Danielle: Well done, looks great for a first example of a prototype. I think you showed really important aspects that are really important patient categories for these patients. Uhm, but as you mentioned uh, the uh.. Patient journey you showed is about uh.. a couple of patients that you will meet in the hospital, but also about patients that are still working during the chemotherapy or uhm.. are still cycling or whatever, another example I mentioned was uhm.. a patient that a couple of weeks after his surgery uhm.. went to the Alb-dues and finished it like 6 times with his bicycle so.. these patients are.. you will meet these patients in the hospital as well, so it's really important to.. Or you'll focus on one category or uhm.. uhm.. yeah.. think about how to.. how to fit the patients in general. So..I think it's really important to make a choice.

Don: Wouldn't it be interesting to, to know these people who cycled afterwards, what were there motivations for..

Danielle: Yeah! Of course, also I think.. But..uhm.. The question for me is uh.. Will it be possible .. right now in this short time to focus on esophageal patients in general or should we focus on them categories like uh a patient that is emotionally and uh.. physically *instable (don),* Yeah, Instable.. yes.. you can call it like that, but yeah. Yeah. I don't know what's the best way to..

Esther: But a chatbot makes it possible to ranch it out, so they don't, If they are emotionally, maybe or feel physically high and different than the general line.
Danielle: Yes
Esther: The chatbot can be adaptive to the.. I don't know if we can, but we can think of it.
Danielle: uhm.. Yeah.. I think it's uhm.. Important to choose and and and, not to choose but uhm.. To make up your mind if you want to uhm.. yeah, focus on the patient in general or on a subcategory. Like you mentioned in your presentation. And also when you're thinking about trust, uhm.. what do you think might be important as well uh.. for this uhm.. *Experts (Suzan)* These patients.. Yes experts. I think experts..
Don: That's the cocreation part, right?
Danielle: Yeah, it is, but uhm.. for this patient category uhm, they are 60/70 years old, these patients uhm.. uhm.. They really look up to the surgent and..
Esther: Yeah, we also thought of that, like what is this is a future stayed concept and in 10 years *Yes (Danielle)* it will be..
Danielle: It will be older than the outcome
Esther: Than you have …
Danielle: Yes, I agree
Don: So when will you going to use this? Next week or?
Danielle: As soon as possible. *laughing by teachers.* : As soon as possible
Esther: Yeah, but then is the question: When is it going to be popular? That can also take a while
Evelien: Mumbling..
Danielle: No, but I hope that you uh.. spot: where is the need.. so you can..
Evelien: Indeed, saying it will be popular in 10 years, but now you have to identify: where is the need? So it could be.. you say it's the quality of life, there is a problem with trust, uh..

non-human communication. So, try to identify NOW. It could be from the expert, from the patient or both, but where are you identifying problems in your patient journey? Where is the biggest need? Where do you see the most potential part to let your chatbot play his role? That's all interesting for you to play a roll into selfcare management

Don: I like the 'dip' you visualized. *Yeah! (Evelien) It's very good and the visual style is also very presentationable. It shows insights and

Danielle: Yeah I think you are ready to take the next step and go to the hospital to take your interviews with the healthcare professionals and the patients maybe.