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THE LEARNER'S VOICE

Language of Evaluation

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According to Merriam-Webster, *evaluate* means "to determine the significance, worth, or condition of usually by careful appraisal and study" [1]. Evaluation exists in multitudes in medicine. As a medical student, evaluation is a constant in my life. There are exams that evaluate clinical knowledge, clinical evaluations of me by others, and, most importantly, the evaluations of the patients I care for.

Every evaluation I have experienced has shown me how understanding language and its subjectivity is vital to clarity [2]. In the clinical environment, particularly in psychiatry, I have witnessed the importance of diction and how a word's connotation can have a profound impact on patient care. We describe how a person talks, how they look, what words they use, and anything else we think might give us insight into them. Thus, the specific words we use affect how our evaluation is perceived by our future self, other providers, and even our patients.

In psychiatry, we are concerned with a person's emotions and their experience of the world. The language used by our patients can provide insight into their thought process, as people ascribe different meanings to words. Science as a field is meant to remove the subjectivity from a field through the language used. It is supposed to be a "universal" language that is ubiquitous from person to person to eliminate the chance of misunderstanding. However, in medicine, we are often translating a patient's symptoms from "normal" English into our scientific language.

In the clinical environment, I learned how this translation can be a difficult barrier to overcome. More than once I have had to elaborate on a patient's description of their symptoms, which I had thought adequate, to members of my team. "Sad" for one patient meant loneliness over not having any family visit while for another meant severe anhedonia. I once described a patient's symptoms as including "auditory hallucinations" (as the patient described) and then learned the multitude of ways auditory hallucinations could manifest.

In addition, we are prone to bias. Implicit bias is prevalent in medicine and impacts how we evaluate our patients [3]. For example, I have had patients on long-acting injectables that were labeled as "non-adherent" when in actuality their socio-economic factors impaired their ability to receive the medicine they wanted. "Drug-seeking" was another term I stumbled across when reading notes that absolutely colored my initial perception of a patient. The implication of the words we use matters.

With patients more easily able to access their records, preceptors have mentioned to me that they sometimes refrain from writing certain diagnoses in a note as the patient might fixate on it, hindering their care. Personality disorders are notoriously difficult to treat and one such patient with narcissistic personality disorder was documented as having "unspecified personality disorder" due to my preceptor's prediction of what his reaction might be.

In other fields of medicine, laboratory tests can identify a patient's HbA1c or how many cells are. Psychiatry does not typically have such luxury. Our diagnostics are based upon clinical interviews that can have a variety of interpretations. In fact, they could be argued as subjective. But, when looking at the data surrounding reliability of psychiatric diagnosis and with the advent of structured clinical interviews and operational diagnostic criteria, there remains objectivity and reliability in psychiatric diagnoses [4].

That objectivity and reliability, however, would not exist without thorough, comprehensive evaluations and extensive training in the use of language. Understanding how language differs between people, cultures, and societies is something that comes with time and practice. As a student, I have had my fair share of moments where I floundered due to misunderstanding what a patient truly meant. I had difficulty working with a predominantly Spanish-speaking patient who was nearing the end of his life and struggling with memory and a multitude of other health problems. His daughter, clearly overwhelmed, tried to bridge the gap between us. I only had

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time, willingness to listen, and empathy to fall back on as I tried to interpret their perception of the world.

At the end of the day, even as physicians, we experience the world in a subjective manner. It is our duty to understand our patients' perceptions and ensure the accuracy of how we communicate our evaluation of them. The language used in evaluations carries weight. Our insight into and documentation of patient words can impact their care directly. It is important to balance our understanding of one another with the scientific transmission of knowledge such that it enhances patient care.

Declarations

Disclosures The author states that there is no conflict of interest.

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