

Playing with Clinical Jargon

A WORKSHOP

MAKING
CLINICAL
SENSE } **Fringe
Editions**



CHIEF COMPLAINT DIFFERENTIAL
DIAGNOSIS SOAP NOTE TRIAGE
MYOCARDIUM NEPHRON ISLETS OF
LANGERHANS SYNAPSE LANGERHANS
HEMATOPOIESIS LYMPHATIC DRAINAGE
LESION ISCHEMIA SEPTICEMIA
NEOPLASM DENDRITE IATROGENIC
CYTOKINE STORM GRANULOMA
COMORBIDITY IATROGENIC NSAID
BETA BLOCKER NSAID OPIOID
ANTICOAGULANT TITRATION HALF-LIFE
POLYPHARMACY BIOAVAILABILITY
DEPOT INJECTION BLACK BOX WARNING
BLACK BOX WARNING CBC MRI
BIOPSY SEROLOGY LUMBAR PUNCTURE
ELECTROLYTE PANEL HEMOGLOBIN A1C
CULTURE AND SENSITIVITY RADIOPAQUE
CONTRAST AGENT INTUBATION
DEBRIDEMENT CATHETERIZATION
LAPAROSCOPY DIALYSIS SUTURING
EXTUBATION CODE BLUE DNR

What We'll Do

1 Introductions and
photo consent
(10 mins)

2 Warmup activity:
Sonic Jargon, A Sounding
(15 mins)

3 Small group activity:
Imploding Jargony Materials
(30-45 mins)

4 Group discussion:
Bodies, Proximities, Affect
with coffee/tea
(30-45 mins)

Break (10 mins)

5 Introduction to
writing exercises
and reading aloud
(15-20 mins)

Writing exercises
(10-20 mins each)

6 Warmup:
Jargon in Everyday Life

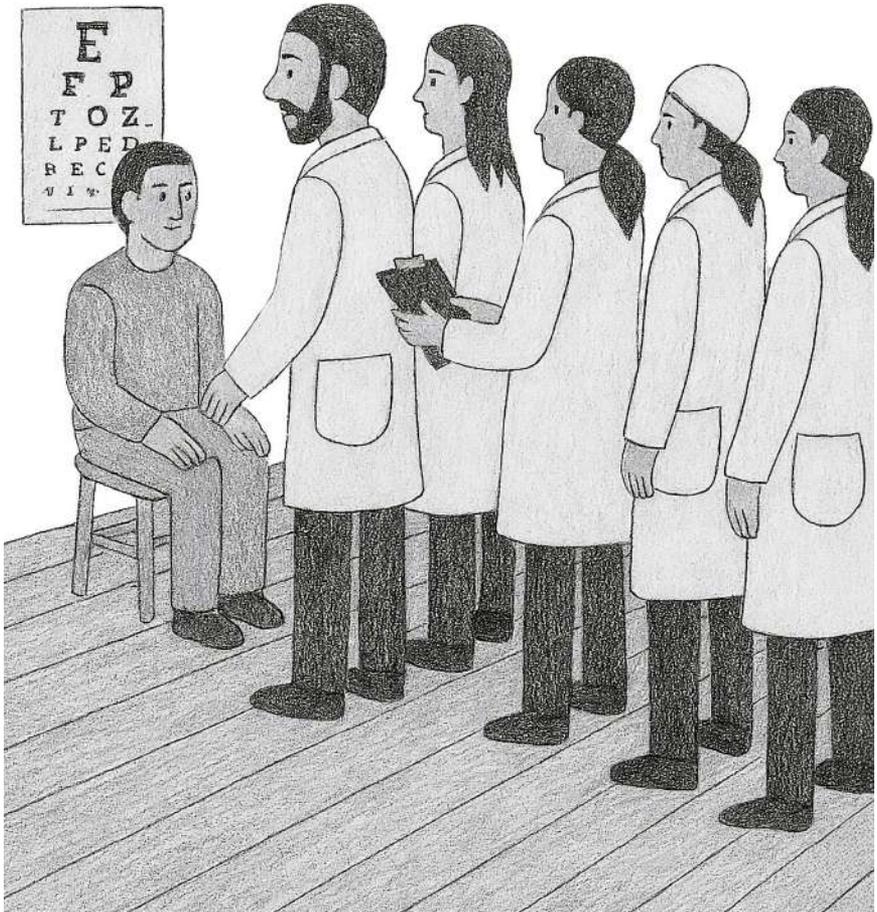
7 Exercise:
The Matter and Place
of Jargon

8 Exercise:
Jargon and How Bodies
Feel and Sense

9 Submitting your writing

10 Reflection and share-out
(20-30 mins)

Who is the expert?



PLAYING WITH CLINICAL JARGON: A Fringe Editions × Doing STS Workshop

In this hands-on sensory methods and writing workshop, we experiment with jargon through medical ephemera and clinical objects. Jargon shapes bodies, senses, and scenes of everyday and medical experiences of health. From patient intake processes and disease-specific lingo to mainstream “wellness” vocabularies, medical jargon materializes as online encyclopedias and popular websites like Healthline or WebMD, medical translation or AI diagnostic apps, and patient education materials like infographics, brochures, or videos. Jargon is distancing and disorientating, and at the same time felt intimately and viscerally in the body as fear, pain, confusion, or recovery.

Working with a lively archive of popular and medical education media, this workshop guides participants through material cultures of jargon while asking: how does jargon feel? What worlds does it give us access to? What worlds does it obscure? How is jargon improvised, hacked, recycled, and repurposed for other uses? Through a series of guided ethnographic exercises (“implosion” and “hundreds”) from the fields of feminist science and technology studies and affect studies, participants will become public investigators, developing their writing and research skills while making sense of the material, cultural, and felt dimensions of medical jargon. Selected writings from this workshop will be edited into a chapter on “Jargon” for the book *The Matter of Hospitals: An Alphabetical Investigation* to be published by Maastricht University Press in October 2025.

Playing With Clinical Jargon is a collaboration between Maastricht-based medical education platform Fringe Editions, Vancouver-based methods lab Doing STS, and Los Angeles-based public programmer Annie Zeng.

MAKING CLINICAL SENSE } **Fringe Editions**

FRINGE EDITIONS

Fringe Editions is a platform for makers, writers and other creatives working with medical education. Building upon the comparative study, Making Clinical Sense, which investigated the sensory, bodily, and material practices of training doctors, this platform aims to build community around and with those exploring creative practices in healthcare professions education. Fringe Editions continues with The Upcycled Clinic, a project which focuses on hospitals as sites of disposability, rendering the necessity of creative practices and improvisations to make the most of existing materials. Making Clinical Sense and The Upcycled Clinic are both funded by the European Research Council and led by Anna Harris, Professor of Anthropology and Medicine, Faculty of Arts and Social Sciences at Maastricht University, the Netherlands.

Fringe Editions collaborator, Annie Zeng, will co-lead this workshop with Doing STS. Based in Los Angeles, Annie is an exhibition and programs curator of the social life of science and technology. Drawing on experiences that range from interactive science exhibit development to programming for contemporary art, she explores research in these fields through the lens of everyday public participation.

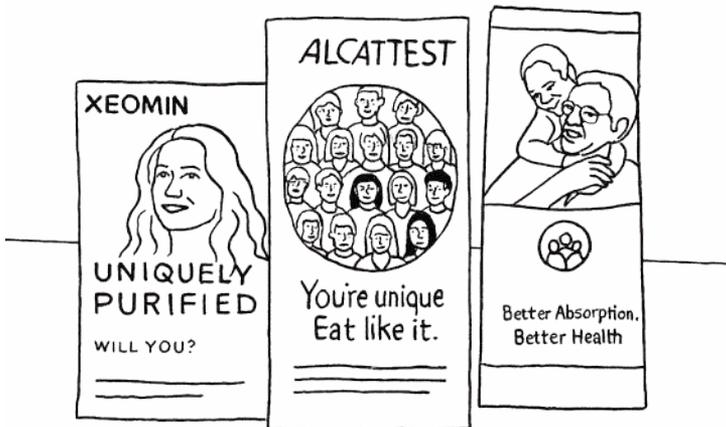
fringe-editions.com • makingclinicalsense.com



DOING STS

Doing STS is a Vancouver-based methods lab led by Mathew Arthur. We work across feminist science and technology studies (STS) and affect studies through public workshops, lectures, reading and writing groups, and experimental publications. We stage accessible and collaborative opportunities for play and learning with STS and affect via ordinary and DIY practice. Through zinemaking, textile and papercrafting, fermenting, composting, and other modes of making, we craft with matter to materialize alternative futures. We actively develop methods of care and anticolonial science and tech literacies with an emphasis on how emergent global complexities are made and experienced in small, local practices that include messiness, hunches, and mistakes.

doingsts.com



1 Introductions

Let's introduce ourselves. During this workshop there will be photos and sound recording (for the warmup activity below). If you prefer not to be photographed or have your voice recorded, let the workshop leaders know!

2 Warmup

SONIC JARGON: A SOUNDING
(15 mins)

Let's get our hands and eyes on "jargony" materials and into the archive of flyers, brochures, packaging, etc. Spend some time looking through the medical materials. and choose one piece that interests you.

Going around in a circle, let's will do a dramatic reading of a chosen piece of medical ephemera. Jargon sounds will fill the room and set the mood. We will record the warmup as a record of our encounter with jargon.



3 Implosion

IMPLODING JARGONY MATERIALS

In this workshop, we are thinking about medical jargon as a material phenomenon that also carries meaning and feelings. This means that we are paying attention to how jargon is materialized in things like brochures and posters or advertisements, in the tone of voice of the clinician, and in the bodies of patients who feel jargon (and whose lives are shaped by it). Jargon brings us into contact with certain scenes of living and ways of life and it alienates or excludes us from others. In the field of science and technology studies (STS), we track how matter and meaning are tangled up together. This is called “material semiotics.” STS scholar John Law writes:

Material semiotics is a set of tools . . . for exploring how practices in the social world are woven out of threads to form weaves that are simultaneously semiotic (because they are relational, and/or they carry meanings) and material (because they are about the physical stuff caught up and shaped in those relations.) It assumes that there is no single social structure . . . because these material and social webs and weaves come in different forms and styles.¹

We use a method called “implosion” (developed by two other scholars affiliated with STS, Donna Haraway and Joseph Dumit) to pay attention to the specific practices, in specific times and places, done by specific actors (not always human) that produce the objects that make up our world. Dumit writes:

Implosion Projects are attempts to teach and learn about the embeddedness of objects, facts, actions, and people in the world and the world in them. The emphasis is on details and nonobvious

1. Law, John. “Material Semiotics.” *SAGE Research Methods Foundations*, 2023, np.

connections, as well as on the many dimensions with which we can analyze them: labor, professional, material, technological, political, economic, symbolic, textual, bodily, historical, educational.²

INSTRUCTIONS

Choose a “jargony object” from our archive of brochures, posters, and other medical media (you can interpret this as a jargon-filled object, or an object that feels like jargon, or in other ways). Your group will try to answer all the questions included in your card deck while making a mind map of your answers on the large roll of paper. (As you answer your deck of questions, you can consider the object itself, but also the knowledges, practices, and even products contained in it.)

ROUND 1

Groups will answer without doing any extra or external research, that is, they will draw from the existing “situated knowledge” of your group members.

ROUND 2

Groups will shift places, inheriting the deck of cards and mind map from another group. Now, you will try to answer all the questions by doing some further research on your laptop or phone. You can update, expand/add to, revise, or scratch out any part of the previous group’s mind map as a record of our encounter with jargon.

2. Dumit, Joseph. 2014. “Writing the Implosion: Teaching the World One Thing at a Time.” *Cultural Anthropology* 29, no. 2: 344–362.

4 Discussion

BODIES, PROXIMITIES, AND AFFECT

After thinking about the many dimensions of jargon via its objects which act through the word, let's bring jargon to the bodily and affective level, noting our interactions and experiences with the language of jargon in our everyday lives.

INTERLUDE

An interview with Natalie Salvatore, registered nurse in the Heart, Vascular and Thoracic Institute at Cleveland Clinic:

Medical terminology can be very confusing, you may be familiar with the term “medical jargon” or in other areas, “legal jargon” or “technical jargon.” Really what jargon means is it's just a word to describe words that are specific to that profession. It can be words, phrases, abbreviations, or acronyms that in this case, as healthcare workers, we use to communicate almost like a second language.³



3. <https://my.clevelandclinic.org/podcasts/love-your-heart/medical-jargon-and-clear-communication-do-you-understand>

Some common terms that I often hear, especially in the Heart, Vascular and Thoracic Institute are:

- Acute, which means a short duration
- Chronic, which is recurring or longer lasting
- Defibrillator, which is a medical device that shocks the heart to restore a normal heart rhythm
- Pacemaker, which is a medical device that helps regulate a heart's rate and rhythm
- Edema, which is a medical way of saying swelling
- Hypertension and hypotension, which is high blood pressure and low blood pressure
- Myocardial infarction, another way of saying heart attack
- Cardiac arrest, which is where the heart stops pumping
- A nurse may say that you need to ambulate so many times a day, which is another way to say walk or move around.
- NPO, which means nothing by mouth or do not eat or drink

DISCUSSION QUESTION: BODIES

- How does jargon act on our bodies and lives? What decisions, actions, or experiences does it impact? Would anyone like to share an experience with medical jargon?

DISCUSSION QUESTION: PROXIMITY

- In what situations has medical jargon limited your access to or excluded you from a particular world or context?
- In what situations has your familiarity with jargon given you access to a specific world or context?

INTERLUDE

From Susan Sontag, *Illness as Metaphor*, comparing the visibility of TB versus cancer:

TB makes the body transparent. The X-rays which are the standard diagnostic tool permit one, often for the first time, to see one's insides to become transparent to oneself. While TB is understood to be, from early on, rich in visible symptoms (progressive emaciation, coughing, languidness, fever), and can be suddenly and

dramatically revealed (the blood on the handkerchief), in cancer the main symptoms are thought to be, characteristically, invisible until the last stage, when it is too late. The disease, often discovered by chance or through a routine medical checkup, can be far advanced without exhibiting any appreciable symptoms. One has an opaque body that must be taken to a specialist to find out if it contains cancer. What the patient cannot perceive, the specialist will determine by analyzing tissues taken from the body. TB patients may see their X-rays or even possess them: the patients at the sanatorium in *The Magic Mountain* carry theirs around in their breast pockets. Cancer patients don't look at their biopsies.⁴

DISCUSSION QUESTION: AFFECT

- How can medical jargon feel intimate or distant? How can it alienate, obscure, or draw closer? What does jargon feel like? When do you want to engage with jargon and when do you want to ignore it? Where is jargon carried?

INTERLUDE

A clinical technique that relies on jargon terms to describe everyday sounds, learned for the first time and eloquently described in this passage by the author and physician Abraham Verghese:

I was taught how to percuss the body so long ago.... That night, like tonight, lying flat on my back, the sheets pulled away and the lights off, I percussed my liver. I started just above my right lung, high, at the level of my nipple, pressing the middle finger of my left hand against my skin. I cocked my right wrist and let the fingertips fall like piano hammers: thoom, thoom. "Resonance" I said to myself, picturing the air vibrating in a million air sacs, a million tiny tambours. I moved down an inch: thoom, thoom. Farther down and farther still, and then suddenly, thunk! thunk!—dullness. I had reached my liver, airless and solid. I returned to my nipple: thoom, thoom, thoom, thoom, and then thunk! I lightened my stroke: there was no longer any sound but there was still a vibration in my stationary finger—the pleximeter finger—which told me where the air sacs ended and where, high under my rib cage, under the domed

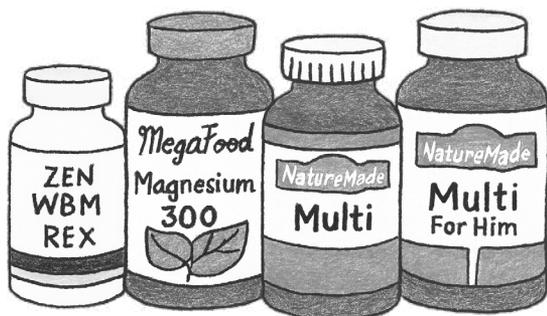
diaphragm, my liver began... As a young medical student, I percussed everything in the joy of discovery. I percussed table tops, to find the stony dull circle where the leg joined the underside. I percussed plaster walls, looking for studs. I percussed tins of rice flour and the sides of filing cabinets. But in the dark, just as tonight, it was my own body that I percussed. As I drifted to sleep I saw myself as if transparent, my viscera, both hollow and solid, shining through my skin.⁵

DISCUSSION QUESTION: AFFECT

- What other kinds of everyday words are turned into clinical jargon through affective experiences such as learning about a technique or a condition? How does our body get implicated into this kind of way of learning about jargon?

CONCLUDING QUESTIONS

- How might jargon be improvised, hacked, recycled, or repurposed to alter our experiences with care or the medical industry?



4. Sontag, Susan. 1978. *Illness as Metaphor*. Farrar, Straus and Giroux, np.

5. Verghese, Abraham. 1994. *My Own Country: A Doctor's Story of a Town and Its People in the Age of AIDS*. New York: Simon and Schuster, p. 337.

5 Writing Exercises

INTRODUCTION

We'll do three writing exercises to explore where and how jargon shows up in everyday life, explore its materiality and place in the world, and get a sense for how jargon moves us. Before we put pen to paper (or fingertips to keys), we'll read three excerpts that set the tone for writing as a way of noticing.

READING: "WRITING, LIFE"

Excerpt from *The Hundreds*, by Lauren Berlant and Kathleen Stewart, Duke University Press, 2019, pp. 9–10

Once, I needed the perfect time and place to write. I stood in my way like a poison-pen letter to myself. But slowly, under the velocities of worldly reals that came and went, I learned to write in my own skin, like it or not.

Making money, making dinner, taking care of people and stupid shit, getting sick or getting well, getting into and out of what presented, I ended up with a writer's life. I learned to write in thirty-minute episodes on my frail mother's dining room table with a three-year-old playing with old plastic toys underfoot. I took notes on my phone at a doctor's office. I started the day writing in bed even though I had only ten minutes. Over time, I became allergic to the long-winded and roundabout, cutting words down to size. But then I'd become attached to a word fern shooting up in the space between words or I'd be surprised by something energetic already somehow taking off.

Some people have long, lean writing muscles; mine are shortened and taut like a repetitive stress injury turned into a personal tendency. I can write anywhere now but not for long, and it's only in the morning that I have that kind of energy and interest.

Things are usually in my way but that's the thing about writing. For me, it's an arc sparking in the midst of what's already freighted. It knots up on what crosses its path in a bit of bark, sparks on a sliver of rock, turns its back on someone.

For me, writing is necessarily recursive. Every day I start at the beginning, scoring over words like a sculptor chiseling things neither here nor there. Working words is like feeling out the pitch of a note set by an imaginary tuning fork. Pockets of composition can produce worlds as if out of thin air but only because writing is a compression stretched by a torque. When writing fails the relation of word and world, it spins out like car wheels in mud, leaving you stranded and tired of trying.

Deleuze once thought to say we're *for* the world before we're in it. Writing throws the world together, pulling the writer in tow into contact with a slackening, a brightening, a muffling. Something saturates with physicality and potential. There is a pond and then the occasional water bug skimming its surface.

(3 minutes to read aloud)



THE INCUBANTS

Excerpt from *The Undying: Pain, Vulnerability, Mortality, Medicine, Art, Time, Dreams, Data, Exhaustion, Cancer, and Care* by Anne Boyer, Farrar, Straus and Giroux, 2019, pp. 1–4

When the technician leaves the room, I turn my head toward the screen to interpret any neoplasms, the webs of nerves, the small lit fonts in which my pathology and/or future or future end might be written. The first tumor I ever saw was a darkness on that screen, round with a long craggy finger jutting from it. I took a photo of it from my exam table with an iPhone. That tumor was my own.

I learned I was sick at the cusp of clinic and sensation. I wore the same green tank top, cutoffs, and sandals that I wore every summer—then surprise, then grim persuasive professional rhetoric filling up the climate control, that serious woman in a gray suit emphatic about the doom, then personal panic, clinical refinements, astonished Gchats with my friends. An investigator enters my life dressed up as an entire social institution, says they are launching an investigation into sensations a person (me) hasn't yet had to feel, but will.

To take a set of objects and actions from one system and reclassify these as elements in another system is like fortune-telling. To a fortune-teller, birds flying north spell out tomorrow's happiness and tea leaves tell a story about two lovers and the third who will ruin them. After that, the flight of the birds has been freed from the meaning "migration," and when it has become a tale about the future end of the lovers, the tea is no longer anything we want to drink.

To take a thing or set of things from one system and reclassify these as elements in another also resembles diagnosis, which

takes information from our bodies and rearranges what came from inside of us into a system imposed from far away. My lump was once in the system of me, but the moment the radiologist gave it a BI-RADS 5 score, it became a tumor forever at home in the system of oncology.¹ Like the birds that have been liberated from the content of their flying and like the liberated tea, a diagnosed person is liberated from what she once thought of as herself.

To be declared with certainty *ill* while feeling with certainty *fine* is to fall on the hardness of language without being given even an hour of soft uncertainty in which to steady oneself with preemptive worry, aka now *you don't have a solution to a problem, now you have a specific name for a life breaking in two*. Illness that never bothered to announce itself to the senses radiates in screen life, as light is sound and is information encrypted, unencrypted, circulated, analyzed, rated, studied, and sold. In the servers, our health degrades or improves. Once we were sick in our bodies. Now we are sick in a body of light.

Welcome to the detectors with names made of letters: MRI, CT, PET. Earmuffs on, gown on, gown removed, arms up, arms down, breathe in, breathe out, blood drawn, dye injected, wand in, wand on, moving or being moved—radiology turns a person made of feelings and flesh into a patient made of light and shadows. There are quiet technicians, loud clatters, warmed blankets, cinematic beeps.

An image in a clinic isn't: it is *imaging*. We who become patients

1. BI-RADS (Breast Imaging-Reporting and Data System) is a quality control system for reading mammograms, trademarked by the American College of Radiology (ACR). A score of 5 on the BI-RADS scale indicates more than a 95 percent chance of malignancy.

through the waves and stopped waves of sonograms, of light tricks and exposures, of brilliant injectable dyes, are by the power vested in me by having-a-body's universal law now to be called *the imagelings*. "Come in with a full bladder," the technicians say on the phone to the imagelings, wanting to look into our interesting interiors. The sonogram that can find a new life in a person's womb can also find an embryonic death there.

We fall ill, and our illness falls under the hard hand of science, falls onto slides under confident microscopes, falls into pretty lies, falls into pity and public relations, falls into new pages open on the browser and new books on the shelf. Then there is this body (my body) that has no feel for uncertainty, a life that breaks open under the alien terminology of oncology, then into the rift of that language, falls.

There are people who feel bad in their bodies and do nothing about it, and there are people who feel bad in their bodies and submit their symptoms to search engines and stop there. Then there are people who can afford to circulate what hurts between professionals who will offer them competing diagnostic bids. This group of people follow a set of symptoms toward a promise, ask for tests, question answers, travel long distances to visit specialists who might be able to recognize what's wrong.

If symptoms are circulated long enough, a set of discomforts might be allowed the mercy of a name: a disease, a syndrome, a sensitivity, a search term. Sometimes that is cure enough—as if to appellate is to make okay. Sometimes to give a person a word to call their suffering is the only treatment for it.

In a world where so many people feel so bad, there's a common unmarked and indefinite state of feeling ill that provides, at least, membership in a community of the unspecified. Discom-

fort in need of diagnosis forms a feeling-scape of curious pains and corporeal eruptions, all untamed by the category *disease*. The kind of illness that has no name is the kind that is held in suspense or held in common or shuffled into the adjacency of psychiatry.

A body in mysterious discomfort exposes itself to medicine hoping to meet a vocabulary with which to speak of suffering in return. If that suffering does not meet sufficient language, those who endure that suffering must come together to invent it. The sick but undiagnosed have developed a literature of unnamed illness, a poetry of it, too, and a narrative of their search for answers. They finesse diets in response to what medicine fails, as-say lifestyle restrictions, and in the mix of refined ingestion and corrective protections and rotating professional inspections, health or ill health wanders from the bounds of medicine, resists both disease and cure.

Cancer's custom, on the other hand, is to rarely show up unannounced. Cancer comes in a wave of experts and expert technologies. It arrives via surveillance and professional declaration. Our senses tell us almost nothing about our illness, but the doctors ask us to believe that what we cannot see or feel might kill us, and so we do.

"They tell me," said an old man to me in the chemotherapy infusion room, "I have cancer, but," he whispered, "I have my doubts."

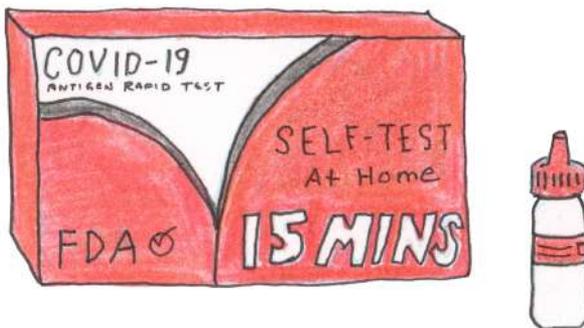
(8 minutes to read aloud)

THE POLITICS OF THE ORDINARY

Excerpt from *Ordinary Affects* by Kathleen Stewart, Duke University Press, 2020, pp. 15–16

Politics starts in the animated inhabitation of things, not way downstream in the various dreamboats and horror shows that get moving. The first step in thinking about the force of things is the open question of what counts as an event, a movement, an impact, a reason to react. There's a politics to being/feeling connected (or not), to impacts that are shared (or not), to energies spent worrying or scheming (or not), to affective contagion, and to all the forms of attunement and attachment. There's a politics to ways of watching and waiting for something to happen and to forms of agency—to how the mirage of a straightforward exercise of will is a flag waved in one situation and a vicious, self-defeating deflation in another (as when someone of no means has a get-rich-quick daydream—a daydream to be free at last—that ends them up in jail). There's a politics to difference in itself—the difference of danger, the difference of habit and dull routine, the difference of everything that matters.

(1.5 minutes to read aloud)



6 Warmup

JARGON IN EVERYDAY LIFE

How do you experience medical jargon in your own life?

- If you're struggling, make a list of medical jargon that you've heard or read about in recent years.
- Then write about where and when you've experienced this jargon. What were you doing?
- Choose a couple of terms that speak to you. What feelings did encountering this jargon leave you with?

7 Exercises

THE MATTER AND PLACE OF JARGON

Working from a chosen piece of jargon-filled medical ephemera or object, write (fabulating, fictioning) about a scene that includes this object.

- Pay attention to the surroundings within the scene. What is in the room, what's the vibe? Where are things placed in relation to each other?
- What is happening? Who or what is acting? How are they dressed?
- What words are being exchanged? What tone of voice is each actor using?

8 Exercises

JARGON AND HOW BODIES FEEL AND SENSE

Prompts: Working from the same piece of ephemera/object as the last exercise, write about how jargon is embodied and how it feels.

- Select a word or phrase from your object (eg. “proprietary blend,” “in vitro diagnostic”). Read or say it aloud to yourself, paying attention to how it feels on the body. Where do you feel it? In your gut? On your skin? Draw it if that helps. Now write a few sentences, as viscerally as possible, about the bodily location of the jargon.
- What sensory relationships are involved in this feeling? Can you expand on your description with sensory details. How does the jargon taste or smell? How does it look, feel tactilely, or sound like? What is its relationship between your body and space (ie. proprioception) and to your body in movement? What is its temperature?

9 Submit

Selected writings from this workshop will be edited into a chapter on “Jargon” for the book *The Matter of Hospitals: An Alphabetical Investigation*. If you’d like your writing included, type it up or take clear photos of your notebook pages and email to hello@doingsts.com. Please include your name and preferred method of contact.

10 Share

Become a Public Investigator