phase 4; therefore the annotator will feel disconcerted by the disappearance of the ticks which they remember as being their main input, and will continue to regard as foreign, the collection of their suggestions displaying in the pink listbox. Secondly, the use of a single background

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colour for both input and output textboxes is confusing. This is particularly evident on the *Relatedness* screen. Participants wishing to relate two stories will frequently attempt to enter text in the nearest to hand empty text box of the appropriate colour; this will either be *Related Story* output or *Related Reader* output, depending on which is empty.

In designing the user interface layout and the size of the text boxes, account was taken of the expected input string length. The only text boxes that invite sentence length strings are the story *Point* and the *Related Story*. It came as a surprise therefore, that several participants typed long strings into short fields. This is most noticeable in the case of *Related Reader*, a text box strategically positioned mid way between the collection of noun types comprising the *Author* identity and the domain menu also of noun types. Frequently, all these clues for input were ignored and what participants offered instead was often something far more interesting.

Only two participants made use of the comment box which was used on four occasions. In the first case it was used during Phase 4 to clarify intent. According to the audio-video data, this annotator either had a false memory of what they had done during Phase 1 or had mistaken the *Other Point* region for the *Main Point* region of the screen. Although this incident has to do with the task, it falls well within the scope of user interface issues. Firstly, the annotator before resorting to the comment box tried unsuccessfully to cut text from the *Other Point* suggestion box for pasting as *Main Point*. Secondly, realising that they could not cut and paste, they look again for their *Other Point*, expecting now to find it in the blue region of the screen which is the province of the editor's suggestions. Thirdly, this colour

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confusion occurred during Phase 4 which indicates that even at this late stage, participants haven't always learned what the colours signify. In the second case, all the incidents are more aptly described as task incidents. They have to do with the user interface only in as much as the comment box was available to the annotator who was thus able to physically separate the explanation from the suggestion or to provide it as extra.

Having looked at some of the user interface effects on the task itself it is evident that even given the strict phased structure of the task, and even given the way objects were placed so as to be maximally visible to them, many participants remained oblivious to the signposting and either chose their own path or needed the path to be shown to them by the mediator. This is especially true for those participants who are generally unfamiliar with graphical user interfaces. They cannot be expected to read the screen in the same way as more practiced users because they don't readily distinguish interactive objects from non-interactive ones, neither do they readily distinguish the enabled and the disabled. Far from assisting the user by providing a transparent view of the task one may go as far as to say that the user interface may have impeded it. What is certain is that had the mediator not been there, most if not all participants would have had difficulty completing. And of course, if participants' interactions with the user interface had not been recorded on audio-video very little would have been learned.

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Appendix 1 - Within and between-screen navigational maps

The detailed maps support the discussion regarding the Task User Interface and the navigational and operational incidents it gave rise to. The first column of each map lists the incidents and the columns alongside are for the participants who may or may not have experienced them. For between-screen incidents, the marks in the cells are differentiated to indicate the reason guidance was given as described in the body of this report:

- (A) Participants have deviated from the expected course.
- (B) They signal that they are about to deviate from the expected course.
- (C) Pre-emptive progression of the task.

For within-screen incidents, and where relevant, it is the story identifiers that are recorded, and Phase 4 incidents are shown in italic.

Entry page - Navigational incidents (see Figure 8)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Navigational green path not obvious													•											
Does my input matter?													•										•	

Main introductory page - Navigational incidents (see Figure 9)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Unfamiliarity with GUI objects and interactivity													C											
Commenting on the key																	•							
Opening the comment box																	•							
Mandatory links lacking prominence										A			B	B		B	B		C		A			C
Guide link lacking prominence	B	C	B	C	C	B		A	C	C	B			A	B	C	C	B	•	C	C		B	
Goes to 'Print Guide / Stories'					A		A		A		A													A
Expecting to Access Phase 1 via 'Print 3'												B												
Expecting to follow optional Links									A											A				
Expecting to follow disabled links																				A				
Re-navigating to Save now											B		A									A		

Page 1 of the guide – Incidents (see Figure 10)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Expecting escape function													•											

Page 2 of the guide – Incidents; i.e. where participants expressed concern (see Figure 11)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Selection list																								•
Suspend indexing		•																						
Save indexing													•										•	
Amount of advice to remember														•	•									
Generally concerned					•																			•

Phases 1 and 4: *Main & Other Point* - Navigational and operational incidents (see Figure 12)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23	
Disconcerted by unresponsive scroll bar		5 9							2										4 8				8		
Not scrolling to end of story				1											3			3 3						4	
Story font size too small					•					2															
Agree/Disagree explanation/assistance	1	1				1	5						2	2				7 7	7				?	4	
Promote/Demote explanation/assistance		1	5										10		3		3 7	7	8	4				4	
Reading Promote/Demote as Disagree			1										2	2										4	
Requiring assistance with or not using scroll bars on the Readers' list																	3						4 8 12		
It requiring explanation that that the Readers' list is selectable							5																	8	
Enquiring how to select from Readers' list													10					11						8	
Default focus in Main Point text box lost																	7 7	7							
Mistaking green background text for an Editor suggestion													2												
Attempt to type over editor's Main Point or agreed Main Point						1													4	4					
Enquiring how to enter their own Main Point									2													4	4		
Entering Main Point in Other Point field								6																	

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No feedback on Main Point input		5	5	<i>1</i>			2			11			<i>7</i>											
Free text Main Point being overwritten by Promote function																				4				
Attempt to copy and paste from story																		4	4					
Successful and unsuccessful cutting and pasting of suggestions						6					3							4						
Expecting to type over Editor's Other Point			1									11		11	<i>7</i>									
Attempt to type Other Point in disabled Main Point text field																<i>11</i>								
Directing to Other Point input field																				8	<i>12</i>			
Not making the connection between Other point output and their input																<i>3</i>		4						
Inappropriate or non use of Add button						2					<i>2</i> 10					<i>3</i> 7	<i>3</i>	4		<i>8</i>	<i>4</i>			
Exceeding the length of the text input field						6					<i>10</i>					<i>3</i>	4							
Most recent list addition not visible								2																
Directing to Next											<i>2</i>					<i>3</i>								
Initial exploration via Next			1																					
Use of the comment box or suggestion field to explain intent												3						8						
Confusing the editor - blue and the reader - pink; text areas												<i>3</i> 7												
Bug on Phase 4 Their own Main Point does not redisplay																		4	8					
Bug on Phase 4 Redisplays story 9 in place of 1						<i>1</i>																		
Expecting a phase 4 escape function													7											
Beginning 'Back' navigation													2						12					
Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23

Phases 1 and 4: *Feature - Navigational and operational incidents (see Figure 13)*

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23		
Expecting new screen new story	1	1								2				3			<i>3</i>									
Expecting to actively disagree						<i>1</i>																		<i>4</i>		
Not making explicit their agreement with previous readers																									<i>12</i>	
Unusually early																3				4						

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or late selection list exploration																								
Expecting the Feature list to be a classifier of Free text values																				4				
Tooltip understood	9	5	1	1	9	1			2		2		3	3	7	3	3	3			8	4		
Dual function checkbox list operationally unclear: includes mis-associating tooltips and not checking an item to select it					1 5 9	1			2		2	3 7							4 12		4			
Checked items not registering in output box		1							10															
Enquiring how to remove a tick																					4			
Associating Add button with selection list alongside																		8	4					
Expecting selection list items to retain their tick status during Phase 4					5 9	5																		
Inappropriate or non use of Add button							2 6				6						3				12			
Exceeding the length of the text input field			5 9 8				2									11								
Not recognising selections and suggestions as their own						1												4			8			
Wanting to cut a Feature and paste to Other Point on previous screen			9																					
Wanting to copy and paste from story			9																					
Directing to Next																3								
Double clicking 'Next' to Narrators and Audiences									6 10															
Beginning 'Back' navigation	1		1 9 8			1					2		7											
Participant	a 4	a 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23

Phases 1 and 4: *Character* - Navigational and operational incidents (see Figure 14)

Participant	a 4	a 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23
Expecting new	1	1							2	2														4

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Phases 1 and 4: *Narrator & Audience* - Navigational and operational incidents (see Figure 15)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23	
Expecting new screen new story		1																							
Associating Add button with Narrator selection list																			8						
Expecting Add button function to consolidate direct agreement																		7							

Technical Report

Tooltip understood	9		1	1	5	1	2			6	2		3	3	3	3	3	3	8			4	4
Dual function checkbox list operationally unclear, or associating tooltip definition with non highlighted term						5																	
Expecting checkbox list to be scrollable																		3					
Previously ticked Narrators removed if their definitions are consulted			1 5 9				2						3 7										4
Bug: Ticked narrators not added													11										
Expecting selection list items to retain their tick status during Phase 4					1 5																		
Inappropriate or non use of Add button							2					2 6 10							3 7 11			12	8
Relevant textbox not in focus so input does not register or registers elsewhere												2									4		
Exceeding the length of the text input field							2					10							11	4			
Would like to retrieve and edit an input																		11					
Disconcerted by selected Audiences scrolling beyond view					1																		
Whether to treat as conjoint two suggestions																				4			
Needing assistance to Remove a suggestion																		11					
Domain lists not providing tooltip definitions				1		1												3					
Clarification of the meaning of Save Now during Phase 1			1	1														3					
Choosing to Save later										2	6							3 7 11					
Use of comment box to define a suggestion																		7					

Technical Report

Beginning 'Back' navigation		1 9		1						7	3					8			4					
Expecting to proceed via Back button										2 2 6	2													
Bug on Phase 4: Phase 1 Narrators do not redisplay																4 12								
Bug on Phase 4: Indirect Narrator agreements do not redisplay				9 9															8					
Bug on Phase 4: Phase 1 Audiences do not redisplay											3													
Participant	a 4	a 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23

Phase 1/2: Main – Navigational and operational incidents (see Figure 16)

Participant	a 4	a 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23
Directing to Read now?	B		B		B	B	A	B			B	B	A				B	B		A	C	A	B	
Expecting to Access Phase 2 via 'Print 12'												B												
Attempting to click on task instruction 3												A												
Expecting to select a link followed by Read now?																								•
Guidance on premature exit of Phase 2				A																				

Phase 2: Reading – Navigational and operational incidents (see Figure 17)

Participant	a 4	A 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23		
No task part instructions								1							1	1										
Bug: Scroll bar not re-positioning on subsequent reads													•							•						
Disconcerted by unresponsive scrollbar	•	•					•						•	•												
Not scrolling to end of story								1 3			3 4 5			1		1 8				2 3		1				
Premature reactivation of Read next											4 8															
Attempting to click on titles					2																					
Asking the function of Stop	•																									

reading																								
Asking the function of the titles	•																							
Stop reading activated before end			2																					
Directing to Read next				2											1									1
Recycling		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Assistance to Stop reading	•				•						•					•	•	•	•	•	•	•	•	

Phase 2/3: Main - Navigational and operational incidents (see Figure 18)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Returning to page 1 of the Guide			•										•											
Expecting to click on phase 3 explanation																		•						
Activating or expecting to activate <i>Read again?</i>						B														A			A	
Directing to <i>Relate now?</i>	C	B	B		C	C			A									B			A			
Pausing for task clarification	•																							•

Phase 3: Main - Navigational and operational incidents (see Figure 19)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23
Relating the stories by their titles							•			•			•											
Directing to highlighted links		C			A	A	A		A		A	B	B	A	B	C	C				A	A	B	
Re-navigating to <i>Save now</i>																					A			
Clarification of task part																•								
Non sequential initial link selection					9				10				7							8	8			

Phase 3: *Relatedness* - Navigational and operational incidents (see Figure 20)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23	
Task instructions unclear	1	1		1			2						10		3	3					8				
Task parts explained		1		1	1	9			2		2	2		3	3		3	3			8	8	4	4	
Ignoring, overlooking or needing reminding of	1 5 9	9		5 9	1 5 9	5	2	2 6	10		6	6		3 11	7	11 11	11	4 8 12		4 12	8 12	4 8	4 8		

Technical Report

Related Reader																			
Ignoring or overlooking the Related Reader selection list									2										4 8 12
Difficulty scrolling the Related Reader list									6										
Assuming Related Reader? applies to the lower story										3					4				
Assuming Related reader? applies to both upper and lower stories		1		2							7	11							12
Related Reader instructions unclear		1	9	2	2	2		10		3	3	3			8				
Related Reader field not in focus for input										7									
Exceeding the length of the text input field	5 8 9		9	2 6 10	6		6 10	3 7 11	3 7	3 7 11	4 8			4 8 12					
Inappropriate use, non use, or directing to the Add button							2 10	6 10		3 11		8		4 8	12				
Not being permitted to retrieve Related readers, or scroll them horizontally										3									
Not knowing how to remove Related Readers							10												
Not knowing how to view another story							10								4 4				
Confused by the default presence of the lower story							6												4
Not associating lower story with story selection							10												
Expecting a selection to give output field feedback		1																	
Not activating <i>Related?</i>	1	1	9				10		3	3 7	4 8	8	4						

Technical Report

Associating Related? with Related Reader field																			8	8				
Attempting or expecting to enter text in a disassociated input field or the output text boxes	5				1	9		2			10			3	3			4	4 8					
Redirecting to Related Story										10			3											
Expecting to return via Save now	1												3											
Choosing to Save later	1 5 9		1 5								3 7 11		3 7 11											
Participant	a 4	a 5	a 12	a 13	a 17	a 20	b 7	b 9	b 11	b 14	b 18	b 24	c 2	c 6	c 15	c 16	c 21	c 22	d 1	d 3	d 8	d 10	d 19	d 23

Phase 3: *Relatedness* - Explaining story-story links - Navigational and operational incidents (see Figure 21)

Participant	<i>a</i> 4	<i>a</i> 5	<i>a</i> 12	<i>a</i> 13	<i>a</i> 17	<i>a</i> 20	<i>b</i> 7	<i>b</i> 9	<i>b</i> 11	<i>b</i> 14	<i>b</i> 18	<i>b</i> 24	<i>c</i> 2	<i>c</i> 6	<i>c</i> 15	<i>c</i> 16	<i>c</i> 21	<i>c</i> 22	<i>d</i> 1	<i>d</i> 3	<i>d</i> 8	<i>d</i> 10	<i>d</i> 19	<i>d</i> 23		
Retrieving previously Related stories – aided or unaided	5 1 9	1		5	1											7									12	
Expecting provision for recording unrelated story pairs						9																				
Expecting to be able to record more than one relation for a single story pairs																									12	
Use of comment box to explain a complex relationship																	7									
Expecting 'Say why' to be more immediately available																3				4						
Attempting to cut and paste between related story and related reader input fields																										
Experiencing disorientation in the list of stories		1				9												11		4						
Attempting to access disabled story selection					5 9					10								7								
Not pressing Relate button after input					1 5 9					10	2	10						7 11	7					4	4 8	

Appendix 2 - Recording clips of navigational and operational events

Phase 1/2: Main – Navigational and operational incidents:

¶Main, a₄, Clip 37.30 – 38.11 “[...] any of the [links]? [...] Okay ►”

¶Main, a₁₂, Clip 58.18 – 58.53 “Phase 2 ‘Read any stories –’ so ... I have to go for ... all of them? [...] uh [laugh] okay ... yeah I mean it’s quite big but I don’t know for some reason I just want to [...] I think I just see the links, I mean I’m very attracted to the links. So I just have to click [...] ►”

¶Main, a₁₇, Clip 31.39 – 32.32 “Right, so next then is to [...] choose any of the other stories then that are [...] ‘Read now?’ okay [...] ►”

¶Main, a₂₀, Clip 61.04 – 61.15 “Right, shall I just go - wiz through these [story links]? [...] Yeah [...] Okay ►”

¶Main, b₇, Clip 34.33 – 35.21 “Okay, now we need to go ... that’s only Phase 1 done isn’t it [...] Okay, are all these [links] other stories now [selects story link] [...] No? Go back? [Back] [...] Oh! [...] You could have frozen them [links] out couldn’t you...? [...] ►”

¶Main, b₉, Clip 29.39 – 30.01 “[...] Any one [link]? [...] okay ►”

¶Main, b₁₈, Clip 42.00 – 42.31 “Is that ... all of them now, so? [...] [instructions] is it this one [Relate instruction] next? [...] Oh there ‘Read now?’ ►”

¶Main, b₂₄, Clip 37.06 – 37.38 “[...] This: number two [pointing to instruction] isn’t it? [...] It’s err this [Print 12] is it? [...] ‘Read now?’ ►”

¶Main, c₂, Clip 31.07 – 31.56 “Right, so where have I got to. I’ve indexed the three stories ‘Read any stories that you haven’t indexed’ Okay, I presume [selects story link] I can just click them and I get to see them [...] I shouldn’t have done that? [...] [Back] [...] If I read I can just press ‘Read now?’ can I? [...] ►”

¶Main, c₆, Clip 41.45 – 42.40 “So [...] Save [...] That’s okay, no I’m fine. So I have to go back to each of them [selects 3] ... [selects 7] ... [selects 11] [...] I can do another one? [...] [Reads instructions above ‘Read now?’] Uh [poises over ‘Read now?’] [...] Do what [...] Okay, so now what do I have to press [...] ‘Read now?’ ►”

¶Main, c₂₁, Clip 101.11 – 101.46 “[...] Oh yeah? [...] Oh, it’s up here [instructions] ‘Read any stories – haven’t’ Oh any of these [story titles] pick any of these [...] Well I can see ‘Read now?’! [...] ►”

¶Main, c₂₂, Clip 51.46 – 52.38 “... What do I have to do now? I’ve got the relate [...] Right ‘Read now?’ ... Index these three stories which I’ve done. So just take another one that I fancy is that? [...] Press that button right ►”

¶Main, d₃, Clip 67.53 – 68.32 “Now I have to ‘Read any stories that you haven’t indexed’ [selects story link] [...] [Back] [...] But I thought ... I have indexed the stories and then I have to read them, the ones that I haven’t indexed. Do you think I should do something else first? [...] Ah! ►”

¶Main, d₈, Clip 29.23 – 29.51 “[...] Okay ‘Read any stories that you haven’t indexed’ [positions over first story link] [...] [positions over ‘Read now?’] uh hmm [...] ► Okay”

¶Main, d₁₀, Clip 32.02 – 33.06 “[selects story link] [...] Yeah [Back] [...] Oh [...] I think it’s because [Commenting on the UI] I completely didn’t see that [...] Okay ► Sorry”

¶Main, *d₁₉*, Clip 48.46 – 49.43 “Mm right, next is to do [...] yeah ‘read any stories that you haven’t indexed’ [...] mm [...] this one here yeah? [...] What, you mean I don’t have to highlight what I want? [...] ► Oh right okay – oh it picks one randomly [...]”

¶Phase 2, *a₁₃*, Clip 42.51 – 43.24 “[Stop reading] So I [...] ► Oh ‘Read next’ okay; I should ... click ‘Read next’”

Phase 2/3 and Phase 3: Main - Navigational and operational incidents:

¶Main, [Phase 2/3], *a₁₂*, Clip 64.12 – 65.46 “Okay, Read and the Relate, and to relate I will [instructions] need to click somewhere or Guide [Guide] [...] Let’s go to guide [...] [next] Okay [top] err [disabled links] the only thing is how do I get into [...] Uh uh okay I saw it [laughing] I saw it [Relate now?] [...] [►]”

¶Main, [Phase 2/3], *a₁₇*, Clip 39.40 – 40.25 “[disabled links] [...] ah right okay [Relate now?] [...] right so – so I’m sorry [...] [disabled link] [...] [►]”

¶Main, [Phase 2/3], *a₂₀*, Clip 72.51 – 73.25 “Oh ‘Read again?’ [...] No [...] ‘Relate now?’ [Relate now?] [...] Relate a story ... yeah, that [2] was quite good fun; that relates ... for me [disabled link] ... this one [2]. So what do we do? [...] [►]”

¶Main, [Phase 2/3], *b₁₁*, Clip 35.52 – 36.53 “Right, with that we will relate anything. Now how do I ‘Relate’ things? [...] Ah! [Relate now?] [laugh] Okay [...] Well I think this one [12] and this one [1] is related; how do I do that? [...] This one [10 & 11] [...] [►] Ah”

¶Main, [Phase 2/3], *c₂*, Clip 38.52 – 41.34 “So now I’ve done [Phase] 2 ... ‘Relate where applicable those that you have’ Okay, I’m going to have to read the guide [Guide link] ... [Top] So having just read it – now how do I do this? ‘Relate now?’ I click that do I? [...] [Relate now?] okay. Right um ‘Relate where applicable those that you have’ Okay ‘Bulk prescription wastes money’ I’m looking for stories first because I understand that better [scans titles] Okay, I don’t think there are any that I can see that directly relate to this one, number 3. Okay so ‘Triage’ ... well actually this one - I think 10 is related to 7 ... so how do I go about doing it? [...] I suppose I can click that [►]”

¶Main, [Phase 3], *c₁₆*, Clip 51.07 – 51.50 “So is it now basically, I’m relating all the stories to let’s say number 3 and then number 5 yeah? [...] So then, the other way round I have to choose to which I’m relating and then assign choices from here. So I can’t go through the [...] Okay, let’s try [►] So I click”

¶Main, [Phase 2/3], *c₂₂*, Clip 62.49 – 63.33 “So it’s this one [Relate now?] [...] So what do I do now? um [...] Right, my original ones [...] [►]”

¶Main, [Phase 2/3], *d₃*, Clip 91.36 – 92.47 “Now next phase ‘Relate where applicable, those that you have’ ... Okay so Relate – how do I? From here? [indicating disabled links] How do I sort of select them to relate them? [...] ‘Relate now?’ or ‘Read again?’ [...] Okay so that’s to read them all [Read again?] [...] [Stop reading] [...] okay ‘Relate’ [Relate now?] Let’s try to relate ... ‘Phase 3: relate a story’ Now ‘Technology is not a panacea’ ... let me think [points to enabled story 4] So I’m going to relate these stories to these three [...] So it’s in there [story 4] that I have to go [...] [►]”

¶Main, [Phase 2/3], *d₁₉*, Clip 62.39 – 63.41 “So what am I - now to link the ones I feel are related [...] okay [Read again?] [...] [Stop reading] Relate now [Relate now?] right err [...] okay [►]”

Technical Report

Commenting on the user interface incidents:

¶**Entry screen**, *a₂₀*, Clip 12.20 – 12.26 “[screen displays] *Oh look – look at that!*”

¶**Entry screen**, *c₂₂*, Clip 00.30 – 00.38 “*Is it self explanatory computer-wise? [...] You don't have to be a –*”

¶**Entry screen**, *d₁*, Clip 00.20 – 00.48 “[...] *I wasn't sure whether you could type it in or whether you just had to [select from list]*”

¶**Guide**, Page 2, *c₂₂*, Clip 04.18 – 04.37 “[...] *Gosh, you've made it idiot proof [...]*”

¶**Point**, Story 1, *a₁₂*, Clip 05.20 – 05.58 “*...I just want to [next] play around [next] I just like to see all the screens first and then [next] I just like to know where I'm putting my feet before. Okay, so here I should be able to find [back] eight indexical attributes if I'm not wrong? [back, back] and then two err [...]*”

¶**Point**, Story 4, *d₃*, Clip 14.54 – 15.12 “[...] *I like this application you know, it's very nice...*”

¶**Point**, Story 4, [Phase 4], *d₃*, Clip 114.21 – 114.42 “[...] *I think it worked very well [...]*”

¶**Other Point**, Story 3, *c₂*, Clip 07.57 – 08.04 “*... So mine will end up down here [output box]; those are the ones that I've accepted*”

¶**Feature**, Story 1, *a₁₂*, Clip 12.02 – 12.10 “*... It's good to have the text always available; you really need that*”

¶**Feature**, Story 1, *a₂₀*, Clip 25.27 – 25.37 “*This is quite good; you can go through it quite quickly [backwards and forwards to view the guide]*”

¶**Feature**, Story 9, *a₁₂*, Clip 31.46 – 31.56 “*And it's probably much easier here just to select ... noun groups anywhere in the text – okay 'silent majority' could be one ... why not?*”

¶**Feature**, Story 9, *a₁₂*, Clip 36.56 – 37.33 “*...I would like to have a way to put 'GP' here or maybe not to put it but to know automatically it would be [...] It could be both ... It's both the main Protagonist and also a Feature ...*”

¶**Feature**, Story 9, *a₁₂*, Clip 43.25 – 43.39 “*One thing would be nice here ... as you're writing; maybe something like a Promote to Secondary Points ... in the same way as you have Promote to Main Point [...]*”

¶**Feature**, Story 9, *a₁₂*, Clip 44.17 – 44.30 “*...I think the idea of throwing everything in the annotator's hands and letting her decide what to do next, in what order...is probably a good thing*”

¶**Feature**, *a₂₀*, Story 9, Clip 53.29 – 53.40 “*... This is downstairs isn't it... [Relative positioning of two selection lists]*”

¶**Feature**, Story 6, *b₇*, Clip 23.06 – 23.16 “*I have an awful feeling I didn't add one or two correlate points in the previous story properly because I didn't hit the Add button after I'd typed in the sentence*”

¶**Main**, Phase 2 entry, *a₁₂*, Clip 58.20 – 58.52 “*...I just see the links; I'm very attracted to the links*”

¶**Main**, Phase 2 entry, *d₁₀*, Clip 32.20 – 33.03 “[...] *I think it's because you've seen this screen before and it's not been there ... and you don't notice [...] because this screen - even if it was sort of like big red and flashing [...] you have an assumption that – I kind of thought 'this is the same screen' [...] I think you need a big exclamation mark or something there so that ... when you get there you'd sort of see 'oh something difference' ... [laugh] I completely didn't see that [Read now?]*”

Technical Report

¶Read, *a₄*, Clip 41.02 – 41.16 “You did this software? [...] Good [laugh]”

¶Read, *d₃*, Clip 67.54 – 68.38 “[...] Ah, because then there was the whole thing. Ah okay. That’s cool! I wouldn’t have thought of that [...] No, no, no, no, that’s very useful”

¶Main, Phase 3 entry, *a₁₂*, Clip 65.01 – 65.39 “[...] Uh uh okay I saw it [laughing] I saw it [...] Maybe because probably you start here so maybe you expect something here [...] Yeah probably you will need to have some big blinking button ...”

¶Related Reader, Story 10, *b₁₈*, Clip 60.47 – 60.54 “Oh it’s here isn’t it [...] I keep going straight to this part [Related story]”

¶Related Story, Story 1, *a₁₇*, Clip 41.00 – 41.14 “And this [story titles list] allows me then to go down and just remind myself what those stories were [...] right.”

¶Related Story (10), Story 7, *c₂*, Clip 41.59 – 42.03 “So I’ve now got the two stories together; that’s quite useful.”

¶Discussion afterwards, *a₁₃*, Clip 68.14 – 68.36 “...The font of the words in the stories is kind of small...”

¶Discussion afterwards, *a₁₃*, Clip 67.17 – 67.24 “...and there is a little bit of a problem accessing the guide; I have to keep going back [...]”

¶Discussion afterwards, *a₁₃*, Clip 67.45 - 68.12 “There are too many things [on the screen] quite frankly and it kind of distracts me from concentrating on some part of the screen”

¶Discussion afterwards, *b₇*, Clip 62.08 – 62.45 “I actually rather liked your interface ... There were a couple of things that were a bit confusing in the second part but I think there’s probably some mileage in the first part of that interface [...] the indexing stuff I thought was really rather nice ... Generally, the interface I rather liked. [...] It took a bit to get [the second part] but once I got it I got it, but I missed that box at the top for instance”

¶Discussion afterwards, *b₇*, Clip 63.46 – 64.26 “[...] Is there anything [questionnaire] about the interface itself? [...] I actually rather like the interface”

Discussion afterwards, *b₁₄*, Clip 56.47 – 56.56 “How did you knock this thing together? [...] Oh you did it in Visual Basic; it’s cool – very well put together – it’s quite good”

Discussion afterwards, *b₁₄*, Clip 57.34 – 57.42 “It’s quite well laid out, the Next and things – it’s fun; I found my way around without too much trouble”

¶Discussion afterwards, *c₂*, Clip 51.45 – 51.54 “I found the interface, once I got used to it, there were sufficient regularities in it that I could work out where I was meant to go.”

¶Discussion afterwards, *c₂*, Clip 52.00 – 52.07 “I could have done with having an escape button so that I knew I could always get back to the main screen...”

¶Discussion afterwards, *d₁*, Clip 61.33 – 61.38 “Sometimes it’s a bit difficult where you’re supposed to look because there’s lots of different things going on”

¶Discussion afterwards, *d₈*, Clip 42.48 – 43.11 “[...] Yeah, maybe the [ergonomics] is not so good; maybe the [Related Reader task part] position must be here in my eyespot”

Questionnaire, *b₇*, Indexing Very Easy “Nice interface and good supporting help information”

Questionnaire, *d₈*, Indexing Quite Easy “I’ve had some problems due to my limitations in English. In general, I was able to follow the instructions without problems, but maybe some ergonomic adjustments on the layout (such as on the fields disposition) will turn it easier to use.”

Questionnaire, *d₈*, Generally Quite Unrestricted “In fact, I was surprised with the accuracy of the software.”

Appendix 3 - Detailed annotation pattern categories

This next table is preparation for the pattern categories P1 to P5 developed in Chapter 8. It gives for each annotator, the counts of attribute value suggestion sources by story, phase and attribute. For the Related Story attribute there is only one source (Type); for both Points attributes there are two sources (Type and Tick); for all other attributes there are three sources (Type, Tick and Select). Given a source, positive numbers refer to inputs and negative numbers refer to removal of previous input. The ratio sign precedes the potential number of inputs.

The potential number of Ticks depends on the session and the Participant's viewing preference. Participants in the second session have access to previous readers' annotations, and provided that they choose to view those annotations, the potential number of ticks will be greater and these are recorded in a second (Tick Readers') column. For Other Points, the potential number of Ticks includes the potential for ticking the demote button. That is, it will always be one greater than the number of Other Points on display. An up arrow in the Tick Editor's column indicates that the participant in partial agreement with the editor has promoted an Other Point to Main Point. Likewise, a down arrow indicates that they have demoted the editor's Main Point.

For all attributes that offer selection lists, the potential number of Selects is determined by the size of the relevant list. The ✓ symbol indicates that they have selected or typed an identical value rather than ticking it directly. For the generic selection lists, a question mark indicate that definitions were consulted; if the question mark is inverted it means that the annotator has agreed directly with the editor after consulting the definition of that term in the list.

Depending on the column, the NOT (\neg) symbol indicates either that the relevant selection list has not been viewed or that the list of readers' suggestions for a given attribute has not been viewed.

For all attributes except the Main Point, the potential number of Types is infinite.

To save space, Phase 4 indexing (italic) is shown only where the participant has made an intentional change to Phase 1 annotation.

Each row in the table provides in quantitative terms a participant's annotation behaviour regarding a given attribute, phase and story. Each section records the annotation history of a story as provided by that participant. The overall picture is a truer representation of annotation behaviour than can be gained from the results data of Chapter 7.

As usual, the questionnaire responses have been included: the final column attaches to one story, showing the ratings of individual attributes; all other responses are collected together at the top of the table.

Participant a_4 : attribute value suggestion history

(Quite Easy indexing / Difficult relating / Quite Unrestricted / Quite Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
1	Main Point	1 : 1	n/a	0 : 1	d
	Other Point	1 : 2	n/a	0 : ∞	n
	Features	1 : 6	1 : 23	0 : ∞	n
	Protagonists	0 : 1	1 : 35	0 : ∞	n
	Antagonists	0 : 1	2-2 : 35	1 : ∞	n
	Other Characters	1 : 1	0 : 35	0 : ∞	n
	Narrators	1 : 2	0 : 5	0 : ∞	n
	Audiences	1 : 1	1 : 35	0 : ∞	n
	Related Reader	n/a	\neg : 35	0 : ∞	n
	Related Story	n/a	n/a	2 : 11	d
5	Main Point	0 : 1	n/a	1 : ∞	
	Other Points	1 : 2	n/a	0 : ∞	
	Features	1 : 8	1 : 23	0 : ∞	
	Protagonists	1 : 1	$\sqrt{1}$: 35	0 : ∞	
	Antagonists	1 : 3	1 : 35	0 : ∞	
	Other Characters	1 : 1	\neg : 35	0 : ∞	
	Narrators	1 : 2	0 : 5	0 : ∞	
	Audiences	1 : 1	2 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	
9	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 2	n/a	0 : ∞	
	Features	2 : 9	3? : 23	0 : ∞	
	Protagonists	1 : 1	1-1 : 35	0 : ∞	
	Antagonists	1 : 3	1 : 35	0 : ∞	
	Other Characters	1 : 1	1 : 35	0 : ∞	
	Narrators	1 : 2	2-1? : 5	0 : ∞	
	Audiences	1 : 1	1-1 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	2 : 11	

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Participant a_5 : attribute value suggestion history

(Quite Easy indexing / Quite Difficult relating / Restricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
1	Main Point	0 : 1	n/a	1 : 1	e
	Other Points	2 : 2	n/a	0 : ∞	n
	Features	2 : 6	3 : 23	0 : ∞	e
	Protagonists	0 : 1	1 : 35	0 : ∞	e
	Antagonists	0 : 1	2-1 : 35	0 : ∞	n
	Other Characters	1 : 1	0 : 35	0 : ∞	n
	Narrators	0 : 2	\checkmark 1? : 5	0 : ∞	n
	Audiences	0 : 1	3 : 35	0 : ∞	d
	Related Reader	n/a	0 : 35	0 : ∞	n
	Related Story	n/a	n/a	2 : 11	d
5	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	3 : 8	1? : 23	0 : ∞	
	Protagonists	0 : 1	1 : 35	1 : ∞	
	Antagonists	1 : 3	1 : 35	0 : ∞	
	Other Characters	0 : 1	1 : 35	0 : ∞	
	Narrators	1 : 2	\neg : 5	0 : ∞	
	Audiences	0 : 1	0 : 35	1 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	
9	Main point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	3 : 9	1 : 23	0 : ∞	
	Protagonists	1 : 1	0 : 35	0 : ∞	
	Antagonists	1 : 3	0 : 35	0 : ∞	
	Other Characters	1 : 1	0 : 35	0 : ∞	
	Narrators	1 : 2	\neg : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	

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Participant a_{12} : attribute value suggestion history

(Easy indexing / Quite Easy relating / Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
1	Main Point	1 : 1	n/a	0 : 1	d
	Other Points	1 : 2	n/a	1 : ∞	d
	Features	2 - 1 : 6	0? : 23	2 + 2 : ∞	n
	Protagonists	1 : 1	\neg : 35	0 : ∞	e
	Antagonists	0 : 1	\neg : 35	0 : ∞	n
	Other Characters	1 : 1	\neg : 35	1 : ∞	e
	Narrators	1 : 2	$1? + \sqrt{I?} : 5$	0 : ∞	n
	Audiences	1 : 1	\neg : 35	2 : ∞	e
	Related Reader	n/a	0 : 35	1 : ∞	n
	Related Story	n/a	n/a	2 : 11	n
5	Main Point	0 : 1	n/a	1 : 1	
	Other Points	$\downarrow 1 : 2$	n/a	1 : ∞	
	Features	2 : 8	\neg : 23	3 : ∞	
	Protagonists	1 : 1	\neg : 35	0 : ∞	
	Antagonists	1 : 3	\neg : 35	0 : ∞	
	Other Characters	1 : 1	0 : 35	0 : ∞	
	Narrators	1 : 2	3? : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	1 : ∞	
	Related Reader	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
9	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 2	n/a	1 : ∞	
	Features	3 : 9	\neg : 23	6-1+1 : ∞	
	Protagonists	1 : 1	0 : 35	0 : ∞	
	Antagonists	1 : 3	\neg : 35	0 : ∞	
	Other Characters	0 : 1	\neg : 35	0 : ∞	
	Narrators	1 : 2	$\sqrt{2?} : 5$	0 : ∞	
	Audiences	1 : 1	\neg : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
8	Main Point	0 : 1	n/a	1 : 1	
	Other Points	$\downarrow 2 : 1$	n/a	0 : ∞	
	Features	0 : 10	0 : 23	3 -1+1 : ∞	
	Protagonists	0 : 2	0 : 35	3-2 : ∞	
	Antagonists	0 : 1	\neg : 35	2 : ∞	
	Other Characters	3 : 4	\neg : 35	0 : ∞	
	Narrators	1 : 2	$\sqrt{2?} : 5$	0 : ∞	
	Audiences	1 : 1	\neg : 35	1 : ∞	

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	Related Reader	n/a	¬ : 35	1 : ∞
	Related Story	n/a	n/a	0 : 11

Participant a_{13} : attribute value suggestion history

(Quite Difficult indexing / Easy relating / Quite Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
1	Main Point	1 : 1	n/a	0 : 1	d
	Other Points	0 : 2	n/a	0 : ∞	n
	Features	3 : 6	2? : 23	0 : ∞	e
	Protagonists	1 : 1	2 : 35	0 : ∞	e
	Antagonists	1 : 1	0 : 35	0 : ∞	n
	Other Characters	1 : 1	¬ : 35	0 : ∞	e
	Narrators	1 : 2	1? : 5	0 : ∞	e
	Audiences	1 : 1	6-1 : 35	0 : ∞	n
	Related Reader	n/a	3-3 : 35	0 : ∞	n
	Related Story	n/a	n/a	1 : 11	n
5	Main Point	0 : 1	n/a	1 : 1	
	Other Points	0 : 2	n/a	0 : ∞	
	Features	3 : 8	0 : 23	0 : ∞	
	Protagonists	1 : 1	1 : 35	0 : ∞	
	Antagonists	1 : 3	¬ : 35	0 : ∞	
	Other Characters	1 : 1	¬ : 35	0 : ∞	
	Narrators	2 : 2	1? : 5	0 : ∞	
	Audiences	1 : 1	2 : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	2 : 11	
9	Main Point	0 : 1	n/a	1 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	4 : 9	¬ : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	2 : 3	¬ : 35	0 : ∞	
	Other Characters	1 : 1	¬ : 35	1 : ∞	
	Narrators	1 : 2	√2? : 5	0 : ∞	
	Audiences	1 : 1	1 : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	

Participant a_{17} : attribute value suggestion history

(Difficult indexing / Quite easy relating / Unrestricted / Very useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
1	Main Point	1 - 1 : 1	n/a	n/a	0 + 1 : 1	e
	Other Points	2 : 2	0 : 2	n/a	0 : ∞	d
	Features	2 : 6	\neg : 9	1 + 2 : 23	0 : ∞	e
	Protagonists	0 + 1 : 1	\neg : 4	1 - 1 : 35	0 : ∞	e
	Antagonists	0 + 1 : 1	\neg : 3	1 - 1 : 35	0 : ∞	e
	Other Characters	0 : 1	\neg : 1	\neg : 35	0 : ∞	e
	Narrators	0 : 2	\neg : 1	1 : 5	0 : ∞	e
	Audiences	0 : 1	\neg : 9	3 + 2 : 35	0 : ∞	e
	Related Reader	n/a	n/a	\neg : 35	0 : ∞	d
	Related Story	n/a	n/a	n/a	1 : 11	n
5	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	2 : 2	\neg : 4	n/a	1 : ∞	
	Features	3 : 8	\neg : 5	1 + 1 : 23	0 : ∞	
	Protagonists	0 : 1	\neg : 3	$\sqrt{2}$: 35	0 : ∞	
	Antagonists	2 : 3	\neg : 1	0 + 0 : 35	0 : ∞	
	Other Characters	1 : 1	\neg : 1	\neg + 0 : 35	0 : ∞	
	Narrators	0 + 1 : 2	\neg : 3	1? : 5	0 : ∞	
	Audiences	0 : 1	\neg : 4	2 + 1 : 35	0 : ∞	
	Related Reader	n/a	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	n/a	2 : 11	
9	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	1 + 1 : 2	\neg : 2	n/a	1 : ∞	
	Features	4 + 2 : 9	\neg : 10	2? + 1 : 23	0 : ∞	
	Protagonists	0 + 1 : 1	\neg : 0	2 : 35	0 : ∞	
	Antagonists	0 + 1 : 3	\neg : 1	2 : 35	0 : ∞	
	Other Characters	0 : 1	\neg : 2	\neg : 35	0 : ∞	
	Narrators	0 : 2	\neg : 2	$\sqrt{1}$: 5	0 : ∞	
	Audiences	1 : 1	\neg : 1	5 + 0 : 35	1 : ∞	
	Related Reader	n/a	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	2 : 11	

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Participant a_{20} : attribute value suggestion history

(Quite difficult indexing / Quite easy relating / Quite unrestricted / Very useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
1	Main Point	0 : 1	n/a	n/a	1 : 1	e
	Other Points	↓3 : 2	0 : 2	n/a	0 : ∞	n
	Features	3 : 6	¬ : 9	1? : 23	0 : ∞	d
	Protagonists	1 : 1	¬ : 4	¬ : 35	0 : ∞	e
	Antagonists	0 : 1	¬ : 3	2 - 1 : 35	1 : ∞	d
	Other Characters	1 : 1	¬ : 1	¬ : 35	0 : ∞	n
	Narrators	1 : 2	¬ : 1	2? : 5	0 : ∞	n
	Audiences	0 : 1	¬ : 9	3 - 1 : 35	0 : ∞	n
	Related Reader	n/a	n/a	1 : 35	0 : ∞	n
	Related Story	n/a	n/a	n/a	2 : 11	n
5	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	1 : 2	1 : 4	n/a	0 : ∞	
	Features	4 : 8	¬ : 5	4 - 1 : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 3	¬ : 35	0 : ∞	
	Antagonists	2 : 3	¬ : 1	3 : 35	0 : ∞	
	Other Characters	0 : 1	¬ : 1	3 : 35	0 : ∞	
	Narrators	1 : 2	¬ : 3	1? : 5	0 : ∞	
	Audiences	1 : 1	¬ : 4	7 : 35	0 : ∞	
	Related Reader	n/a	n/a	1 : 35	0 : ∞	
	Related Story	n/a	n/a	n/a	6 : 11	
9	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	2 : 2	0 : 2	n/a	0 : ∞	
	Features	3 : 9	0 : 10	4? : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 0	0 : 35	0 : ∞	
	Antagonists	2 : 3	¬ : 1	3 - 1 : 35	1 : ∞	
	Other Characters	1 : 1	¬ : 2	0 : 35	0 : ∞	
	Narrators	1 : 2	¬ : 2	√2? : 5	0 : ∞	
	Audiences	1 : 1	¬ : 1	4 : 35	0 : ∞	
	Related Reader	n/a	n/a	1 : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	8 : 11	

Participant b_7 : attribute value suggestion history

(Very Easy indexing / Easy relating / Very Unrestricted / Quite Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
2	Main Point	$\uparrow 1 : 1$	n/a	0 : 1	e
	Other Points	$\downarrow 3 : 4$	n/a	1 : ∞	e
	Features	8 : 16	$\neg : 23$	1 : ∞	d
	Protagonists	1 : 1	$\neg : 35$	0 : ∞	e
	Antagonists	0 : 1	0 : 35	1 : ∞	e
	Other Characters	1 : 2	0 : 35	1 : ∞	e
	Narrators	2 : 2	0? : 5	0 : ∞	e
	Audiences	0 : 1	0 : 35	1 : ∞	d
	Related Reader	n/a	$\neg : 35$	1 : ∞	e
	Related Story	n/a	n/a	2 : 11	d
6	Main Point	0 : 1	n/a	1 : 1	
	Other Points	$\downarrow 3 : 2$	n/a	1 : ∞	
	Features	5 : 7	$\neg : 23$	2 : ∞	
	Protagonists	1 : 1	$\neg : 35$	0 : ∞	
	Antagonists	2 : 2	$\neg : 35$	0 : ∞	
	Other Characters	0 : 'none'	$\neg : 35$	0 : ∞	
	Narrators	1 : 2	$\neg : 5$	0 : ∞	
	Audiences	0 : 1	$\neg : 35$	2 : ∞	
	Related Reader	n/a	$\neg : 35$	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
10	Main Point	$\uparrow 1 : 1$	n/a	0 : 1	
	Other Points	$\downarrow 2 : 2$	n/a	0 : ∞	
	Features	7 : 11	$\neg : 23$	1 : ∞	
	Protagonists	2 : 2	$\neg : 35$	0 : ∞	
	Antagonists	2 : 2	$\neg : 35$	0 : ∞	
	Other Characters	1 : 1	$\neg : 35$	1 : ∞	
	Narrators	2 : 2	$\neg : 5$	0 : ∞	
	Audiences	0 : 1	5 : 35	1 : ∞	
	Related Reader	n/a	$\neg : 35$	1 : ∞	
	Related Story	n/a	n/a	2 : 11	

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Participant b_9 : attribute value suggestion history

(Easy indexing / Quite Easy relating / Quite Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
2	Main Point	1 : 1	n/a	0 : 1	e
	Other Points	2 : 4	n/a	0 : ∞	n
	Features	7 : 16	0? : 23	0 : ∞	e
	Protagonists	1 : 1	¬ : 35	0 : ∞	e
	Antagonists	0 : 1	¬ : 35	0 : ∞	d
	Other Characters	1 : 1	¬ : 35	0 : ∞	n
	Narrators	2 : 2	¬ : 5	0 : ∞	n
	Audiences	1 : 1	¬ : 35	0 : ∞	n
	Related Reader	n/a	1-1 : 35	0 : ∞	d
	Related Story	n/a	n/a	2 : 11	n
6	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	2 : 8	¬ : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	1 : 2	¬ : 35	0 : ∞	
	Other Characters	0 : 'none'	¬ : 35	1 : ∞	
	Narrators	1 : 2	¬ : 5	0 : ∞	
	Audiences	1 : 1	¬ : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
10	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	6 : 11	¬ : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	0 : 2	1 : 35	0 : ∞	
	Other Characters	1 : 1	¬ : 35	0 : ∞	
	Narrators	2 : 2	¬ : 5	0 : ∞	
	Audiences	1 : 1	¬ : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	

Participant b_{11} : attribute value suggestion history

(Easy indexing / Quite Easy relating / Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
2	Main Point	0 : 1	n/a	1 : 1	n
	Other Points	1-1 : 4	n/a	1 : ∞	n
	Features	6 : 16	3? : 23	1 : ∞	e
	Protagonists	0 : 1	0 : 35	1 : ∞	n
	Antagonists	0 : 1	0 : 35	1 : ∞	d
	Other Characters	1 : 1	0 : 35	2 : ∞	d
	Narrators	0 : 2	$\sqrt{1} : 5$	1 : ∞	n
	Audiences	0 : 1	1 : 35	1 : ∞	n
	Related Reader	n/a	$\neg : 35$	1 : ∞	n
	Related Story	n/a	n/a	3 : 11	n
6	Main Point	0 : 1	n/a	1 : 1	
	Other Points	$\downarrow 3 : 2$	n/a	0 : ∞	
	Features	4 : 8	5 : 23	0 : ∞	
	Protagonists	* : 1	* : 35	* : ∞	
	Antagonists	* : 1	* : 35	* : ∞	
	Other Characters	* : 'none'	* : 35	* : ∞	
	Narrators	1 : 2	1 : 5	0 : ∞	
	Audiences	0 : 1	0 : 35	3 : ∞	
	Related Reader	n/a	0 : 35	1 : ∞	
	Related Story	n/a	n/a	0 : 11	
10	Main Point	0 : 1	n/a	1 : 1	
	Other Points	$\downarrow 2 : 2$	n/a	1 : ∞	
	Features	4 : 11	3 : 23	0 : ∞	
	Protagonists	* : 1	* : 35	* : ∞	
	Antagonists	* : 1	* : 35	* : ∞	
	Other Characters	* : 1	* : 35	* : ∞	
	Narrators	2 : 2	$\neg : 5$	0 : ∞	
	Audiences	1 : 1	0 : 35	2 : ∞	
	Related Reader	n/a	$\neg : 35$	1 : ∞	
	Related Story	n/a	n/a	2 : 11	

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Participant b_{14} : attribute value suggestion history

(Quite Easy indexing / Quite Easy relating / Unrestricted / Quite Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
2	Main Point	1-1 : 1	n/a	1 : 1	n
	Other Points	3+↓1 : 4	n/a	1 + 1 : ∞	e
	Features	5 : 16	1 : 23	1 : ∞	d
	Protagonists	1 : 1	¬ : 35	0 : ∞	e
	Antagonists	0 : 1	0 : 35	1 : ∞	n
	Other Characters	1 : 1	¬ : 35	2 : ∞	n
	Narrators	2 : 2	¬ : 5	0 : ∞	e
	Audiences	1 : 1	0 : 35	1 : ∞	n
	Related Reader	n/a	0 : 35	0 : ∞	e
	Related Story	n/a	n/a	1 : 11	n
6	Main Point	0 : 1	n/a	1 : 1	
	Other Points	↓3 : 2	n/a	2 : ∞	
	Features	4 : 8	2 : 23	1 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	0 : 2	¬ : 35	1 : ∞	
	Other Characters	0 : 'none'	¬ : 35	2 : ∞	
	Narrators	2 : 2	0? : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
10	Main Point	0 : 1	n/a	1 : 1	
	Other Points	↓3 : 2	n/a	1 + 1 : ∞	
	Features	6 : 11	1 : 23	0 : ∞	
	Protagonists	1 : 2	¬ : 35	0 : ∞	
	Antagonists	0 : 2	¬ : 35	1 : ∞	
	Other Characters	0 : 1	¬ : 35	2 : ∞	
	Narrators	2 : 2	0? : 5	0 : ∞	
	Audiences	1 : 1	¬ : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	

Participant b_{18} : attribute value suggestion history

(Quite Difficult indexing / Quite Easy relating / Quite Unrestricted / Useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
2	Main Point	1 : 1	n/a	n/a	0 : 1	e
	Other Points	3 : 4	0 : 6	n/a	0 : ∞	n
	Features	9 + 1 : 16	¬ : 7	0? : 23	0 : ∞	e
	Protagonists	1 : 1	¬ : 1	¬ : 35	0 : ∞	d
	Antagonists	1 : 1	¬ : 3	¬ : 35	0 : ∞	d
	Other Characters	1 : 1	¬ : 5	¬ : 35	0 : ∞	n
	Narrators	2 : 2	¬ : 1	1? : 5	0 : ∞	e
	Audiences	1 : 1	¬ : 4	4 : 35	0 : ∞	n
	Related Reader	n/a	n/a	¬ : 35	2 : ∞	d
	Related Story	n/a	n/a	n/a	1 : 11	e
6	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	1 + 1 : 2	¬ : 6	n/a	0 : ∞	
	Features	3 : 8	¬ : 8	¬ : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 0	¬ : 35	0 : ∞	
	Antagonists	1 : 2	¬ : 1	¬ : 35	0 : ∞	
	Other Characters	0 : 'none'	¬ : 3	¬ : 35	0 : ∞	
	Narrators	2 : 2	¬ : 1	0 : 5	0 : ∞	
	Audiences	1 : 1	¬ : 5	2 : 35	0 : ∞	
	Related Reader	n/a	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	n/a	2 : 11	
10	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	0 + 1 : 2	1 : 5	n/a	0 : ∞	
	Features	5 : 11	¬ : 5	0? : 23	0 : ∞	
	Protagonists	2 : 2	¬ : 0	¬ : 35	0 : ∞	
	Antagonists	2 : 2	¬ : 2	¬ : 35	0 : ∞	
	Other Characters	1 : 1	¬ : 3	¬ : 35	1 : ∞	
	Narrators	2 : 2	¬ : 0	¬ : 5	0 : ∞	
	Audiences	0 : 1	¬ : 9	4 : 35	0 : ∞	
	Related Reader	n/a	n/a	1 : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	3 : 11	

Technical Report

Participant b_{24} : attribute value suggestion history
 (Easy indexing / Easy relating / Unrestricted / Useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
2	Main Point	1 : 1	n/a	n/a	0 : 1	e
	Other Points	2 : 4	¬ : 6	n/a	1 : ∞	n
	Features	13 : 16	¬ : 7	0 : 23	0 : ∞	n
	Protagonists	1 : 1	¬ : 1	0 : 35	0 : ∞	n
	Antagonists	1 : 1	¬ : 3	¬ : 35	1 : ∞	e
	Other Characters	1 : 1	¬ : 5	¬ : 35	0 : ∞	n
	Narrators	1 : 2	¬ : 1	¬ : 5	0 : ∞	d
	Audiences	1 : 1	¬ : 4	0 : 35	2 : ∞	n
	Related Reader	n/a	n/a	¬ : 35	0 : ∞	n
	Related Story	n/a	n/a	n/a	0 : 11	n
6	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	2 : 2	¬ : 6	n/a	0 : ∞	
	Features	6 : 8	¬ : 8	¬ : 23	1 : ∞	
	Protagonists	1 : 1	¬ : 0	¬ : 35	0 : ∞	
	Antagonists	1 : 2	¬ : 1	¬ : 35	1 : ∞	
	Other Characters	0 : 'none'	¬ : 3	¬ : 35	1 : ∞	
	Narrators	1 : 2	¬ : 1	¬ : 5	0 : ∞	
	Audiences	1 : 1	¬ : 5	¬ : 35	1 : ∞	
	Related Reader	n/a	n/a	0 : 35	2 : ∞	
	Related Story	n/a	n/a	n/a	0 : 11	
10	Main Point	↓1 : 1	n/a	n/a	0 : 1	
	Other Points	↑1 : 2	¬ : 5	n/a	2 : ∞	
	Features	8 : 11	¬ : 5	¬ : 23	0 : ∞	
	Protagonists	2 : 2	¬ : 0	¬ : 35	0 : ∞	
	Antagonists	1 : 2	¬ : 2	¬ : 35	0 : ∞	
	Other Characters	1 : 1	¬ : 3	¬ : 35	0 : ∞	
	Narrators	1 : 2	¬ : 0	¬ : 5	0 : ∞	
	Audiences	1 : 1	¬ : 9	0 : 35	1 : ∞	
	Related Reader	n/a	n/a	3-2 : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	1 : 11	

Participant c_2 : attribute value suggestion history

(Quite Easy indexing / Difficult relating / Unrestricted / Very Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
3	Main Point	1-1 : 1	n/a	1 : 1	e
	Other Points	2+1 : 3	n/a	2 -1: ∞	n
	Features	2 : 7	1? : 23	0 : ∞	n
	Protagonists	1 : 1	\neg : 35	0 : ∞	e
	Antagonists	0 : 2	\neg : 35	1 : ∞	n
	Other Characters	1 : 1	\neg : 35	0 : ∞	n
	Narrators	0 : 2	$\sqrt{2}$? : 5	0 : ∞	n
	Audiences	1 : 1	1 : 35	0 : ∞	d
	Related Reader	n/a	0 : 35	2 : ∞	d
	Related Story	n/a	n/a	0 : 11	n
7	Main Point	\uparrow 1 : 1	n/a	0 : 1	
	Other Points	\downarrow 1 : 1	n/a	0 : ∞	
	Features	5 : 9	2-1? : 23	1 : ∞	
	Protagonists	1 : 1	0 : 35	0 : ∞	
	Antagonists	1 : 1	\neg : 35	0 : ∞	
	Other Characters	0 : 'none'	0 : 35	1 : ∞	
	Narrators	1 : 2	0 \downarrow : 5	0 : ∞	
	Audiences	0 : 1	0 : 35	2 : ∞	
	Related Reader	n/a	0 : 35	1 : ∞	
	Related Story	n/a	n/a	1 : 11	
11	Main Point	0 : 1	n/a	1 : 1	
	Other Point	\downarrow 1-1 : 0	n/a	1 : ∞	
	Features	7-4 : 7	3 : 23	0 : ∞	
	Protagonists	1 : 1	\neg : 35	0 : ∞	
	Antagonists	0 : 1	0 : 35	1 : ∞	
	Other Characters	1 : 1	\neg : 35	0 : ∞	
	Narrators	2 : 2	0? : 5	0 : ∞	
	Audiences	1 : 1	1 : 35	0 : ∞	
	Related Reader	n/a	0 : 35	1 : ∞	
	Related Story	n/a	n/a	2 : 11	

Technical Report

Participant c_6 : attribute value suggestion history

(Quite Difficult indexing / Quite Difficult relating / Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
3	Main Point	↑1 : 1	n/a	0 : 1	e
	Other Points	↓2 : 3	n/a	0 : ∞	n
	Features	5 : 7	3? : 23	0 : ∞	d
	Protagonists	1 : 1	0 : 35	1-1 : ∞	d
	Antagonists	2 : 2	¬ : 35	0 : ∞	d
	Other Characters	1 : 1	1 : 35	0 : ∞	n
	Narrators	1 : 2	1? : 5	0 : ∞	n
	Audiences	1 : 1	2 : 35	1 : ∞	e
	Related Reader	n/a	¬ : 35	4-2 : ∞	n
	Related Story	n/a	n/a	2 : 11	n
7	Main Point	↑1 : 1	n/a	0 : 1	
	Other Points	↓1 : 1	n/a	0 : ∞	
	Features	4 : 9	5? : 23	0 : ∞	
	Protagonists	1 : 1	0 : 35	0 : ∞	
	Antagonists	1 : 1	¬ : 35	0 : ∞	
	Other Characters	0 : 'none'	1 : 35	0 : ∞	
	Narrators	2 : 2	1? : 5	0 : ∞	
	Audiences	1 : 1	1 : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	1 : ∞	
	Related Story	n/a	n/a	2 : 11	
11	Main Point	0 : 1	n/a	1 : 1	
	Other Points	0 : 0	n/a	1 : ∞	
	Features	3 : 7	1? : 23	0 : ∞	
	Protagonists	0 : 1	¬ : 35	1 : ∞	
	Antagonists	0 : 1	¬ : 35	1 : ∞	
	Other Characters	0 : 1	1 : 35	1 : ∞	
	Narrators	2 : 2	2? : 5	0 : ∞	
	Audiences	1 : 1	¬ : 35	2 : ∞	
	Related Reader	n/a	¬ : 35	1 : ∞	
	Related Story	n/a	n/a	3 : 11	

Participant c_{15} : attribute value suggestion history

(Quite Easy indexing / Quite Easy relating / Unrestricted / Quite Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
3	Main Point	1 : 1	n/a	0 : 1	e
	Other Points	3 : 3	n/a	0 : ∞	e
	Features	7 : 7	0 : 23	0 : ∞	n
	Protagonists	1 : 1	\neg : 35	0 : ∞	n
	Antagonists	2 : 2	0 : 35	0 : ∞	n
	Other Characters	1 : 1	\neg : 35	0 : ∞	n
	Narrators	1 : 2	1? : 5	0 : ∞	n
	Audiences	1 : 1	0 : 35	0 : ∞	d
	Related Reader	n/a	\neg : 35	0 : ∞	d
	Related Story	n/a	n/a	3 : 11	n
7	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 1	n/a	0 : ∞	
	Features	5 : 9	2? : 23	0 : ∞	
	Protagonists	0 : 1	1-1 : 35	1 : ∞	
	Antagonists	1 : 1	\neg : 35	0 : ∞	
	Other Characters	1 : 'none'	0 : 35	0 : ∞	
	Narrators	1-1 : 2	1? : 5	1 : ∞	
	Audiences	1 : 1	0 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	3 : 11	
11	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 0	n/a	0 : ∞	
	Features	2 : 7	3? : 23	0 : ∞	
	Protagonists	1 : 1	\neg : 35	0 : ∞	
	Antagonists	1 : 1	\neg : 35	0 : ∞	
	Other Characters	1 : 1	\neg : 35	0 : ∞	
	Narrators	2 : 2	0? : 5	0 : ∞	
	Audiences	1 : 1	\neg : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	4 : 11	

Technical Report

Participant c_{16} : attribute value suggestion history

(Quite Difficult indexing / Quite Easy relating / Quite Unrestricted / Quite Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
3	Main Point	↑1 : 1	n/a	0 : 1	d
	Other Points	↓3 : 3	n/a	2 : ∞	n
	Features	5 : 7	1 : 23	3+I : ∞	e
	Protagonists	1 : 1	¬ : 35	0 : ∞	e
	Antagonists	2 : 2	¬ : 35	0 : ∞	e
	Other Characters	1 : 1	¬ : 35	0 : ∞	n
	Narrators	2 : 2	0↓ : 5	0 : ∞	n
	Audiences	0 : 1	2-1 : 35	3 : ∞	n
	Related Reader	n/a	0 : 35	1 : ∞	d
	Related Story	n/a	n/a	2 : 11	d
11	Main Point	1 : 1	n/a	0 : 1	
	Other Points	0 : 1	n/a	3 : ∞	
	Features	5 : 7	0 : 23	2+I : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	1 : 1	¬ : 35	0 : ∞	
	Other Characters	1 : 1	0 : 35	2 : ∞	
	Narrators	2 : 2	¬ : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	2 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	4 : 11	
7	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 0	n/a	2+I : ∞	
	Features	8 : 9	2? : 23	2 : ∞	
	Protagonists	1 : 1	0 : 35	2 : ∞	
	Antagonists	1 : 1	¬ : 35	0 : ∞	
	Other Characters	0 : 'none'	1 : 35	1 : ∞	
	Narrators	2 : 2	1↓ : 5	0 : ∞	
	Audiences	1 : 1	3-1 : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	2 : ∞	
	Related Story	n/a	n/a	5 : 11	

Participant c_{21} : attribute value suggestion history

(Quite easy indexing / Easy relating / Quite restricted / Quite useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
3	Main Point	0 : 1	n/a	n/a	1 : 1	d
	Other Points	↓4 : 3	0 : 4	n/a	2 : ∞	e
	Features	3 : 7	¬ : 8	?0 : 23	1 : ∞	e
	Protagonists	1 : 1	¬ : 1	¬ : 35	0 : ∞	e
	Antagonists	2 : 2	¬ : 1	0 : 35	1 : ∞	d
	Other Characters	1 : 1	¬ : 1	¬ : 35	0 : ∞	e
	Narrators	0 : 2	¬ : 2	?1 : 5	0 : ∞	n
	Audiences	1 : 1	¬ : 7	9 : 35	2 : ∞	e
	Related Reader	n/a	n/a	1 : 35	2 : ∞	e
	Related Story	n/a	n/a	n/a	1 : 11	n
7	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	0 : 1	¬ : 3	n/a	2 : ∞	
	Features	2 : 9	¬ : 9	0 : 23	2 : ∞	
	Protagonists	1 : 1	¬ : 2	0 : 35	2 : ∞	
	Antagonists	1 : 1	¬ : 0	0 : 35	1 : ∞	
	Other Characters	1-1: none	¬ : 3	¬ : 35	2 : ∞	
	Narrators	1 : 2	¬ : 3	?0 : 5	1 : ∞	
	Audiences	1 : 1	¬ : 5	7 : 35	2 : ∞	
	Related Reader	n/a	n/a	¬ : 35	2 : ∞	
	Related Story	n/a	n/a	n/a	3 : 11	
11	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	0 : 0	¬ : 7	n/a	1 : ∞	
	Features	3 : 7	¬ : 9	¬ : 23	4 : ∞	
	Protagonists	1 : 1	¬ : 1	¬ : 35	2 - 1 : ∞	
	Antagonists	1 : 1	¬ : 2	0 : 35	2 : ∞	
	Other Characters	1 : 1	¬ : 4	1 : 35	2 : ∞	
	Narrators	1 : 2	¬ : 2	?0 : 5	1 : ∞	
	Audiences	1 : 1	¬ : 4	3 - 1 : 35	2 : ∞	
	Related Reader	n/a	n/a	¬ : 35	2 : ∞*	
	Related Story	n/a	n/a	n/a	2 : 11	

* indicates omitted task part; values obtained during discussion after

Technical Report

Participant c_{22} : attribute value suggestion history

(Easy indexing / Quite easy relating / Quite unrestricted / Very useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
3	Main Point	1 : 1	n/a	n/a	0 : 1	e
	Other Points	1 : 3	0 : 4	n/a	1 : ∞	n
	Features	4 : 7	\neg : 8	?0 : 23	1 : ∞	e
	Protagonists	1 : 1	\neg : 1	\neg : 35	0 : ∞	d
	Antagonists	2 : 2	\neg : 1	\neg : 35	0 : ∞	d
	Other Characters	1 : 1	\neg : 1	\neg : 35	0 : ∞	d
	Narrators	1 : 2	\neg : 2	?0 : 5	0 : ∞	n
	Audiences	1 : 1	\neg : 7	1 : 35	1 : ∞	e
	Related Reader	n/a	n/a	1 : 35	1 : ∞	n
	Related Story	n/a	n/a	n/a	: 11	e
7	Main Point	0 : 1	n/a	n/a	1 : 1	
	Other Points	\downarrow 1 : 1	\neg : 3	n/a	0 : ∞	
	Features	3 : 9	\neg : 9	\neg : 23	1 : ∞	
	Protagonists	1 : 1	\neg : 2	\neg : 35	0 : ∞	
	Antagonists	0 : 1	\neg : 0	0 : 35	0 : ∞	
	Other Characters	0 : 'none'	\neg : 3	0 : 35	1 : ∞	
	Narrators	1 : 2	0 : 3	0 : 5	0 : ∞	
	Audiences	1 : 1	0 : 5	0 : 35	1 : ∞	
	Related Reader	n/a	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	1 : 11	
11	Main Point	0 : 1	\checkmark	n/a	0 : 1	
	Other Points	0 : 0	\uparrow 1 : 7	n/a	1 : ∞	
	Features	6 : 7	\neg : 9	\neg : 23	1 : ∞	
	Protagonists	1 – 1 : 1	1 : 1	\neg : 35	\checkmark : ∞	
	Antagonists	0 : 1	0 : 2	0 : 35	1 : ∞	
	Other Characters	0 : 1	1 : 4	\neg : 35	\checkmark : ∞	
	Narrators	1 : 2	\neg : 2	0? : 5	0 : ∞	
	Audiences	1 : 1	\neg : 4	\neg : 35	2 : ∞	
	Related Reader	n/a	n/a	1 : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	3 : 11	

Participant d_i : attribute value suggestion history

(Easy indexing / Quite Easy relating / Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
4	Main Point	1-1 : 1	n/a	1 : 1	e
	Other Point	↓2 : 1	n/a	1 : ∞	e
	Features	6 : 8	¬ : 23	0 : ∞	d
	Protagonist	1 : 1	¬ : 35	0 : ∞	e
	Antagonist	1 : 1	¬ : 35	0 : ∞	e
	Other Characters	0 : 2	¬ : 35	0 : ∞	n
	Narrators	2 : 2	¬ : 5	0 : ∞	e
	Audiences	1 : 1	0 : 35	1 : ∞	e
	Related Reader	n/a	¬ : 35	0 : ∞	n
	Related Story	n/a	n/a	0 : 11	n
8	Main Point	0 : 1	n/a	1 : 1	
	Other Point	↓2 : 1	n/a	1-1 : ∞	
	Features	6 : 10	¬ : 23	0 : ∞	
	Protagonists	1 : 2	¬ : 35	3 : ∞	
	Antagonists	1 : 1	¬ : 35	I : ∞	
	Other Characters	1 : 4	¬ : 35	0 : ∞	
	Narrators	1 : 2	1 : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	
12	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	1 : ∞	
	Features	3 : 7	0 : 23	0 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	0 : 1	¬ : 35	1 : ∞	
	Other Characters	1 : 1	¬ : 35	0 : ∞	
	Narrators	0 : 2	¬ : 5	1 : ∞	
	Audiences	1 : 1	0 : 35	0 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	3-1 : 11	

Technical Report

Participant d_3 : attribute value suggestion history

(Easy indexing / Easy relating / Unrestricted / Very Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
4	Main Point	0 : 1	n/a	1 : 1	d
	Other Points	↓1-1 : 1	n/a	1 : ∞	e
	Features	8 : 8	1 : 23	5 : ∞	n
	Protagonists	1 : 1	0 : 35	1 : ∞	d
	Antagonists	1 : 1	¬ : 35	1 : ∞	d
	Other Characters	2 : 2	0 : 35	1 : ∞	e
	Narrators	2-1 : 2	0 : 5	1 : ∞	e
	Audiences	0 : 1	0 : 35	2 : ∞	d
	Related Reader	n/a	¬ : 35	1 : ∞	e
	Related Story	n/a	n/a	2 : 11	d
8	Main Point	1 : 1	n/a	0 : 1	
	Other Point	0 : 1	n/a	1 : ∞	
	Features	10 : 10	¬ : 23	4 : ∞	
	Protagonists	1-1 : 2	¬ : 35	2 : ∞	
	Antagonists	1 : 1	¬ : 35	0 : ∞	
	Other Characters	2 : 4	¬ : 35	3 : ∞	
	Narrators	1 : 2	1? : 5	1 : ∞	
	Audiences	1 : 1	¬ : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	3 : ∞	
	Related Story	n/a	n/a	2 : 11	
12	Main Point	0 : 1	n/a	1 : 1	
	Other Points	2 : 2	n/a	1 : ∞	
	Features	7 : 7	¬ : 23	4 : ∞	
	Protagonists	1 : 1	¬ : 35	0 : ∞	
	Antagonists	0 : 1	¬ : 35	1 : ∞	
	Other Characters	1 : 1	¬ : 35	1 : ∞	
	Narrators	1 : 2	1? : 5	1 : ∞	
	Audiences	1 : 1	¬ : 35	1 : ∞	
	Related Reader	n/a	¬ : 35	0 : ∞	
	Related Story	n/a	n/a	2 : ∞	

Participant d_8 : attribute value suggestion history

(Quite Easy indexing / Quite Easy relating / Quite Unrestricted / Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
4	Main Point	1 : 1	n/a	0 : 1	e
	Other Points	1 : 1	n/a	1 : ∞	e
	Features	3 : 8	4 : 23	1 : ∞	n
	Protagonists	1 : 1	0 : 35	0 : ∞	e
	Antagonists	1 : 1	\neg : 35	0 : ∞	n
	Other Characters	2-1 : 2	\neg : 35	1 : ∞	n
	Narrators	1 : 2	\neg : 5	0 : ∞	n
	Audiences	0 : 1	0 : 35	1 : ∞	d
	Related Reader	n/a	\neg : 35	0 : ∞	d
	Related Story	n/a	n/a	1 : 11	n
8	Main Point	1 : 1	n/a	0 : 1	
	Other Points	1 : 1	n/a	1 : ∞	
	Features	5 : 10	2 : 23	0 : ∞	
	Protagonists	1 : 2	\neg : 35	2-2 : ∞	
	Antagonists	1 : 1	\neg : 35	0 : ∞	
	Other Characters	4 : 4	\neg : 35	0 : ∞	
	Narrators	1 : 2	\neg : 5	0 : ∞	
	Audiences	1 : 1	2 : 35	0 : ∞	
	Related Reader	n/a	0 : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	
12	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	0 : ∞	
	Features	1 : 7	2 : 23	1 : ∞	
	Protagonists	1 : 1	\neg : 35	0 : ∞	
	Antagonists	0 : 1	\neg : 35	1 : ∞	
	Other Characters	1 : 4	\neg : 35	0 : ∞	
	Narrators	1 : 2	\neg : 5	0 : ∞	
	Audiences	1 : 1	1 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	

Technical Report

Participant d_{10} : attribute value suggestion history

(Easy indexing / Very Easy relating / Unrestricted / Very Useful selection)

Story	Attribute	Tick editor's	list Select	Type own	Rating
4	Main Point	0 : 1	n/a	1 : 1	e
	Other Points	1 : 1	n/a	0 : ∞	d
	Features	2 : 8	0 : 23	1 : ∞	n
	Protagonists	0 : 1	1 : 35	0 : ∞	e
	Antagonists	1 : 1	\neg : 35	0 : ∞	e
	Other Characters	2 : 2	0 : 35	1 : ∞	n
	Narrators	2 : 2	\neg : 5	0 : ∞	n
	Audiences	1 : 1	0 : 35	0 : ∞	d
	Related Reader	n/a	\neg : 35	0 : ∞	n
	Related Story	n/a	n/a	0 : 11	e
8	Main Point	1 : 1	n/a	0 : 1	
	Other Points	0 : 1	n/a	1 : ∞	
	Features	2 : 10	2 : 23	1 : ∞	
	Protagonists	1 : 2	\neg : 35	0 : ∞	
	Antagonists	1 : 1	0 : 35	0 : ∞	
	Other Characters	4 : 4	\neg : 35	1 : ∞	
	Narrators	1 : 2	1 : 5	0 : ∞	
	Audiences	1 : 1	0 : 35	1 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	1 : 11	
12	Main Point	1 : 1	n/a	0 : 1	
	Other Points	2 : 2	n/a	1 : ∞	
	Features	2 : 7	1 : 23	1 : ∞	
	Protagonists	0 : 1	1 : 35	0 : ∞	
	Antagonists	0 : 1	0 : 35	1 : ∞	
	Other Characters	0 : 1	0 : 35	2 : ∞	
	Narrators	1 : 2	1 : 5	1 : ∞	
	Audiences	1 : 1	0 : 35	0 : ∞	
	Related Reader	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	2 : 11	

Participant d_{19} : attribute value suggestion history

(Difficult indexing / Easy relating / Unrestricted / Useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
4	Main Point	0 : 1	n/a	n/a	1 : 1	n
	Other Points	1 : 1	0 : 6	n/a	0 : ∞	e
	Features	3 : 8	\neg : 12	2 : 23	0 : ∞	n
	Protagonists	1 : 1	\neg : 2	2 : 35	0 : ∞	e
	Antagonists	1 : 1	\neg : 1	\neg : 35	0 : ∞	e
	Other Characters	2-1 : 2	\neg : 3	\neg : 35	0 : ∞	n
	Narrators	1 : 2	\neg : 1	?1 : 5	0 : ∞	n
	Audiences	0 : 1	\neg : 4	4 : 35	0 : ∞	n
	Related Reader	n/a	n/a	\neg : 35	1 : ∞	d
	Related Story	n/a	n/a	n/a	2 : 11	n
8	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	1 : 1	\neg : 5	n/a	1 : ∞	
	Features	4 : 10	\neg : 13	?1 : 23	0 : ∞	
	Protagonists	1 : 2	\neg : 5	0 : 35	0 : ∞	
	Antagonists	1 : 1	\neg : 3	\neg : 35	0 : ∞	
	Other Characters	2 : 4	\neg : 3	\neg : 35	0 : ∞	
	Narrators	1 : 2	\neg : 3	$\sqrt{2}$ -1 : 5	0 : ∞	
	Audiences	1 : 1	\neg : 5	0 : 35	0 : ∞	
	Related Reader	n/a	n/a	\neg : 35	1 : ∞	
	Related Story	n/a	n/a	n/a	3 : 11	
12	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	0 + 2 : 2	\neg : 4	n/a	1 : ∞	
	Features	4 : 7	\neg : 9	?1 : 23	1 : ∞	
	Protagonists	1 : 1	\neg : 2	\neg : 35	0 : ∞	
	Antagonists	0 : 1	\neg : 4	\neg : 35	1 : ∞	
	Other Characters	0 : 1	\neg : 3	\neg : 35	0 : ∞	
	Narrators	1 : 2	\neg : 4	?0 : 5	0 : ∞	
	Audiences	0 : 1	\neg : 2	1 : 35	0 : ∞	
	Related Reader	n/a	n/a	\neg : 35	0 : ∞	
	Related Story	n/a	n/a	n/a	2 : 11	

Technical Report

Participant d_{23} : attribute value suggestion history

(Quite easy indexing / Easy relating / Unrestricted / Quite useful selection)

Story	Attribute	Tick E	Tick R	list Select	Type own	Rating
4	Main Point	1 : 1	n/a	n/a	0 : 1	e
	Other Points	0 : 1	0 : 6	n/a	1 : ∞	n
	Features	5 : 8	¬ : 12	√8-1? : 23	0 : ∞	n
	Protagonists	0 : 1	¬ : 2	1 : 35	0 : ∞	e
	Antagonists	0 : 1	¬ : 1	0 : 35	1 : ∞	e
	Other Characters	2 : 2	¬ : 3	¬ : 35	1 : ∞	e
	Narrators	2 : 2	¬ : 1	0? : 5	0 : ∞	n
	Audiences	0 : 1	¬ : 4	3 : 35	0 : ∞	d
	Related Reader	n/a	n/a	¬ : 35	1 : ∞	d
	Related Story	n/a	n/a	n/a	1 : 11	d
8	Main Point	1 : 1	n/a	n/a	0 : 1	
	Other Points	1 : 1	2 : 5	n/a	0 : ∞	
	Features	6 : 10	¬ : 13	8? : 23	0 : ∞	
	Protagonists	1 : 2	¬ : 5	1 : 35	1 : ∞	
	Antagonists	1 : 1	¬ : 3	0 : 35	0 : ∞	
	Other Characters	2 : 4	¬ : 3	¬ : 35	1 : ∞	
	Narrators	2 : 2	¬ : 3	0? : 5	0 : ∞	
	Audiences	1 : 1	¬ : 5	3 : 35	0 : ∞	
	Related Reader	n/a	n/a	¬ : 35	2 : ∞	
	Related Story	n/a	n/a	n/a	3 : 11	
12	Main Point	1-1 : 1	√	n/a	0 : 1	
	Other Points	2 : 2	↑1 : 4	n/a	0 : ∞	
	Features	5 : 7	2 : 9	3? : 23	2 : ∞	
	Protagonists	1 : 1	0 : 2	¬ : 35	0 : ∞	
	Antagonists	0 : 1	0 : 4	0 : 35	1 : ∞	
	Other Characters	1 : 1	0 : 3	¬ : 35	1 : ∞	
	Narrators	1 : 2	0 : 4	1 : 5	0 : ∞	
	Audiences	1 : 1	0 : 2	3 : 35	0 : ∞	
	Related Reader	n/a	n/a	3 : 35	2 : ∞	
	Related Story	n/a	n/a	n/a	1 : 11	