Do You Speak Medlish?

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by Linda C. Campbell, AHDI-F

As the hot rays of the summer sun blanket North America each July, my thoughts are carried back in time to 1998. Having returned home from one of many allied health conventions, held in a hot city that I now cannot recall, there were numerous messages on the answering machine. With my finger hovering over the "delete message" button, I listened to one recording after another, most of them of no great interest. Except that last one. "Hello," came the voice, "This is Vera Pyle. I was just calling to say goodbye."

And so she was. Having stoically fought the good fight, Vera succumbed two days later to the ravages of pancreatic cancer. That's what I remember about that summer. But what I remember about Vera Pyle—let me tell you a story!

A Pioneer Story

Vera Pyle was a pioneer like no other in the medical transcription industry. A longtime practitioner of medical transcription herself, her goal was to make medical transcription an honored profession. For this to happen, it was necessary to ensure that all those who put type to paper understood what the doctor said, and what it meant.

Whether her vision of professional status for MTs would ever come about, Vera's support and championship of those who practiced medical transcription were indefatigable. She recognized the importance of training and education for those who documented the healthcare record and publicly said so: "We are the mind behind the machine."

Vera Pyle
1917-1998

In league with the American Association for Medical Transcription, Vera Pyle became a regular columnist in *The AAMT Newsletter* in November 1979, providing a list of new, difficult, and hard-to-find words, broken down into simpler English. It ran in each issue. At a time when medical dictionaries defined one medical term using other medical terms just as complex, Vera understood the importance of translation, the necessity of understanding, the vitality of thought transference.

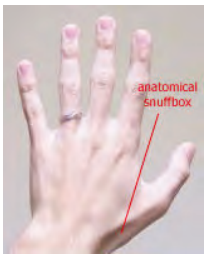
The fruits of Vera's labors culminated in a book titled *Current Medical Terminology* (1985). It was the first of its kind, a reference book written especially for medical transcriptionists. In typical Pyle-esque fashion, it also contained a good dose of humor.

> Wouldn't it be wonderful if Dr. Andreas Grüntzig had called us and said: "Just wanted to let you know that I'm inventing a new balloon catheter; it will be a very nice thing to use in transluminal dilatation and in performing angioplasties. And, by the way, my name is spelled G-r-ü-n-t-z-i-g, in which case don't forget the umlaut over the *u*; or else, you can spell it Gruentzig, but in that case, don't use the umlaut. However, I will answer to either."
>
> Vera Pyle, "A Medical Transcriptionist's Fantasy," *Journal of AAMT*, Winter 1983-84

Here's the *Stedman's Medical Dictionary* definition of anatomical snuffbox:

> A hollow seen on the radial aspect of the wrist when the thumb is extended fully; it is bounded by the prominences of the tendon of the extensor pollicis longus posteriorly and of the tendons of the extensor pollicis brevis and abductor pollicis longus anteriorly. The radial artery crosses the floor that is formed by the scaphoid end of the trapezium bones.

Huh? Here's how Vera Pyle handled it:



> Shallow depression between two tendons in the wrist, just proximal to the base of the thumb.

Vera Pyle did not believe that the medical dictionary's take on *anatomic snuffbox* was too complex for medical transcriptionists to be useful. But she did not believe her methods of explanation were condescending, either. Far from it! The more explanations, the better. Her idea was to bring student and practitioner from the starting line, negotiate the maze of medical jargon, instill passion for the race, then cross that finish line.

"Without visual aids," she once told me, "your words had better be good!"

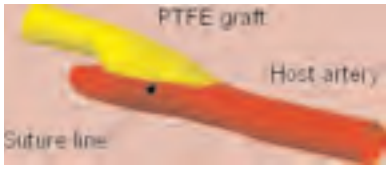
A Picture Is Worth . . .

An early edition of *Current Medical Terminology* contains a foreword that is self-explanatory: "What is the use of a book," thought Alice, "without pictures or conversations?" (Lewis Carroll, *Alice's Adventures in Wonderland*). Ironically, Vera Pyle was a great fan of illustrations and understood their role in communicating ideas. With few exceptions (*Melloni's Illustrated Medical Dictionary* being one), the illustrations in medical dictionaries were paltry at best. "Without visual aids," she once told me, "your words had better be good!"

Today there are thousands of medical graphics on the Internet that can be used free or for a nominal fee, and what a difference they can make understanding complex medical jargon! (All the illustrations in this article are copyright free from Wikipedia.)

The commonly dictated phrase *end to side anastomosis* refers to a procedure in which the end of one structure is joined surgically to the side of another. How much easier to envision this procedure with a picture!

A polytetrafluorethylene (PTFE) graft.



Three Little Words

Vera Pyle once commented that "in," "and" and "on" caused more confusion than any complex medical term. (To this I would add "of.) **The misuse of a little word is often a clue that a concept is misunderstood, even if on the whole these errors are not significant in the report and don't change medical meaning.** Little errors may be a sign that a significant piece of medical knowledge is missing.

Here are some actual errors made by both students and practitioners; insight offered as to why the student may have erred; and suggestions for teaching moments.

Correct: There was a contracture in flexion.
Error: There was a contracture and flexion.
Misperception: Flexion is an abnormality.
Teaching moment: The contracture is the abnormal finding. Flexion (toward the body) is simply the direction of the contracture. Hold your arm out in front of you. Bend it at the elbow to touch your forehead. That is flexion. A contracture is an abnormal position of a muscle, often caused by scarring. A contracture is either pulled toward the body (in flexion) or pulling away from the body (extension).

Correct: The left leg demonstrated a contracture and varus knee.

Error: The left leg demonstrated a contracture in varus knee.

Misperception: The patient has a contracture within the varus knee.

Teaching moment: There is a contracture causing the knee to turn out abnormally (varus knee, or bowed leg). A normal knee is aligned straight with the hip and ankle.

Using a rubber band, hold each end vertically (floor to ceiling) with the thumbs and pull taut. The top end represents the hip; the bottom end is the ankle. Using a free finger, gently pull the middle of the rubber band (the knee) to one side. This is how a contracture can affect the vertical alignment of the knee. If the knee is not aligned normally, it is either varus (bowed out, or bow-legged) or valgus (bowed in, or knock-kneed). A contracture can pull a knee out of proper alignment.

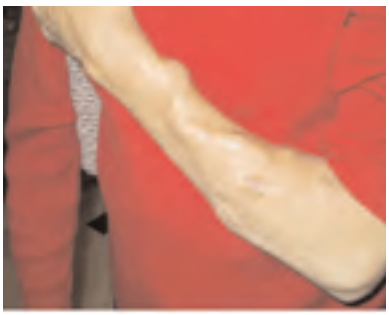
Correct: There was a sensation of a mass on abdominal examination.

Error: There was a sensational mass on abdominal examination.

Misperception: The doctor is using a colloquial English word in a medical way.

Teaching moment: Subjective words like *sensational* are seldom used in an objective examination. Objective findings on physical examination are described with precise terms: size, look, feel, consistency. Look up *sensational* in *Merriam Webster*'s online dictionary (**www.m-w.com**). There are three entries listed. Do any of these really fit the description of a tumor?

1: Of or relating to sensation or the senses;
2. Arousing or tending to arouse (as by lurid details) a quick, intense, and usually superficial interest, curiosity, or emotional reaction;
3. Exceedingly or unexpectedly excellent or great; arousing or tending to arouse (as by lurid details) a quick, intense, and usually superficial interest, curiosity, or emotional reaction.



Correct: There was a pseudoaneurysm of the arteriovenous (AV) fistula.
Error: There was a pseudoaneurysm and the arteriovenous (AV fistula).
Misperception: An arteriovenous fistula is a disease condition.
Teaching moment: An arteriovenous fistula is surgically created when an artery is joined with a vein. It is not a disease. A novice may overlook the bigger picture: an arteriovenous fistula is created to facilitate dialysis.

To clean the blood artificially, since the kidneys don't work well enough, the technicians must have access to the

blood so that they can hook up the "blood cleaner"—the dialysis machine. The blood vessel that blood is taken from must have a great deal of blood flow to make the process work efficiently. The best source of such blood flow is derived from an artery. The most common arteries used are the ones located in the arm and typically at the wrist. It is not safe or practical to stick an artery, particularly as frequently as needed for hemodialysis (typically 3 times per week). Thus, a means is needed to bridge between the high pressure and flow of the arterial system and the low pressure and slower flow of the venous system.

A surgical procedure is performed wherein the surgeon links an artery and vein deliberately to form a junction where there ordinarily isn't one (artery and vein joined surgically is called an arteriovenous fistula). The techs can now access the blood to hook up the dialysis machine and clean the blood of waste products (dialyze the patient).

Critical Thinking Gone Awry

Using Vera Pyle's methods and techniques, let's now examine some relatively common medical phrases that have stupefied students and practitioners alike. In doing so, we'll also translate the Medlish.

Correct: This child became steadily worse and required hospitalization because of an emergent condition.

Error: This child became steadily worse and required hospitalization for an emergency condition.

Misperception: The physician said or meant to say emergency condition.

Teaching moment: Look up all words. Do not guess, and do not make assumptions without research. There are legitimate English words not often used in casual conversation, so you may not be familiar with some of them. *Emergent* is a legitimate term and is appropriately used within the context of the report; it refers to a condition that arises unexpectedly; it emerges, comes forth.

Using an English dictionary, look up these words and use them as they might be used in a medical report: rent; stalk; ray.

Correct: The conjunctivae were then closed with 10-0 Prolene sutures.

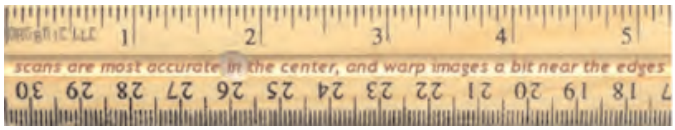
Error: The conjunctivae were then sutured with ten 0 Prolene sutures.

Misperception: I've never heard of 10-0 sutures before. That must be wrong. Therefore, the doctor said ten 0 Prolene sutures.

Teaching moment: The larger the suture number, the smaller the suture size. An 0 Prolene suture is larger than 10-0 Prolene suture.

To better understand how sutures differ in thickness, look at a ruler that has inches, centimeters, and millimeters marked on it (most do). Using the millimeter increments (one-tenth of a centimeter), find the 0.5-millimeter mark; that's about the thickness of a #2 suture. A 1-0 suture is about 0.37 of a millimeter. A 10-0 suture is even smaller at 0.025 of a millimeter

The misuse of a little word [in, and, on, of] is often a clue that a concept is misunderstood, even if on the whole these errors are not significant in the report and don't change medical meaning.



(that's 0.025, not 0.25). The smaller the anatomic structure, the smaller the suture used. A 10-0 suture is often used in the eye, whereas a 2-0 suture might be selected to close layers of the abdomen.

Correct: This catatonic patient was found with fixed stare.

Error: This catatonic patient was found with fixed air.

Misperception: The patient had catatonia. She wasn't moving.

Teaching moment: Hold your breath as long as you can. Even though you are not actively breathing, oxygen and other blood gases are still moving throughout your body. If air wasn't moving—if air was fixed—what would that mean for you?

Correct: Blood loss: None apparent.

Error: Blood loss: Unapparent.

Misperception: *Unapparent* means that no blood loss was noted.

Teaching moment: Look up the prefix *un* in a dictionary. *Unapparent* indicates that blood loss was not evident and thus could not be determined. But surgeons monitor blood loss as they operate, and it is unlikely that a surgeon would comment that blood loss was unapparent.

Correct: There was no palpable lymphadenopathy

Error: There was no probable lymphadenopathy.

Misperception: There probably was no lymphadenopathy.

Teaching moment: There definitely was no lymphadenopathy, at least none that was palpable. The words *no* and *probable* are near-opposites in definition. Either there are masses palpable, or there aren't masses palpable. (This does not mean there are no masses; it only means that there are not any that can be felt.)

Correct: CARDIOPULMONARY: She denies any shortness of breath, palpitations, history of rheumatic fever.

Error: CARDIOPULMONARY: She denies any shortness of breath, palpitations. History of rheumatic fever.

Misperception: The patient had rheumatic fever.

Teaching moment: The patient did not have rheumatic fever. The dictator provides a list of findings (in this case, all

negative) for the cardiopulmonary review of systems. Had the patient had rheumatic fever, it is likely that more details about this illness would have been provided (age at onset, heart or joint problems as a result).

Correct: Labor and delivery were unremarkable. The placenta had three cord vessels.

Error: Labor and delivery were unremarkable. The placenta had two cord vessels.

Misperception: There were two cord vessels.

Teaching moment: There were three cord vessels. If one of these vessels is not present, it is an abnormal finding, and the dictator would likely comment on it. Two cord vessels have been linked to (but are not necessarily indicative of) birth defects or learning disabilities as the child ages.

Correct: The medial and lateral inner cortex was curetted with a medium-bowl curet followed by a large-bowl curet.

Error: The medial and lateral inner cortex was curetted with a medium bone curet followed by a large bone curet.

Misperception: Because this instrument was used during orthopedic surgery, the correct adjective is bone curet.

Teaching moment: A curet is shaped rather like a spoon. A spoon is comprised of two parts: a handle (the part of the spoon we hold in our hands) and the bowl (the part we sip from). These bowls can be small, medium, or large. Often many different-sized curets are used during one surgery.

Education Needed Here

• Patient was given 10 units of MPH (NPH) insulin.

Teaching moment: This insulin is very common and is listed in numerous references. If a word cannot be found with an initial *n* sound, try *m*. Insulin is one of the few drugs measured in units.

• Toes are downward (downgoing) bilaterally.

Teaching moment: Look up Babinski sign in your dictionary. What is a normal Babinski sign for an infant? For an adult?

• PROCEDURE: Left hiatal (inguinal) hernia and hydrocele repair

Teaching moment: A hiatal hernia occurs at the junction of the esophagus and stomach; there is no left or right. An inguinal hernia may be accompanied by a hydrocele.

• A 66-year-old man with obstructive warning (voiding) symptoms.

Teaching moment: The patient is having a problem urinating (voiding) because the prostate is enlarged or a mass is blocking the urinary tract. Symptoms include frequent urination of small amounts (frequency), getting up a lot at night to urinate (nocturia), problems starting the urination process (hesitancy).

• Urinalysis (urinary amylase) was 9.6.

Teaching moment: A urinalysis is a set of specific tests performed on the urine. Show a urine reagent dipstick (can be purchased at a drug store). If possible, dip stick in urine to show the changes that occur on reagents. The term urinalysis will never have one numeric value.

• assist (assisted) rupture of membranes.

Teaching moment: The doctor or nurse manually broke the bag of amniotic fluid (bag of waters). The rupture did not occur spontaneously. Rupture of the amniotic fluid stimulates contractions and the progression of labor.

• date of conception (confinement)

Teaching moment: The date of confinement is the day the baby is due to be delivered and is no longer confined to the uterus. It is not the date of conception.

• The wound was left to heal by secondary attention (intention).

Teaching moment: A wound that is closed by secondary intention is one that heals by itself rather than being closed surgically. For example, drain wounds are often left open and heal by secondary intention (by themselves) rather than being sutured closed (closed primarily).

There is no "talking down" in medicine. When it comes to understanding complex topics, it's important to translate the Medlish. As Vera Pyle often said, now you know all that I know.

Linda C. Campbell, AHDI-F, is a medical transcriptionist, writer, and editor. She was Director of Product Development for Health Professions Institute for many years, where she coauthored *The SUM Program for Medical Transcription Training* and several attendant books. Most recently she was an educational consultant for The Andrews School in Oklahoma City, OK. She is the author of *Understanding Medical Transcription and Editing*, to be published by Pearson/Prentice Hall next year. She lives with her family in the Rocky Mountains.

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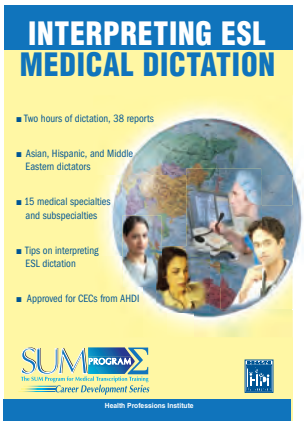

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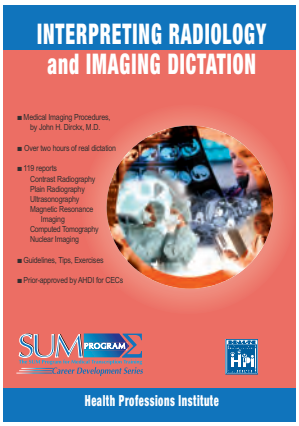

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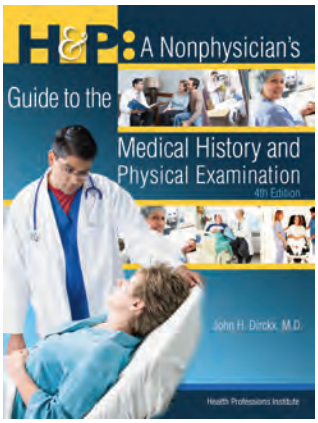

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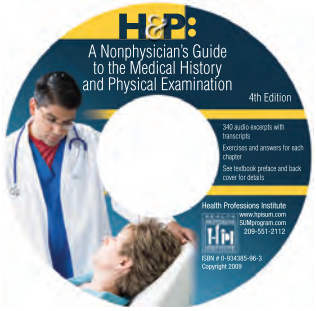

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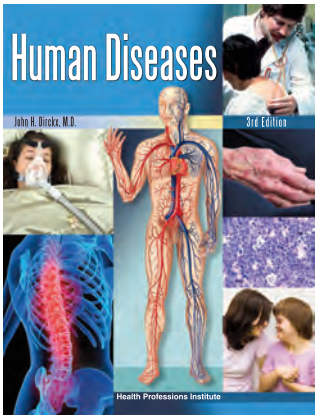

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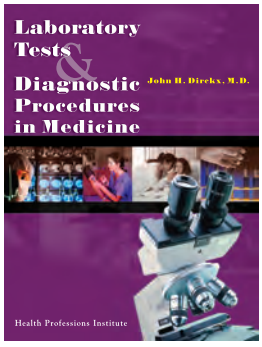

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