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Language:

[English](#)

GOS God's own spot (reference to tertiary/teaching hospitals)

GPO Good for parts only

Granny dumping Practice of bringing elderly patients to emergency departments for admission, usually before public holidays

Grape sign Grapes at the bedside imply the patient has a supportive family

Green one PEAs are green (reference to the change in terminology from EMD to PEA)

GROLIES Guardian reader of limited intelligence in ethnic skirt

Guessing tubes stethoscope

H is for

HAIRY PSALMS Haven't any idea regarding your patient send a lot more serum

Hamster sign Swollen cheeks as seen with steroids, but also as a result of swelling postjugular line insertion

Handbag positive Used to denote a patient (usually an old lady) lying in her hospital bed clutching her handbag as a sign she is confused and disoriented

Heart sink Frequently attending patients for whom the physician has little to offer

Hens teeth As in "as rare as . . ."

Hobgoblin Hemoglobin

Horrendoplasty A very difficult operation

House red Blood

I is for

Inbreds Physician whose parents are physicians

ISQ In status quo

J is for

JLD Just like dad. Commonly used as the etiology for an *FLK*

Journal of Anecdotal Medicine Source quoted for less than evidence-based medical facts

J. P. Frog Just plain fucking ran out of gas

K is for

Kidney stone squirm Spot diagnosis in A&E (see also PID shuffle)

L is for

Larry Locum as in “doing a larry”

LOBNH Lights on but nobody home (see also asynapsing neuritis)
LOB Loads of bollocks

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LOL Little old lady

lytes Electrolytes

M is for

Metabolic clinic The coffee or tea room

MFI Mother fucking infarction—a very large myocardial infarction

MICO Masterly inactivity and catlike observation

MICOS Masterly inactivity, catlike observation, and steroids

Mushroom syndrome Suffered by housemen who are kept in the dark and shoveled with manure periodically

N is for

N=1 trial Polite term for experimenting on a patient

NAD No abnormality discovered, or not actually done

NFN Normal for norfolk. Another possible etiology of an FLK

O is for

OAP Overanxious patient or parent

Obs & gobs Obstetrics and gynecology

OD Overdose

Ohno-second The moment when you realize something has gone horribly wrong

Old man's friend Pneumonia (predominantly an American term)

Oligoneuronal Of low intellect

O-sign Found on the very sick patient who lies with his mouth open. Precedes the Q sign
Ostrich treatment By pretending it's not there, one hopes it will go away

P is for

Pan investigram Shorthand for a raft of investigations
Parentectomy or parent transplant Removing parents as an effective cure to a child's problems
Pathology outpatients Mortuary
PDE Pissed, denies everything
Percussive maintenance Hitting an electronic item, such as a ventilator, to make it work
Pest control Term applied to psychiatrists by casualty officer
PFO Pissed, fell over
PGT Pissed, got thumped
PID shuffle Spot diagnosis in A&E. Others include the "kidney stone squirm"
Pink shrink A gay psychiatrist
PPP Piss poor protoplasm

MEDICAL SLANG 187

Plumbus oscillans "Latin" for swinging the lead
Policeman lesion A lesion on an X ray that is so obvious, a policeman would spot it
Postweekend fatigue syndrome Disease seen mainly in general practice surgeries on Monday mornings
Pox docs Physicians who staff the gerito-urinary medicine clinic
PRATFO Patient reassured and told to fuck off
Psychoceramics Psychogeriatrics
Pumpkin positive Derogatory term to imply that, when you shine a penlight into the patient's mouth, his brain is so small that his whole head lights up (see also oligoneuronal)

Q is for

Q-sign Follows the O sign, when the terminal patient's tongue hangs out of

his open mouth

QT-sign Follows the Q sign, when the tongue is out and the tablet remains on the end of it

R is for

Removal men Care of the elderly department

Retrospectoscope Equipment that endows the benefit of hindsight

Rheumaholiday Rhematology (see also *dermaholiday*)

Rocking horse stool As in “as rare as . . .” (see also *goldfish stool*)

Rose cottage Mortuary

Rothman’s sign Tobacco staining of fingers

Rule of five If more than five orifices are obscured by plastic tubing, then the patient’s condition is deemed critical

S is for

Scepticemia What physicians develop with experience

See one, do one, teach one Classical way to learn medical techniques

September club Not-so-exclusive group of students doing retakes

Serum porcelain Battery of blood tests on an elderly patient

Serum rhubarb Obscure tests carried out only in specialist centers

Sieve Physician who admits almost every patient they see. Opposite of a wall

SIG Stropky, ignorant girl

Slashers General surgeons

Slough Patient who another unit or hospital tries to unload on you inappropriately or unfairly

Smellybridge Skin between the anus and the posterior aspect of the scrotum

Smiling death Friendly examiner everyone loves to hate

Solomfyoyo So long mother fucker, you’re on your own

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Soft admission One that only a sieve would accept

Spanish disease Unconvincing cockney rhyming slang for cancer

Stat Immediately, shortened from the latin statim

St. Elsewhere Term used in ivory towers to describe any nonteaching

hospital

hospital

T is for

'tache test A rather insensitive test initially thought to be predictive of HIV

status

TATT Tired all the time

TBP Total body pain

TEETH Tried everything else try homeopathy

T.F. BUNDY Totally fucked but unfortunately not dead yet

THC Three hots and a cot, sought in A&E by the local homeless (three hot meals and a bed)

TLA Three-letter acronym. Used repeatedly by Acronymophiliacs

TMB Too many birthdays

Treat 'n' street A&E philosophy of quick patient turnaround

Trick cyclists Psychiatrists

TTFO Told to fuck off

TTR Tea time review (in northern hospitals)

TUBE Totally unnecessary breast examination

Turf Diverting a patient to another team by *buffing* the history to suit. An art practiced in its highest forms by the *Turfmaster generals*

U is for

UBI Unexplained beer injury, for all those hungover people on Sunday mornings with black eyes/swollen knees and no idea how they'd got them

Unclear medicine Nuclear medicine, especially in reference to V/Q scans

Unineuronal Extremely educationally challenged—an extension of oligoneuronal

V is for

Vitamin H Haloperidol

W is for

Wall Physician who resists admitting patients at all costs. The opposite of a sieve

Walleectomy An expensive procedure, in private practice

WAW What a Walley

Whopper with cheese Fat woman with thrush

WNL Within normal limits (or, we never looked—see also *NAD*)

MEDICAL SLANG 189

Woolworth's test Used by anesthetists. If you can imagine the patient shopping in Woolworth's, then they are fit enough for an anesthetic

Wooly jumper Any nonacute physician

Wrinkly Elderly patient

XYZ is for

YSM Yummy scrummy mummy, an attractive parent

Zorro belly Surgical "Z" inscription on the abdomen of an unfortunate patient

Medical Slang

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This is the Working Paper of my article which has just been accepted in the [International Journal of Health Care Quality Assurance](#). It's due to be published in Vol. 27, Issue 1. It should be in "print" in January 2014 following editing and page proofing. As Epub 2.0, versions will also go online sooner but I wanted to support open access by posting this final draft on Scribd.

Please Cite: Woodhead, A. (2014) Scoping Medical Tourism and International Hospital Accreditation General. *International Journal of Health Care Quality Assurance* Vol 27, No.1.

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Scoping Medical Tourism and International Hospital Accreditation General

Abstract

Purpose - One Routledge stated medical tourism has the potential of doing to the US healthcare system what the Japanese auto industry did to American consumers after products developed a reputation for value for money and reliability. Unlike cars however healthcare can seldom be "one-size-fits-all". Quality is difficult to assess after an impromptu assessment. Besides it is frequently evaluated via accreditation before an international hospital. This paper scopes the health care industry for medical and hospital accreditation and accreditation.

Method - I have interviewed four hotel accreditation Councils, the Joint Commission International (JCI) and the International College of Healthcare Accreditation (ICHA). The article examines how quickly has international accreditation been occurring. Where has it been occurring and what providers have been accredited.

Findings - While analyzing which countries and regions where the most international accreditation has occurred gives some indication as to the location of the most active medical tourism markets it must be noted providers will not solely be providing care for medical tourists.

Implications for research, practice and society - The article discusses that although receiving accreditation certainly will not mean mistakes will never happen, it does perhaps indicate accredited providers are more willing to learn from them, to varying degrees. It concludes that if a provider has been accredited by a large international accrediter then patients should give some reassurance the care they receive is likely to a good standard.

Value - The article however questions whether further international accreditation certification will result in improved quality, ongoing research is necessary to further assess accreditation of these growing markets.

Keywords - Accreditation, Medical tourism, Private healthcare, Patient perception.

Paper type - General review.

Acknowledgement - Dr. Neil Latta, Senior Lecturer in Social Policy and Public Management at the University of York, for his help and advice in completing this article.

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Electoral systems and the politics of coalition :

Why some democracies redistribute more than others

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(Department of Government)
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* For the purposes of communication

Abstract

We provide an political institutional explanation for the considerable variation in the extent to which democratic governments redistribute from higher to lower income. We show that the electoral system plays a key role because it shapes the composition of governing coalitions, whether these are centrist or party forming alliances of center or alliance between these parties. Our argument implies that center-left governments dominate under PR systems, while center-right governments dominate under majoritarian systems, and that PR systems redistribute more than majoritarian systems. We use our argument to point data for redistribution, government partisanship, and electoral system characteristics in advanced democracies.

A previous version of this paper was presented at the 2002 Annual Meetings of the American Political Science Association, Montreal and Montreal (Montreal, Quebec, Canada) September 1, 2002. We thank Alex Ales, Klaus Fiedler, David Jenkins, Geoffrey Brennan, Thomas Cusack, Jeff Fisman, Robert Goodin, Brent Hall, Peter Lange, Peter Rosenthal, Ron Rogowski, Frances Rosenbluth, Peter

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Before that spend the time putting stuff into my own words, I'm just gonna cut and paste it for and give you the reference to it

1.1 Research Definition

First the Process:

"This is a manufacturer's definition referred to as the approved submitter to FDA as a manufacturer new drug (NME) application for permission to conduct clinical studies in humans. Second, the manufacturer completes Phase 1 & 2 and it's about time to establish that a product is safe and effective for a specific patient and population. Third, the manufacturer submits to FDA a New Drug Application or a Biologics Licensing Application" (David, 2008 p. 1)

Yes your right, the FDA differentiates between standard and priority molecules. However from what I found out you can't say that because a drug is given priority because there it is innovative, it usually does though. There are possibly 2 important groups you can break the molecules down into I didn't look too closely at what the FDA does though. Either this has a similar system. Also as they both look at mostly the same molecule name or type it doesn't particularly matter (especially in terms of patent's where there has differentiation, not actions, 2008 state 46)

Types New Molecules (NMEs) (2008)

"Priority Review molecule is a molecule of study design or procedure. It refers only to an application submit to the center prior to 2002. (2008 p. 1)

Under Fast Track or Accelerated Approval, the Priority Review process begins only when a manufacturer already submits an NME/BLA. Priority Review, therefore, does not alter the timing or content of what takes in a drug's development or testing for safety and effectiveness, the products believed to address unmet needs. However, it shortens the average amount of time from completed application until approval decision from 30 months to 18 months." (David, 2008 p. 1)

Standard New Molecules (NMEs) (2008)

"In processing molecule this it's for products believed to address unmet needs. I didn't find a specific time reference.

Note: 1) Highlights in more detail take you the case of NME's (2008) (at: 1.1.1, between 2008-2007) i.e. 10% of all New Molecules are not really new. (David, 2008)

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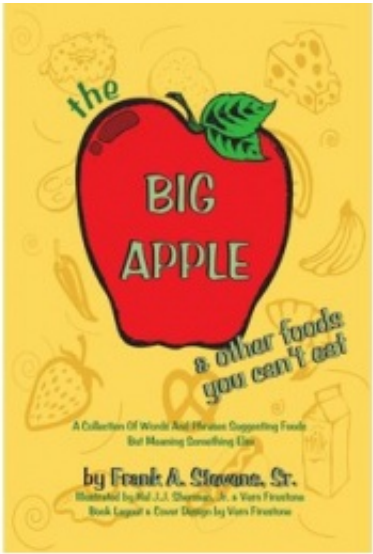
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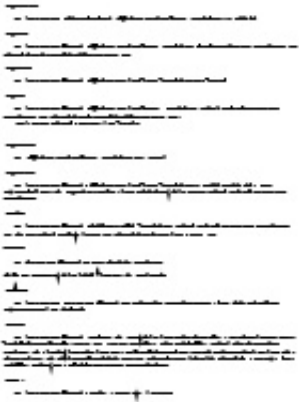
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