Grand Round: Countess of Chester Hospital NHS Foundation Trust: June 17th 2011

Watch your language Doctor!

Some thoughts on the use of language in medical practice and medical education

Professor Della Fish

Introductory issues: How language can take us over

- The power of words
- The role of language in medicine and learning
- Where did we part company? Knots!
- How we can invent and misinterpret

The language of health care / medicine

- What we say is not what we mean!
- How we turn people into things and healthcare into an industry

The language of medical education

- Monologue and dialogue
- Meaning making

Something to go on thinking about ...

Introductory issues:

How language can take us over

- The power of words
- The role of language in medicine and learning
- Where did we part company? Knots!
- How we can invent and misinterpret

The power of words

…. Words strain,
Crack and sometimes break, under the burden,
Under the tension, slip, slide, perish,
Decay with imprecision, will not stay in place,
Will not stay still.

T.S.Eliot: Burnt Norton (4 Quartets)

The role of language in medicine and learning

Quite simply: it is fundamental to both.

Talking, listening, reading and writing are the 4 modes of language.

We should harness them all to learning in / for /about / the clinical setting

And we should use them expertly as very precise instruments with dangerous edges

Where did we part company??

Knots

There is something I don't know
that I am supposed to know.
I don't know *what* it is I don't know
and yet I am supposed to know
and I feel I look stupid
if I seem both not to know it
and not to know what it is I don't know.
Therefore I pretend to know it.
This is nerve-racking
since I don't know what I must pretend to know.
Therefore I pretend to know everything.

I feel you know what I am supposed to know
but you can't tell me what it is
because you don't know that I don't know what it is.

You may know what I don't know, but not
that I don't know it,
and I can't tell you. So you will have to tell me everything.

RD Laing 1972

How we can invent and misinterpret

We always assume that a reply to a first comment, is directly related to it. We even invent a logic that relates them.

Speaker A:	Speaker B:
The dog is happy	Where is the roast beef?
What a beautiful coat	My head hurts
How about a cup of tea?	I'll be back about 10.30
It's raining	I'd rather be in Torremolinos
Great news about Pat	What do you know about it?
Did I ever tell you about my crazy uncle	Don't you ever think about anything else?
I'm in the mood for love	Not around here

The language of health care / medicine

What we say is not what we mean!

How we turn people into things and healthcare into an industry

Society’s metaphors for professional practice come almost exclusively from the world of business.

People are not products; care is not a parcel.

THIS DEMEANS OUR PROFESSIONALISM
WHY do we collude with it?
WHY do we not alert learners to it?

This is not about learning a few new communication skills

Behaviour
is observable
action
but may only
be skin deep

You can learn and display new **behaviours** through training whether you believe in them or not
... So that you go through new ways of acting (while watched)

BUT

Conduct is
behavior
driven by
inner
conviction

You ***conduct*** yourself differently if you change your understanding through education
... And that change is permanent and rational

How language can take us over and change our behaviour!

HOW did we get to the point in the UK where managers and administrators refer to patients as:

BREACHERS

who have to be given preferential treatment in order to attend to targets?

We need to change the discourse, not just accept it

And we need to re-think the language we use in working and learning in the clinical setting

Above all we need to reconsider HOW we enable professionals to learn in the clinical setting.

The language of medical education

Monologue and dialogue

Meaning making

‘delivering’ Education!!

Monologue is one voice believing that it alone is sufficient.

Frank, A. (2004) The Renewal of Generosity

It is likely that in educational monologue the minds of learner and teacher never actually meet.

We know this, BUT we still think we need to ‘cover’ material fast (by telling), and to keep patients safe (by instructing).

Monologue

is teaching by transmission.

But knowledge can't be 'transmitted'. It has to be constructed afresh by each individual on the basis of what is already known and by means of strategies developed over the whole of that individual's life.

Frank (2004)

Learners need to be active meaning makers
Wells (1986 / 2002)

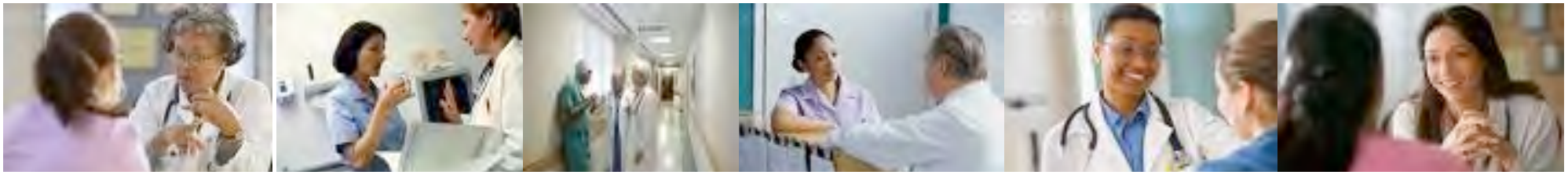
Here are some aims that lead to monologue

From a research project with clinical supervisors

Consultant 1

My educational intentions and my expectations were that I would be the main educational resource and a model. I would provide information at the right level for the trainee. And I would tell the trainee about other sources of information. I would look at their needs and respond to them. I hope I would also be brave enough to admit anything I do not know.

I expect my trainee to learn from the session; to be prepared to engage in discussion with me; and to identify areas that need more attention.

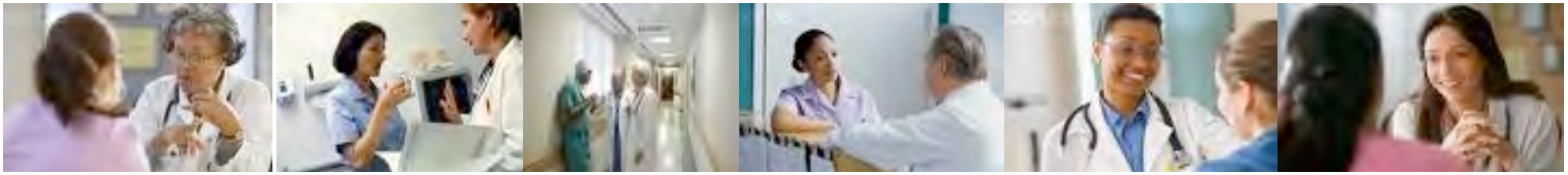


Dialogue is a means of teaching variously referred to as:

An educational conversation

A learning conversation

A professional conversation



Conversation

Conversation is a collective verbal improvisation.

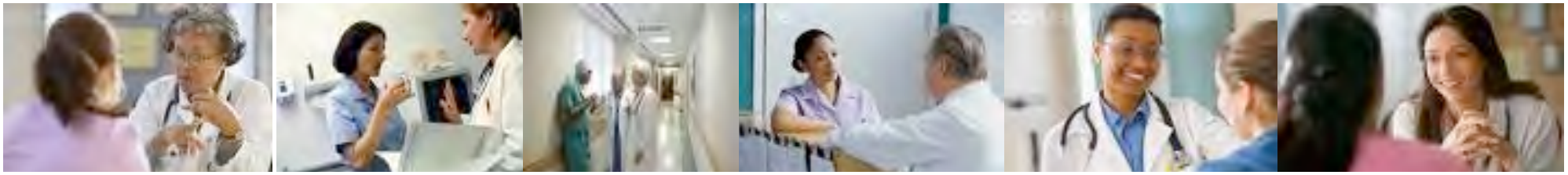
In good conversation— in some respects predictable and in others not — participants pick up and develop themes of talk, each spinning out variations on her repertoire of things to say …

Schon, D. (1987) Educating the Reflective Practitioner

the TASKS of the educational partners are of course different, as a result of their different levels of expertise.

But the goal is alike.

We are all meaning-makers.

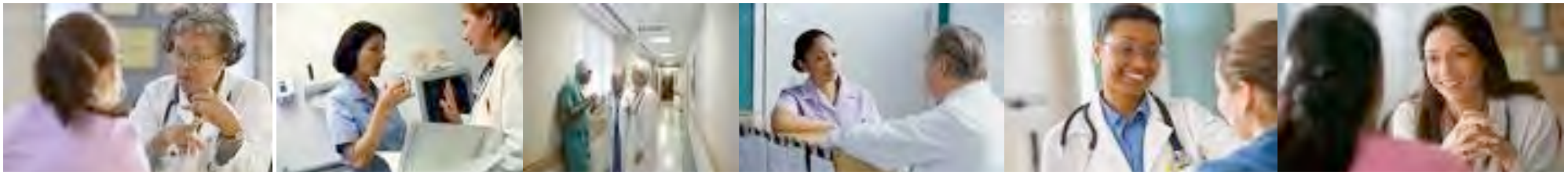


Dialogue

The way I create myself is by means of a quest.
I go out to the other person I speak to, in order to come back with myself and see differently…

I see the world through the other person's eyes.

(Clark and Holquist on Mikhail Bakhtin)



Dialogue — continued

But I must never
completely meld with the other person's version of things, for the more successfully I do, the more I will fall prey to the limitation of the other's horizon…

A complete fusion … even were it possible, would preclude the difference required by dialogue.

(Clark and Holquist on Mikhail Bakhtin)

Dialogue
as a key form of teaching

The learner, in collaboration with the teacher, engages in the guided re-invention of knowledge, in which the learner tries out the appropriateness of their own understanding by sharing it with the teacher.

The moral demand of dialogue/conversation is that each grant equal authority to each other's voice …

… being willing to allow their voice to count as much as yours.

BUT, doing it well
is MUCH harder
than you think

[As senior teacher or even clinician with patient]... It is counter-intuitive to drop your carefully acquired tone, the tone that gives you status in some hierarchy and speak *with* another person

AND IT IS ABOUT BEING A CAREFUL LISTENER

We should alert learners to the very nuances

of language and the various roles it can play …

…in misinforming and manipulating
our thinking —
and even our very vision of ourselves.

And we should teach them to resist this.

Making the space, developing the ideas

Dialogue is slower, of course… but more rigorous

It's more democratic. It needs time and space and especially patience!

Here are some comments by consultants who thought they had cracked it

... until they actually investigated their practice

Consultant 1

When we talked after the discussion, I discovered that the learner was clearly worried about something else altogether.

At the start of our conversation he makes several attempts to ask me about a procedure he had just carried out and that he was obviously uneasy about.

But I just kept telling him it was OK, and rushed on to my main subject.

Consultant 2

I *thought* the session went well. We covered what I set out to do. I thought we consolidated her learning by using a clinical case in detail. But when I heard [the tape] back, I wasn't so pleased. I seemed to be doing all the work. And I have no idea what she took away with her.

I even did the summary at the end, though I didn't mean to!

Consultant 3

An unexpected finding for me was that the learner's explanation [of this process and why the patient was ill] was a complete misunderstanding of the whole thing — but I greeted it as if the overall explanation was correct, just the detail was wrong. …. I was very surprised at my lack of consistency in listening… it was as if once the learner got the point, I relaxed and agreed with a number of incorrect assertions.

Consultant 4

I find it hard to maintain my own line of logic and at the same time to give the learner space and time to sort out his thinking and express it.

It is a difficult balance to find….

All these quotations can be found in Fish and de Cossart (2007)

Something to go on thinking about this afternoon as you engage in conversations in you practice....

Ask yourself:

What are the implications of the way I have just put that?

Have I just been involved in a monologue or a dialogue?

Am I engaging in trained and uncritical behaviour — or am I conducting myself according to my beliefs and real understanding?

References

Eliot, T. S. (1978) *Collected Poems*. London: Faber and Faber.

Frank, A. (2004) *The Renewal of Generosity*. Chicago: University of Chicago Press.

Fish, D. and de Cossart, L. (2007) *Developing the Wise Doctor*. London: Royal Society of Medicine Press.

Schon. D. A. (1987) *Educating the Reflective Practitioner.* New York: Jossey Bass

Wells, G. (1986 / 2002) 'Conversation and the Reinvention of Knowledge' in A. Pollard (ed) *Readings for Reflective Teaching*. London: Continuum Books

Thanks to the Countess of Chester Hospital NHS Foundation Trust for the photographs which were taken with consent.