Medical Discourse:
A Glimpse into Communication in a Health Care Environment

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ABSTRACT

This document is designed to discuss the discourse practices that are commonly used among physicians and other health care professionals. The introduction explains the purpose and objective of this document mainly via the use of literary review. The paper is then previewed from introduction to conclusion. The methods section contains information regarding how my investigation was carried out and recounts the research process I went through. The results and discussion portion of the document presents the results of my research and analyzes a common form used daily by physicians.

Finally the conclusion segment will summarize this document and also attempt to explain what I have learned and how I think my results are relevant.

INTRODUCTION

Central to every established medical facility is communication between its employees and staff, whether it is the administration or those directly involved in patient care. Physicians must be experts in the field of verbal and written communication if they are to safely and effectively care for their patients.

In every occupation, whether academic or professional, communication between members of the company or establishment plays a vital role to the business's success as a whole. Therefore each occupation has developed, as they see fit, new and innovative ways to enhance communication between staff members. Perhaps the most common of these developments is the discourse community. A discourse community, according to Borg (2003, p.398), is described as groups that have goals or purposes and use communication to achieve these goals. He also states that membership in these communities is a matter of choice. Members of a discourse community often communicate only in written text evaluating another specific piece of work. An example would be a group of scientists evaluating a peer's journal entry to validate the journals results.

These discourse communities can employ one of many genres, or styles of writing and/or speaking. In fact, according to Berkenkotter and Huckin (1995, p.3), writers acquire and strategically deploy genre knowledge as they participate in their field's or profession's knowledge-producing activities. Daily activities in one's profession or academic institution can lead one to develop new genres in writing and speaking, styles that most people outside the discourse community would not understand. For example, after working in a health care environment, a doctor might begin to use the term BUNDY, when referring to the status of a patient in critical care. The doctor would effectively illustrate his point to another physician or

health care worker, but the patient's family most likely would not comprehend the meaning, "But Unfortunately Not Dead Yet." This correlates to research articles and journal publications also, effectively demonstrating that genre can influence the reader drastically.

Another important tool in communication between members of the medical profession is the forum. Medical and pharmaceutical advances are constantly changing the way health care is administered to the patient, and to stay up to date with these new pharmaceutical or technological breakthroughs, medical forums are held frequently. Forums are often large groups of people that come together to discuss a topic relevant to the entire group. At a forum, group leaders present scientific breakthroughs and advances in current practices, providing an educational opportunity for those who would like to implement the new advancement in their establishment.

The ability to communicate efficiently and effectively is the basis for the success or failure of many businesses, and health institutions are no exception. Communication between physicians and/or nurses takes an extremely high precedent and must be clear and unambiguous if the patient is to receive the best possible medical care. The objective of this report is to convey the importance of this communication and to provide examples of common discourse practices in the medical field. An interview with an ER physician will help to illustrate this point as well as an analysis of a patient history form, which provides important information about a patient to physicians whom have not had the opportunity to physically examine the patient themselves.

This report will look mainly at the discourse conducted in a health care related environment, but its principles could theoretically be applied to any type of business. Miscommunications in a heath care facility can lead to erroneous diagnoses, detrimental surgical errors, and many other anomalies. It is my goal that at the conclusion of this document, analysis

of it, could lead to more efficient communication between hospital workers, and thus better overall patient care.

Pertinent Methods

To grasp a better understanding of medical discourse initial web-based research was conducted. This research was helpful in gathering information and led to an outside understanding of the common discourse practices within the field. Although results are presented with an objective tone, a deeper understanding was needed to fully grasp the main concepts and importance of therapeutic discourse.

To obtain this level of understanding, an in depth interview was conducted via email with a licensed and practicing Emergency Room physician. This view brings a more personal view of medical discourse and helps to emphasize the verbal and writing skills needed to succeed in this profession. This interview will also be used to help illustrate the competence needed in obtaining a quick and accurate patient history, information from which much of a diagnosis is made.

As a final emphasis of the main topic, a medical document was dissected and analyzed, hoping to provide a deeper understanding of the importance of communication in medicine. This document, a patient history form, at first seemed trivial, but as will be shown is of vital importance to the medical profession.

RESULTS & DISCUSSION

Among other things, the results of my web search and ER physician interview have led me to find that there are three main communication forms between medical personnel. I have distinguished these three types into categories; written, oral, and technological. The three combined typically compose the normal discourse of medical professional.

According to Dr. Burns, an ER physician who was kind enough to answer my interview questions, the most common way he communicates is through writing; therefore the writing category and writing skills are invaluable to health care workers.

Physicians must develop top-notch writing skills in order to document patient records, prescribe medications, and update patient charts, but perhaps the most important writing task for a physician is filling out the patient history form. This form will be analyzed in depth later in this document.

The spoken aspect of medical discourse is also of extreme importance to a health care worker. In my interview, Dr. Burns said, "I spend approximately forty percent of my day actively involved in verbal communication." The oral communication category of medical discourse is therefore also invaluable to the health care worker, and in some ways has evolved to become more efficient and simple.

Medical terminology is often filled with long, hard to pronounce terms and procedures and therefore as a way to save time and simplify tasks, acronyms or other medical slang, are invented. According to the Doctor's Slang and Medical Acronyms website, "when describing the location of a patient's pain, a doctor might say TBP, rather than total body pain, or might shout, Smurf Sign when a patient begins to turn blue. These shortcuts are understood by people

actively participating in medical discourse communities, but to an outsider would most likely make no sense.

Another extremely important aspect of health care workers oral discourse is found in analysis of a patient history form. Being able to conduct a comprehensive and accurate oral history is of utmost importance to the physician. The results of this exam might be presented to other health care workers, whom have not actually observed the patient, but might have vast influences on the patient's diagnosis. For this reason, as well as many others, this patient history form can be viewed as the basis for a diagnosis and sometimes if no other tests results are present can be the sole tool used for a diagnosis. Writing and speaking skills are evident in this form, which will now be analyzed more in depth.

DOCUMENT ANALYSIS

As already stated, the patient history form is of vital importance to the medical professional. This form is used by a physician when a patient first enters the medical establishment, whether it is the emergency room or family health care clinic. It gives the examiner the ability to circle or cross out things that patients have or don't have and allows records to be exchanged faster among other doctors. The main objective of this document is to identify and elaborate on any pertinent medical experiences that patient has previously experienced. This could include, but is not limited to, past surgeries and/or hospitalizations, past prescription medications taken, any known allergies, and known conditions that the patient might be afflicted with such as diabetes.

Upon further analysis of this document, it can be understood that the audience of this document is typically other physicians and nurses. In fact, when patient enters a hospital and is examined, his/her diagnosis is often made by another physician whom has not physically

examined the patient. According to Dr. Burns, this is the most difficult aspect of his job, “organizing scattered bits of information to make a sequential story of the patient's illness/injury.” Since a diagnosis can often be made using this form alone, its audience is clearly a physician or a group of medical personnel working to help the patient, which gives the form its structure.

The patient history form is broken down into anatomical categories, which health care professionals are familiar with and allows for the elicitation of information regarding one aspect of a person’s body at a time. Although it begins with a brief informative section such as the patients name and address, the real essence of the document is lodged within these anatomical sections. Some examples of these anatomical subsections include cardiovascular, throat, gastrointestinal, and hematologic sections. These sections are what facilitate the physician to compose the patient’s story and determine what exactly has brought him/her into the doctor’s office.

Patient history forms call for information, so they are ready-made genres with built in "invention" devices calling for information under certain topoi. These topoi could be considered as comprehensiveness and accuracy. The comprehensive topos refers to the fact that patient history forms tend to complete and in-depth, extracting information from each individual anatomical structure, leaving almost nothing out. In contrast, the accuracy theme is evident in the fact that all patient histories need to be accurate as not to lead to an erroneous diagnosis, therefore in general, patient history forms tend to be both in-depth or comprehensive and accurate.

I have come to find that the exigence of this document can be thought of as the patient’s current symptoms, which have brought the patient in to determine the rhetorical situation, the

cause of the symptoms. It should be noted that it some cases the physician may be unable to determine the situation, or the actual illness of the patient. The patient history form is used as a rhetorical tool to help the physician conclude on the most probable and accurate diagnosis. Often a patient may present multiple exigencies, or symptoms. Many rhetorical situations, or illnesses, have many related symptoms and can slightly differ from person to person. A physician needs to be as careful as possible when presented a case in this manner, as not to misdiagnosis, or diagnosis the wrong ailment

Analysis of this document leads to the apparent focus as the comprehensive medical history of the patient. A physician needs to know as much of the patient's medical history as possible. For example, if a person comes to the ER complaining of shortness of breath, the physician needs to take an accurate history and determine many of the variables that could cause the illness. If the patient has been immunized to most of the common bacterial lung infections, but has a history of smoking two packs of cigarettes a day, the physician would most likely conclude the symptoms were related to smoking, such as lung cancer, rather than an infection such as tuberculosis.

. After analysis of this document I have learned that although a patient's medical history may seem slightly trivial, it is in fact very important. This sheet is an invaluable tool that physicians must analyze and determine what further tests are necessary for the patient to determine an accurate diagnosis. Also a physician must be able to look at this document and anticipate potential problems due to past medical experiences. Such a case would be if a patient is taking prescription medication for high blood pressure, this could have interactions with a number of other medications and the physician must distinguish this and stop the previous prescription before starting a new one.

The final conclusion I came to after analyzing this document is that nothing in a patient's history can be taken for granted or assumed. All previous prescriptions, hospitalizations, and pertinent medical experiences need to be taken into account. Written and oral discourse skills of the physician must be highly tuned, as to elicit the most accurate story of the patient as possible. People's lives are at stake and a physician needs to do the most accurate and precise work possible.

Now that the written and oral categories have been explained and further developed via the analysis of the patient history form, I will turn to focus on the last category of medical discourse, the technological category. This category includes all communication doctors facilitate through the use of technology such as e-mail, telephones, or video conferencing. As health care facilities mold and grow with modern technological advances, this category of discourse is becoming ever more important. E-mailing physicians could soon replace late night phone calls when a newborn develops a fever, and according to the web article, *E-mail changing the way patients communicate with doctors*, "nearly 90 percent of online users want to be able to e-mail their doctors." Another advance in technological discourse is the use of video-conferencing and robotics that make it possible for a specialist in the United States to operate on a patient in Russia without ever setting a foot on an airplane or Russian soil. In order to accomplish tasks like these and others, physicians must not only possess excellent written and oral skills, but also must be a master of the technological world.

CONCLUSION

Before researching the web, interviewing a physician, and analyzing a medical document, I knew relatively little about medical discourse and the required communication skills a

physician must master. I have come to conclude that discourse in this profession can generally be broken down into three categories; written, oral, and technological discourse. Although each category is of the utmost importance, doctors seem to use written discourse most often when communicating with other physicians, and oral discourse when communicating with patients. Technological discourse is improving patient care by allowing physicians to communication across great distances and making that communication much simpler.

This research has also led me to a greater understanding of the importance of writing and taking a patient's history. Written skills are needed in order to facilitate the history between physicians and precise oral skills are necessary to elicit the history from the patient. The patient history form has an extremely high value in a medical setting and can often be the sole document analyzed when making a diagnosis.

In conclusion, the main lesson I have learned from this report is that discourse in the medical setting is the number one factor that separates a standard medical establishment from an excellent one. In fact, according to the web article *Doctor Patient Communication*, "Most complaints by the public about physicians deal not with clinical competency but with communication problems." In order to better serve the patient, physicians must not only be medical experts, but also experts in the field of discourse.

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APPENDIX

Atlanta ENT, Allergy & Asthma Associates, P.C.
Patient History, Review of Systems Form

OTOLARYNGOLOGY CLINICAL HISTORY FORM

First Name:		Middle:		Last:	
Date:	September 08, 2004				
SSN:		Date of Birth:		Age/Gender:	/ male
Address:		City:		State/Zip:	/
Home Phone:		Work Phone:		Cell Phone:	
Primary Physician:		Referred by:			
Occupation:		Marital Status:	Single	# of Children:	

Review Of Systems - PLEASE CHECK EACH ITEM "Y" OR "N" AS IT RELATES TO YOUR CURRENT HEALTH

CONSTITUTIONAL

	Y	N
Weight Loss:	☐	☐
Weight Gain:	☐	☐
Fever:	☐	☐
Fatigue:	☐	☐
Appetite Change:	☐	☐

EYES

	Y	N
Glasses/Contacts:	☐	☐
Pain:	☐	☐
Double Vision:	☐	☐
Glaucoma:	☐	☐
Cataracts:	☐	☐
None:	☐	☐

NOSE

	Y	N
Loss of Smell:	☐	☐
Nose Bleeds:	☐	☐
Nasal Pain:	☐	☐
Nasal Discharge		
Front:	☐	☐
Back:	☐	☐
Nasal Obstruction:	☐	☐
Nasal Congestion:	☐	☐
Snoring:	☐	☐
Post Nasal Drip:	☐	☐
Deviated Septum:	☐	☐
Runny Nose:	☐	☐
Nasal Sores/Lesions:	☐	☐
Headaches:	☐	☐

RESPIRATORY

	Y	N
Shortness of Breath:	☐	☐
Coughing Blood:	☐	☐
Wheezing:	☐	☐
Persistent Cough:	☐	☐
Frequent Infections:	☐	☐
None:	☐	☐

CARDIOVASCULAR

	Y	N
Chest Pain:	☐	☐
Arm Pain:	☐	☐
Calf Pain:	☐	☐
Palpitations:	☐	☐
Swelling of Extremities:	☐	☐
Tightness/Pressure:	☐	☐

EARS

Pain: Y☐ N☐

Hearing Loss: Y☐ N☐

Tinnitus: Y☐ N☐

Ear Drainage: Y☐ N☐

Itchy Ears: Y☐ N☐

Loss of Balance: Y☐ N☐

Vertigo: Y☐ N☐

Room Spins: Y☐ N☐

Ear Blockage/ Obstruction: Y☐ N☐

Ear Infections: Y☐ N☐

Ear Lesions/Sores/ Deformity: Y☐ N☐

None: Y☐ N☐

GENITOURINARY

Pain Urinating: Y☐ N☐

Burning: Y☐ N☐

Frequency: Y☐ N☐

Nighttime: Y☐ N☐

Blood in Urine: Y☐ N☐

Penile Discharge: Y☐ N☐

History of Sexually Transmitted Disease Y☐ N☐

None: Y☐ N☐

SKIN

Rash/Sores: Y☐ N☐

Lesions: Y☐ N☐

Itching: Y☐ N☐

Burning: Y☐ N☐

None: Y☐ N☐

NEUROLOGICAL

Seizures: Y☐ N☐

Headaches: Y☐ N☐

Sneezing: Y☐ N☐

None: Y☐ N☐

THROAT

Sore Throat: Y☐ N☐

Bad Tonsils/Tonsillitis: Y☐ N☐

Hoarseness: Y☐ N☐

Swallowing Problems: Y☐ N☐

Coughing: Y☐ N☐

Recurrent Infections: Y☐ N☐

Oral White Spots: Y☐ N☐

None: Y☐ N☐

PSYCHIATRIC

Anxiety: Y☐ N☐

Depression: Y☐ N☐

Mood Swings: Y☐ N☐

Insomnia: Y☐ N☐

None: Y☐ N☐

ALLERGIC/ IMMUNOLOGIC

Hay Fever: Y☐ N☐

Asthma: Y☐ N☐

Hives/Eczema: Y☐ N☐

None: Y☐ N☐

ENDOCRINE

Loss of Hair: Y☐ N☐

Heat/Cold Intolerance: Y☐ N☐

Change in Nails: Y☐ N☐

Diabetes: Y☐ N☐

None: Y☐ N☐

None: Y☐ N☐

GASTROINTESTINAL

Abdominal Pain: Y☐ N☐

Nausea/Vomiting: Y☐ N☐

Heartburn: Y☐ N☐

Rectal Bleeding: Y☐ N☐

Difficulty Swallowing: Y☐ N☐

Diarrhea: Y☐ N☐

Constipation: Y☐ N☐

None: Y☐ N☐

MUSCULOSKELETAL

Joint Pain/Swelling: Y☐ N☐

Stiffness: Y☐ N☐

Muscle Pain: Y☐ N☐

Back Pain: Y☐ N☐

None: Y☐ N☐

HEMATOLOGIC

Easy Bruising: Y☐ N☐

Gums Bleed Easily: Y☐ N☐

Prolonged Bleeding: Y☐ N☐

None: Y☐ N☐

Numbness: Y ☐ N ☐

Memory Loss: Y ☐ N ☐

Loss of Consciousness: Y ☐ N ☐

None: Y ☐ N ☐

Past Patient History - PLEASE BE SPECIFIC AS TO REASON AND DATES

List ALL Operations/Hospitalizations with Reason & Date

Please List ALL Personal Illnesses/Injuries & Dates

Past Patient History - PLEASE CHECK EACH ITEM "Y" OR "N" AS IT RELATES TO YOUR PERSONAL HISTORY

NASAL PROBLEMS

Nasal congestion, stuffiness, blockage Y ☐ N ☐

Frequent sneezing Y ☐ N ☐

Decreased ability to smell Y ☐ N ☐

Drainage down the back of throat Y ☐ N ☐

Sleep disturbance from nasal problems Y ☐ N ☐

SINUS PROBLEMS

Sinus pressure Y ☐ N ☐

Sinus headaches Y ☐ N ☐

Sinus infections Y ☐ N ☐

EAR PROBLEMS

Popping of ears Y ☐ N ☐

Ringing of ears Y ☐ N ☐

Pressure, discomfort, congestion Y ☐ N ☐

Changes in hearing Y ☐ N ☐

THROAT PROBLEMS

Frequent need to clear throat Y ☐ N ☐

Persistent sore throat Y ☐ N ☐

Hoarseness Y ☐ N ☐

EYE PROBLEMS

Itching, burning Y ☐ N ☐

Excessive tears Y ☐ N ☐

Redness/swelling Y ☐ N ☐

ALLERGIES

Have you ever had allergy testing Y ☐ N ☐

Did you receive allergy shots Y ☐ N ☐

List date of testing

List allergies discovered

ADDITIONAL CONDITIONS

Have you had nasal polyps Y ☐ N ☐

Sinus Surgery Y ☐ N ☐

Pneumonia Y ☐ N ☐

Anemia Y ☐ N ☐

Cancer, list type

Blood clots Y ☐ N ☐

Bleeding problems Y ☐ N ☐

Pact Family History - PLEASE COMPLETE THE FOLLOWING TABLE

	Age if Alive	Health Problems	Age at Death	Cause of Death
Mother:				

Father:				
Siblings:				
Grandparents:				

Please List All Current Prescription Medications or Over the Counter Medications and Dosages

List the Medication Name, Dose, and the Number of Times Taken Per Day for each medication in the box to the right.

Are there any medications which you stopped taking in the past month? Y N

If you answered "Y", which medications have your stopped?

Are you currently taking Aspirin, Advil or Motrin? Y N How often?

Are you allergic to any medication? Y N

List ALL Drug Allergies & Describe Your Allergic Reaction to Each

List All Environmental and Food Allergies & Describe Your Allergic Reactions to Each

Social History - Patient PLEASE ANSWER THE FOLLOWING QUESTIONS

Y N Have you ever smoked?

If yes: # packs/day # years smoked

Y N Are you still smoking?

If you have stopped smoking, when did you quit?

Y N Do you drink alcohol? If yes, please list type and quantity:

Y N Do you use recreational drugs? What type

Y N Do you exercise? Describe

Send my history form to: The Marietta Office Send Patient History