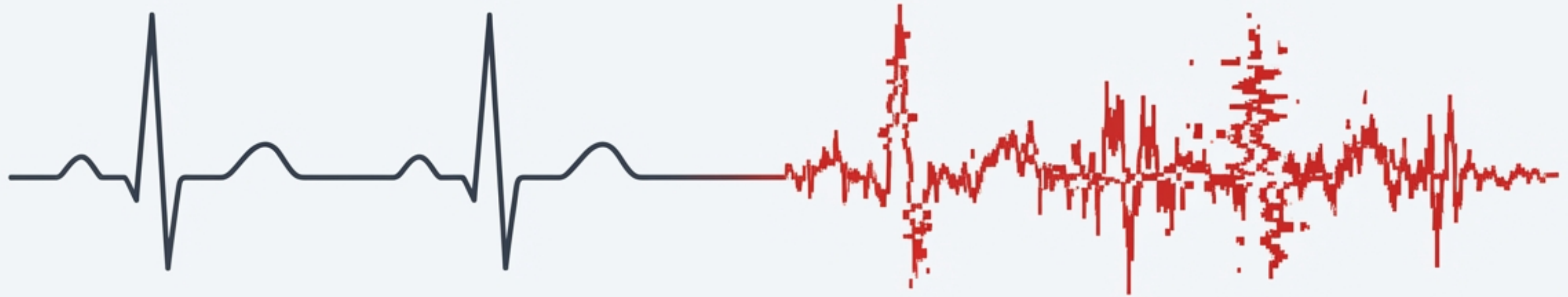
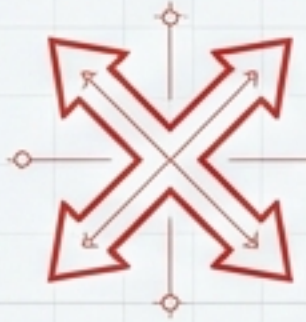


The Acoustic Memory of Medicine



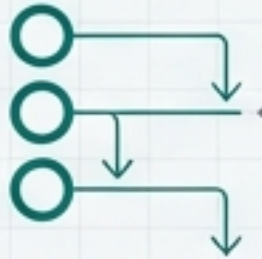
Diagnosing Our Irritation on Rounds

Chief Complaint: The Symptoms



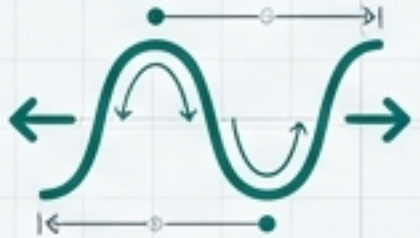
The Multipliers

Acronyms that multiply faster than they clarify.



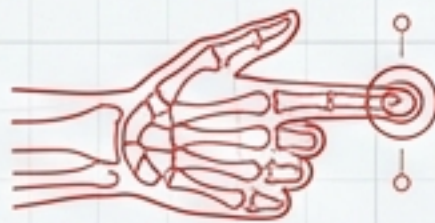
The Headlines

Sentence fragments delivered like bullet points.



The Elastic Phrase

"Status post" – a phrase that stretches across time without saying where it begins or ends.



The Physicality

Hands that point as if the body were a diagram.



The Noise

Fillers that ripple through a presentation like static between stations.

History of Present Illness: The Paradox

Objective Findings

- ✓ Physiology intact
- ✓ Story present
- ✓ Reasoning holds
- ✓ Understanding achieved

Technically Correct,
Viscerally Wrong.

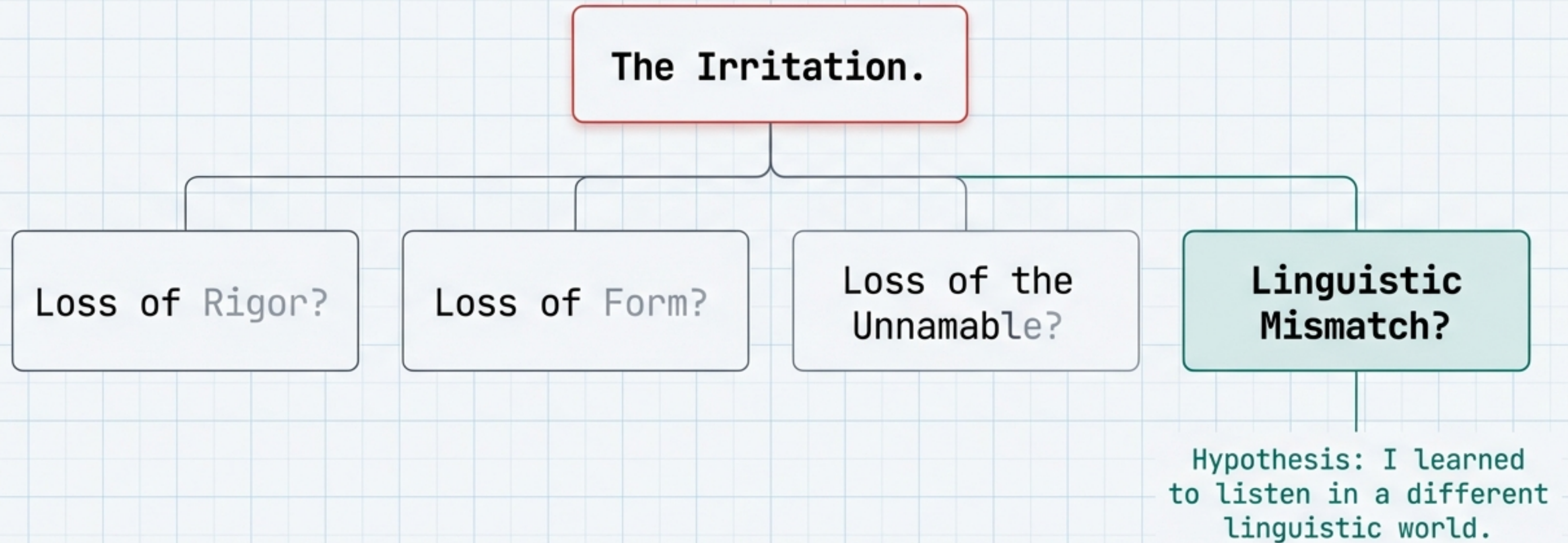
Subjective Experience



*And yet something
in me notices.*

Differential Diagnosis

Why does this bother me? Irritation is a clue, not a conclusion.



Social History: Two Grammars of Medicine

Generation A (The Past)

Language carried moral weight.

Full sentences signaled discipline.

The presentation was performative evidence of thought.



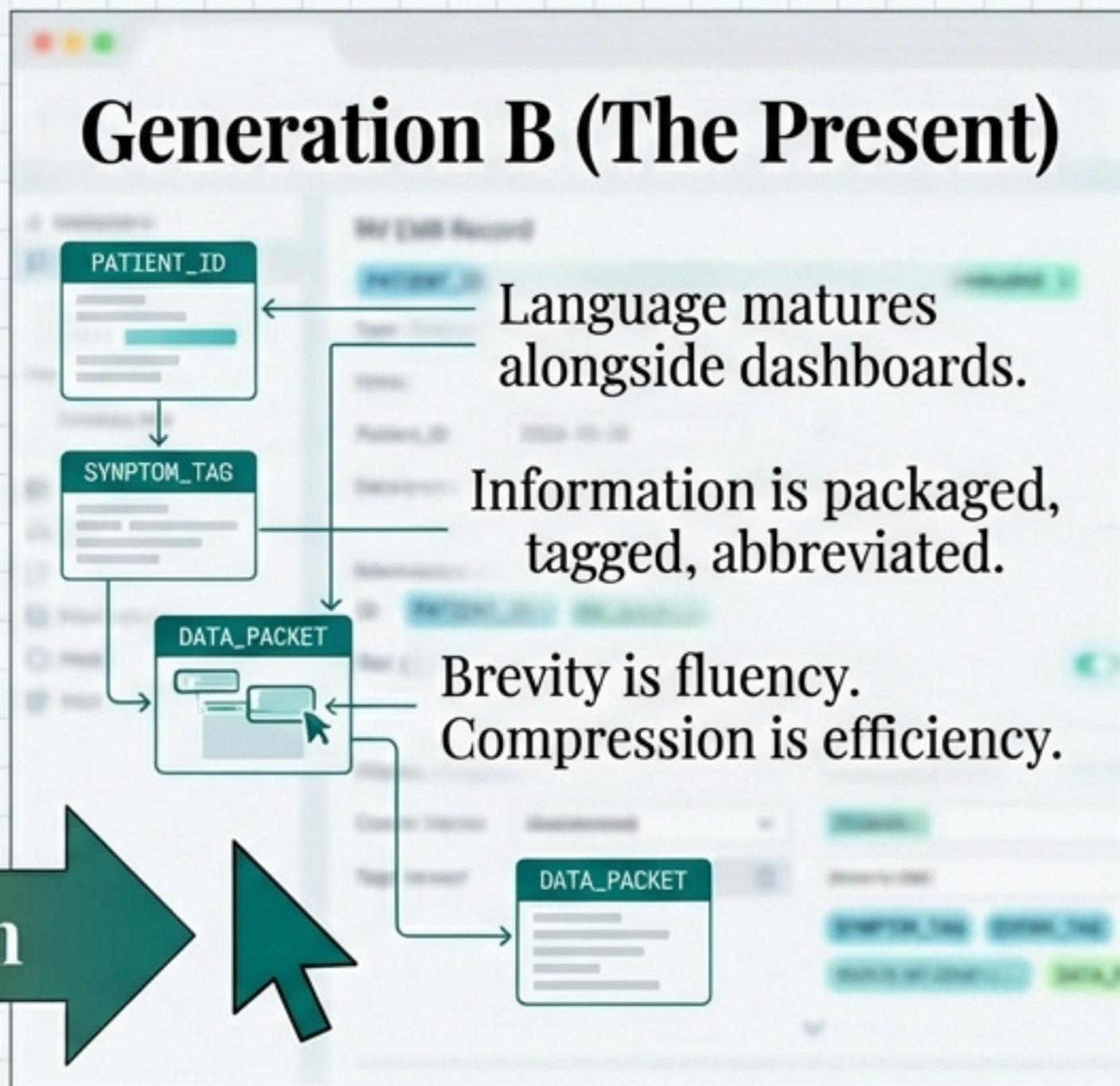
Evolution

Generation B (The Present)

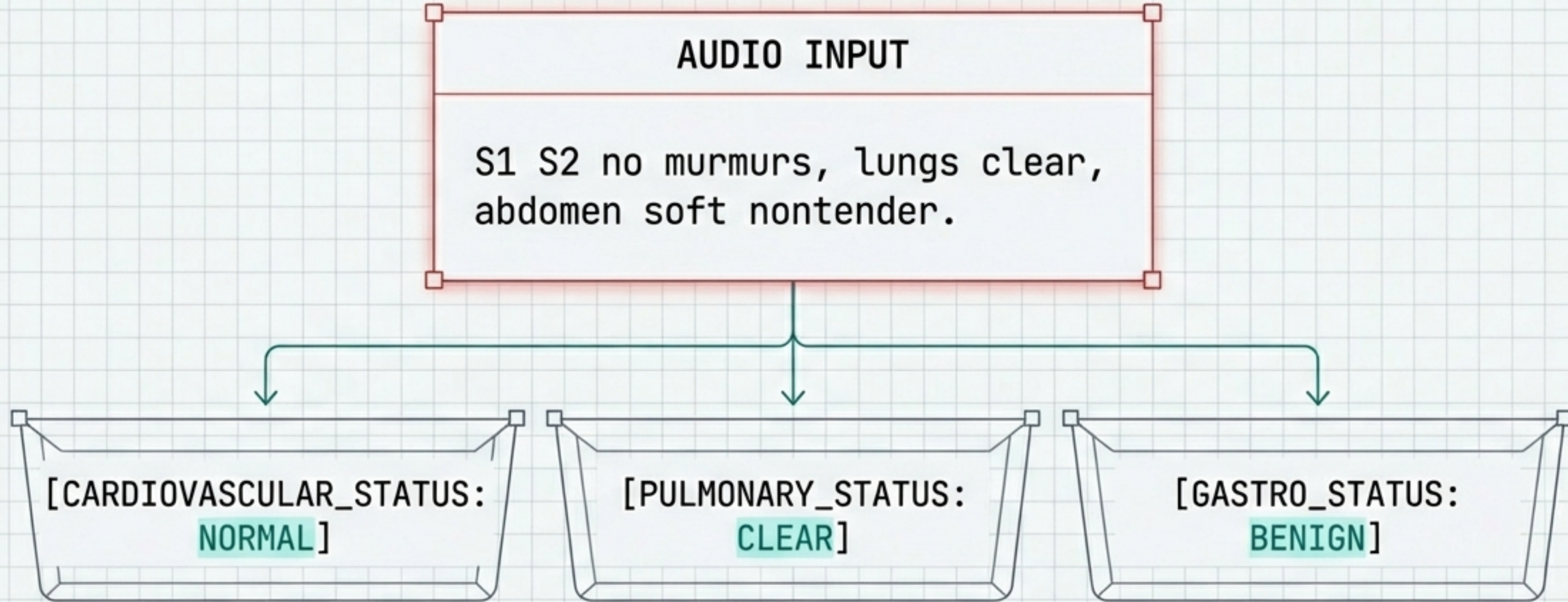
Language matures alongside dashboards.

Information is packaged, tagged, abbreviated.

Brevity is fluency.
Compression is efficiency.

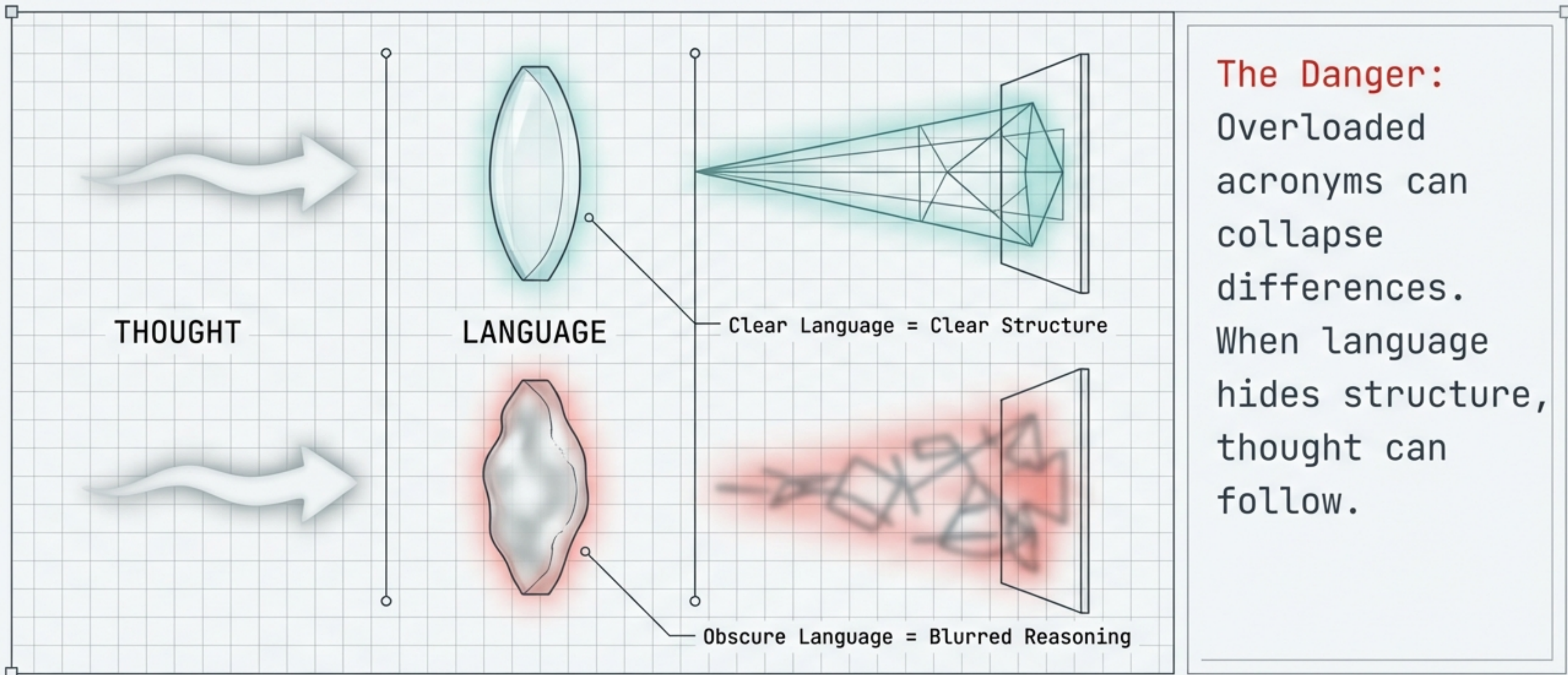


Re-evaluating the Exam Findings



This is not broken speech. It is a clinical interface.

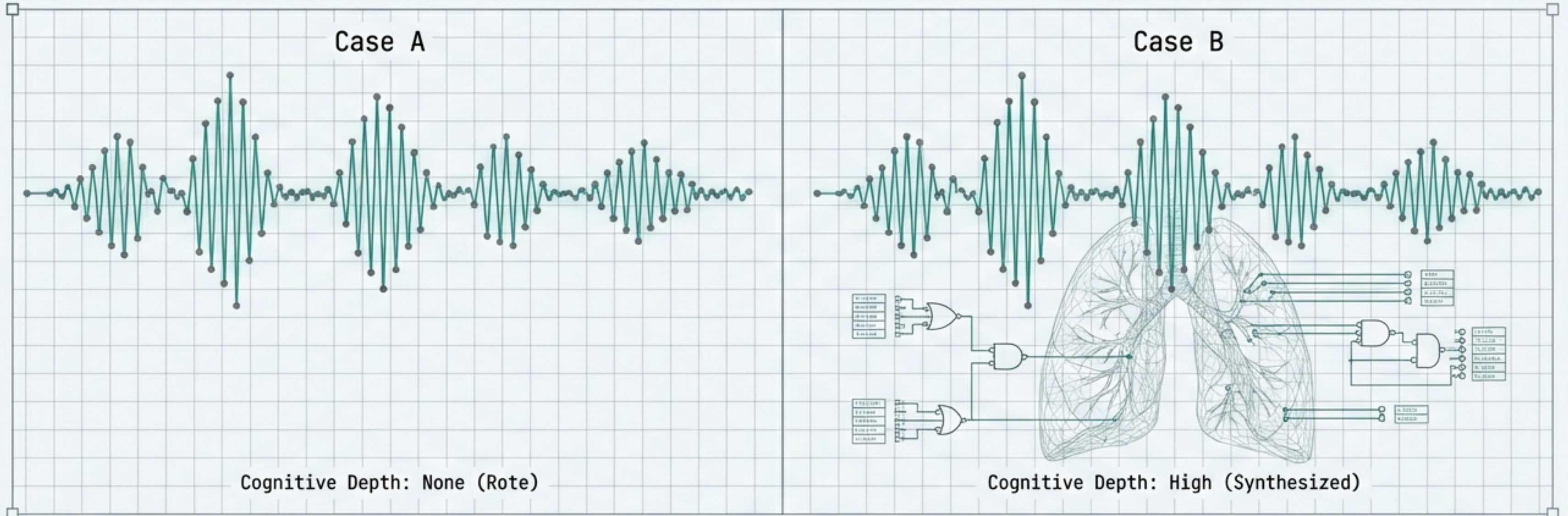
Pathophysiology: Style vs. Cognition



The Danger:
Overloaded
acronyms can
collapse
differences.
When language
hides structure,
thought can
follow.

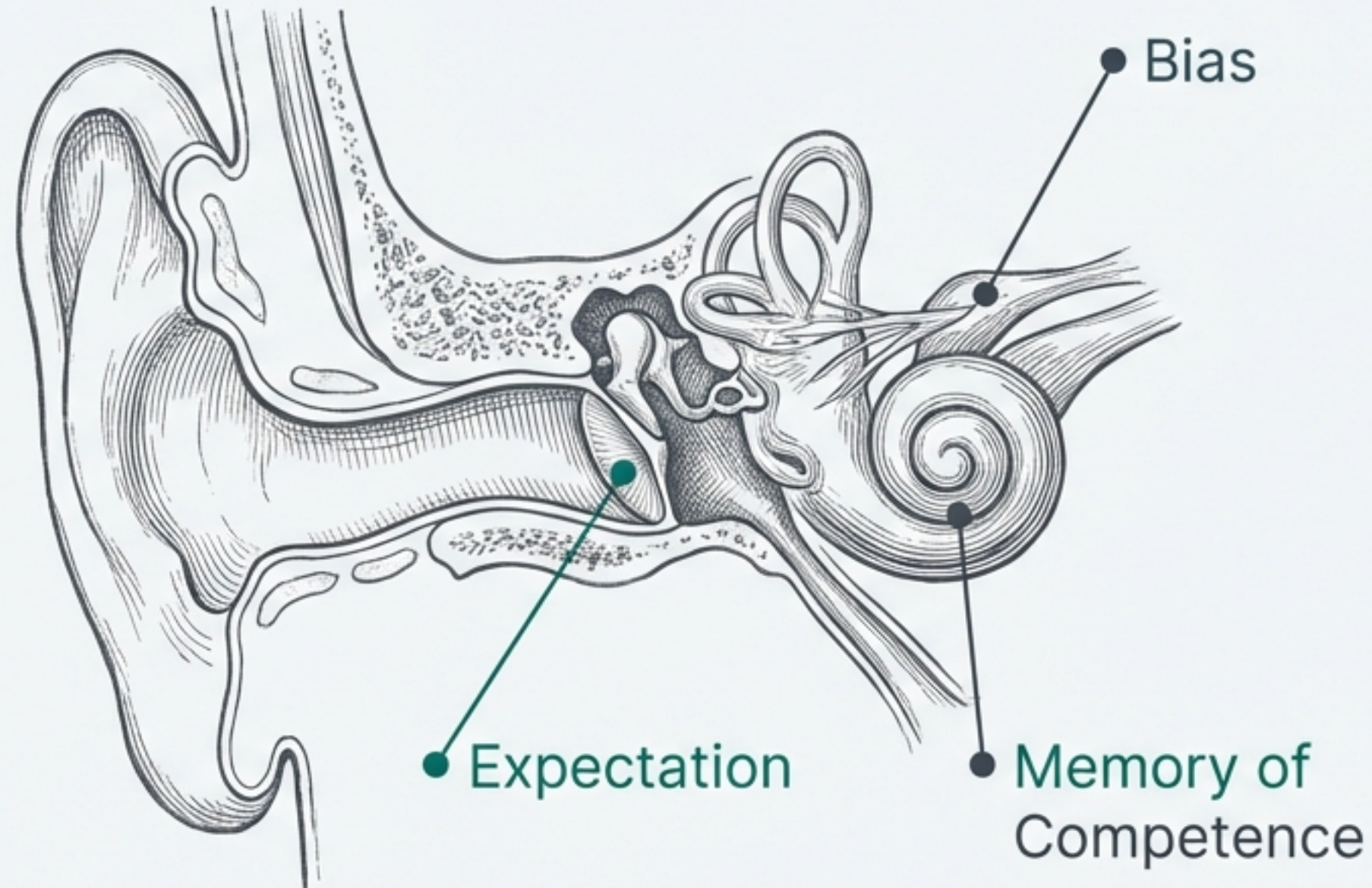
The Clinical Trap

The Spoken Phrase: "Lungs clear, no crackles".



The ear cannot always tell. Fragments can conceal thought, or they can transmit it perfectly.

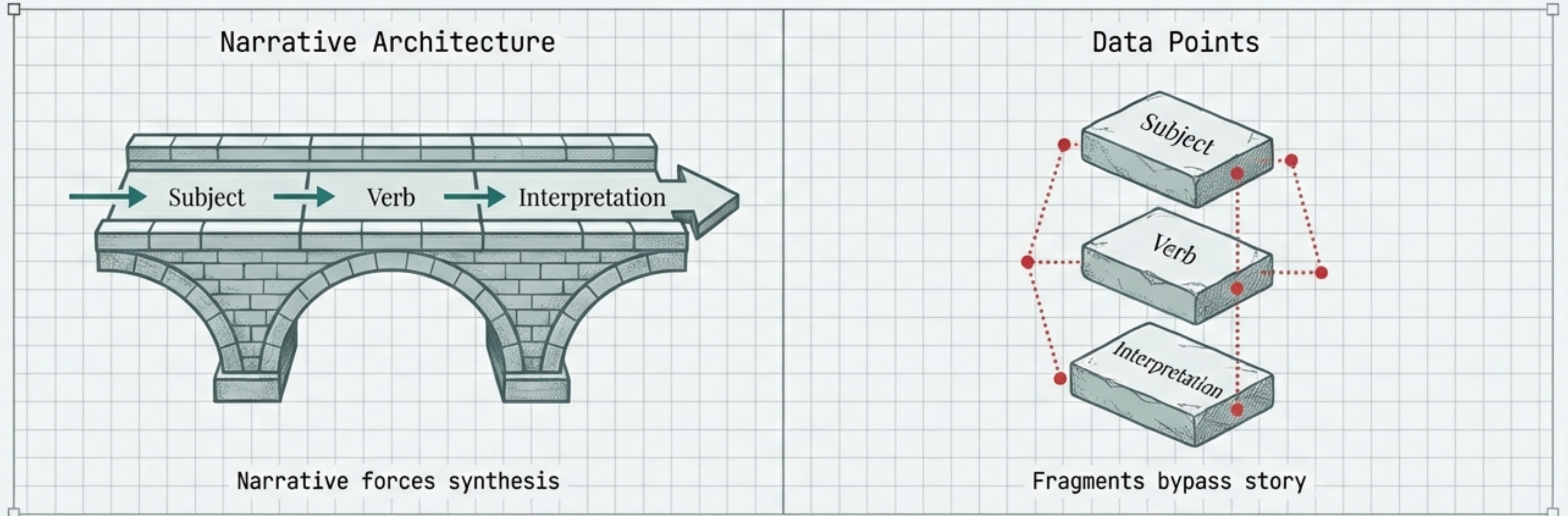
Diagnosis: Acoustic Memory



Every profession has an **acoustic memory**—a remembered sound of what competence used to sound like.

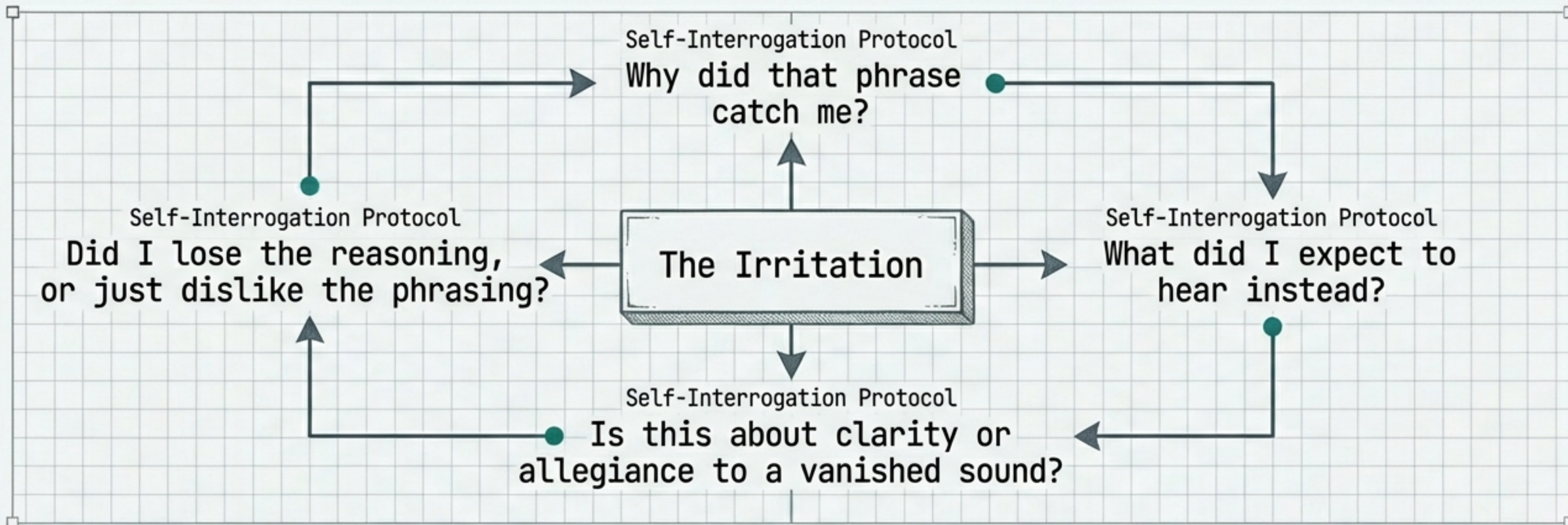
The ear is conservative.
Language evolves anyway.

Risk Assessment: What is Actually Lost?



The task is not to resurrect an old style. It is to replace the cognitive work that style once required.

Treatment: Irritation as Data



**Our irritations are diagnostic instruments.
Not of trainees, but of ourselves.**

Treatment: The Adaptation Protocol

Inter: Shifting the Intervention

Alert Red

~~Correction of Form~~

~~Say that again properly.~~

Safe Teal

Probing of Reasoning

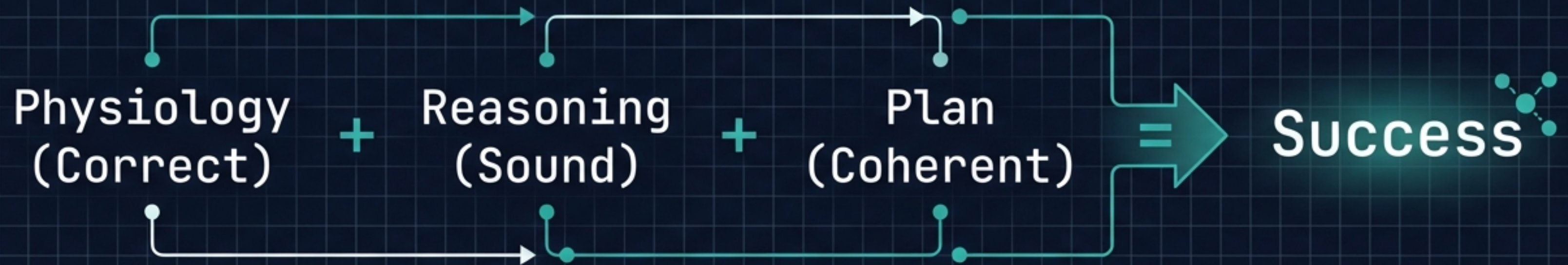
Tell me how you're linking those findings.

What story do you think the data are telling?

Which piece matters most to you?

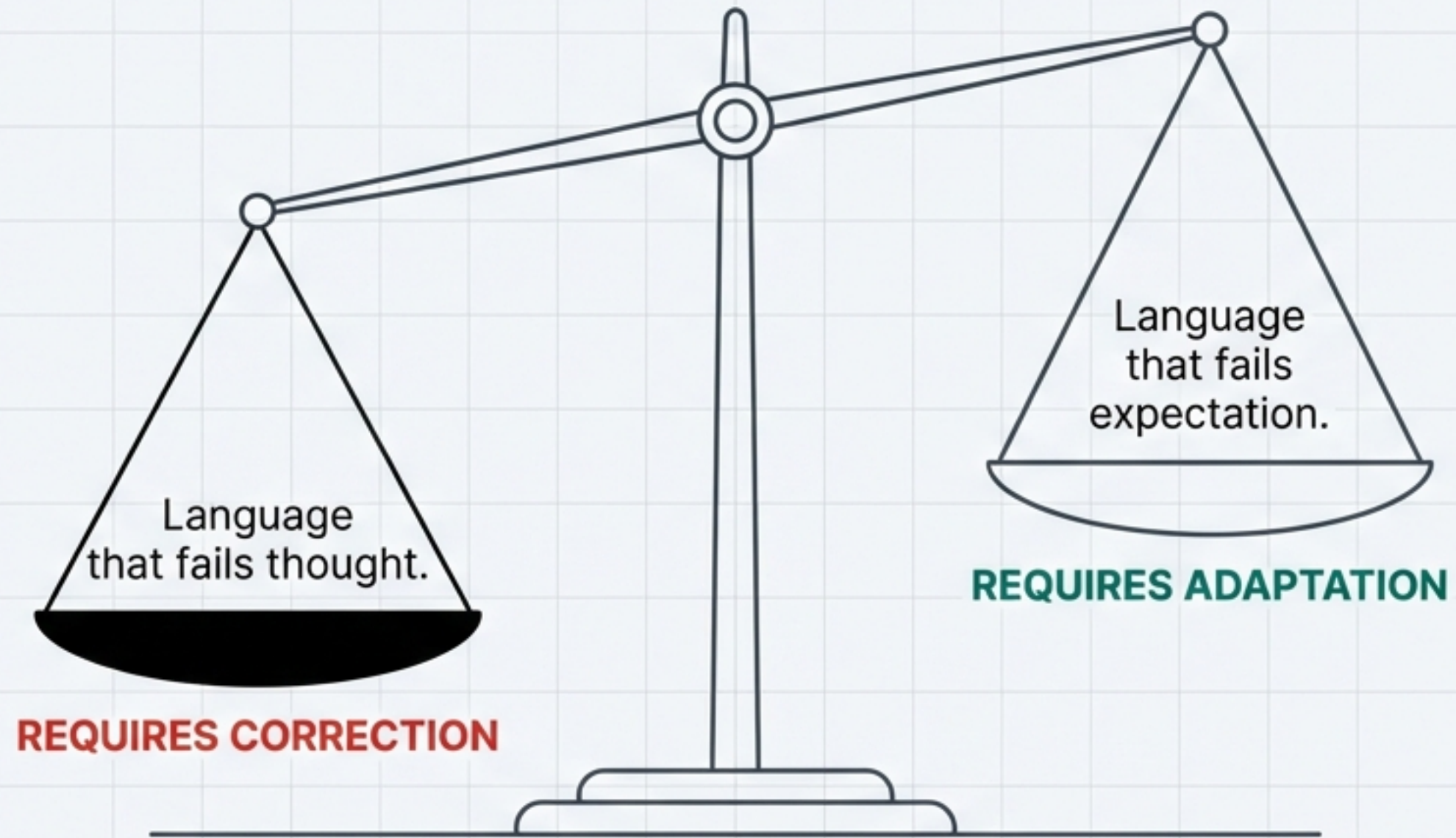
Inter: Adaptation does not mean lowering standards. It means listening differently.

The Student's Perspective



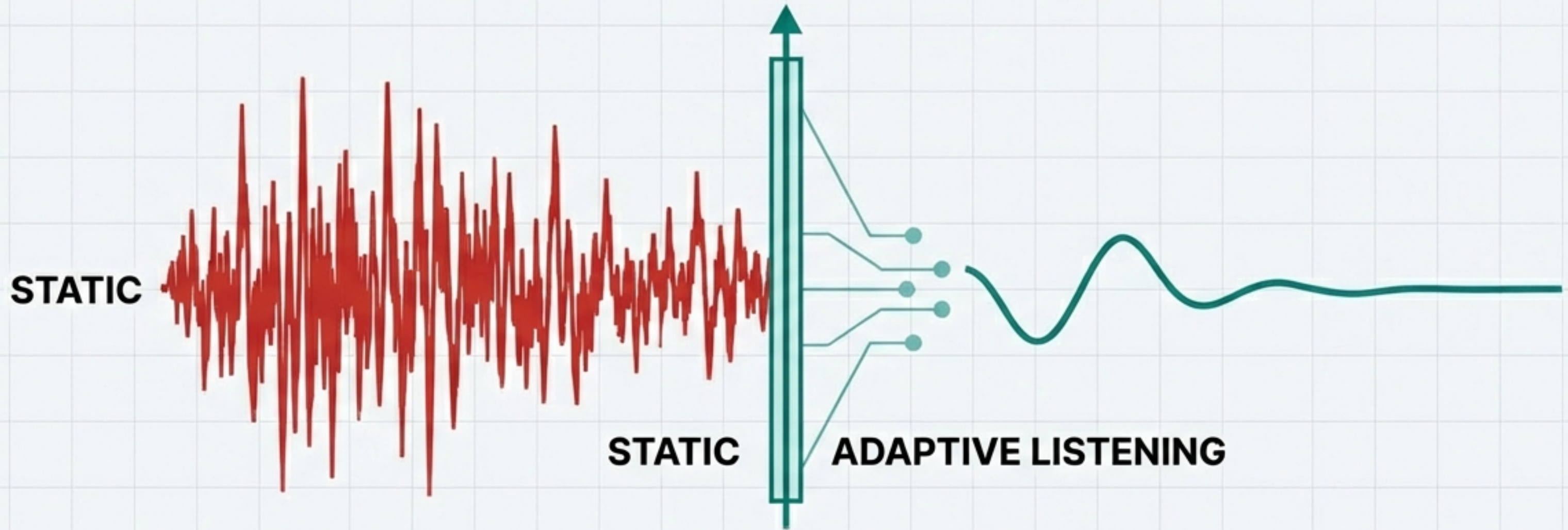
The student does not know the linguistic tension exists.
If the team can act, communication has **succeeded**.

The Deeper Discipline



The core competency is distinguishing between the two.

Discharge Summary



The ear is conservative. Language evolves anyway.

We must learn to listen for the story beneath the static.