OET

# Living the Language

## A doctors' guide to English usage in British life and work

Everyday I need to participate in such meetings. Initial days of coming to this country I used to find difficult to understand accent of some people. But with time it has been easier and now I am very comfortable to speak on the public platform.

**Binny**

# Introduction

I'm pleased to bring you *Living the Language* – a new resource designed to help overseas doctors working in the UK healthcare system develop their English communication skills.

*Living the Language* has been created to help with the communication challenges overseas doctors experience when they start working in the NHS. It includes practical advice on coping with local accents, working with teams, written documentation and speaking on the phone, plus lots more guidance to help new hires adapt and integrate into their workplace and wider British society.

The publication of *Living the Language* has been supported by Doc2UK, Health Education England and NHS Employers and includes input from overseas doctors now working in the NHS who have shared their own experiences in order to help others. OET is committed to supporting overseas doctors beyond the English test as a helpful partner on the candidate's journey to their dream job as a registered doctor in an international healthcare setting.

**Mickey Bonin**
OET, UK.

## Notes for readers

The term 'patient' is used to refer to any person receiving care in a UK healthcare setting, be that a care home resident, hospital inpatient, outpatient, individual seeking therapy or any other healthcare service user. While much of the content refers to a hospital context, the material is also relevant to workers in other UK healthcare settings.

## Share your feedback

This is the first ever edition of *Living the Language for Doctors* and we'd love to know what you think of it. Your feedback will help us ensure the content provides the best possible support for future doctors coming to the UK. Which sections did you find the most helpful? Is there anything missing that you think we should include? Let us know!

Tell us what you think

### Naveen's top tips for new doctors practising in the UK

1. Put your PATIENT AT THE HEART OF DECISIONS you make. Do not hesitate to seek help from your seniors or ask a patient to repeat what they have just said if you didn't understand. That could be the most important part of the diagnosis.

2. Familiarise yourself with the NHS Trust or NICE guidelines in patient management. This will help a lot of decisions become easier.

# Contents



# Introduction to the NHS

**The UK's National Health Service or NHS was established by the Minister of Health, Aneurin Bevan in 1948. Today, not only is the NHS one of the biggest employers in the world, it is the largest employer in the UK, employing around 1.3 million staff, roughly a third of whom were trained overseas.**


## The role of the NHS

Taking care of its citizens from 'cradle to grave' (Aneurin Bevan, 1948), the NHS occupies a very special place in UK society. A survey by the Kings Fund in 2017 found that 77% of the population believed that '*the NHS is crucial to British society...*'.

We think of the NHS as a 'national treasure' and regularly celebrate its achievements and its employees, including on postage stamps and even during the opening ceremony of the 2012 London Olympics.

Support for the NHS during the COVID-19 crisis in 2020 was overwhelming. In homes across the country people sewed scrubs for hospital staff while neighbours came together once a week to applaud the work of our NHS staff.

During this time, the nation was also inspired by 99-year-old 'Captain Tom'. The World War II veteran who raised nearly £33 million for NHS Charities by walking around his garden following a hip operation later received a knighthood from the Queen, becoming Captain Sir Tom Moore (1920–2021).

### References

The King's Fund. (2017, October 6). How does the NHS in England work? Retrieved from: https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

# How the NHS works

It's important to understand how your patients access their healthcare, especially as it may be quite different from healthcare provision in your home country.

Healthcare in the UK is provided by the government and paid for by taxes. The NHS delivers GP services, Accident and Emergency care (A&E), hospital services and social care for free.

## Accessing the NHS

To access NHS healthcare and treatment, everyone is required to register with a General Practitioner (GP) at a GP practice, usually the one nearest to their home. The GP practice, or surgery, is where one or more GPs as well as other community healthcare professionals, e.g. nurses, midwives, dieticians deliver their services. Once they have registered, patients receive an NHS number which entitles them to NHS services for life.

## Primary v. secondary care

The first point of contact for all non-urgent healthcare is the patient's primary care provider, e.g. GP or dentist. If necessary, the GP or dentist will refer the patient to a secondary care provider or specialist, e.g. cardiologist, dental surgeon, etc. via a medical referral letter. Once the specialist has provided the necessary treatment and care within the hospital setting, the patient will then be discharged back to their primary care provider.

## What is an NHS Trust?

You will hear people refer to a local hospital as an NHS Trust. An NHS Trust is a legal entity set up under the NHS Act 2006 to provide goods and services for the purposes of the health service. NHS Trusts act as Healthcare Providers and provide hospital services, community services and other aspects of patient care, They may also act as commissioners when sub-contracting patient care services to other providers of health care.

## Emergency & urgent care

999 is the number to call for emergency care. However, there are various services providing urgent, but non-emergency care. These include NHS Walk-in centres open 365 days/year without an appointment, out-of-hours surgeries, open all day, as well as weekends and holidays, and minor injuries units.

UK patients tend to rely heavily on their GP and are less likely to visit a specialist, including a pharmacist. Often GP surgeries dispense medications or, on occasion, refer a patient to a pharmacy to collect a medication. In recent years however, public health campaigns have encouraged people to visit their local pharmacy for minor ailments or contact NHS 111, a free 24-hour telephone service, for healthcare support and advice.

## Paid services

While most services are free, there are some private services, charged at NHS rates. Most patients pay for their dental and eye care treatment and prescriptions, for example. However, certain groups are exempt from paying for these services, including anyone over 60, children under 16 and the unemployed.

The cost of medications in NHS England is universal. Irrespective of the cost of the medicine (£1000 for a cancer drug or 50p for paracetamol), a universal prescription cost applies to most patients (unless in the exemption group described above).

### References

NHS Data Model and Dictionary. Retrieved from https://datadictionary.nhs.uk/nhs_business_definitions/nhs_trust.html

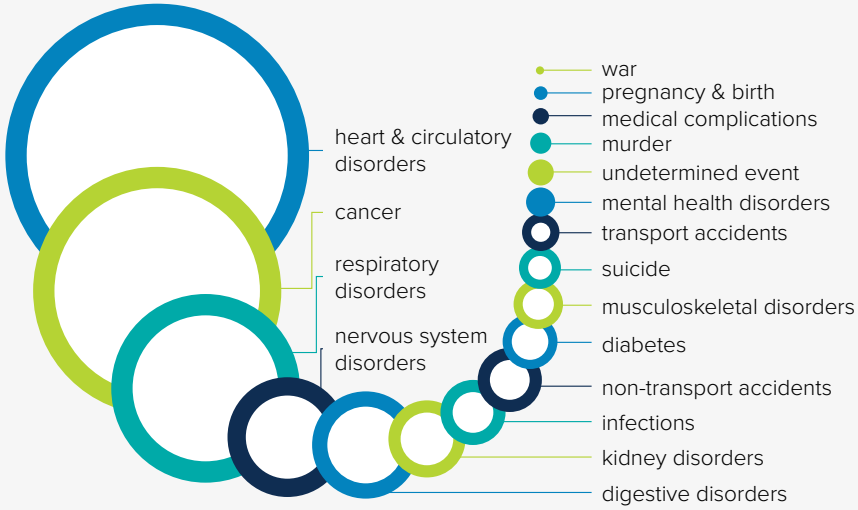
The King's Fund. (2017, October 6). How does the NHS in England work? Retrieved from: https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

# UK-specific health issues

## Common causes of death

Considering the health risk factors and the leading causes of death in the UK, will give you a better understanding of your patients. Disorders related to the heart brought about by high blood pressure are the most common causes of death in the UK, with cancer predominantly caused by smoking coming in second.

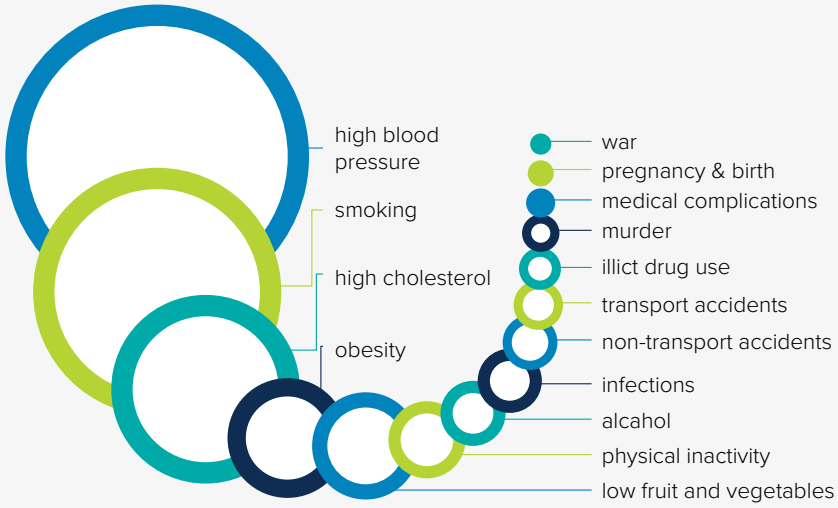
### Leading causes of death in perspective




**Source**

NHS Atlas of Risk (2017)

### Risks leading to death in perspective




**Source**

NHS Atlas of Risk (2017)

## Ageing population

By 2050, it is projected that one in four people in the UK will be aged 65 years and over. Co-morbidities of older patients in the UK tend to be diabetes, cardiovascular diseases (hypertension, angina) and chronic respiratory diseases (asthma, chronic obstructive pulmonary disease (COPD)). Dementia is also quite prevalent, with one in six people over 80 living with Alzheimer's disease (62%) or vascular dementia.

Care for the elderly is carried out either informally by family members or formally in residential homes, known as care homes. These are run privately and depending on the financial situation of the person concerned can be free. Specialist care homes exist, caring for those with dementia, for example. Recognising the difference between a residential home (with wardens), a care home (with carers) and a nursing home (with nurses) is important as it helps with offering specific services for discharged patients e.g. a nursing home can offer procedures such as injections, whilst care homes and residential homes cannot.

Understanding the discharge destination of patients is crucial as it forms an important part of decision making. It is important to ask the right questions early enough to determine and plan the best final discharge destination for the patient.

Bed blocking is a big problem in the NHS as it restricts other patients admission and costs the NHS a lot of money.

## Obesity

Obesity is now a major public health issue in the UK, with 36% of the adult population in 2019 classed as overweight and 28% as obese. Likewise, childhood obesity is one of the biggest problems currently being faced. In England nearly 25% of all five-year-olds are obese or overweight, rising to one third by the age of 11. The government Childhood Obesity: Plan for Action aims to '*halve childhood obesity [...] by 2030.*'

## Alcohol use

The UK's relationship with alcohol might also be very different from your own country. In 2016 Drinkaware noted that adults in the UK drink on average 11.4 litres of alcohol a year, the equivalent of 22 units a week compared with 6.4 litres across the rest of the world. Drinking large quantities of alcohol over a short time period – usually Friday and Saturday evenings – is part of the culture for many, regardless of age, gender or social background. Sadly, this has quite a significant effect on hospital admissions both directly and indirectly.

**358,000 admissions to hospital in 2018/19** where the main reason was due to drinking alcohol. 6% higher than 2017/18 and 19% higher than 2008/9.

**38%** of men and **19%** of women aged 55 to 64 usually drank over 14 units in a week

**Source**

Statistics on Alcohol in England (2020)

**References**

Age UK. (2019, May). Later Life in the UK. Retrieved from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf

Department of Health and Social Care. (2018, June 15). Childhood Obesity: a plan for action, Chapter 2. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf

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Nuffield Trust. (2021, January 27). Obesity. Retrieved from: https://www.nuffieldtrust.org.uk/resource/obesity

Office of National Statistics. (2021, January 14). An overview of the UK population. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021

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# Workplace Communication

**In this section we highlight the different ways of working that you may encounter in English-speaking healthcare systems. We address the concept of a 'collegial' style of working and the challenge this may pose to overseas doctors unfamiliar with this feature of hospital life. We provide advice on some practical aspects of communication that overseas doctors are often challenged by, e.g. participating in meetings and handovers, written documentation and record-keeping and we offer guidance on understanding the special language of your setting – the abbreviations and medical terms you'll need to know.**

# Working as part of a team

### Naveen says...

"Sometimes it does come as a surprise when a doctor/nurse challenges a decision made by an overseas doctor. It took time to get acquainted with this approach which I now feel is the correct way of doing things. Challenging a decision doesn't imply offending..."

### Binny says...

"Few occasions my decisions have been challenged by nurses and therapists which was something very different compared to my home country. I feel it is important to express their opinion for the best patient care."

Doctors from your country may have similar experiences to Naveen and Binny. However, you'll notice that in the UK doctors, nurses and other practitioners function as one team, adopting what is known as a multi-disciplinary, person-centred approach.

## What differences might you notice about your new working environment?

- Being part of a multi-disciplinary clinical and social care team – nurses, physiotherapists, nutritionists, pharmacists, occupational therapists and social workers, among others
- Realising nurses are expected to make decisions independently of doctors' instructions
- A higher level of teamwork between doctors and nurses
- A flatter, more flexible hierarchy

## Here are some points to bear in mind as you work in your team:

**Don't be afraid to ask for help or advice from your team members – junior doctors, nurses, other allied healthcare professionals as well as your seniors**

- Don't assume you know the roles and responsibilities of your team
- Respect the opinions and expertise of the others in your team
- If necessary, explain to patients you are interested in getting a second opinion; patients prefer honesty and appreciate there is a multi-disciplinary team approach to healthcare
- Question your team member's decision if you feel it is misplaced, even if you are wrong
- Be assertive if you feel you are being taken advantage of or pressured
- Remember you are all working towards a common goal

## How can you learn more about your team?

- Ask team members about their expectations
- Attend multi-disciplinary meetings to understand who's involved and their different roles and responsibilities
- Research the roles within your setting so you understand where you fit in
- Observe colleagues as they interact and identify and copy appropriate behaviours

# Understanding medical terms and abbreviations

Many overseas doctors are faced with difficulties understanding medical terms and abbreviations used in the NHS on arrival in the UK. There are a number of sources to help you find meanings for words, acronyms and phrases you are unfamiliar with. It is worth asking your employer for locally created crib sheets or lists of commonly used local words and phrases.

## NHS Lists

Abbreviations commonly found in medical records

Acronym Buster

## Trust-created Lists

Your Trust may produce their own like this one from Southern Health NHS Foundation Trust

List of Abbreviations produced by Clinical Staff for use within Health Records

## Phone/Tablet Apps

Medical Dictionary by Farlex

Oxford Handbook of Clinical Medicine – Ian Wilkinson

## Reference Books

Oxford Concise Colour Medical Dictionary

Medical Terminology: The Best and Most Effective Way to Memorize, Pronounce and Understand Medical Terms: Second Edition


## Other ways you can help yourself

- Asking colleagues to define terms
- Using Google to clarify terms
- Taking a course
- Engaging in self-study

# Using SBAR to improve clinical communication

SBAR is a tool that was originally designed for the US Navy. It has since been adapted for the healthcare setting to improve both spoken (face-to-face and by phone) and written communication.

## When is SBAR used?

Here are some of the ways the NHS encourages the use of SBAR during the patient journey:

- GP referral letter
- Consultant to consultant referrals
- Movement of patient between areas of diagnosis, treatment and care
- Handovers
- Discharge back to the patient's GP or community care setting

## Why is SBAR used?

- Provide structure to the information giving process
- Facilitate the passing of all essential information in the right amount of detail
- Allow staff to communicate their message clearly, succinctly and assertively
- Avoid the need for repetition and delay
- Help staff anticipate the information they are going to hear
- Make sure roles and responsibilities are clearly understood
- Save time
- Ensure patient safety

## How does SBAR work?

SBAR stands for Situation, Background, Assessment, Recommendation. These questions will help you provide the right information for each stage of the process:

**S** – What is happening at the present time?

**B** – What are the circumstances leading up to this situation?

**A** – What do I think the problem is?

**R** – What should we do to correct the problem?

And here are examples of language that can be used to communicate the information required:

### SBAR COMMUNICATION TOOL

**S – SITUATION**

I'm (name), I'm the SHO on the ward this evening.
I am calling about one of your patients, (patient X).
I am calling about ... (patient X's test results).
I'm ringing to see if we can ... (arrange for transfer of patient X, discuss ...).
The situation is ...

**B – BACKGROUND**

The background (to the situation) is ...
Patient (X) was admitted on (XX date) with ... (e.g. MI / chest infection).
He's had (X operation/procedure/investigation).
Patient (X)'s condition has changed in the last (XX mins).
His obs were within normal limits / His post op bloods are ...

**A – ASSESSMENT**

My assessment is that ...
I think the problem is ...
I'm worried / concerned about the possibility of ...
And I have... (e.g. given O2 / analgesia, stopped the infusion).

OR I am not sure what the problem is, but patient (X) is deteriorating.

**R – RECOMMENDATION**

I'm considering ...
I need you to ...
Could you come and see the patient in the next (XX mins)?

AND Is there anything I need to do in the meantime?
(e.g. start IV antibiotics / ask the nurses to repeat the obs)

The SBAR tool orginated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colarado, USA

# Participating in meetings

Some overseas doctors struggle with stating their point of view succinctly and effectively in English. This may especially be the case in a larger group during multi-disciplinary meetings.

### Binny says...

"Everyday I need to participate in such meetings. Initial days of coming to this country I used to find difficult to understand accent of some people. But with time it has been easier and now I am very comfortable to speak on the public platform."

## Leading meetings

When it comes to taking the lead during a meeting or handover, it's important to be able to manage that situation effectively. Make sure you:

- Make introductions (i.e. to the patient) if necessary
- Avoid dominating the meeting
- Listen carefully and respectfully to others
- Avoid and discourage interruption
- Encourage input from your team
- If the patient is present, take care to involve them where possible
- Obtain patient consent for further continuation, when necessary
- Provide a good role model to medical students and staff members training
- Summarise the key points and highlight the plan of action and/or goals for the day

## How to communicate more effectively in meetings and handovers

| | |
|---|---|
| **Indicate a new topic** | Now, let's look at (patient name)'s |
| **Finish a point** | That's all for the (past medical history). |
| **Return to the main point** | As I was saying ... |
| **Explain something more clearly** | What I mean is ... |
| **Make a suggestion** | Can I make a suggestion ... |
| **Encourage input from team** | (Nurse's name) did you have any input from the nursing side? |
| **Inviting questions** | Does anyone have any questions? |
| **Involve the patient** | Is there anything you would like to add, (patient's name)? |
| **Check there no other comments** | Any other comments before we finish? |
| **Signal the end of the handover** | I think we're coming to the end now |
| **Summarise** | So, to summarise ... / Just to recap ...<br>Let's go over what we've agreed ... |

# Documentation

## Good record keeping is vital for effective communication and integral to promoting continuity of care and safety for patients.

In the worst-case scenario written documentation also provides evidence should there ever be a complaint from a patient about their treatment.

Examples of written documentation might include:

- Handover notes
- Care plans
- Admissions paperwork
- Medication and observations charts
- Referral letters/emails
- Discharge summaries/emails

Overseas doctors sometimes struggle with written forms of communication. This may be due to differences between the new workplace format and that with which the doctor was previously used to.

**Naveen says...**

"Documentation is much more detailed in the NHS compared to the one in India. The challenge is that an average patient speaks for 5 mins conveying at least 20 salient points. We have to document all these 20 points irrespective of their pertinence to the diagnosis or management of the patient. This is hard to document whilst we have hardly 20 mins to spare on a patient.."

**Parmvir says...**

"I have to clerk in patients and do clinic letters. Challenge I faced was that letter has to detailed and it quite difficult to get detailed letter always right."

## What are the challenges?

- Writing quickly
- Being clear – can it be read by another doctor, nurse or medical specialist
- Knowing what to write and what not to write
- Knowing how much to write
- Getting the tone right

## How to overcome them

- Familiarise yourself with templates used in your setting
- Read good examples from other doctors to understand what is expected
- Adopt the writing style of colleagues
- Memorise and employ standardised sentences and phrases
- Practice using best practice templates e.g. OET Referral Letter
- Find a favourite pen brand that is clear, dark, legible and comfortable
- Refer to superiors or your mentor
- Speed up your typing with a free typing tool like www.typingclub.com or rapidtyping.com

## Know your responsibilities for record keeping by checking

- > RCP: Generic medical record keeping standards
- > GMC: Good Medical Practice (page 9)
- > Medical Protection: An Essential Guide to Medical Records

# Revalidation & CPD

## What is revalidation?

As a doctor working in the NHS, you will be asked to revalidate your GMC licence every five years to ensure you are still fit to practice. Your annual appraisal with your supervisor or Responsible Officer is part of the revalidation process. During the appraisal, you will be asked to provide examples of your work and will also have the chance to discuss areas for development over the coming year. This process ensures you're keeping yourself up-to-date with current practice and offering safe, most recent and best management and care of your patients.

## What is Continued Professional Development (CPD)?

Continuing Professional Development (CPD) is the development of the skills you need to carry out your role effectively. During your annual appraisal you will need to demonstrate you have completed around 50 credits/ hours of CPD.

## What areas and activities should I choose for my CPD?

The skills you choose to develop depend on you and your needs and/or the needs of your team. CPD activities can be a mix of formal learning e.g. attending courses such as Advanced Life Support, speaking at an international conference, attending a workshop on leadership skills, or informal learning, e.g. reading and online research, reflecting on an encounter with a patient.

## Reflective writing

If you chose to reflect on an encounter with a patient, you should do this in writing (reflective writing) and submit it to your supervisor during your annual appraisal.

For some overseas doctors reflective writing might sound a daunting task, but it doesn't have to be. Samples of reflective writing can be fairly short – 150–200 words – and the GMC proposes this series of simple questions which you can use as a guide:

What's the issue you reflected on?

What made you stop and think?

There are many ways to reflect – how did you do it?

What did you do?

Tell us what you took away or learned from this experience?

How did it change your thinking or practice?

Has it improved your practice and outcomes?

CPD Reflective Narratives provides some examples of reflective practice written by NHS doctors from different specialisations. For more on Reflective Practice visit the GMC website. https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice


### References

General Medical Council. (2019, December). Guidance for doctors: requirements for revalidation and maintaining your licence. Retrieved from: https://www.gmc-uk.org/-/media/documents/revalidation-guidance-for-doctors_pdf-54232703.pdf

General Medical Council. (2012, June) Continuing professional development. Guidance for all doctors. Retrieved from: https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf

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# Patient Communication

**Doctors tell us that tasks related to communicating with patients and their families present one of the greatest challenges when starting work in a new English-speaking setting. Difficulties can arise from the 'person-centred care' model, an approach to healthcare which may be new to incoming doctors and different to the accepted model of care in their home country.**

# Person-centred care

**What is person-centred care?**

**How is it different to the model of care in other countries where you trained/worked?**

**What communication challenges may this pose for you as an overseas-trained doctor?**

Person-centred care is the predominant model of care within the NHS. Some of its features may be familiar to you, others will be strange and even clash with your previous ways of working.

### Gautham says...

"Care is more holistic here when compared to India when we mostly focus on medical aspects."

### Parmvir says...

"Over here in UK we not just look after a patient's medical condition we sort out any social issues, family problems etc. In India, all that is patient's problem."

## Person-centred care means that:

- Care focuses on the individual's particular healthcare needs
- The person is an equal partner and active participant in the planning of care
- Their opinions are important and respected
- They are involved in decisions at every step of their treatment and care
- Workplace procedures are patient focused, rather than task focused

## It requires that:

- We think about the effect of what we're doing on the person as a whole
- We act on what people want when we plan and deliver their treatment and care
- We always have the person's safety, dignity, comfort and well-being uppermost in our mind
- We communicate well across multidisciplinary teams to meet the person's needs

## Communication challenges presented by person-centred care

- Working across teams
- Need to build rapport
- Requesting consent from the patient for all aspects of their treatment and care
- Providing information in a format that is acceptable to them and helps them make decisions
- Explaining complex information in plain English

### References

General Medical Council. Duties of a Doctor. Retrieved from:

www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor

# Establishing rapport

## What is rapport?

O'Toole defines rapport as the development of a therapeutic relationship based on mutual understanding (respect, empathy and trust) (O'Toole, 2016). Establishing rapport is a central concept in the model of person-centred care.

## Why is it important to establish rapport?

To gain a patient's trust

To make them more receptive to the care you will be giving

As preparation for gaining consent for care or medical intervention

To reassure a patient and make them feel acknowledged and valued

## Some obstacles to gaining rapport

Concerns about miscommunication through accent or misunderstanding local expressions

Being task focused rather than patient focused

Time constraints through pressure of work

Misunderstanding subtleties of the patient's language or non-verbal cues

Being unaware of differences in patient expectations of their healthcare

## Tips on building rapport for overseas doctors

Use a clear introductory routine involving a concise opening statement (see #Hellomynameis section on page 20)

Make use of small talk to help engage with the patient

Use body language to show empathy e.g. maintaining steady eye contact, using open posture (not folded arms) and positive facial expression

Listen actively to the patient (see page 21)

Employ the cone technique (open followed by closed questions) to encourage the patient to tell their story

Explain procedures and conditions with confidence and in a language the patient can comprehend (avoiding medical jargon or terminology)

Deliver information in small chunks using signposting (linking words) to ensure the message is clear

Ask for clarification and check for understanding where necessary

Rehearse important conversations (e.g. breaking bad news) before speaking to patients

**References**

Adapting to British Culture, Ramesh Mehta and Raj Kathane, BMJ Careers (2004)

# #hellomynameis

The #hellomynameis initiative was launched in 2013 by Dr Kate Granger MBE, who was a doctor, but also a terminally ill cancer patient. While she was in the hospital as a patient, she noticed that so many of the doctors and nurses and other healthcare professionals who looked after her didn't introduce themselves. She wanted to remind healthcare workers about the importance of introductions, not just as a courtesy but as a way to establish a human connection between one who is suffering and another who wants to help.

## Why use

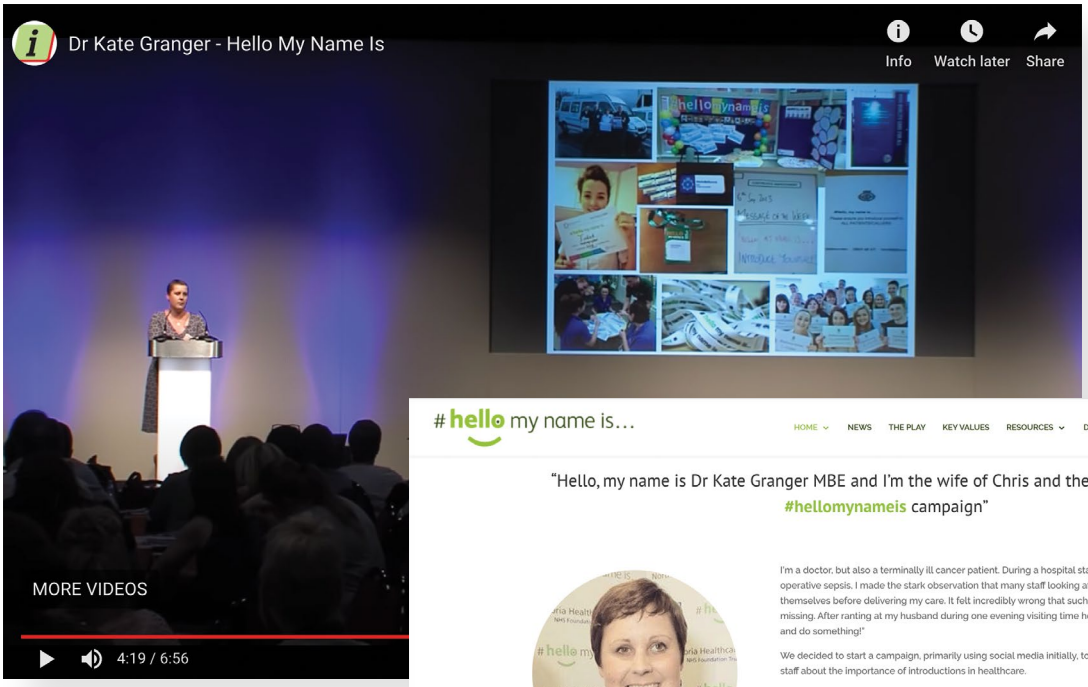
## #hellomynameis

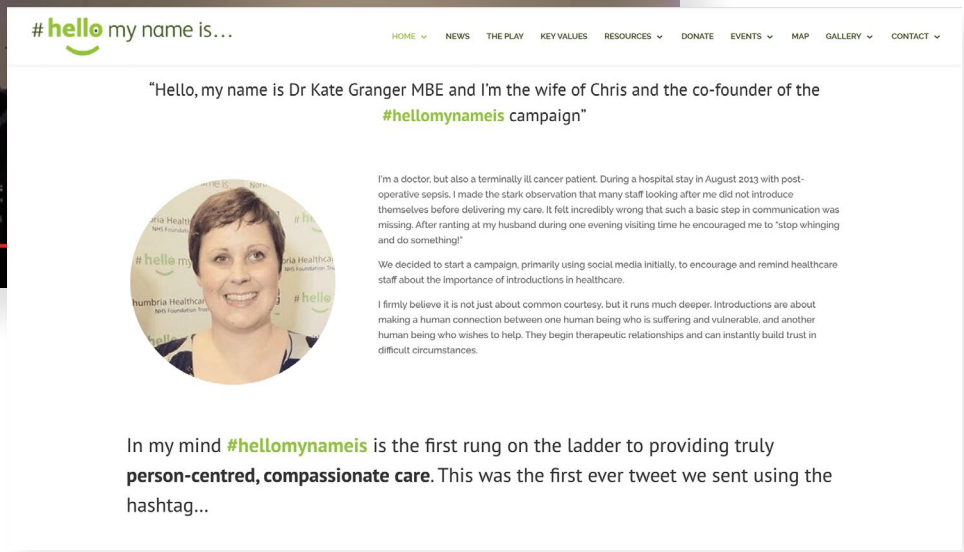
**Repeatable phrase that is easy to remember**

**Use to quickly establish rapport and build trust**

**A confident introduction brings patient comfort and reassurance (I am in safe hands)**

**Good for use with all types of patients**




https://www.hellomynameis.org.uk/

# Active listening

**What is active listening?**

**Why is it important?**

**Tips on active listening for overseas nurses**

Active listening is possibly one of the most important skills in the doctor's toolkit and is the basis of the person-centred approach. A doctor who listens actively takes responsibility to understand what the patient is saying and how they are saying it and then acts on what they've heard.

## Benefits of active listening for the doctor

Demonstrate you are listening to the patient and are interested in them and their story

Listen to the 'whole' person (their illness and how it is affecting them)

Observe the patient more closely, picking up on verbal and non-verbal cues

Gauge the patient's emotion and respond appropriately

Avoid making assumptions and premature hypothesises

## Benefits of active listening for the patient

Allows the patient to feel respected and treated with dignity

Gives the patient the time necessary to express themselves adequately

Personalises the experience for the patient

Enables the patient to participate more fully in the consultation

Encourages the patient to take greater responsibility for their healthcare

**References**

Skills for Communicating with Patients, Silverman, Kurtz and Draper (2005) Radcliffe

## Skills of active listening

Use the cone technique (open followed by closed questions)

Ask open directive questions: for example: "How have you been since I saw you last?"

Look and listen for cues

Reflect back to show you have heard what was said and to expand the conversation

Use positive body language – maintain open posture and good eye contact, use gestures

## Phrases to help you become a good active listener

Encouraging the patient's perspective: "I've got an idea why you've come into A&E today, but I'd like to hear the story from your side, if that's OK."

Exploring cues: "You said you're 'not with it'. Can you tell me more about that?"

Screening: "Is there something else on your mind?"

Clarifying: "You said you're 'not with it'. From what you say, it sounds like it's hard to concentrate?

Reflecting back (echoing):
**Patient:** I thought I'd bounce back after the surgery, but that hasn't happened.
**Doctor:** Bounce back? (pick up on the cue and pause for the patient to say more)

### Oindrilla says...

"Sometimes patient will not tell you the history and be 'rude' and say it's in my file. This is where it is best to explain that yes they might have to repeat their history again, but you want to listen with fresh ears as to not miss something important or they might remember something important. You'll definitely see their notes but a fresh perspective is always good."

# Plain English and paraphrasing

An important part of person-centred communication is learning how to talk about medical issues using words that a patient without a medical background can understand. Equally important is understanding exactly what the patient is saying. Paraphrasing as well as summarising, clarifying and checking are effective tools for doing this.

## Why is it necessary?

**For having effective conversations with a doctor, patient and family.** In this role doctors are often called on to summarise, paraphrase or translate into plain English sometimes complex medical scenarios

**For gaining consent.** Patients and their families must be able to understand the care or treatment they are consenting to

**For checking your own understanding** of what a colleague or patient has just told you

For ensuring an accurate diagnosis

## Tips for overseas doctors

Organise and reflect on information before paraphrasing

Build up a bank of plain English words to complement your existing medical vocabulary e.g. bruise for haematoma, needle for cannula, 'to lie on one's back' for 'to lie supine'.

Use common analogies to help the patient understand medical, e.g. 'the heart is like a pump', 'the kidney is a bit like a filter'.

If you have to use a medical term, explain it immediately in plain English.

Practice using phrases such as

'Let me explain it in a different way.'

'What this means is ...'

'In other words, ...'

Check the patient's understanding using expressions like:

'Does that make sense?'

'Do you have any questions at this point?'

When you paraphrase the patient's words, start by saying 'If I've understood (you) correctly, ...' Then to make sure you have understood completely, ask:

'Is that right?' or

'Is that an accurate summary?'

Do not move forward if you don't understand or would like others present to help with understanding.

# Asking for consent

If you give your consent to something, you give someone permission to do it. In the healthcare setting, consent is a key aspect of the person-centred approach; it's about demonstrating respect for the patient and ensuring they are part of the decision-making process. It's also a legal and ethical requirement and must be documented.

### Prisha says...

Although care of the patient is at the heart of every doctor, person-centred care is significantly different in both systems. Emphasis is given to patient consent is one of the important aspects. Patients' approval in decision making is quite important in the NHS whilst it is not so much in the Indian sub consitnent. Generally, it is assumed that doctor would prescribe medicine and a nurse would give it to him/her."

## Verbal consent

Situations when it is necessary to ask patients for their verbal consent can be as varied as:

- setting the agenda for the consultation
- taking the patient's temperature
- carrying out a pelvic examination
- discussing a treatment option
- agreeing the presence of a chaperone during a patient examination
- moving on the discussion after having delivered some bad news

In fact, doctors should be asking for consent several times over during any consultation.

## Phrases you can use to ask for verbal consent

I just want to ask you a few more questions if that's alright/OK (with you)?

Does that sound OK/alright? / Is that OK/alright (with you)?

Are you OK for me to just ... / Do you / Would you mind if I just...? If you don't mind, I just want to ... listen to your chest?

Are you happy for me to continue? / proceed?

## Phrases you can use to ask for verbal consent

I just want to ask you a few more questions if that's alright/OK (with you)?

Does that sound OK/alright? / Is that OK/alright (with you)?

Are you OK for me to just ... / Do you / Would you mind if I just...? If you don't mind, I just want to ... listen to your chest?

Are you happy for me to continue? / proceed?

## Written consent

For the patient to give consent to treatment, it's important you inform them fully about:

The procedure (investigation, operation, treatment) being proposed

Why it is necessary

How it will be performed

Benefits, risks and possible side effects of the procedure

Alternative treatments available

Likely success of the procedure

* Asking for consent from children (under 16) and in emergency situations, see the references below

## Phrases you can ask to obtain written consent

Before we go any further, I just want to explain the procedure we're proposing, if that's OK.

Let me just explain what happens during the procedure. / What we do during the procedure is ...

We recommend this procedure because ...

The benefits of the procedure are that you'll ... / we can ...

There are some more serious complications with this procedure.

You may/might ... / It's possible that you'll .... experience  develop ...

The most common side effects are ... / There is a chance that .... but this is very rare.

There are some alternatives with this procedure, and I can explain the risks and benefits of those if you wish.

The decision to go with another procedure is yours.

Do you have any questions at this point?

So, (just to summarise) we've talked about ....

Are there questions (you'd like to ask me) about anything we've talked about today?

Could you tell me what you understood from our conversation?

Are you comfortable knowing ... / Are you OK with ... the risks that we talked about?

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# The language of bad news

**Doctors often report that communicating bad news to patients and patient families is the most difficult communication task they face in their work.**

You might not know a particular patient (e.g. in A&E) or had chance to build a rapport with their relative. The person may already be prepared for bad news but equally it could be totally unexpected and sudden. In addition, you may have to deliver the news by phone or online (e.g. during the COVID-19 crisis) which can be even more challenging.

## Tips to develop your skills

Seek opportunities to see good skills modelled by another doctor

Find a mentor to guide you in best practice

Remember the role of body language when delivering bad news

Memorise or rehearse key phrases – particularly useful in an emergency situation

Make sure your tone of voice is appropriate when you deliver bad news.

## Frameworks for delivering bad news

Bad news can mean different things to different people, the death of a child following an RTA, breaking an arm ahead of a school tennis tournament. But whatever the situation, using a framework can help you deliver the bad news in a structured way using the right language.

Using a template or framework for the delivery of bad news can help make sure you handle it in the right way.

> SPIKES: was originally designed for oncologists to deliver bad news to their patients, but is now used widely across all specialities including in emergency medicine.

**S**etting up the interview – making sure there is privacy and that you won't be interrupted

Assessing the patient's **P**erception of their situation – what does he/she already know?

Obtaining the patient's **I**nvitation to deliver the bad news

Giving **K**nowledge and information to the patient.

Addressing the patient's **E**motions with **E**mpathetic response.

Having a **S**trategy or plan going forward and Summarising.

## Other useful advice

Give a **'warning shot'** to help prepare the patient/relative for the news (see page 26).

Deliver the information in **small chunks using signposting** (linking words) to ensure the message is clear.

**Check the patient's understanding** and pause regularly to give the patient time and 'space' to grasp the news.

Gauge the amount and level of detail the patient would prefer to hear (it may be more than patients in your own country)

Keep checking the patient's emotional reactions and respond with empathy

**Be honest about what you know;** honesty is linked to trustworthiness and helps build rapport

## Useful phrases and words for communicating bad news

Having some well-tested, standard phrases that you can practice saying will help you feel more confident in these situations. The following is adapted from the book 'How to Break Bad News' (Buckman, 1992).

1. **Preparing someone that bad news is coming.** This 'warning' gives the individual a few seconds longer to psychologically prepare. This preparation is sometimes called 'a shot across the bows', or 'to fire a warning shot'.

   "The results are not as good as we expected...."

   "Yes, it could be serious ...."

   "We are concerned by the test results ...."

   "I'm afraid I have bad news ...."

   "I'm very sorry I have some bad news to tell you..."

   "The news is not good..."

2. **Giving information honestly but sensitively in plain English.** Use language that is appropriate to your patient's ability to understand, with minimal medical and technical jargon.

   "She has had a heart attack." Rather than 'myocardial infarct'

   "He has died," rather than "he has gone/ passed away."

   "You have cancer," rather than "You have a tumour."

3. **Acknowledging emotions**

   "Hearing the result of the bone scan is clearly a major shock to you."

   "Obviously this piece of news is very upsetting for you."

   "I can see this is very distressing."

   "That's not the news you wanted to hear, I know."

4. **Respond empathetically:** Avoid using sympathy (e.g. 'I'm sorry for your loss.' 'Don't worry') as this can sound dismissive or patronising. Instead, empathise with the patient and their situation. Expressing empathy helps to connect with the recipient and validate their feelings and shows that you have given some consideration to them.

   "I wish the news were better"

   "I can appreciate this is difficult news to hear"

5. **Handing difficult questions may include, "**Am I going to get better?" "Am I going to die?" "How long do I have?" A sample answer may be:

   "That's a difficult question, there are no simple answers."

   "We can hope to control your illness, but can't hope to cure it."

   Do not be afraid to say, "I don't know."

   "You may have a number of months," or "You may have months rather than years."

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# Avoiding discriminatory language

Words can have a powerful effect on the person who hears them. Language, intentionally or unintentionally can patronise, discriminate or promote stereotypes. It can upset and offend and ultimately cause a breakdown in communication. But the right words can help to break down barriers, celebrate differences, and most importantly treat the other person with dignity and as an equal in our very diverse society.

## What is discriminatory language?

Discriminatory language includes words and phrases that:

- reinforce stereotypes
- reinforce derogatory labels
- exclude certain groups of people through assumptions, eg assuming the male or white population is the norm
- patronise or trivialise certain people or groups, or their experiences
- cause discomfort or offence

## Who can be affected by discriminatory language?

The nine 'protected characteristics' in the 2010 Equality Act are:

- age
- disability
- gender
- gender reassignment
- race (this includes ethnic or national origins, colour and nationality)
- religion or belief
- sexual orientation
- marriage and civil partnership
- pregnancy and maternity

## How can overseas doctors avoid using discriminatory language?

Use gender-neutral language, e.g. 'partner', instead of 'husband'/'wife', doctor, not 'female doctor ', 'nurse', not 'male nurse' and 'Ms', not 'Miss' or 'Mrs'

Listen to how patients describe themselves (e.g. British Muslim, Black British) and only refer to a patient's race if it is directly relevant to the point you're making

Don't make assumptions about a patient's sexual orientation and use the correct terms (e.g. straight, bisexual, gay, lesbian)

Avoid asking: 'Are you married?' Ask: 'What is your relationship status?'

Employ expressions that emphasise the person not the disability, e.g. 'Steven is a child with autism', not 'Steven is an autistic child'

Don't refer to 'the blind', talk about 'people who are visually impaired', and 'accessible toilets' not 'disabled toilets'

Remember that language is always changing. Terms disappear and are replaced. So, try to always to keep in touch with what is current.

**References**

A guide to effective communication: Inclusive language in the workplace, BMA (2016)

3.

# Social Communication

**As a new recruit you will be mixing in with people from many different areas of British society in both your professional and personal life. Some overseas doctors say that they find it harder to communicate on a social rather than a professional level. This is because they may be less familiar with general or cultural topics than workplace ones. In addition, the way people speak English and the words they use vary hugely across the regions of the UK and across social groups.**

# Slang and idioms

"It's raining cats and dogs out. I think I'm going to need my brolly."

English idioms, proverbs, and expressions are a key feature of everyday English. Because idioms don't always make sense literally, it's a good idea to familiarise yourself with the meaning of the most popular ones and how they are used. Including idioms in your speech will make your English sound more natural.

**Why not practice with this:**

> list of everyday English phrases.

**How well do you know your English idioms?**

> Try this free 2-minute online test

# Local accents and dialects

You will probably be most familiar with the English accent known as 'Received Pronunciation' or 'Queen's English'. This is the accent described as typically British. However the UK is made up of more than 50 different accents and dialects! (2020, Wikipedia contributors).

Accents (the way words are pronounced) and dialects (the local use of specific non-standard words) vary depending on where in the country a person is from, as well as socially.

> Here's a guide to just a few of these British dialects

## Best practice

When taking patient histories, patients will speak in their own dialect and use slang and colloquialisms. It is important to make sure you have fully understood meaning as this could affect care plans.

Ask your employer for a list of local dialect terms that you will hear in your setting

If you can't understand a word, ask the speaker to repeat themselves or speak more slowly

It's OK to ask for clarification, for example "What did you mean when you said you had 'been in the wars?"

Re-phrase parts that you haven't understood in your own words, for example "So you mean that you've got injuries to many different parts of your body?"

Listen closely and try to remember and repeat commonly used terms and phrases

Use Google to clarify meanings of slang terms if you don't feel comfortable asking

### Reference

Wikipedia contributors. (2020, June 5). List of dialects of English. Retrieved from https://en.wikipedia.org/w/index.php?title=List_of_dialects_of_English&oldid=960901530

# Manners and etiquette

## Please and Thank You

New arrivals in the UK, even from other English-speaking countries, are often surprised and amused by the number of times people say 'please' and 'thank you' in everyday conversation. It's not unusual to hear people repeat 'please' and 'thank you' many times in the course of a very simple transaction as in this example:

In a restaurant, you will have to say thank you when you get the menu, thank you when you place the order, thank you when get your dishes, thank you when the waiter takes away the plates and even thank you when you pay! You'll have to say excuse me if you want to pass someone and I'm sorry if you accidentally touch someone. British people even say sorry if you stand on their toes! (Harzing, 2018)

> How to say THANK YOU: British English Etiquette

## Sorry

According to a survey by the BBC of more than 1,000 Brits, the average person says 'sorry' around eight times per day – and one in eight people apologise up to 20 times a day! (Geddes, 2016)

Some nationalities almost never apologise but in English-speaking societies, you will be expected to apologise for something, even if it is not your fault! For example, in Britain, it is quite common for people to say something like "I'm sorry about the rain."

## General rules

You can never say thank you too many times

Always say please if you ask for something

Say sorry when you bump into someone, even if it's their fault

Remember! Most British people will consider you rude, or even aggressive, if you don't regularly use these terms when interacting with them

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https://www.youtube.com/watch?v=hSV6RV-bON4

# Topics and conversational behaviours

## What to talk about

When meeting people casually, whether it's at the school gate, in the supermarket queue or passing a neighbour in the street, it's worth having a few topics ready with opening lines that will help you to confidently start a conversation and 'break the ice'.

## Conversation starters

Choose these topics to avoid awkward silences, seem friendlier, easily get to know someone new, and build foundations for deeper friendship.

| | |
|---|---|
| THE WEATHER | "This weather is crazy! It was freezing yesterday but today I'm in a T-shirt. I hope it stays warm, don't you?" |
| SPORTING EVENTS | "Did you catch the football at the weekend?" |
| HOLIDAYS | "This time last year I was in Tenerife for my holidays. I'll miss that this year. What plans have you got for the summer?" |
| WORK | "My job is so busy at the moment, the days are really full. Is it the same for you?" |
| FOOD / COOKING / RESTAURANTS | "We got a takeaway from Pizza Express yesterday. Have you been using any good takeout places?" |
| ARTS AND ENTERTAINMENT | "Did you watch anything good on TV last night?" |
| THE DAY/ THE WEEKEND | "The day is almost over! Do you have any interesting plans for the evening?" |
| OBSERVATIONS | "I love your shoes today, they really pull your outfit together." |

## Topics to avoid

Avoid these topics as you don't want to cause an argument or make people uncomfortable or want to leave the conversation:

| | |
|---|---|
| Politics | Personal Gossip |
| Religion | Offensive jokes |
| Personal Finances | Anything so specific that very few people can relate |
| Age and Appearance | Topics that are sexual in nature |

# Humour

A vital element in all aspects of British life is the British sense of humour. The British poke fun at almost everything themselves, each other, politicians, class, society and you. It is often self-deprecating (putting oneself down), teasing, sarcastic and can be full of puns and innuendo (remarks that suggests something sexual or unpleasant but do not refer to it directly).

## Uses of humour

- To build rapport and informality
- To downplay achievement, appear modest
- To relax a room
- To introduce risky ideas
- To present criticism in an acceptable way

Have you heard of any of these popular comedians? Take a look at some of their videos to understand more about the British sense of humour.

Peter Kay

Michael McIntyre

Sarah Millican

Ricky Gervais

Jimmy Carr

## VeryBritishProblems

Follow VeryBritishProblems on Twitter (@SoVeryBritish) for more hilarious insights into the strange behaviours and peculiar worries of the British.

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Harzing, A.-W. (2018, August 15). British Culture. Retrieved from Harzing.com Research in International Management: https://harzing.com/resources/living-and-workingabroad/british-culture

# Indirect speech and understatement

### "Perhaps you might like to come round for dinner sometime, maybe, only if you're free of course, no compulsion"

Would this statement leave you wondering if you'd been invited for dinner or not? Possibly! A phrase like this is typical of indirect speech and understatement – a style of communication which characterises the British. By speaking in this way, all parties are protected from possible confrontation and standards of politeness are upheld. This can be frustrating if you come from a country where people are transparent about what they think and feel. You'll find yourself having to 'read between the lines' to understand what they really mean which can feel like a big waste of time.

## Common examples of understatement and indirect speech (Harzing, 2018)

| WHAT THE BRITISH SAY | WHAT THE BRITISH MEAN | WHAT FOREIGNERS UNDERSTAND |
|---|---|---|
| I hear what you say | I disagree and do not want to discuss further | He accepts my point |
| With the greatest respect | You are an idiot | He is listening to me |
| That's not bad | That's good | That's poor |
| That's a very brave proposal | You are insane | He thinks I have courage |
| Quite good | A bit disappointing | Quite good |
| I would suggest | Do it or be prepared to justify yourslef | Think about the idea, but do what you like |
| Oh, incidentally/by the way | The primary purpose of our discussion is | That is not very important |
| I was a bit disappointed that | I am annoyed that | It doesn't really matter |
| Very Interesting | That is clearly nonsense | They are impressed |
| I'll bear it in mind | I've forgotten it already | They will probably do it |
| I am sure it's my fault | It's your fault | Why do they think it was their fault? |
| You must come for dinner | It's not an invitation, I am just being polite | I will get an invitation soon |
| I almost agree | I don't agree at all | He is not far from agreement |
| I only have a few minor comments | Please rewrite completely | He has found a few typos |
| Could we consider some other options | I don't like your idea | They have not yet decided |

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# Living the Language

## A doctor's guide to English usage in British life and work


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