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Language pros help foreign doctors speak English more clearly

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By JASON ROBERSON / The Dallas Morning News
jroberson@dallasnews.com

Karen Yates has a discerning ear.

A language specialist, she hears native Chinese speakers learning English failing to pronounce the consonants at the end of their syllables, so they'll say "blah" instead of "blood."

Indian speakers, she says, often reverse "W" and "V" and, as a result, "heart valve" becomes "heart wow."

It's precisely these kinds of language issues that convinced Ms. Yates of the need to teach foreign doctors and medical students in Dallas how to speak English with less of an accent.

The statistics back her up: Nearly a quarter of the 45,500 licensed physicians practicing in Texas received their medical degrees overseas and English probably is their second language, according to Texas Medical Board records.

Considering that the average physician conducts an estimated 25 patient interviews a day, clear speech is essential.

Some language miscues are more serious than others, of course. *Fifteen milligrams* and *50 milligrams* sound awfully similar.

So do the words *breathing* and *bleeding*.

"And if the doctor speaks too quickly, without American English pausing and rhythm, the patients may nod as if they understand but they may not know the specifics of what was said," Ms. Yates said.

'The same language'

Dr. Josie Williams, president of the Texas Medical Association, said patients often relate better to physicians "who are the same color or speak the same language."

Specifically, elderly patients tend to trust foreign doctors less because they often can't understand them, Dr. Williams said

"We would applaud that physician who recognized they had a problem and sought help to correct it," Dr. Williams said. "This is a communication issue and a patient safety issue."

Because Texas has a physician shortage, it has made a concerted effort to simplify the process of getting foreign doctors to practice medicine here.

According to the Texas Medical Association, the growth in the state's physician workforce is barely keeping pace with increases in the state's population.

In 2007, Texas had 156.7 practicing physicians per 100,000 population – the same ratio it had in 2000. Though the number of physicians rose 17 percent during that period, the state's population grew 16.6 percent, according to a report from the Texas A&M Health Science Center.

And a growing number of the state's new doctors are from foreign medical schools.

From May 1998 to May 2008, the number of international medical school graduates practicing in Texas increased 61 percent, from 6,128 to 9,857, a faster growth rate than the 41 percent increase of graduates from U.S. medical schools.

Last year alone, the Texas Medical Board dealt with physicians trained in 83 foreign countries. Almost 30 percent, or 1,032, of the physicians licensed in Texas last year received their medical education at foreign schools.

The classes

The increasing need to teach foreign doctors to speak with less of an accent is driving Ms. Yates' 2-year-old Dallas-based business, G.E.T. English Training, to yearly revenue in excess of \$100,000. Her accent reduction course costs \$113 an hour, or \$1,465 for hourlong sessions spanning 13 weeks.

Ms. Yates, who has a master's degree in linguistics and previously taught English in Mexico, takes a 45-minute taped speech sample during the student's free first session. Later, her staff will listen to it, over and over, for more than three hours, picking up speech patterns and rhythm.

They then review the results with the individual students in class.

By the end of this year, 65 students will have graduated from her group classes, most of which are held on the campus of UT Southwestern Medical School in Dallas.

Ms. Yates is not the only provider of accent reduction courses in North Texas.

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Xin Fan, a researcher at UT Southwestern, takes one of Karen Yates' accent reduction courses. Her Dallas business, G.E.T. English Training, is 2 years old and has annual revenue in excess of \$100,000.

For the last three years, Texas Health Resources Inc., the largest health system in North Texas, has offered its staff an accent modification program at Presbyterian Hospital of Dallas, and it's now in the process of taking it systemwide.

Hearing results

Mina Kini, who runs THR's language programs, stressed they are "not trying to make everyone sound like robots." Instead, she said, they focus just on the sounds most hampering communication.

Ms. Yates says that people learning English as a second language "hear" the language with their eyes, by reading how a word is spelled instead of listening with their ears to what is really said. For example, in trying to say *eyes*, her students often will say *ice* because it is spelled with an "s."

Ilse Valencia, 33, a research specialist from Chile, had another complication with English while reading a sentence aloud for Ms. Yates' class.

"We increase-sed the dose and stopped the other medicine," Dr. Valencia read slowly, sounding unsure of herself.

She's learning that the pronunciation of *increased* represents one of three ways to say past-tense words with *-ed* endings. The *-ed* in this word is actually pronounced with a *t* – *increast*.

While working as an administrator handling patient complaints, Mikhail Gorbatenko, a native of Russia and a former student of Ms. Yates, said he made patients even angrier because they couldn't understand what he was saying.

His *th*, *w* and *v* all sounded the same. "But by working with Karen, she showed me how to position the tongue in my mouth," Mr. Gorbatenko said.

Today his English sounds fairly American.

His only problem: When he goes home to Russia for yearly visits, friends and family complain that he now speaks Russian with an accent.