HATS OFF FOR THE SNODS

ALEX JAMES of Bereavement UK warns of the pitfalls of using too much industry jargon that professionals may use every day but which can leave members of the public baffled

It's been a busy time at Bereavement UK in particular with demand for our Human Aspects Training Services – HATS. Last month we trained at Westminster University a group of SNODS. SNODS – in case, like me, you had never heard it before, stands for Specialist Nurse Organ Donation Services.

It was this request to train the SNODS that prompted my thoughts about our professional terminology and how probably more frequently than we might be aware of, we use lingo that is familiar to us but leave others wondering what on earth we are talking about.

There have been many times when I have found myself baffled. I was reminded of my first few days at work in a hospice where words like IPU, Driver, Pathway and other phrases had me side-tracked somewhat in attempts to work them out. Then I thought about how each of our professions has its own words for things and how we adjust to and use them in everyday work so that to us they become the norm. It's only when someone says, 'I don't know what that means' or looks a little lost, that we may be reminded that our expertise in some areas isn't common knowledge to those who have never been involved in a hospital, hospice, or funeral directors.

I thought about how uncomfortable I had felt in those first few days at the hospice – not wanting to ask in case they thought I was daft and desperately trying to break their secret codes. Over time though, I soon became used to the language, to the extent that I forgot that others weren't. On one occasion I was stopped in a corridor by a visitor who asked where her mother was. 'Oh you need IPU', I offered helpfully. The woman's face said it all!

It's not only our use of terminology that can baffle our clients; the very surroundings and situation can cause their listening skills to be affected. Recently I escorted a very dear friend to a hospital appointment. She asked me to sit in and listen in case she missed anything as she was feeling particularly anxious and nervous and felt her ability to listen might be compromised by her feelings. I was pleased to be of assistance and to find that the hospital actually encouraged patients to have an escort for this very reason. The doctor was very kind; he gently and clearly began to tell her about a procedure she may have to have. At the end he asked quietly: 'Do you have any questions?' She looked very concerned. 'It's ok, ask', I encouraged her. 'Yes', she said, 'How long will I have to have a colostomy bag for?'

The doctor and I were both puzzled. He had mentioned a tracheostomy tube after anaesthetic and had assumed she had understood that this would be to help her breathing. She, unfamiliar with any clinical terminology, had heard colonoscopy. Clearly, had I not been there so reassuringly she may have come away with a very different concern. This was quite humorous and of course a huge relief for my friend. But it may me wonder just how many times we may have assumed others understand – have grasped our lingo – when actually they haven't got the first idea and are too inhibited and/or afraid to ask.

When something is very familiar to us we may need to be aware of certain phrases and terminologies that may seem like gobbledygook to others, particularly when their world is already in turmoil due to a bereavement or impending death.

How can we help? Reflecting can be a very useful tool particularly when talking to someone who may be distracted or emotional. Take time to pause every so often, reflect on the conversation and check that what you're saying has been understood. Offer the opportunity for questions and any misinterpretations to be explained. Taking time to consider the information you are imparting, using simple language, and taking time to explain terminology, never assuming that others know it will certainly save time later.

Writing things down as you go and encouraging your clients to write things down too can be very helpful to them and allows you to check that you both have the same understanding – although this may seem time-consuming it can save endless telephone conversations misunderstandings later. It can be amazing when we start to really double check our conversations how we can suddenly find that what we believe we are saying may not be anything like what is being heard. This is why in a counselling setting we use reflecting throughout our sessions, constantly checking that we are still in touch with our client, that we are still on the same page.

Here are a couple of quick exercise you might like to try for yourselves:

1 Try telling a story to your colleague. Make it short and try to emphasise the bits that are important to you personally. After you've told the story ask your colleague to take five minutes to write down their recollection of what you shared.

It can be interesting to hear someone else re-tell their interpretations and whether they picked up on the important bits for you.

2 List how many words that you use in your professional capacity as abbreviations or terminology that the public may not know, for example IPU – In Patient Unit.

Just received a TXT – my latest bugbear, a whole new language – must admit ROTFLMAO does conjure a weird image or two but that's another story.

TTFN LOL