

Medically Speaking RULES

Rules for Using Linguistic Elements of Speech

Healthcare Edition

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Sample Copy

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Preface

Roberto Echiverri came to our program from Colombia. He was a wonderful intern. In addition to clinical skills, he was involved in research, designed web-sites and raised considerable amounts of money to fund community service projects. Our Spanish speaking patients loved seeing him and his continuity rates soared. He brought his patients in whenever they needed him, took all of their calls and translated for others. *I couldn't understand him...not in conference, on the phone, or at the bedside. I certainly couldn't understand him from the podium and, ironically, when he was invited to present in Barcelona, he had to present in English!*

As faculty, we needed to evaluate his strengths and weaknesses in order to facilitate his learning, and, we needed to capitalize on his talent. Lacking an intervention, I guess I just convinced myself that things would improve over time. Then I met Lynda Katz Wilner and discovered the Medically Speaking program. There were tricks up her sleeve that most of us never pay attention to. Working with Roberto, she even had him demonstrate that he could go from a quiet, thick accent spoken through relatively closed lips to a booming John Wayne drawl. She used videos and scripts and practice recordings.

Behind the scenes, she and I would chat about language and about how other residencies could benefit from her program. Given the number of international graduates filling our primary care programs, and our focus on Culture and Communication along with the other ACGME Competencies, it seemed that her curriculum should be disseminated. She shared her ideas, I posed specific problems and we considered nuances to continue the process of adopting her materials to the needs of a residency program director. Medically Speaking RULES, by Lynda Katz Wilner and Marjorie Feinstein-Whittaker, is the direct result of this collaboration.

In chatting with Roberto about his experience, he beams, "I used to have a gap every other line in my dictations, now I never have a gap!" This year Roberto received the 2007 AAFP Award for Excellence in Graduate Medical Education.

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Introduction

Medically Speaking: Accent Modification for the Medical Profession (2002) and The Medically Speaking Inventory: Assessment of Accented Speech (2003), by Lynda Katz Wilner, have been used worldwide by physicians, nurses, and speech trainers. Medically Speaking remains one of the first and only pronunciation training programs geared specifically for those working in a healthcare setting. RULES (Rules for Using Linguistic Elements of Speech) (2006), by Marjorie Feinstein-Whittaker and Lynda Katz Wilner, was designed to help intermediate to advanced nonnative English speakers achieve the correct intonation and pronunciation patterns for the idiosyncratic rules of American English.

It became clear that a combination of RULES' innovative approach to accent modification and the focused stimuli of Medically Speaking would be especially well-suited to those in the medical community. For example, the correct pronunciation of numbers and abbreviations is one of the critical components in the daily communication of healthcare professionals. Medically Speaking RULES was developed to address these features.

Medically Speaking RULES reinforces the underlying skills introduced in Medically Speaking, but enhances practice with the extensive use of sentences and clinically oriented reading paragraphs/case histories, additional stimuli for idiomatic expressions, and the incorporation of strategies for effective and efficient communication in the workplace. The realistic and practical content of Medically Speaking RULES will help the healthcare professional become a more effective communicator and thus enhance the caregiver-patient relationship and the quality of patient care.

Medically Speaking RULES is intended for individuals who speak American English as a Second Language and who currently or plan to work in the healthcare environment, but are challenged by pronunciation and accent issues. Prior to using Medically Speaking RULES, we encourage you to complete the "Introducing Yourself" biographical speech sample and record it for before/after training comparison purposes. We have intentionally formatted this manual to allow you maximum flexibility to customize this for your personal, educational, and professional use. Feel free to use any blank pages as you see fit.

These exercises have been extensively field-tested with our highly qualified clients who represent a wide variety of medical professions. This workbook is appropriate for independent work, classroom use, individual coaching/training, and distance learning. Please be aware that there are regional variations in pronunciation and stress patterns in different parts of the United States.

We wish you success in learning to master the Rules for Using Linguistic Elements of Speech in Medically Speaking RULES - Healthcare Edition.

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Rationale for Medically Speaking RULES

Effective communication is paramount to all health care providers. It is an integral component of the Accreditation Council for Graduate Medical Education (ACGME) general competencies for residents. Communication is most evident in the areas of patient care, interpersonal skills, and professionalism, but is also critical for demonstrating individual skill sets in medical knowledge and systems-based practice.

The United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills component addresses Integrated Clinical Encounters (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). These subcomponents incorporate questioning skills, information sharing, professional manner and rapport, pronunciation of consonants, vowels, intonation/prosody, voice projection, word choice, and grammar/syntax.

Medically Speaking RULES addresses the above components by establishing tips and rules while providing opportunities to practice newly learned skills. It is available as a workbook and audio training program for medical residents, nurses, physicians, and other health care professionals. Residency Program Directors can implement these exercises and skills to address necessary areas for resident training.

Why are these rules important?

1. **Introductions:** All of the communication rules are utilized when introducing oneself. In order to speak with clarity, effectiveness, credibility, and compassion, you must understand the **RULES**.
2. **Compound Noun Rules:** The use of incorrect stress patterns may result in an ineffective or confusing message. As a result, patient compliance may be compromised as important information may be overlooked or misunderstood.
3. **Proper Nouns:** The use of incorrect stress patterns may result in an ineffective or confusing message. Names of people, medical centers, and locations may be misinterpreted which may affect the listener's ability to comprehend critical information.
4. **Acronyms/Initializations:** Although there is a trend to avoid acronyms/initializations due to the likelihood of confusion and potential medical errors, many procedures and diagnoses are described with these patterns for efficiency. Some may be appropriate for colleagues, but not patients, e.g., GERD, MRSA, etc.
5. **Numbers:** It is extremely important to be accurate when using numbers to describe lab results, medication dosages, temperature and blood pressure readings, appointment dates, etc. There can be life-threatening consequences for saying **15 mg** when **50 mg** was intended. Proper stress patterns for numbers are critical for preventing medical errors.
6. **Syllable Stress:** If you stress each syllable equally, either with too much emphasis or not enough, or if you emphasize the incorrect syllable, it may be difficult to comprehend the intended word, e.g., component, develelopment, laparoscopy.

7. **Syllable Reductions:** Many long words sound “awkward” if they are pronounced without reducing the weakest syllable. You may appear too formal to your patients and colleagues. In order to sound fluent, you need to understand and use the appropriate syllable stress patterns for these commonly spoken words.
8. **Sentence Level Stress:** Your vocal and verbal messages must be consistent in order to sound competent, trustworthy, and believable. Stressing the “wrong” word in a sentence can throw off the entire intent of the message and confuse your patients. Stressing too many words may sound angry or impatient. Monotone speech will sound boring and disinterested, and too many pitch changes may sound immature and inexperienced.
9. **Questions:** The way you ask a question, both in phrasing and intonation, can affect the patient’s response. Raising your pitch at the end connotes friendliness and sociability, but be aware that you are giving “control” to the patient and you may have difficulty limiting the responses. Lowering your pitch at the end of the question may make you sound more authoritative, but your patient’s responses may be brief (which may or may not be desired). Certain pitch patterns should be used for specific types of questions. Adherence to these rules will help you gain better control of the interview process, obtain the desired information, and present yourself in a confident and powerful manner.
10. **Heteronyms:** If you stress the wrong part of the word, you are altering the part of speech, e.g., **pro**ject, **gradu**ate (noun) or **proj**ect, **gradu**ate (verb) and your message becomes confusing. This can diminish the effectiveness of your overall message.
11. **Contractions:** If you don’t use contractions when conversing, you may sound formal or arrogant. When establishing rapport with your patients, it’s important to use a communication style that is approachable and comforting.
12. **Past-Tense endings:** In order to sound credible and professional, nonnative English speakers must have command of proper English grammar. If you omit grammatical markers for past-tense endings, you will sound less educated, listeners may have difficulty following the timeline or sequence of events and procedures, and communication will be compromised.
13. **–s endings:** In order to sound credible and professional, you must use and correctly pronounce -s endings to signify plurals, third-person singular nouns, and possessives. Speech that is not grammatically and syntactically correct may be detrimental to your professional image.
14. **Y-insertions:** English is a non-phonetic language with many spelling options for a variety of sounds, particularly vowels such as “u.” In order to speak with clarity, you must be aware of how words that are spelled similarly may have different pronunciation.
15. **Idiomatic Expressions:** Idioms are used frequently by native English speakers to express a variety of thoughts and emotions. It is important that you understand what your patients or colleagues mean when they do not use strictly literal language. You need to be able to use figurative expressions in your own speech to sound more fluent, conversational, and interesting.

16. **Articles and demonstrative pronouns:** Nonnative English speakers frequently omit or misuse these parts of speech. In order to sound competent, educated, and professional, your speech should be grammatically correct.
17. **Prepositions:** Prepositions are used to indicate location, place, time, and accompaniment (with, without). Correct use of these terms is critical when relaying medical information. Serious medical errors may result from the inability to utilize appropriate prepositions.
18. **Vowel and Consonant Production:** Speaking clearly and articulately depends upon your ability to correctly produce the vowels and consonants of North American English. This impacts all communication areas including dictating reports, meeting with family and team members, conducting patient interviews, presenting at conferences, speaking on the telephone, and innumerable other communication situations.

Sample Copy

Suggestions on How to Use the Audio CDs

There is an add-on option for audio CDs corresponding to the selected portions of Medically Speaking RULES.



As you look in each chapter, you will see a headphone icon to the left of the recorded information. The CD number and track will also be indicated.

The target words and sentences that appear on the CD are indicated by *italics* in your workbook.

The overview of the rule is a **listen only** activity. Following a summary explanation, you will hear a series of stimulus words and sentences. You will hear one item at a time, followed by a brief pause. Repeat the word or sentence as clearly as you can during these pauses. For the sentences, it is recommended that you follow along with your workbook.

Try to match the trainer's production as closely as you can. Say the key word or sentence using the same clear, slow speech emphasizing the pronunciation and/or intonation rule.

Consistent, daily practice using the audio CDs and your workbook exercises will facilitate your transition to a more natural sounding, North American English style of speech.

Work hard and have fun!

CD #1 pages 13-57

CD #2 pages 57-88

CD #3 pages 90-120

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