

Professional Language: Understanding and being understood

Language is a vital means of communication and education plays a key role in developing both our general language capabilities but also our use of "Professional language". Learning a professional language is like being inducted into the profession through the shared use of arcane and often obscure words and terminology. What makes sense to a "Professional" could well be gobbledygook/meaningless/nonsense to anyone else. This CPD activity is designed to encourage us to think about how we speak and communicate. In a multicultural country we have to be aware of both how we communicate and also how colleagues and patients are communicating.

There are many aspects of everyday speech that we need to consider and as individuals we may be prone to one or more of the different language uses that can cause issues for patients and colleagues.

Overcomplicated and technical language

There are specific words that can be used when speaking but we need to think, "Is that word too obscure?", "Would the average person be able to understand what you are talking about?". As children we were fans of Gran's Reader's Digests with the word game of matching the word to its definition, though this extended our vocabulary there aren't many of these words that we should use in everyday conversations, for example e.g cynosure, obfuscate, embrocation. For more have a look at this flash card series from quizlet <https://quizlet.com/5950108/100-rarely-used-words-flash-cards/> or Oxford dictionaries weird and wonderful words <https://en.oxforddictionaries.com/explore/weird-and-wonderful-words>.

Acronyms and abbreviations

There is no universal agreement on the use of acronyms or abbreviations so what we use in healthcare may have a different use in education, science or business. When writing a paper we have the opportunity to express a phrase in full first and then place its acronym in brackets after. Once that is done you can then use the acronym whenever you want to. In everyday speech this is not possible so acronyms and abbreviations should be avoided or explained.

Activity 1. What word or phrases of professional language do you use or know?

This is just a quick short activity. Think about some of the words or phrases that you as a healthcare scientist or medical illustrator use that the general public might not know. There are plenty words photographers, graphic designers, video, audiovisual and artists use even before considering medical terminology. Examples of words specific professions might recognise but others may find odd include; stops, white space, chiarascuro, blooming.

Language as a barrier to communication

It is important to try and match language level to a patients capability. On the one side it is best to avoid talking down to someone who understands probably a lot about their condition, especially if they have had it for a long time. Equally there is a need to avoid confusing patients with complicated language about their condition that makes no sense.

Words and particular letters that cannot be pronounced by some ethnic groups or native speakers

When visiting China I soon realised that my surname could not be pronounced so rather than insist on being "Mr Bryson" I went for the far easier "Mr David" which worked very well. If you need any further examples try pronouncing English, Welsh or Scottish place names, depending on where you are from. What you need to know are the phonetic equivalents of letter combinations, for example, how to pronounce "ch", "ll" or "dd".

Phrases we scatter into our speech often unintentionally

The English language is full of phrases that we scatter everyday conversation. We know what they mean but does anyone else? Similarly jokes and epithets are best avoided as they are often associated with specific cultures even within regions and usually require a greater understanding of the language than someone with English as their second or third language. Another area can be habits we can all pick up; a habit of mine used to be dropping in "How, Where, When and Why" into every conversation.

Activity 2. Specific words and phrases peculiar to English.

This is again a short activity. Look up the following either using a dictionary or wikipedia and see if you can think of any examples you use or listen out

for anyone who uses them and make a note. Once you have written a number of them think how you might say the same thing but in plain English.

Colloquialisms

Aphorisms

Malapropisms

Phrases you repeat regularly (Ask your colleagues)

Regional short forms

What is English?

In simplistic terms English is a mix of languages from Anglo-Saxon to French with the Norman Conquest, through to aspects of Latin, Indian, Caribbean even new words that are added to our dictionaries each year. For examples see <http://www.learn-english-today.com/new-words/new-words-in-english.html>. This mix means that we often have a range of words we could use from what is considered polite, usually the French version, through to plain old Anglo-Saxon. Examples of a range of words that mean the same but variations in what are considered polite are: Micturate, urinate, piss, wee, see <http://www.thesaurus.com/browse/urinate>.

Not everyone will have had what used to be termed a "Classic education" i.e. learning Latin and Greek but a lot of words in medical use rely on these languages for prefixes and suffixes. For example Dye 1991 gives examples where knowledge of Latin makes terms more understandable in orthopaedics.

Strong regional or national accents

Patient's with English as a second or third language are more likely to be able to understand what is called "Pronounced English" or more commonly "Queen's or King's English". English teaching abroad and Teaching English as a Foreign Language (TEFL) emphasises normal standard pronunciation and doesn't cover the complications of regional accents.

Elocution used to be fashionable as part of education and developing skills for the workplace but less so today. However, if you know you have a strong accent does this cause communication issues? In some circumstances it may be a benefit e.g. Geordie to Geordie or Glaswegian to Glaswegian but Geordie to Glaswegian may be a clash of accents. Accents can cause issues where

consent is being obtained. If I can't understand a clinician's explanation due to their accent is the consent I give really informed?

Activity 3. "Listening to what you say" and "Thinking before you speak".

This activity builds on from the activities above and relates to all aspects of communication rather than one specific element. It is a bit like one of the aspects of reflection "Preparation for action". It is easier not to say something inappropriate than it is to try and withdraw it afterwards. To look for examples just listen to the evening news about comments and asides by politicians. You may think it, but just don't say it!

The aim of this activity is to think about how you can improve your communication skills and this can only be done by spending time listening both to what people around you are saying but also what you say. Using a notebook making regular notes of any words you use that might not be understood or phrases you used that could be misunderstood then leave space near each word or phrase then when you have time over tea or coffee write down underneath what you could say instead and then whenever you start to use any "Medical" or "Professional" language use the more understandable phrase instead.

References

Dye, S.F., Van Dam, B. & Westin, G.W., 1991. Etymology and the Orthopaedic Surgeon: Onomasticon (Vocabulary). The Iowa Orthopaedic Journal, 11, p.84.