Linguistic challenges foreign anaesthetists face in their pre-anaesthesia evaluations. A conversation analytical study on German as L2 at the workplace.

Monday Jan 21th 2019, 13.45–14.15 Uhr

ABSTRACT

Demanding adequate language proficiency from physicians is an imperative for patient safety.¹ Multilingualism in medical interaction has been analyzed in numerous studies.² However, previous research has focused only on patients with limited language proficiency.³ Surprisingly, medical interactions with foreign physicians have not yet been brought into focus even though labor migration is an old phenomenon⁴. On the conference the first study that analyses naturally occurring interactions with physicians who speak German as L2 will be presented – it is a dissertation study by Damaris Borowski which has recently been published.⁵

The objective of this study is to investigate the impact of physicians’ insufficient language competence on their pre-anaesthesia evaluations (anaesthesiologic anamnesis and information). The study combines the research field of language acquisition with the research field of medical interaction. It is a conversation analytical study with an ethnomethodological fra-

¹ BEVER, DANNY; BOROWSKI, DAMARIS; DEPPE, J.RG; KOHLENBACH, MARGARETE; KRANZ, PIA; PLASSMANN, SIBYLLLE; SNIPPE, ANDREA (2015): Praxisguide Deutsch im Krankenhaus. Die sprachliche Integration internationaler Ärztinnen und Ärzte. Hamburg: passage gGmbh, 7
The primary data of this study are video recordings of 12 naturally occurring pre-anaesthesia evaluations: Thus, all interactive resources (verbal, vocal, multimodal) could be recorded and included in the analysis.

The analysis reveals problems in the interactions that are caused by diverse language/communication errors. Hence, explanations could be given for the impairment and even failing of the intended conversational procedures. Furthermore, the study shows that a lack of negotiation of meaning is no exception. The physicians’ insufficient language proficiency leads to a considerable impairment of their capability to lead the conversations adequately and to initiate necessary negotiation of meaning.

Former studies have already shown, that the roles and the scripts of the doctor-patient-interactions help to bridge some communication problems. This study shows, that at the same time these roles and scripts veil communication problems. The interlocuters are not aware that there is a considerable impairment to the main goal of the pre-anaesthesia evaluations – namely the informed consent.

LITERATUR


