

Utilitarian thinking

Anticipation (planning)

17,000 visits for 10,000 patients

3 classes of trajectories

Lost time (addiction)

Specific trauma for pt

Allan - repressed memory

CONVERGE

Provider attributes

Why are we seeing what we are seeing?

BREAK

Data points and representation and Skew

Predictor vs variable for stratification

Important sensory differences

Mediation variables

Structure vs. Agency

System vs Individual

Stratify by demo of interest control by outcome

Voluntary or involuntary

You see the model, the model sees you

perceptions of risk are lower since 2020 -

5% lower

Rethink questions

(overstaying) "malingering"

Word length in documentation is proxy for severity

Indian, lower

spontaneous remission

sad story

Not an obvious temporal sequence (so we can't predict it)

ED as an experience outside time

Social and systemic no interpersonal

Racial matching (deliberate choice)

Trust (bureaucratic machine - documents - not reading)

Sampling distributions

Fit one distribution to a compound  
Falsediscovery rate., claiming conclusions that aren't true

Large sample size (ongong issue)

Risk changes over time

5% lower

Statistical error technical error too

Temporality of our own analysis (iteratively)

Better defined cohort

It's more of an atmosphere (are we projecting our own sense onto and into the interview guide?)

SOAP: Frequency and depth of data

Risk assessment (constant anticipation/speclulation/hope)

Internal flows of data and patients (ti is continu)

Younger ppl have higher DASA scores than 55+

Adaptive (outside psychiatry it's politia

Gender: no difference between m/w (but gender diverse is lower)

Gender, Police disorder (mediation study)

What is explaining race differences? Not higher risk of men?

What would you tell someone coming for the first time

source of income

Fundamental attribution error (more likely to self-identiy)

Look at breakdown of behaviours

housing = treatment order

police - much higher and mobile crisis, caseworker, family friend

Start higher for everyone (goes down as ppl get treatment, uncertainty resolved

All higher than depression (except adjustment disorder - is this the situational thing?)

Validates what we know already - useful but not insightful

Temporal tension - schemas colliding (urgency and reliability or trust)

Men and women behaviours in score

How do we know to what extent related to providers?

Family or caregiver breakdown (loss of trust)

All housing categories

The potential violence is in the air (sometimes it's just people sleeping)

Asian groups lower than white, Black, Middle Eastern and Mixed

ED is safer than home

