Medical Discourse Community:

Discourse Community:

A discourse community can be described as a group of people that share common goals, sources of information, terminology, and methods of communication along with a certain level of expertise and knowledge on a subject.

John Swales, an influential analyst of written communication, breaks down a discourse community into having six defining characteristics. A discourse community must:

1. Have a broadly agreed upon set of common public goals
2. Have mechanisms of intercommunication among its members
3. Use its participatory mechanisms primarily to provide information and feedback
4. Utilize and hence possesses one or more genres in the communicative furtherance of its aims
5. In addition to owning genres, have acquired some specific lexis
6. Have a threshold level of members with a suitable degree of relevant content and discoursal expertise (Swales 471)

Whether a person realizes it or not, they are a member of multiple discourse communities. Which ones a person belongs to depends on their profession, where they live, schools they have attended, and their interests.

Medical Discourse Community:

A medical discourse community is precise, educational and term-based. There are many different discourse communities within the medical field. For example, a doctor in pediatrics would have a different discourse community than a doctor specializing in podiatrics. Each of these communities communicate in a different way and have different standards of doing things.

In order to become a member of a medical discourse community, the following traits are considered important:

1. The ability to accurately use language
2. A working knowledge of general developments in medicine as an industry
3. A strong grasp of regulatory limits, with regards to what we can write and to what extent
4. A skill of conveying normally confounding medical-speak into plain language regular people can understand

The medical discourse community has some communication vehicles specific to their community alone. Many of these communication sources for information are related to the basic care and treatment of a patient. These sources include journals, charts, care plans, treatment records, and patient histories. These sources take a level of education that allows them to read them correctly. These types of sources may be hard to read for someone without a medical based education. Examples of how hard it may be to interpret these images as a novice are shown below. Figure 1 is an example of an ECG recording (Umar). Figure 2 is a radiological image of the stomach (Stirling). One must be educated enough to be able to diagnose patients from these images attached.

Figure 1:  
Figure 2:
Scientific journals are shared between professionals. These journals would also be hard to understand by someone without the education. The journals are divided into sections that clearly outline the steps taken, the factors considered, the materials used, and the rational used in a study. They often include detailed results along with what normal values should be.

In order to keep the world wide respect, the medical discourse community must keep up with ever changing technology. Many online and written medical terminology guides are there to help students, professionals and other individuals understand the many terms involved in this field. New terms are always being added and old terms are constantly being changed.

The use of computers and the internet within the medical discourse community has allowed the members to record, store, and share data quicker than ever before. Medical records, which were once recorded by hand, are now recorded electronically; this means less human error. Almost every medical facility now utilizes computers rather than paper files to enter, retrieve, and store data.

