

Medically Speaking RULES

Rules for Using Linguistic Elements of Speech

Healthcare Edition

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This is a sample of some of the rules and exercises in Medically Speaking RULES. Please note that this is an abbreviated version and each of the exercises has more words and sentences. Italicized text indicates an audio component.

Preface

Roberto Echiverri came to our program from Colombia. He was a wonderful intern. In addition to clinical skills, he was involved in research, designed web-sites and raised considerable amounts of money to fund community service projects. Our Spanish speaking patients loved seeing him and his continuity rates soared. He brought his patients in whenever they needed him, took all of their calls and translated for others. *I couldn't understand him...*not in conference, on the phone, or at the bedside. I certainly couldn't understand him from the podium and, ironically, when he was invited to present in Barcelona, he had to present in English!

As faculty, we needed to evaluate his strengths and weaknesses in order to facilitate his learning, and, we needed to capitalize on his talent. Lacking an intervention, I guess I just convinced myself that things would improve over time. Then I met Lynda Katz Wilner and discovered the Medically Speaking program. There were tricks up her sleeve that most of us never pay attention to. Working with Roberto, she even had him demonstrate that he could go from a quiet, thick accent spoken through relatively closed lips to a booming John Wayne drawl. She used videos and scripts and practice recordings.

Behind the scenes, she and I would chat about language and about how other residencies could benefit from her program. Given the number of international graduates filling our primary care programs, and our focus on Culture and Communication along with the other ACGME Competencies, it seemed that her curriculum should be disseminated. She shared her ideas, I posed specific problems and we considered nuances to continue the process of adopting her materials to the needs of a residency program director. Medically Speaking RULES, by Lynda Katz Wilner and Marjorie Feinstein-Whittaker, is the direct result of this collaboration.

In chatting with Roberto about his experience, he beams, "I used to have a gap every other line in my dictations, now I never have a gap!" This year Roberto received the 2007 AAFP Award for Excellence in Graduate Medical Education.

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Introduction

Medically Speaking: Accent Modification for the Medical Profession (2002) and The Medically Speaking Inventory: Assessment of Accented Speech (2003), by Lynda Katz Wilner, have been used worldwide by physicians, nurses, and speech trainers. Medically Speaking remains one of the first and only pronunciation training programs geared specifically for those working in a healthcare setting. RULES (Rules for Using Linguistic Elements of Speech) (2006), by Marjorie Feinstein-Whittaker and Lynda Katz Wilner, was designed to help intermediate to advanced nonnative English speakers achieve the correct intonation and pronunciation patterns for the idiosyncratic rules of American English.

It became clear that a combination of RULES' innovative approach to accent modification and the focused stimuli of Medically Speaking would be especially well-suited to those in the medical community. For example, the correct pronunciation of numbers and abbreviations is one of the critical components in the daily communication of healthcare professionals. Medically Speaking RULES was developed to address these features.

Medically Speaking RULES reinforces the underlying skills introduced in Medically Speaking, but enhances practice with the extensive use of sentences and clinically oriented reading paragraphs/case histories, additional stimuli for idiomatic expressions, and the incorporation of strategies for effective and efficient communication in the workplace. The realistic and practical content of Medically Speaking RULES will help the healthcare professional become a more effective communicator and thus enhance the caregiver-patient relationship and the quality of patient care.

Medically Speaking RULES is intended for individuals who speak American English as a Second Language and who currently or plan to work in the healthcare environment, but are challenged by pronunciation and accent issues. Prior to using Medically Speaking RULES, we encourage you to complete the "Introducing Yourself" biographical speech sample and record it for before/after training comparison purposes. We have intentionally formatted this manual to allow you maximum flexibility to customize this for your personal, educational, and professional use. Feel free to use any blank pages as you see fit.

These exercises have been extensively field-tested with our highly qualified clients who represent a wide variety of medical professions. This workbook is appropriate for independent work, classroom use, individual coaching/training, and distance learning. Please be aware that there are regional variations in pronunciation and stress patterns in different parts of the United States.

We wish you success in learning to master the Rules for Using Linguistic Elements of Speech in Medically Speaking RULES - Healthcare Edition.

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Rationale for Medically Speaking RULES

Effective communication is paramount to all health care providers. It is an integral component of the Accreditation Council for Graduate Medical Education (ACGME) general competencies for residents. Communication is most evident in the areas of patient care, interpersonal skills, and professionalism, but is also critical for demonstrating individual skill sets in medical knowledge and systems-based practice.

The United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills component addresses Integrated Clinical Encounters (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). These subcomponents incorporate questioning skills, information sharing, professional manner and rapport, pronunciation of consonants, vowels, intonation/prosody, voice projection, word choice, and grammar/syntax.

Medically Speaking RULES addresses the above components by establishing tips and rules while providing opportunities to practice newly learned skills. It is available as a workbook and audio training program for medical residents, nurses, physicians, and other health care professionals. Residency Program Directors can implement these exercises and skills to address necessary areas for resident training.

Why are these rules important?

1. **Introductions:** All of the communication rules are utilized when introducing oneself. In order to speak with clarity, effectiveness, credibility, and compassion, you must understand the **RULES**.
2. **Compound Noun Rules:** The use of incorrect stress patterns may result in an ineffective or confusing message. As a result, patient compliance may be compromised as important information may be overlooked or misunderstood.
3. **Proper Nouns:** The use of incorrect stress patterns may result in an ineffective or confusing message. Names of people, medical centers, and locations may be misinterpreted which may affect the listener's ability to comprehend critical information.
4. **Acronyms/Initializations:** Although there is a trend to avoid acronyms/initializations due to the likelihood of confusion and potential medical errors, many procedures and diagnoses are described with these patterns for efficiency. Some may be appropriate for colleagues, but not patients, e.g., GERD, MRSA, etc.
5. **Numbers:** It is extremely important to be accurate when using numbers to describe lab results, medication dosages, temperature and blood pressure readings, appointment dates, etc. There can be life-threatening consequences for saying **15 mg** when **50 mg** was intended. Proper stress patterns for numbers are critical for preventing medical errors.
6. **Syllable Stress:** If you stress each syllable equally, either with too much emphasis or not enough, or if you emphasize the incorrect syllable, it may be difficult to comprehend the intended word, e.g., component, develoPMENT, laparoscopy.

7. **Syllable Reductions:** Many long words sound “awkward” if they are pronounced without reducing the weakest syllable. You may appear too formal to your patients and colleagues. In order to sound fluent, you need to understand and use the appropriate syllable stress patterns for these commonly spoken words.
8. **Sentence Level Stress:** Your vocal and verbal messages must be consistent in order to sound competent, trustworthy, and believable. Stressing the “wrong” word in a sentence can throw off the entire intent of the message and confuse your patients. Stressing too many words may sound angry or impatient. Monotone speech will sound boring and disinterested, and too many pitch changes may sound immature and inexperienced.
9. **Questions:** The way you ask a question, both in phrasing and intonation, can affect the patient’s response. Raising your pitch at the end connotes friendliness and sociability, but be aware that you are giving “control” to the patient and you may have difficulty limiting the responses. Lowering your pitch at the end of the question may make you sound more authoritative, but your patient’s responses may be brief (which may or may not be desired). Certain pitch patterns should be used for specific types of questions. Adherence to these rules will help you gain better control of the interview process, obtain the desired information, and present yourself in a confident and powerful manner.
10. **Heteronyms:** If you stress the wrong part of the word, you are altering the part of speech, e.g., project, graduate (noun) or project, graduate (verb) and your message becomes confusing. This can diminish the effectiveness of your overall message.
11. **Contractions:** If you don’t use contractions when conversing, you may sound formal or arrogant. When establishing rapport with your patients, it’s important to use a communication style that is approachable and comforting.
12. **Past-Tense endings:** In order to sound credible and professional, nonnative English speakers must have command of proper English grammar. If you omit grammatical markers for past-tense endings, you will sound less educated, listeners may have difficulty following the timeline or sequence of events and procedures, and communication will be compromised.
13. **–s endings:** In order to sound credible and professional, you must use and correctly pronounce -s endings to signify plurals, third-person singular nouns, and possessives. Speech that is not grammatically and syntactically correct may be detrimental to your professional image.
14. **Y-insertions:** English is a non-phonetic language with many spelling options for a variety of sounds, particularly vowels such as “u.” In order to speak with clarity, you must be aware of how words that are spelled similarly may have different pronunciation.
15. **Idiomatic Expressions:** Idioms are used frequently by native English speakers to express a variety of thoughts and emotions. It is important that you understand what your patients or colleagues mean when they do not use strictly literal language. You need to be able to use figurative expressions in your own speech to sound more fluent, conversational, and interesting.

16. **Articles and demonstrative pronouns:** Nonnative English speakers frequently omit or misuse these parts of speech. In order to sound competent, educated, and professional, your speech should be grammatically correct.
17. **Prepositions:** Prepositions are used to indicate location, place, time, and accompaniment (with, without). Correct use of these terms is critical when relaying medical information. Serious medical errors may result from the inability to utilize appropriate prepositions.
18. **Vowel and Consonant Production:** Speaking clearly and articulately depends upon your ability to correctly produce the vowels and consonants of North American English. This impacts all communication areas including dictating reports, meeting with family and team members, conducting patient interviews, presenting at conferences, speaking on the telephone, and innumerable other communication situations.

Sample of Medically Speaking RULES

Suggestions on How to Use the Audio CDs

There is an add-on option for audio CDs corresponding to the selected portions of Medically Speaking RULES.



As you look in each chapter, you will see a headphone icon to the left of the recorded information. The CD number and track will also be indicated.

The target words and sentences that appear on the CD are indicated by *italics* in your workbook.

The overview of the rule is a **listen only** activity. Following a summary explanation, you will hear a series of stimulus words and sentences. You will hear one item at a time, followed by a brief pause. Repeat the word or sentence as clearly as you can during these pauses. For the sentences, it is recommended that you follow along with your workbook.

Try to match the trainer's production as closely as you can. Say the key word or sentence using the same clear, slow speech emphasizing the pronunciation and/or intonation rule.

Consistent, daily practice using the audio CDs and your workbook exercises will facilitate your transition to a more natural sounding, North American English style of speech.

Work hard and have fun!

CD #1 pages 13-57

CD #2 pages 57-88

CD #3 pages 90-120

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5. Compound Nouns

A compound noun is comprised of two distinct words that are joined together to create a word with a new meaning. They can be written as one new word, e.g., lunchtime, headache; they may be two separate words, e.g., Medical Center, Operating Room; or they may be hyphenated, e.g., e-mail, x-ray. To determine which form is accurate, consult a dictionary. The list of compound words is exhaustive and new words arise as our technology changes.

The first word of a compound noun should be stressed with higher pitch, louder volume, and longer vowel. If the first word has two or more syllables, remember to maintain the correct syllable stress for that word, e.g., Emergency Room, Insurance card. There may be regional differences for stressed syllables.



CD
1:3

Exercise 1: Read the following compound words aloud. Be sure to stress the first word in the pair, saying it with higher pitch, louder volume, and a longer vowel. Try to make up your own sentences using the compound words that you usually use. Add some of your own terms to the lists under **Personal Words**.

Medical Supply Terms

<i>surgical gloves</i>	eye shield	epi pen
<i>exam table</i>	tongue blade	ace wrap
<i>surgical mask</i>	blood pressure cuff	cotton roll
<i>alcohol swab</i>	ice pack	Band-Aid ®

Personal Words

Facility Terms

<i>Reception Desk</i>	Information Desk	Restroom
<i>Emergency Room</i>	Operating Room	Nursing Station
<i>Break Room</i>	Locker Room	Waiting Room
<i>Delivery Room</i>	Doctor's Office	Coffee Shop

Personal Words





Exercise 2: Practice reading the following sentences and focus on the correct stress pattern for compound nouns. First underline the compound noun in each sentence. Then read each sentence aloud.

CD
1:4

1. The patient lowered the bedrail so he could walk into the bathroom using his quad cane.
2. Dr. Chan requested a cotton roll from his assistant during the dental procedure.
3. Please use the call bell if you need something from the charge nurse.
4. There is a \$15.00 co-pay for office visits.
5. The orthopedic patient had a whirlpool treatment.

Sample of Medically Speaking RULES

7. Acronyms and Initializations

Acronyms and initializations are shortcuts for frequently used words. The terms are frequently used interchangeably with “abbreviations.” The word “initialization” is used in literature pertaining to second language learners. These abbreviated forms of a word or phrase usually consist of the single letters corresponding to each word of the term or phrase.

Acronyms are pronounced as a complete word, such as LASER (Light Amplification by Stimulated Emission of Radiation) or NICU (Neonatal Intensive Care Unit). Acronyms are identified with an asterisk*.

Abbreviations/Initializations are pronounced by saying each letter individually, e.g., M.D. (medical doctor), VP (Vice President). Formal abbreviations typically have periods after the letters, while informal ones are usually written without them.

Lists of acronyms and initializations/abbreviations are exhaustive. Often, there are numerous meanings for one particular initialization or acronym in different contexts. For example, PM may be used to refer to petit mal seizure, physical medicine, or postmortem, to name a few. It is best to consult the internet or a special medical reference if you are unsure. Your frame of reference may differ from the most popular use. For this reason, abbreviations are often avoided to minimize the potential of medical errors.

*The primary stress is on the **last** letter of the abbreviation/ initialization, e.g., **BP**. An acronym is usually pronounced as **one word**, e.g., GERD*.*



CD
1:7

Exercise 1: Read the following acronyms or initializations/abbreviations aloud and state what they represent. For example, “M.D. stands for medical doctor.” Remember to read the items with an asterisk * as a complete word vs. one letter at a time and read the initializations with the stress on the last letter.



NOTE: Some initializations may be said as the actual words, rather than the initials, e.g., HTN or “Hypertension.” These abbreviations may vary in different settings and disciplines. These are indicated by †.

Healthcare Professionals

M.D.	Medical Doctor	PA	Physician’s Assistant
RN	Registered Nurse	PT	Physical Therapist
LPN	Licensed Practical Nurse	PTA	Physical Therapy Assistant



General Healthcare Terms

AMA	American Medical Association	HMO	Health Maintenance Organization
NIH	National Institutes of Health	APA	American Psychological Association
FDA	Food and Drug Administration		



Medical Procedures



MRI	Magnetic Resonance Imaging	I & D	Incision and Drainage
PET*	Positron Emission Tomography	CT/CAT*	Computerized Axial Tomography
LP	Lumbar Puncture	EMG	Electromyography

Medical Conditions or Diagnoses



CVA	Cerebrovascular Accident (stroke)	UTI	Urinary Tract Infection
TBI	Traumatic Brain Injury	CAD†	Coronary Artery Disease
TIA	Transient Ischemic Attack	APH	Antepartum Hemorrhage



Exercise 2: Practice reading aloud the following sentences using the appropriate stress on the acronym or last letter of the initialization/abbreviation.

1. The ENT reported that his patient is prone to chronic ear infections.
2. The FDA doesn't regulate many herbal remedies available OTC.
3. The OB/GYN performs IVF procedures regularly.
4. My MD prescribed antibiotics to be taken b.i.d.
5. The HMO distributed QA surveys to its members annually.

CD
1:8

Sample of Medically Speaking RULES

8. Numbers



CD
1:9

When counting, stress the first syllable in "teen" numbers, e.g., **thirteen**, **fourteen**, **fifteen**, **sixteen**, **seventeen**, **eighteen**, **nineteen**.

When counting, stress the second number for numbers above twenty, e.g., twenty-**one**, twenty-**two**, twenty-**three**, twenty-**four**, twenty-**five**, twenty-**six**, twenty-**seven**, twenty-**eight**, twenty-**nine**.

Exercise 1: Practice saying these aloud.



Thirty-one, **thirty-two**, **thirty-three**, **thirty-four**, **thirty-five**, **thirty-six**, **thirty-seven**, **thirty-eight**, **thirty-nine**

Forty-one, **forty-two**, **forty-three**, **forty-four**, **forty-five**, **forty-six**, **forty-seven**, **forty-eight**, **forty-nine**



When stating numbers, as in time, money, or amounts, stress the last part of the "teen" numbers:

thirteen, *fourteen*, *fifteen*, *sixteen*, *seventeen*, *eighteen*, *nineteen*

8:15 2:14 7:13 3:15 2:14

\$15 \$14 \$18 \$.16 \$.17

NOTE: When stating numbers as it relates to money (dollars, pounds, Euros, etc.) or measurements (pounds, ounces, kilograms, meters, feet, miles, kilometers, etc.), use the preceding rules for pronouncing the number. However, the primary stress shifts to the nouns and the numbers receive secondary stress. For example,

fifty dollars sixty cents thirty pounds ninety Euros

fifteen dollars sixteen cents thirteen pounds nineteen Euros



When counting or referring to the "ten" numbers, stress the first syllable:

twenty **thirty** **forty** **fifty**

sixty **seventy** **eighty** **ninety**

9. Syllable Stress Patterns (Suffixes)

Although there may be exceptions, most words will follow these rules. As words increase in length, sometimes the syllables become reduced and this alters the stress pattern.

NOTE: As you read the following rules for dividing words into syllables, practice tapping out each syllable. Tap harder with the stressed syllable.

First you must be able to determine how to divide the word into syllables.

Follow these guidelines to divide a word into syllables:

A syllable is one or more letters representing a unit of spoken language. Every syllable must contain at least one vowel (V). It can be a vowel alone or a combination of one or more consonants (C) and a vowel. It will have only one vowel sound. Sometimes two vowels may make up one sound, e.g., ai, ay, ee, ea, oa, ow.

NOTE: Although /w/ is a semi-vowel or glide, it has been included in this group.

e-lec-tric

a-lone

sea-son

meet-ing

With an open syllable (CV), you pronounce the vowel's "name," e.g., (A, E, I, O, U). With a closed syllable (CVC), you pronounce the "sound" of the vowel, e.g., [æ, ε, ɪ, α, ʌ, ə] or (a, eh, ih, ah, uh). With two vowels in a closed syllable, you may pronounce the "name" of the vowel ("meeting"). This rule will help you pronounce unfamiliar syllables.

Open syllable (CV)

CV
ta-ble

CV
cli-ent

Closed syllable (CVC)

CVC
sub-way

CVC CVC
pen-cil

1. In a VCCV pattern, divide it between the two consonants, unless they are a blend.

VC/CV
win/dow

VC/CV
bot/tom

VCC/V
wash/er

2. In a VCV pattern, divide it after the first vowel.

V/CV
stu/dent

V/CV
re/port

3. Sometimes a VCV pattern is divided after the consonant.

VC/V
lim/it

VC/V
sec/ond

4. When you have three consonants together in the VCCCV pattern, you usually divide the word after the first consonant. If it does not sound correct you can then divide it after the second consonant. We usually keep consonant blends together, e.g., br, pr, tr, dr, cr, gr, fr, sp, st, sk, spr, str, bl, pl, cl, gl, fl, sl, spl, th, sh, and ch.

VC/CCV
con/tract

VC/CCV
sur/prise

NOTE: It is often difficult to determine how to divide a word into syllables. Consult a dictionary if you are unsure.

5. Prefixes and suffixes form separate syllables.

re/write

care/ful

NOTE: For the following rule, the suffix may have more than one syllable and it may not be divided at the exact syllable juncture. For the purpose of this exercise, the suffix is separated as one unit, rather than by a syllable.

1. Give primary stress to the syllable immediately before the following suffixes: **-tic/ic**, **-ical**, **-ify**, **-tis**, **-sis**, **-omy**, **-ogy**, **-edy**, **-istry**, **-metry**, **-ment**, **-ive**, **-ity**, **-tion**, **-ion**, **-ious**, **-ily**, **-eous**, **-able**, **-ible**, **-ophy**, **-graphy**, **-ogist**, **-cian**, **-ity**. This is not a complete list of commonly used suffixes.

NOTE: Due to syllable rules, a consonant may be at the beginning of the suffix, e.g., **colLECTible**.

Exceptions: **comfortable**, **vegetable**, **irritable**, **formidable**, **competitive**, **consecutive**, **manipulative**, **executive**

-tic/-ic

doMESTic

speCIFic

-omy

eCONomy

auTONomy

-istry/-etry

CHEMistry

teLEMetry

-ment

deBRIDEment

conTAINment

-ical

CHEMical

anaTOMical

loGISTical

-ogy

biOLogy

psyCHOlogy

geronTOlogy

-ity

aBLity

cauSALity

seVERity

-edy

COMedy

TRAGedy



CD
1:14



-ify	-ive	-tion /-cion	
<i>SPECify</i>	<i>obJECTive</i>	<i>creAtion</i>	<i>susPlcion</i>
<i>QUANTify</i>	<i>conSTRUCTive</i>	<i>muTAtion</i>	<i>exhalAtion</i>
-eous /-ious	-able /-ible	-ily	-tis/-sis
<i>couRAgeous</i>	<i>dePENDable</i>	<i>tempoRARily</i>	<i>dermaTItis</i>
<i>advanTAgeous</i>	<i>TANGible</i>	<i>momenTARily</i>	<i>rhiNItis</i>
-ogist	-cian /-sion	-graphy	
<i>psyCHOLogist</i>	<i>cliNIcian</i>	<i>sonOgraphy</i>	
<i>endocrinOLOGist</i>	<i>inCIsion</i>	<i>encephalOgraphy</i>	



CD
1:14

Exercise 1: Say the following sentences and concentrate on the correct stress patterns and pronunciation of the suffix.

1. The forensic scientist discussed his findings on domestic violence.
2. Anatomy and physiology are required courses in medical school.
3. Statistical analysis is critical for research.
4. Gerontology is a medical specialty dealing with the elderly.
5. The severity of a stroke will affect a patient's recovery.

Sample of Medically Speaking RULES

12. Questions

There are several question forms in English, each with its own particular stress pattern. See the Medically Speaking Training Program for practice on the basic yes/no and Wh-question patterns.

Remember when asking questions with compound nouns, maintain the individual word stress pattern, while stressing the first word of the compound noun with higher pitch, louder volume, and a longer vowel, e.g. "Did you check her **vital** signs?" Note that the compound noun may not always come at the end of the sentence.



CD
2:14

Yes/No Questions: Questions that require a yes or no response from the listener are typically spoken with a rising inflection at the end.

Are you ready[↗]?

A falling inflection may be used to sound more authoritative. Remember to jump up on the stressed word and then drop in pitch.

Are you ready[↘]?

Exercise 1: Read the following questions aloud, making sure that your pitch rises gradually at the end. Then try it with a falling inflection to hear the different tone communicated. Remember to stress the first part of compound nouns.



1. Can we practice these questions prior to the interview?
2. Do you have time to meet this afternoon?
3. Did you return the charts to the nursing station?



CD
2:15

Wh-Questions: Open-ended questions that begin with the words who, what, where, when, why, and how are typically spoken with a downward inflection at the end. We use a pattern similar to a declarative sentence. Jump up on the stressed key word which is typically towards the end of the question. Then drop down in pitch at the end of the question.

How are you **feeling**?^{↗ ↘}

What is her **blood** pressure?^{↗ ↘}

Remember to stress the first part of a compound noun.

Exercise 2: Read the following questions aloud, making sure that you stress a key word and the pitch falls at the end.



1. What will the doctor recommend after this lab test?
2. Why has the department head ordered a stress test?
3. Why doesn't the current administration support research in stem cells?



CD
2:16

Binary Choice Questions: When you ask a closed-ended question with limited response options, rise in pitch after the first choice and make your pitch fall at the end of the question. NOTE: You may emphasize both choices for contrastive stress. Be aware of the use of compound nouns in these questions. Remember to stress the first part of compound nouns.

Will the procedure be done as an [↗]inpatient or [↘]outpatient?

Exercise 3: Read the following questions aloud, making sure that you raise pitch for the first choice and drop the pitch at the end.



1. Are you coming in for a check-up or a sick visit?
2. Was he in the Emergency Room or the Health Center?
3. Do you have a headache or an earache?

CD
2:17



Closed List Questions: When you ask a question with a finite list of options, your voice should go up for each choice and then down at the end. You may emphasize each of the choices for contrastive stress.

Is surgery scheduled for [↗]Monday, [↗]Tuesday, or [↘]Wednesday?

Exercise 4: Read the following questions aloud, making sure that you raise pitch for each of the choices and drop the pitch for the last choice.



1. Do you want hot dogs, French fries, or ice cream?
2. Are you here to pay lab fees, co-payments, or late fees?
3. Do you need to order a wheelchair, quad-cane, or hospital bed?



CD
2:18

Open-ended List questions: When you ask a question with an *infinite* list of options, your voice goes up in pitch for each choice, including the last one. This allows the listener to add a choice that may not be in the list. You may emphasize each word for contrastive stress.

Is surgery scheduled for **Monday**, **Tuesday**, **Wednesday**.....?

Exercise 5: Read the following questions aloud, making sure that you raise pitch for each of the choices including the last one. Note that the word "or" is not present.



1. Is she complaining of headaches, stomachaches, other side-effects.....?
2. Is our meeting going to be in the lunchroom, faculty lounge, courtyard.....?
3. Do we need to order sterile pads, cotton balls, Band-Aids.....?

Sample of Medically Speaking RULES

15. Past Tense Endings



CD
3:1

1. Final voiceless consonants, (/k/, /p/, /f/, "sh" or /ʃ/, "ch" or /tʃ/, "th" or /θ/, and /s/), add a /t/ sound when pronouncing the regular past tense **-ed** ending.

walked (t) talked (t) washed (t) coughed (t)

Note: Adjectives ending in **-ed** follow the same pronunciation rule, e.g., pierced

Exercise 1: Underline the -ed endings. Practice reading the following words and sentences aloud. Make sure that you pronounce the -ed as a /t/ when the last sound heard in the root word is voiceless. Remember to link the words together in the sentences.



asked	reduced	stopped	researched
looked	balanced	increased	decreased
checked	introduced	approached	accomplished

Sentences:

1. The patient asked the doctor if she practiced alternative medicine.
2. The risks of infection are increased with poor postnatal care.
3. The team talked about how the internal bleeding could be stopped.



CD
3:2

2. Final voiced consonants, (/g/, /b/, /v/, "j" or /dʒ/, "th" or /ð/, /z/, /l/, /m/, /n/, and /r/), and vowels add a /d/ sound when pronouncing the regular past tense **-ed** ending.

listened (d) showed (d) bathed (d) planned (d)

Note: Adjectives ending in **-ed** follow the same pronunciation rule, e.g., classified

Exercise 2: Underline the -ed endings. Practice reading the following words and sentences aloud. Make sure that you pronounce the -ed as a /d/ when the last sound heard in the root word is voiced. Remember to link the words together in the sentences.



cared	denied	informed	valued
transferred	considered	screened	organized

Sentences:

1. A seasoned nurse cared for my friend before she was transferred.
2. The doctor ordered new medications, but cautioned about possible side effects.



3. We carefully **considered** participating in the clinical trial and then **signed** the informed consent agreement.



CD
3:3

3. Final /t/ and /d/ sounds, add an extra **-ed** [əd] suffix. This suffix becomes a separate syllable.

wanted [əd] needed [əd] attended [əd] communicated [əd]

Note: Adjectives ending in **-ed** follow the same pronunciation rule, e.g., limited

Exercise 3: Underline the **-ed** endings. Practice reading the following words and sentences aloud. Make sure that you pronounce the **-ed** as an **-ed** suffix when the last sound heard in the root word is either a /t/ or a /d/. Remember to link the words together in the sentences.



interacted consulted decided collaborated
recommended presented responded instructed

Sentences:

1. The bilingual nurse **interpreted** for the patient and **demonstrated** how to apply her prosthesis.
2. After the accident, the patient was **treated** and **instructed** to go home.
3. The patient **avoided** high blood pressure medication by following a **salt-restricted** diet.



Exercise 4: Indicate whether the underlined endings are pronounced as a /t/, /d/, or **-ed** sound. Write the ending above the word. Then read the sentences aloud making sure to use the proper past tense pronunciation.

1. The lecturer revieweded the PowerPoint slides, pointeded to the statistically significant data, and discusseded the implications.
2. After all of the tests were completeded, the case manager compileded a report, and talkeded to the family members.
3. The arrogant patient complaineded about the food, dislikeded his roommate, and treateded the staff with disrespect.
4. In rehab, she walkeded in the parallel bars with the physical therapist, performeded self-care tasks in occupational therapy, and participateded in a communication group with the speech-language pathologist.

20. Sound-Loaded Paragraphs

The following paragraphs are designed to focus on specific North American English vowel and consonant sounds, as well as stress and intonation patterns. Apply your understanding and knowledge of the rules previously covered in this workbook. Remember to speak slowly, follow punctuation and phrasing, and replenish breaths at commas and periods. The numbers in parentheses indicated the number of targeted sounds in the passage. The stories are fictitious and references to actual names, places, and situations are coincidental. Read the following paragraphs aloud, making your speech sound as fluent and natural as possible.

Answer keys with highlighted target sounds for each story are included in the book.

/v/

/v/ Paragraph

Victor Vargas, a seventy-seven year old male, was very nervous when he arrived at the Emergency Room on the evening of November 12th. He had vomited several times, voided an average of five times an hour, and complained of waves of nausea, dry heaves, blurry vision, and loss of voice. He was very worried that he had a viral infection and had never before experienced this level of discomfort. However, his vital signs were within normal limits and these symptoms were not consistent with DTs. Mr. Vargas had been avoiding alcohol over the past few months. He verified that he was a heavy drinker and had suffered severe liver damage. His symptoms did not improve over the next several hours and he was admitted to a private room on the eleventh floor of the Vaughn Pavilion for observation. (45)

/w/ Paragraph

/w/

Howard Hathaway, a wiry senior, was walking his wolfhound through Witherspoon Woods in Waterford, Washington when he slipped on a wet rock and fell. He twisted his right ankle which immediately became swollen and discolored. Weary with pain, he tried to walk on his wobbly foot, but it was useless. Howard took out his cell phone and called his wife, Wendy, to tell her what had happened. She was worried about her wonderful Howard, but was relieved when she realized his injury could have been worse. Wendy got to the park quickly and drove Howard and the wolfhound to the Westerly Walk-in Clinic. After waiting one hour in the waiting room, Dr. Wilson studied the x-ray and ruled out any fractures. Howard Hathaway had his ankle wrapped and he went home with instructions to elevate and ice his ankle. He will return to his doctor in one week on Wednesday, November seventh, for a follow-up appointment. (49)