

Medical Podcasts In English For Non-Native Speakers

S1 E1: Communicating with patients

This series is about improving your English and therefore your communication skills. However, sometimes it is not all about vocabulary and grammar.

Communicating with non-native speakers.

- Introduce yourself in the terms you wish to be addressed.
“Dr Byram, Dr Alice or Alice”. How patients address their doctor varies greatly between countries and can lead to awkwardness if they feel they are being disrespectful.
- Speak slowly and clearly.
- Other linguistic aspects: Humour.
 - Even someone who speaks your language very well may not understand your sense of humour and can take comments you make in jest literally.
 - *Acceptable themes* for humour vary a lot between cultures and even someone who has been in your country a long time might still struggle with certain types of jokes.
 - The English have a great tendency to *sarcasm* which can be very offensive and even more so if the comment is made in the same tone as the rest of the sentence.
- Stop every 2 to 3 minutes.
 - Give the other person time to think and ask questions. During that time, you need to look at the other person in the eye and resist the temptation to do paperwork or type on the computer. It is actually very hard to do this so consider putting a timer.
- Write down the main points on a piece of paper.
 - Even in your own language it is hard to remember all the new information, so this is essential for people who don't speak your language.
- Use an official interpreter.
 - Unless you speak a language very well (lived and worked in that language) you should always use an official interpreter when seeing patients who cannot speak your language well.
 - Look at the patient and not the interpreter.
 - Time and financial constraints can make it tempting to *use family members but this is highly discouraged*. Research shows that this leads to [worse outcomes](#)(1). Would you feel comfortable asking an 8 year old to ask their mother when was the last time they had sex? And how confident can you be that you get all the information about a woman's home situation when asking a husband who will obviously be biased. Even without the language barrier if you ask someone about their partner's home or work situation you are unlikely to get the same version as if you ask the person themselves.

- If no interpreters are available, you can always make use *modern technology*. Apps such as *universal doctor speaker* can help you ask specific medical questions but don't forget that even google translate can help. Many times, you need more general information about a patient's life, and this may not be covered by more specific medical translation apps.

Communicating with non-verbal patients.

- Dementia patients for example. However, there is a long continuum before you get to the stage completely non-verbal patient who needs the [Abbey pain scale](#) to work out if they need more analgesia. In the show notes there is a link to this pain scale(2).
- Non-verbal but have worked out their own system of communicating.
 - Augmentative and Alternative Communication.
 - A patient with cerebral palsy can understand and communicate but you will have to learn their way of communicating perhaps using an augmentative and alternative communication or AAC technique booklet. These booklets which use pictures to help communicate should always be kept near the patient and a sign placed above the bed indicating what methods to use.
 - Here are some boards you can print off. [Rosemary Musachio](#) has cerebral palsy which does not impede her having a degree and working as an accessibility analyst yet she too struggled during a hospital stay(3). Her point of view is interesting, and she mentions that this is one time in medicine where *closed questions* should be used. She can answer yes or no to a question such as does your tummy hurt for example.
 - Remember that even if you can not understand them, your patient can understand you perfectly and you can use the same words and especially volume you would use with a similar patient who you can understand.
 - Autism.
 - Patients with autism are another population who may be non-verbal. This is likely to be heightened in a high sensory environment such as a health care setting.
 - The [UK National Autistic Society](#) recommends always using the person's name at the beginning so that they know you are speaking to them(4).
 - They can hear you perfectly well and may well be listening even if they are not answering. You can ask their caregiver how they communicate at home.
 - If direct eye contact is uncomfortable, going down to their level physically will help enormously.

- As with all patients with whom communication is different, the recommendation is to *narrate what you are doing* to them and keep on explaining.

Communication with patients is at the heart of what we do, and I hope that this has been useful in giving you a few tips as to how to communicate with patients who are not able to communicate in the traditional way.

Too often, as George Bernard Shaw says, “The single biggest problem in communication is the illusion it has taken place.”

Links:

[Abbey pain scale.](#)

[AAC boards.](#)

[The National Autistic Society.](#)

References:

1. Bischoff A, Hudelson P. Communicating with foreign language-speaking patients: Is access to professional interpreters enough? J Travel Med. 2010;
2. J. A, N. P, A. DB, A. E, D. P, L. G, et al. The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia. Int J Palliat Nurs. 2004;
3. Musachio R. Let Nonverbal Patients Communicate [Internet]. Available from: <https://www.levelaccess.com/let-nonverbal-patients-communicate-2/>
4. National Autistic Society - Communicating [Internet]. Available from: <https://www.autism.org.uk/about/communication/communicating.aspx>

S1 E1: Communicating with patients

- 1) *Identify one case where you needed to use non-verbal communication and describe the methods you used.*
- 2) *Which methods do you think you could use next time?*
- 3) *Actions you will take to make sure you have the resources in place before seeing your next non-verbal patient:*
- 4) *State 2 ways you will diffuse this knowledge to other HCP (Health Care Professionals) by the end of the month. This can be online, face to face or through another HCP.*