

### Understanding patient speak Or

# Why can't they all talk like Tortora?!

#### **Objectives:**

- To identify problems when communicating with patients
- To identify the causes of these problems
- To suggest strategies to cope with these problems

• To focus on 2 specific areas of difficulty: expressions used to describe feeling ill and levels of pain

Arriving for your shift at A & E one rainy evening, you think about the people you're going to deal with. Who are they?

> Age? Sex? **Nationality/ Ethnicity? Educational background? Physical/ psychological/ mental** condition? **Personality?** Socio-economic status?



What are the effects of these factors (age, sex, educational background, socio-economic status, physical/ mental condition) on the language we speak in terms of: **Choice/ range of vocabulary Grammatical mistakes Accent/ dialect Pronunciation/ speed/ clarity Fragments rather than complete** sentences **False starts & hesitation** 



### All of these factors determine how we speak – our 'idiolect'.

The way each one of us uses language is unique, so just accept:

You won't understand everyone 100% of the time!



### Strategies for reducing communication problems

#### **Strategy 1: The direct approach!**

"I'm Dr Lyubowski. As you have probably noticed, I'm Polish, so I apologise if I have to ask you to repeat anything. And please stop me if there's anything you don't understand."



## Develop your own range of language.

How?!

#### By interacting with:

- People from a wider age range (children/ the elderly)
- Different ethnic groups
- Different socio-economic groups
- Real people in clinical settings

#### By watching:

Holby City/ ER/ Bones/ Scrubs/ Casualty/ Embarrassing Bodies

By reading: Health columns in magazines aimed at different age groups

#### **Strategy 3: Active listening**

- Be empathetic and honest!
- Ask the patient to clarify/ slow down/ be more specific
- Rephrase what you think the patient is saying (e.g. So, you're saying.....)
- You're telling me that .....

#### **Strategy 3: Active listening (cont)**

- Let me try to sum up .....
- Sorry, can you just tell me what you mean by 'a funny turn'?
- So, let me see if I've got this right .....
- Let me ask that in a different way .....
- If you don't mind, I'm just going to ask you a few questions .....



#### **Miscommunication!**

Dr: "Do you have any history of cardiac arrest in your family?"

Patient: No, we've never had no trouble with the police."

#### Phrases used by patients to talk about their current general health:



Phrases used by patients to talk about their health: To be / feel off colour To feel off / low / peaky To feel poorly / run down To be under the weather To be/feel out of sorts To be/ feel below par



#### "I've been feeling out of sorts for a while now."

"I've not been feeling too great lately." (not too/ not that + positive adjective: fantastic/ clever/ hot/ brilliant)

"He's not been too good these last few days."



### How many words can you think of to describe different types of pain?

#### **Adjectives to describe pain:**

blinding

burning

cramping

crushing

gripping

pounding

shooting

stabbing

tingling

throbbing

Taken from McCullagh M and R. Wright, Good Practice. Cambridge: Cambridge University Press

#### **Common collocations**

blinding headache (migraine) burning sensation (urinary infection) cramping pain (period pain) crushing sensation (chest pain) gripping pain (angina/ heart attack) pounding feeling (headache) shooting pain (sciatica/ toothache) stabbing pain (indigestion) tingling sensation (pins and needles) throbbing pain (tension headache)

#### Time for a joke!

Patient: "Doctor, every time I have a cup of tea, I get a stabbing pain in my eye."

### Doctor: "Well, try taking the spoon out."

**Imagery used to describe pain:** "It's like an electric shock." "It feels like a pin prick." "It's as if a heavy weight were (was) pressing on me." "I felt like I'd been hit over the head with a hammer."

