

Laura Ioana LEON is a Lecturer PhD at the “Grigore T. Popa” University of Medicine and Pharmacy, Iași (Romania) where she currently teaches ESP to medical students. She graduated from the Faculty of Letters, the “Al. I. Cuza” University where she also got her MA in American Cultural studies in 1998. She received her PhD from the “Al. I. Cuza” University of Iași (Romania), in 2005, with a thesis on the cultural tragic representations of Th. Hardy’s fiction. At present she is mainly interested in ESP (medical vocabulary) and teaching communication skills to medical students. In 2011 she became a postdoctoral research fellow at the “Al. I. Cuza” University of Iași with a project on intercultural communication in health care. She has published more than 20 articles in various journals and volumes. She has participated in many international conferences. She is the author of two books: *Manual de Limba Engleza* (2006) and *A Cultural Analysis of Tragic Representations in Th. Hardy’s Fiction* (2009).

Laura Ioana Leon, *Communication Skills in English for Health Care Professionals*

© 2013 Institutul European, Iași

INSTITUTUL EUROPEAN
Iași, str. Grigore Ghica Vodă nr. 13
euroedit@hotmail.com; www.euroinst.ro

Descrierea CIP a Bibliotecii Naționale a României
LEON, LAURA IOANA

Communication Skills in English for Health Care Professionals /

Laura Ioana Leon; prefață: Ștefan Avădanei. - Iași: Institutul European, 2013
Bibliogr.
Index
ISBN 978-606-24-0034-7

I. Avădanei, Ștefan (pref.)
614.2(075.8)

All rights reserved. No part of this work covered by the copyrights hereon may be reproduced or copied in any form or by any means – graphic, electronic, or mechanical, including photocopying, recording, taping – without written permission of publisher.

Printed in ROMANIA

LAURA IOANA LEON

COMMUNICATION SKILLS IN ENGLISH FOR HEALTH CARE PROFESSIONALS

Preface by Ștefan AVĂDANEI

INSTITUTUL EUROPEAN
2013

Acknowledgements: This book is a result of the project “*Transnational Network for Integrated Management of Postdoctoral Research in Communicating Sciences. Institutional building (postdoctoral school) and fellowships program (CommScie)*” - POSDRU/89/1.5/S/63663, financed under the Sectoral Operational Programme Human Resources Development 2007-2013.

CONTENTS

Preface (Ștefan Avădanei) / 9

Foreword / 13

Chapter 1. Introduction to Communication / 19

Chapter 2. Setting the Scene - Receiving the Patient / 29

2.1. Beginning the interview / 30

2.2. Asking questions / 31

2.3. Listening / 32

2.4. Picking up cues / 33

2.5. Facilitation / 33

2.6. Clarification / 34

2.7. Summarizing / 34

2.8. Ending the interview / 34

2.9. Summary / 34

2.10. Exercises / 35

2.11. Grammar Reference / 38

Chapter 3. The Medical Interview / 43

3.1. Beginning the interview: establishing rapport / 44

3.2. Gathering information: taking the medical history / 44

3.3. The structure of the medical history / 44

3.3.1. Basic information about the patient / 45

3.3.2. Description of the presenting complaint / 45

3.3.3. History of the presenting complaint / 45

3.4. Past medical history / 46

3.5. Drug history / 47

3.6. Family medical history / 47

3.7. Personal and social history / 47

- 3.8. Summary / 48
- 3.9. Exercises / 48
- 3.10. Grammar Reference / 51

Chapter 4. Examination of the Patient / 55

- 4.1. Culture Project / 55
- 4.2. Summary / 57
- 4.3. Exercises / 57
- 4.4. Grammar Reference / 58

Chapter 5. Giving Results. Making a Diagnosis / 61

- 5.1. Summary / 63
- 5.2. Exercises / 63
- 5.3. Grammar Reference / 65

Chapter 6. Planning Treatment / 69

- 6.1. Dealing with medication / 70
- 6.2. Giving advice on lifestyle / 70
- 6.3. Closing the interview / 71
- 6.4. Summary / 71
- 6.5. Exercises / 72
- 6.6. Grammar Reference / 76

Chapter 7. Breaking Bad News / 81

- 7.1. Setting the scene / 82
- 7.2. Talking to patients who are in pain or dying / 82
- 7.3. Summary / 83
- 7.4. Exercises / 83
- 7.5. Grammar Reference / 85

Chapter 8. Communicating with Patients from Different Cultural Backgrounds / 87

- 8.1. Dos and don'ts in cross-cultural communication / 88
- 8.2. Summary / 89
- 8.3. Exercises / 90
- 8.4. Grammar Reference / 91

Chapter 9. Dealing with Sensitive Issues / 97

- 9.1. Culture Tips / 99
- 9.2. Summary / 101
- 9.3. Exercises / 101
- 9.4. Grammar Reference / 103

Chapter 10. Challenging Consultations / 107

- 10.1. Communicating with the elderly / 109
 - 10.1.1. Hearing impaired patients / 109
 - 10.1.2. Visually impaired patients / 110
 - 10.1.3. Physically disabled patients / 110
 - 10.1.4. Summary / 110
- 10.2. Communicating with children and adolescents / 111
 - 10.2.1. Tips for communicating with adolescents / 112
 - 10.2.2. Summary / 113
- 10.3. Exercises / 113
- 10.4. Grammar Reference / 115

Chapter 11. Communication Skills for Dentists / 117

Chapter 12. Communication Skills for Pharmacists / 127

- 12.1. Nonverbal communication / 128
- 12.2. Barriers to communication / 129
- 12.3. Cultural competence / 129
- 12.4. Listening / 130
- 12.5. Assertiveness / 130
- 12.6. Adherence to medication / 131
- 12.7. Interacting with the physician / 131
- 12.8. Communicating on Sensitive Issues / 132

Chapter 13. Grammar in Use / 135

Appendix / 179

- A.1. Communication skills checklist / 179
- A.2. Common phrases used by patients, and their meaning / 180
- A.3. List of Latin and Greek Terms and their Plurals / 182
- A.4. Common Symptoms Areas / 199
- A.5. Key Words about Symptoms and Signs / 201

Preface

English for Specific Purposes is a specialized part of the teaching/learning of English, which centres on the specific needs of the students, vocational or professional. This finely adapted type of language teaching/learning, using the methodology and the activities specific to the subject it serves, is regarded highly these days for obvious practical reasons. Language is studied in context, and although covering all the skills classically envisaged by language teaching/learning, ESP focuses on the skill(s) that is most prevalent in the field it covers.

Thus, *Communication Skills in English for Health Care Professionals* timely responds to the need of a professional group who, in Romania, has not had a true tradition of having communication as part of the curricula, as compared to other scholarly contexts. Communication should not be taken for granted, as though it were an innate gift doctors and nurses (in this case) should possess as part of their calling. It might be so for some, but it is also a skill that needs to be taught, learnt step by step, applied and practiced. We would rather have professionals trained in structures that tackle problems relating to the so-called cultural clash or sensitive issues (as breaking bad news for instance) than rely on universally assumed common sense.

The author is an appreciated lecturer at the “Gr.T. Popa” University of Medicine and Pharmacy Iasi, this work being the outcome of years of experience in teaching English to future

make your offer as a question rather than a statement. You may think: “*I can help you with that!*”, but you will have to say: “*Would you like some help with that?*”.

Lifestyle changes can often mean breaking habits developed over a lifetime, so making these changes can be very difficult for the patient. Moreover, when individual habits are part of a larger cultural framework, change is likely to be even more difficult. It is more important, therefore, to establish the role that cultural factors may play in preventing a patient from following advice on lifestyle. When working with children, it is important to be aware that different cultures have different expectations of what “good” behavior is for children. In some cultures, mothers expect children to be more independent and exploratory, while some other cultures reward more obedient children.

Throughout the chapters of the book, students will meet a large amount of vocabulary that will facilitate the understanding of the context in which that specific medical vocabulary is used. The *Grammar Reference* section explains the form of a particular grammar point, and briefly shows its use in example sentences. A list of common medical abbreviations is included at the end of the book.

Chapter 1

Introduction to Communication

Communication is not only a basic part of our everyday life, but an essential one, in the sense that we cannot NOT communicate. In simple, basic terms, **the communication process is complete when a message has been transmitted from a sender to a receiver. In the interactional model the communication is complete only when the sender receives a feedback that the message has been received as intended.**

The Source is the person with an idea he or she desires to communicate (a TV channel, your instructor, your mother).

Encoding is the process of putting an idea into a symbol (the symbol refers to the fact that you can encode thoughts into words, but also into non-spoken symbols).

Message identifies the encoded thought. Encoding is the process, the verb, the message is the resulting object.

Channel is used technically to refer to the means by which the encoded message is transmitted. Today you might feel more comfortably using the word *media*.

Noise is the term that technically refers to anything that distorts the message the source encodes:

- **External noise** can be sights, sounds and other stimuli that draw your attention away from the message.
- **Internal noise** refers to your thoughts and feelings that can interfere with the message. For example, being tired or being hungry can distract from paying complete attention to the message.

- **“Semantic noise”** refers to how alternative meanings of the source’s message symbols can be distracting.

The Receiver is the person who attends to the message. Receivers may be intentional, that is they may be the people the source desired to communicate with, or they may be any person who comes upon and attends to the message.

Decoding is the opposite process of encoding. The receiver is actively involved in the communication process by assigning meaning to the symbols received.

Receiver response refers to anything the receiver does after having attended to and decoded the message.

Feedback refers to the receiver’s response.

Context is the environment in which communication takes place and helps define the communication.

Interpersonal communication can be viewed as a form of skill. Welford (1958) summarized the study of this field as being encapsulated in the question: “when we look at a man working, by what criteria in his performance can we tell whether he is skilled and unskilled behavior. In his investigation on the nature of skill, Welford identified the following three main characteristics:

1. They consist of an organized, coordinated activity in relation to an object or a situation and, therefore, involve a whole chain of sensory, central, and motor mechanisms, which underlie performance.
2. They are learnt, in that the understanding of the event of performance is built up gradually with repeated experience.
3. They are serial in nature, involving the ordering and coordination of many different processes or actions in sequence. Thus, the skill of driving involves a preset repertoire of behaviours, which must be carried out in temporal sequence (put gear into neutral, switch on ignition, and so on).

The terms communication skills, social skill and interpersonal skill have entered the lexicon of everyday use. For example, many job advertisements stipulate that applicants should have high levels of social or communication skills. Communication skills refer to the ability to realize communicative goals while behaving in a socially appropriate manner. Definitely we cannot choose a physician on the basis of his communicative skills. As Miller, Crute and Hargie (1992) pointed out: “Judgments about skill are directly related to behavioral performance. We do not judge soccer players on their ability to discuss the game or analyze their own performance, but rather we regard them as skilful or not based upon what they do on the field of play. Similarly, we make judgments about social skill based upon the behaviour of the individual during social encounters”. The importance of contextual awareness for the effective operation of motor skill has been long recognized. Welford (1976) pointed out that “skills represent particular ways of using capacities in relation to environmental demands, with human beings an external situation together forming a functional system”.

The widespread use of English as a second language and international marketing increase feelings of nationalism nowadays. Increased world migration causes, likewise, questions of identity. In fact, the study of intercultural communication can be said to be about the definition of the self that results from an awareness of a shared consciousness with others. How that shared consciousness affects how you and others communicate defines the subject.

Today we live in an interconnected global economy – global trade, migration, and environmental sustainability. The challenge facing the world at the beginning of the 21st century is to seek global solutions. Meeting these challenges will require that we learn how to better communicate with one another

regardless of where we live, our economic status, and our identity. Today cultures are not synonymous with countries. Cultures do not respect political boundaries.

There have been many attempts at trying to define the world **communication**. It has often been said that **communication and culture** are inseparable. As Alfred G. Smith wrote in his **Preface to Communication and Culture**, culture is a code we learn and share, and learning and sharing require communication. Communication requires coding and symbols that must be learned and shared. Every cultural pattern and every single act of social behavior involve communication. In order to be understood, the two must be studied together. Culture cannot be known without a study of communication, and communication can only be understood with an understanding of the culture it supports. Out of the ten components of communication (the source, the encoding, the message, the channel, the noise, the receiver, the decoding, the receiver's response, the feedback and the context), probably **the context** is the most important one when referring to the general environment where the communication takes place. Generally, this environment helps define communication. If you know the physical context, you can predict with a high degree of accuracy much of the communication. You may also have certain knowledge and expectations of the communication that occurs within churches, synagogues, mosques etc. In social relationships as well, the relationship between the source and the receiver may help define much of the meaning of the communication. The component of context helps you recognize that the extent to which the source and the receiver have meanings for the communicated symbols and similar understandings of the culture in which the communication takes place are critical to the success of the communication. From this perspective, communication is intentional and symbolic as it involves at least

two people. You might even say that communication occurs when symbols are manipulated by one person to stimulate meaning in another person (Infante). Therefore, according to some theories the receiver seems to be given a subordinate role in the process of communication. Speaking is considered a more noble activity and may demand others cease other activities to listen. But in some other theories, however, the source is viewed as a more active part in the process of communication. The semanticist S.I. Hayakawa's observation makes it clear that cultural beliefs affect how the process of communication is defined.

There are many different contexts for the study of communication and culture, among them mention should be made of the following: **international, global, cross-cultural, and intercultural**. **International communication** refers to the study of the flow of mediated communication between and among countries. **Global communication** refers to the study of the transborder transfer of information, data, opinions, and values by groups, institutions and governments, as well as the issues that arise from the transfer. **Cross-cultural** generally refers to comparing phenomena across cultures. Last but not least **intercultural communication** refers to face-to-face interactions among people of diverse cultures. Intercultural communication competence refers to one's skills in facilitating successful intercultural communication outcomes in terms of satisfaction and other positive assessments of the interaction. There have been many attempts to identify the skills needed to be more effective in intercultural communication. The first one refers to **self-awareness** and it has in view the ability to use information about yourself in puzzling situations to understand how the others see you and use that information to cope with difficult situations. The first skill would be the one referring to **self-respect**, self-confidence or due respect for yourself, your character and your conduct. The third skill, **interaction** has in