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Giving linguistic and clinical feedback at the same time



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2021

What's in this session?



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Medical communication domain	Communications principle	Linguistic detail
Warmer	Starting with the obvious	Colloquialisms, slang, accent
Gathering information	Strengthening the basics	Language functions for enhancing participation – using a script
Clinical management	Ensuring clarity	Ask before tell and teach back for explanations Intonation and word stress patterns in English
Interpersonal skills	Softening the message	Softening Sensitive issue exploration Discussing culture Doctor's speak up Reassurance and empathy

Warmer: Starting with the obvious



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- Chat: Any misunderstandings in another country travelling or working? Culture or language or both? Or misunderstandings with ESL patients?
- Personal example: dinner/tea, luv, 'while
- IMG's /OTC's obvious features: colloquialisms, slang, pace of speech and accent (Dahm, 2011)



Warmer: Use resources with local accents / expressions



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Pre-teach: 'ey up, owt, nowt, summat, 't, taking t' piss

Gist questions: What did he say about each expression?



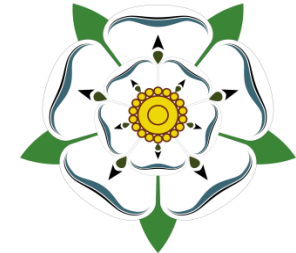
Answers in the chat, value in this kind of exercise?



1. Yorkshire accent and dialect

Pronunciation

- Short /a/ e.g. bath, castle, laugh
- Full /u/ sound e.g. cup, love, bus
- Flat diphthongs e.g. road / phone, right, five, face, space
- Short /e/ sound e.g. take (tek), make (mek)
- Initial /h/ sound dropped e.g. 'ospital
- Glottal stop ? e.g. bottle, (bo?le), or getting (gerring)
- Grammar: was/ were; stood /sat; three pound (s)



Want more practice for your students?

- On You Tube: Yorkshire accent: Learn like a native
<https://www.youtube.com/watch?v=THsSizqiSKs>
- Watch Emmerdale (TV sitcom with Yorkshire accents)

English slang (medical): cover then reveal after discussion



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Slang	Translation
1.To throw up / to chuck up / be sick / was sick 3x	
2.Front bottom / fanny / lady bits / down there	
3.Down below / privates / bits	
4.Feeling poorly / feeling off colour / under the weather	
5.Crap / dump / poo	
6.Wee / to have a wee / to me / me waters / me waterworks	
7.Time of the month / on me period	
8. a) To shag / b) to snog	
9.Dick / willy / todger / me old man	

English slang: Cover / real or list no. in chat or distinguish colleague or patient



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Slang	Translation
1 Don't be daft! / it may be a bit daft, but...	Don't be silly
2 He's a cheeky little monkey	Affectionate (child)
3 I've had a fall out with my husband / we've fallen out	argument
4 How was your night? Night out / night in.	entertainment
5 This project is doing my head in.	frustration
6 He said he wanted to top himself.	suicide
7 Okey dokey, I need to crack on now!	get moving with..
8 It will all work out ok, touch wood / fingers crossed	Good luck
9 Never mind.	Never mind = don't worry
10 Well, I smashed it, didn't I?	Did very well
11 Are you alright?	Greeting

GATHERING INFORMATION /

Strengthening the basics



- Gist before detail
- Using a script
- Using humour



How is patient-centred care achieved in this video? (verbal, voice, pace, tone, body language, active listening)

- **Initiating the session**
- **Gathering information 0:51**
- **Social background 3:35**
- Exploring patient expectations 6:00
- Negotiating treatment 7:16
- Summary and closure 9:20



Communication skills for medicine-training University of Nottingham (2013),
Verbal communication, version 1 of 2

https://www.youtube.com/watch?v=Cgut_WRNywo&list=PLpRE0Zu_k-By_X4INa4WwYFC2MTbkDHok

Techniques: Open questions, showing empathy, echoing/reflections, structuring.



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Stages: Initial greeting, Gathering information.

Function	Example conversation
	D: Hello, Mrs Dawes, is that right?
	P: Yeah
	D: Oh good, I'm Dr David. How can I help you today?
	P: I'm sorry, I might be wasting your time a bit, but I've come because I'm not sleeping very well, I'm just exhausted. I'm just wondering if you can give me something, anything that will help me to sleep – some sleeping tablets?
	D: Ok....it would really help me if I could ask a few more questions about how you are feeling – some of your symptoms – is that OK?
	P. Yeah
	D: So why don't you tell me more about what's brought you here today?
	P: Um a year ago, my husband and I split up and since then I haven't been coping.
	D: I'm sorry to hear that
	P: I'm just tired all the time and um the kids, the job, I don't feel I'm managing very well – I don't sleep

Techniques: Open questions, showing empathy, echoing/reflecting, structuring.

Stages: gathering info, social history.



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Technique	Conversation
	D: Ok, well why don't we look at one of those things a time – you say you are having trouble sleeping ...
	P: I just lie awake at night and I don't know what time it is – the night just seems to go on and on – I must have gone to sleep but in the morning I just feel so dreadful (sniffs)
	D: OK, and are you having trouble with your appetite?
	P: Yeah, I make the kids their dinner and I just can't be bothered to eat
	D: And what about your life in general – have you lost your 'get up and go'?
	P: Sorry I don't understand
	D: your 'get up and go- your energy levels – are they really low?
	P: I used to enjoy – I remember – being with the kids and stuff, but I just want to be on my own and I just can't be bothered. I'm just not being a very good mom at the moment as well. I'm just so exhausted really.
	D: Just going back to your sleep, could you tell me more about that – so just how much sleep are you getting each night?

Recap: Open questions, Showing empathy, Summarizing



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MedRevue 2011: <https://www.youtube.com/watch?v=13m6d95yJd8>

NEXT Ask: How to find out what a patient is wanting from the consultation



CLINICAL MANAGEMENT / Ensuring Clarity



- Medical terms
- Ask before tell
- Teach back
- Intonation, word stress, pitch



OTC's and the use of medical/ lay terms (from Dahm 2011)



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Discuss: your thoughts on the following quotes from OTC's

- “Blackout – is this a lay or technical term?”
- “Malignant – can I tell this to the patient?”
- “Will the patient understand when I ask her about diabetes?”
- “Is cold turkey medical English word?”
- “You cannot use terms because you are not allowed in the exam” “The examiner will give you less marks when you use terms all the time”



(Tendency to overestimate med terms as everyday lang.)

Lack of awareness of meaning divergence

(from Dahm 2011)



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- LE: 'You should be careful with the term chronic. Some patients might think it means severe. So maybe use long or ongoing instead.'
- OTC: 'Why is this so? It is a term, it only means chronic.'
- Difficulties with meaning divergence (Dahm 2011)

Using medical terms, common strategies

(Dahm 2011)



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Strategies	Adapted From Dahm 2011
1 Avoiding medical terms	Have you used any pill?
2 Revert to medical terms	Is it because of the palpitations?
3 Using lay description to explain terms	Insulin is something that controls the blood sugar levels
4 Using analogies or metaphors	Imagine a pipe with a blockage...
5 Using patient prior knowledge	What do you know about diabetes
6 Using medical terms to explain other medical terms	Convulsion... like a seizure
7 Routine insertion of lay terms after medical terms *	Do you have myalgia...muscle pain?
8 Using medical terms without explanation	The CD4 and viroload test...

- *Most frequently used strategy
- Which strategies are effective and ineffective?

Explanations: Ask before tell, how would you chunk the explanation?

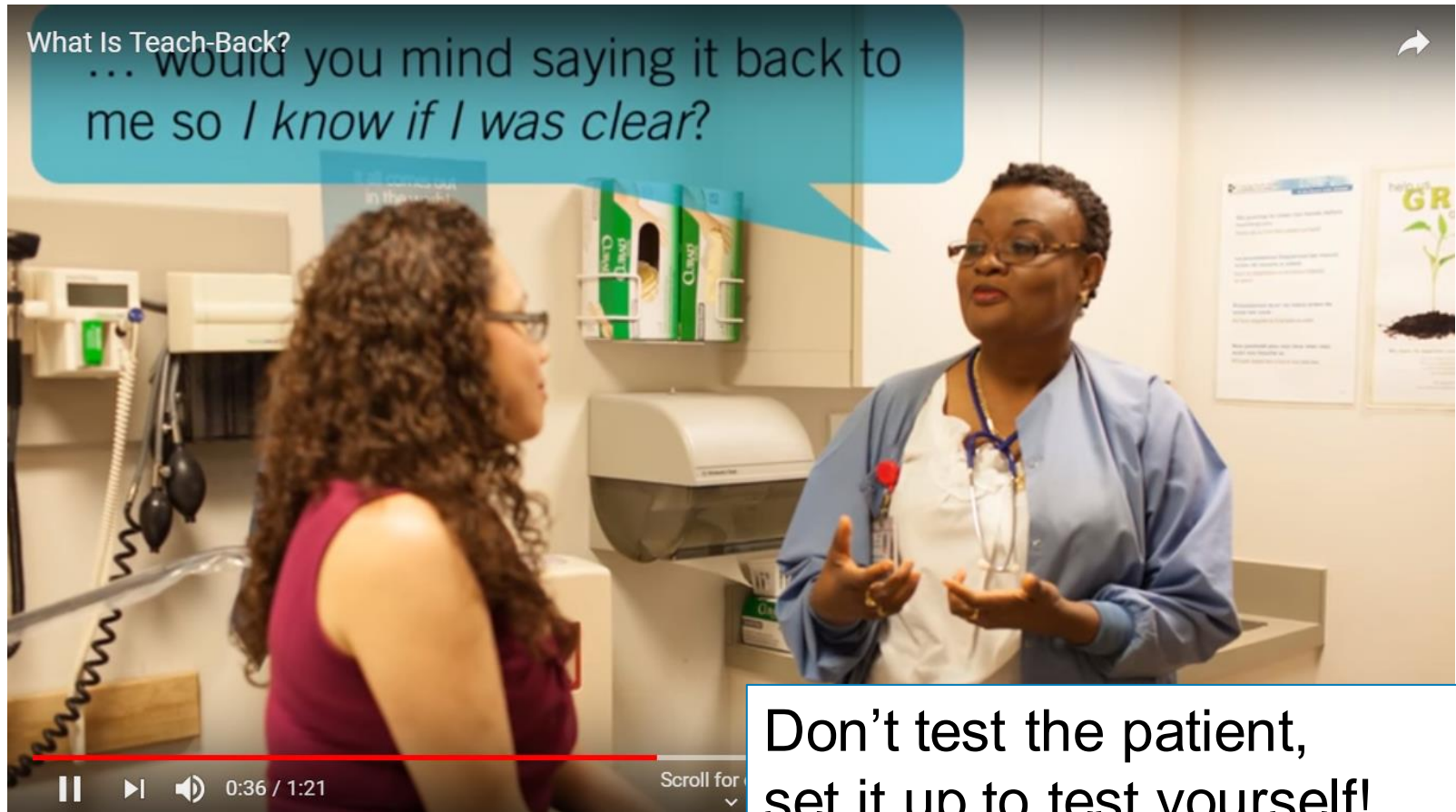


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	Ask – tell (short) – ask: 1:45
Ask	Shall I tell you a bit more about anemia – what do you know about the condition?
Tell (simple and short with diagrams, gestures, questions)	Well it is a condition linked to your blood, the fluid in blood is called plasma and there are red blood cells moving in that. The red blood cells contain a protein called haemoglobin which carries the oxygen around your body to you all your organs. Now if the haemoglobin in the red blood cells is not working properly, the body can't get enough oxygen and you start to experience breathlessness dizziness, tiredness...
Ask	So just to check that I have explained this to you correctly, could you just recap on those what you understood about anemia... https://www.youtube.com/watch?v=Qg78NzjLcrQ (asthma house md)

Clear explanations: Using Teach Back

Try using teach back in a roleplay



Clarity through intonation, word stress and pitch



Introduction to Stress and Intonation - English with Jennifer



<https://www.youtube.com/watch?v=klapQVNq3D4>

0.37 to 1.35, then
2:20 – 2:50



“Intonation (changes in pitch, or melody,- voice going up and down) happens on stressed words. Through intonation we express emotions intentions and attitudes” (JenniferESL,2017).

Show all



Clinical Management: Giving clear explanations



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University of Nottingham. 2014. [Online] Available at:
<https://www.youtube.com/watch?v=SSJFJpk0osU>

Intonation, word stress and pitch: Examples



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Stressed words are longer, louder and higher pitch (JenniferESL, 2017)

E.g.: This is your level of haemoglobin, it's 8.7.

This is **Y O U R** level of haemoglobin, **i t ' s 8 . 7**.
(1:09)

A pitch contour diagram for the sentence "This is your level of haemoglobin, it's 8.7." The diagram shows a rising arrow above the word "YOUR" and a series of arrows above "it's 8.7" that start with a horizontal line, then rise to a peak over "8", and finally fall over "7".

- “She sent you for a blood test.” (0.29)
- “We think you might be anemic” (0.33)
- “It’s fairly common ..it’s very treatable as well..” (1:18)

Intonation, word stress and pitch: Examples



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Stressed words are longer, louder and higher pitch (JenniferESL, 2017)

E.g.: This is your level of haemoglobin, it's 8.7.

This is **Y O U R** level of haemoglobin, **i t ' s 8 . 7 .**

■ “She **sent** you for a **blood** test.”

■ “We **think** you might be **anaemic**”

■ It's **fairly common..** It's **very treatable** as **well.** (poss more pitch range)

Why is intonation, word stress and pitch important?



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As these features are also linked to emotions and attitude, this in turn is linked to perceptions of patient-centred care (Staples, 2019; JenniferESL, 2017)

US educated nurses vs internationally educated nurses (Staples 2019):

- Smaller proportion of stressed words up to a critical point (> intelligibility)
- Wider pitch range vs narrower pitch range (> emotion)
- Falling tone vs more level tone (> empathy/care)

Showing empathy: Pitch range and falling intonation is important



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Oh well I'm sorry to hear that

USN

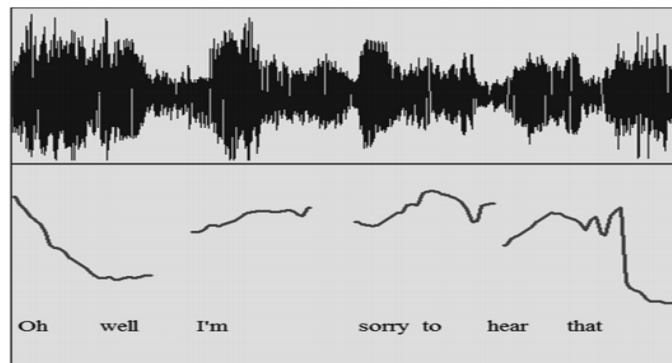


Figure 2. Pitch range and tone choice on expression of empathy from USN (Praat picture).

Pitch
range &
tone
choice

Oh I'm sorry to hear that

IEN

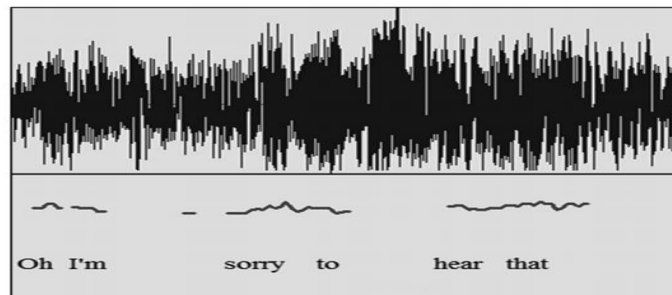


Figure 3. Pitch range and tone choice on expression of empathy from IEN (Praat picture).

From
Staples,
2019

INTERPERSONAL SKILLS/ INFLUENCE OF CULTURE



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Reassurance
Softening
Politeness
Roles of Dr & pt
Empathy
Sensitive topics



“Unfortunately, however, failure to master such interpersonal language skills can make speakers appear uncaring and authoritarian” (Bates & Andrew, 2001 in Dahm and Yates, 2013)”.

It's not just the basics and clarity....

(adpated from Dahm and Yates 2013)



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Subtle communications features are important in reducing social distance, establishing rapport and trust and being approachable:

- greeting/introductions, familiar naming/forms of address
- small talk
- interpersonal side sequences and personal disclosure
- genuine empathy/reassurance statements
- informal language
- tailored explanations
- softening strategies [vague language, hedges (probably), bushes (little bit)]

Explaining: Giving a diagnosis and reassurance



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Function	Example sentence
	Come in Mrs Olsen, hello I'm Dr O'Connor, would you like to take a seat?
	So how are you today?
	You came in to see my colleagues about the breathlessness didn't you, and she sent you for a blood test. Well, we think you might be anaemic.
	Well what I would like to do today is to give you the test results, and then tell you a bit about anaemia, and then talk about some possible treatments – does that sound ok with you?
NB.Pausing at the end of each sentence	Shall we look at your test results? Here they are – what we are testing for is the level of haemoglobin in your blood. Just to show you here, the normal range for women is between 11.5 and 16 grams per decilitre of haemoglobin, and this is your level of haemoglobin, it is 8,7 g per dcl .
	Yes it is quite low, what we would like is to get that level back to within the normal range.
	Just to reassure you, iron deficiency anaemia – which I think you've got – is fairly common – up to 15% of women can experience this kind of anaemia – and it's very treatable as well.



Reassurance: To help the patient to feel safer and more confident than they are currently feeling

- **Prediction** – It will be over soon, It should take effect soon.
- **Information** – It is fairly common, The breathlessness is is not likely to be heart disease...
- **Assurance** – it will probably feel uncomfortable, but it won't hurt (trust me you will be safe with me)
- **Promises** – I will be there when you come round, I will do my best to get the referral moving quickly (be careful with promises - HONESTY)
- **Give patient control** – you can squeeze my hand if you feel pain, or use distraction (pts above adapted from Teasdale, 1992)
- **Relate** reassurance to pt's main concern (ICE).

E.g. “Just to reassure you, iron deficiency anaemia – which I **think** you've got – is fairly common – up to 15% of women can experience this kind of anaemia – and it's very treatable as well” (University of Nottingham, 2014)

Softening: Language for physical examination / investigation



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Would you speak in a similar way in your country? Why?

Function	Example sentences (adapted from Glendinning and Howard 2007)
Introduction	Hello there, Mrs Dawes, is that right? I'm Dr David.
Purpose	Do you know what we are going to do this morning? Or What we are going to do today is... Is that ok with you?
Expectations	You might feel a bit of discomfort. This might hurt but I'll be quick. Let me know if it hurts. You're doing very well.
Talk just before / while doing	I'm just going to If you can just pop your head back a bit, that's great. .. Could you bend your knees up, lovely ...
Share your findings	Well, I'm fairly certain you've got a.... One possibility is it could be what we call... I haven't found anything to suggest any problems.

What language features do you notice here? Why are they being used?

How and why is certainty and uncertainty being used below?



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Using uncertainty	Using certainty
Would it be a good idea , perhaps , if we thought about all the options available, and then decide which ones may be best for you?	I certainly think that the help we can give you from a counsellor will be of benefit to you and we will also try a short course of
Well I would say, maybe talk to a counsellor and take it from there. How would you feel about that?	It doesn't look like your heart, but I'll certainly let the specialist know about it. OK?
Um with your diet and you being hungry, there is the possibility that you would like to talk to a dietician, is that something you might like ?	I'll make sure we get something for your pain (versus) Make sure you don't eat any fatty fast food.
I take on board the thought about using a sleeping tablet, I think that could be another option, but obviously one of the concerns we have is that...	I don't want you to think you have to manage this on your own. We are here to help and support you.

Adapted from Staples (2015)

Maintaining rapport: softening differences, avoiding potential conflict



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Nurse 1

Nurse 2

P: But uh then they gave me
um um that pur- what's the
purple pill?

N: Yeah?

P: Prilosec?

N: The purple pill

P: Pri- Pri- Is it Prilosec?

N: The purple.

P: Prilosec? I think it is.

N: No. It is the Nexium.

P: I think it's Prilosec.

From: (Staples 2015)

Maintaining rapport: Saving face, maintain pt's good image of themselves



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Nurse 1

N: You don't know the name of the purple pill?

P: No.

N: No. Did they tell you what it was for?

P: For my stomach.

N: For your stomach. So **maybe** it was **probably** Prilosec but I'll go back and look at your chart to see if that's what it was.

Nurse 2

P: But uh then they gave me um um that pur- what's the purple pill?

N: Yeah?

P: Prilosec?

N: The purple pill

P: Pri- Pri- Is it Prilosec?

N: The purple.

P: Prilosec? I think it is.

N: No. It is the Nexium.

P: I think it's Prilosec.

From: (Staples 2015)

Maintaining rapport: Avoiding directives, offering suggestions



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- Nurse 1: Okay. And make sure you don't eat don't take out food, like which is fatty, you know, all this pizza
- Nurse 2: I guess uh right now you are diabetic then we can bring you a diabetic diet for you.
- Nurse 3: Uh huh. Um with your diet and being hungry is there a possibility that you would like to talk to a dietician about your diet. Is that something you might...

(from Staples, 2015)

Politeness for requests: indirectness / softening



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We know it's a bit silly – but can anyone translate this using English style politeness?



Ford and Legon 2003

3. Politeness for requests: indirectness



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Ford and Legon 2003

Interpersonal Skills: Motivational Interviewing for maintaining rapport & behaviour change



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The Ineffective Physician: Non-Motivational Approach

Press **Esc** to exit full screen

Gist question what do you think of this doctor? Then contrast.

A video player interface showing a scene from a medical setting. A female doctor in a white lab coat is sitting on a medical examination table, facing a female patient in a purple top. The doctor is holding a clipboard. The patient is sitting on the table, looking at the doctor. The video player has a progress bar at 1:02 / 5:10 and standard controls. A yellow text box on the right contains the text: "Gist question what do you think of this doctor? Then contrast."

Merlolab 2019: <https://www.youtube.com/watch?v=80XyNE89eCs>

Interpersonal Skills: Motivational interviewing for maintaining rapport & behaviour change



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Merlolab 2019:

<https://www.youtube.com/watch?v=URiKA7CKtfc>

Judgemental or patient-centred? Why?



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Example statements	Your version
One of the primary risk factors for multiple ear infections in kids is actually smoke exposure. Are you smoking?	
I really need you to quit smoking both for your health and for Aiden's.	
Smoking around your child is associated not only with ear infection, but also with vitamin C deficiency, asthma, behaviour problems....	
Kids of smokers also end up smoking themselves... do you want that?	
Now's the time to quit. It's really gotten to the point where you can't keep smoking – not only for him, like I said, but also for your health. You are putting yourself at risk of oral cancer, lung cancer, emphysema, heart disease, all kinds of things.	
There's lots of things you can use to quit right now. you can use inhalers, gum, tablets, support groups...There's no reason why you shouldn't be able to quit.	
What could be more important than the health of your child?	

Judgemental or patient-centred? Why?



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Statements	Your Analysis
I noticed that you ticked the box on the form to say that there's someone in the home who is smoking. I wondered if you could tell me a bit more about that.	
You are trying not to smoke around him. Why did you make that decision?	
One the one hand you are worried about the problems smoking could be causing him, but on the other hand, you are not sure that it is smoke that is causing these problems, is that right?	
What made you decide to quit smoking when you were pregnant?	
So you are saying that the risks were so scary then, but they don't feel so scary now?	
You are saying that right now it feels too difficult to manage or even to try? Is that right?	
It sounds to me that part of you just wants to quit...	
If you did decide to quit, how confident would you feel to do it on a scale of 0 – 10 with 10 being super confident?	
Why did you say 5 out of 10, rather than 2 or 3 out of 10?	
It sounds like you have a lot of reasons to quit and have been successful in the past. Where do you think we should go from here?	

Establishing Rapport, patient-centred communication



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- **Open Questions**
- **Affirmations** (questions based on positives)
- **Reflections / echoing**
- **Summaries** (key points)



■(Matos Santana & Jordan, 2017)

The OARS technique is part of ‘motivational interviewing’
A non-judgemental approach working from the patient’s
perspective.



- Cross cultural roleplays
- Critical incidents
- Misunderstandings
- Answering real questions about culture
- Tabulation – in the UK, in my country
- Telling stories about a significant event to show aspects of my culture
- Non-English roleplays (body language, dr-pt relationship)

- Sensitive topics – culturally sensitive topics useful area for exploration (potential for offence – lots discussion)
- Alcohol history
- sexual history
- Chronic pain history
- Depression

Navigate – resources (transcripts)

Doctor speak up [Navigate | Doctors Speak Up](#)

Showing empathy: Missed opportunities



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Nurse 1

Nurse 2

P: It started bout uh two days ago. I had a lot of stress my father was ill
N: Uh huh.
P: And we just buried him a few about four days ago.
N: Okay. Um have you been taking medications um before for that?
P: Uh at home I take Tums.
N: Tums. Does that help?
P: It's yeah it's helping a little
N: Okay. What other um um conditions do you have? Do you have high blood pressure? Diabetes?

(From Staples, 2015)



- Using misunderstandings (sorry?) or pt's silences or tone changes as sites for discussion
- Flip it – trainee plays patient in the roleplay and you play doctor (different version with target features)
- How could you have said it a different way?
(softening, echoing, question not statement etc)

Communication adaptations: works both ways! (OTC speech and language)



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- Slang, colloquialisms, accents (obvious; well documented)
- Speech comprehensibility (less well documented)
- Discourse: Culture and lang wired together (Hua 2014) – amount of directness, background detail before main point, is interrupting ok?...
- Subtle features: empathy, rapport, reflective listening, reassurance (Staples 2015; Dahm and Yates 2013)
- Patient centred care model may be unfamiliar (may be more hierarchical paternalistic formal system at home)
- Cultural communicative values (taboo topics, too direct, unfriendly, formal or informal (Dahm and Yates, 2013) Schouten and Meeusen,

Conclusion



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- Discuss: Takeaway points for combining linguistic and medical communications teaching?
- Any activity ideas?



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Possible further reading



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