

HEALTHCARE BPM · VOICE & PATIENT-FACING ROLES

Healthcare voice screening that lifted medical-term pronunciation to **91%** and halved patient complaints.

How a leading Healthcare BPM replaced generic spoken-English tests with PMaps' healthcare-specific Voice & Terminology Assessment — evaluating drug-name pronunciation, clinical listening, and real patient-interaction readiness.

US HEALTHCARE PROVIDERS

PATIENT · PHARMACY · TELEHEALTH

CEFR-ALIGNED

**68% → 91%**MEDICAL-TERM
PRONUNCIATION**9.2% → 3.8%**PATIENT COMPLAINT
RATE**-60%**RECRUITER SCREENING
EFFORT**6**ROLE-SPECIFIC
MODULES

01 · EXECUTIVE SUMMARY

Operational readiness, not generic fluency.

A leading Healthcare BPM supporting US providers across patient support, pharmacy coordination, telehealth, and provider coordination struggled with communication-quality consistency at hiring. Traditional screening couldn't tell whether candidates could pronounce complex medical terminology, follow physician and patient conversations, or communicate clearly under pressure.

PMaps deployed a **healthcare-specific Voice & Terminology Assessment** — CEFR-aligned for benchmarking, but built around real healthcare workflows: drug-name pronunciation, medical-term articulation, accent neutrality, and scenario-based audio simulations rather than generic BPO scripts.

The result: medical-term pronunciation accuracy rose from **68% to 91%**, patient complaints fell from **9.2% to 3.8%**, and recruiter screening effort dropped 60% — with operationally-ready candidates identified far earlier in the funnel.

AT A GLANCE

Industry	Healthcare BPM
Market	US Providers
Solution	Voice & Terminology
Roles	Patient · Pharmacy
Languages	Accent-neutral EN
Benchmark	CEFR-aligned
Format	Audio simulations
Deployment	Remote, scalable

HEADLINE OUTCOMES

<p>MEDICAL-TERM PRONUNCIATION</p> <p>68% → 91%</p> <p>Accuracy on drug names and clinical terminology rose 23 points.</p>	<p>PATIENT COMPLAINT RATE</p> <p>9.2% → 3.8%</p> <p>Communication-driven patient complaints cut by nearly 60%.</p>	<p>RECRUITER EFFORT</p> <p>-60%</p> <p>Manual screening dependency reduced through standardised audio scoring.</p>
<p>TRAINING REMEDIATION</p> <p>-35%</p> <p>Less communication retraining needed during onboarding.</p>	<p>QA ESCALATIONS</p> <p>↓ Subst.</p> <p>Communication-related QA escalations reduced substantially.</p>	<p>ROLE MODULES</p> <p>6</p> <p>Process-specific benchmarks across voice-facing healthcare roles.</p>





The assessment actually reflected healthcare operations — the simulations, terminology, and communication workflows mirrored the real challenges our teams face daily.

02 · THE CHALLENGE

Generic English tests couldn't predict healthcare readiness.

Standard spoken-English and voice screens told recruiters nothing about whether a candidate could handle a real US-healthcare interaction — pronounce a drug name, follow a physician, or stay clear under patient pressure. Communication failures surfaced only after hiring, in live operations.

- 
Medical terminology mispronounced
 Drug names & clinical terms unclear
- 
Physician/patient calls misunderstood
 Listening comprehension gaps
- 
Clarity dropped under pressure
 Pace & composure in stressful scenarios
- 
Empathy hard to screen for
 Patient-interaction quality untested
- 
No process-specific benchmarks
 One generic test for every role
- 
Accent risk in US interactions
 Neutrality not measured at scale

03 · THE APPROACH

A healthcare-specific Voice & Terminology Assessment.

Built with healthcare operations, QA, and training stakeholders — mapping real communication failure points into role-specific modules, CEFR-aligned for benchmarking but operationalised for healthcare workflows.

- 
Drug-name pronunciation
 Accuracy on Amoxicillin, Hydrochlorothiazide and more.
- 
Medical-term articulation
 Hypertension, Gastroenterology, Prior Authorization.
- 
Patient instruction clarity
 Clear, empathetic guidance to patients.
- 
Speech pace under stress
 Composure during high-pressure scenarios.
- 
Listening comprehension
 Understanding in real healthcare conversations.
- 
Accent neutrality
 Calibrated for US healthcare interactions.

04 · TERMINOLOGY BENCHMARK

Tested on the words that matter on real calls.

Rather than abstract grammar, candidates were scored on pronunciation accuracy for the exact terminology they would use in live healthcare interactions.

Amoxicillin Hydrochlorothiazide Prior Authorization Hypertension Gastroenterology
Intravenous Administration

05 · REAL-WORLD AUDIO SIMULATIONS

Patient appointment coordination

Scheduling and follow-up call handling.

Insurance verification calls

Structured eligibility & coverage conversations.

Pharmacy clarification

Drug & dosage clarification discussions.

Escalation handling

De-escalation in difficult interactions.

Telehealth support

Remote patient support interactions.

Provider coordination

Multi-stakeholder communication capability.

Each simulation scored listening accuracy, context understanding, instruction interpretation, communication clarity, and response quality.

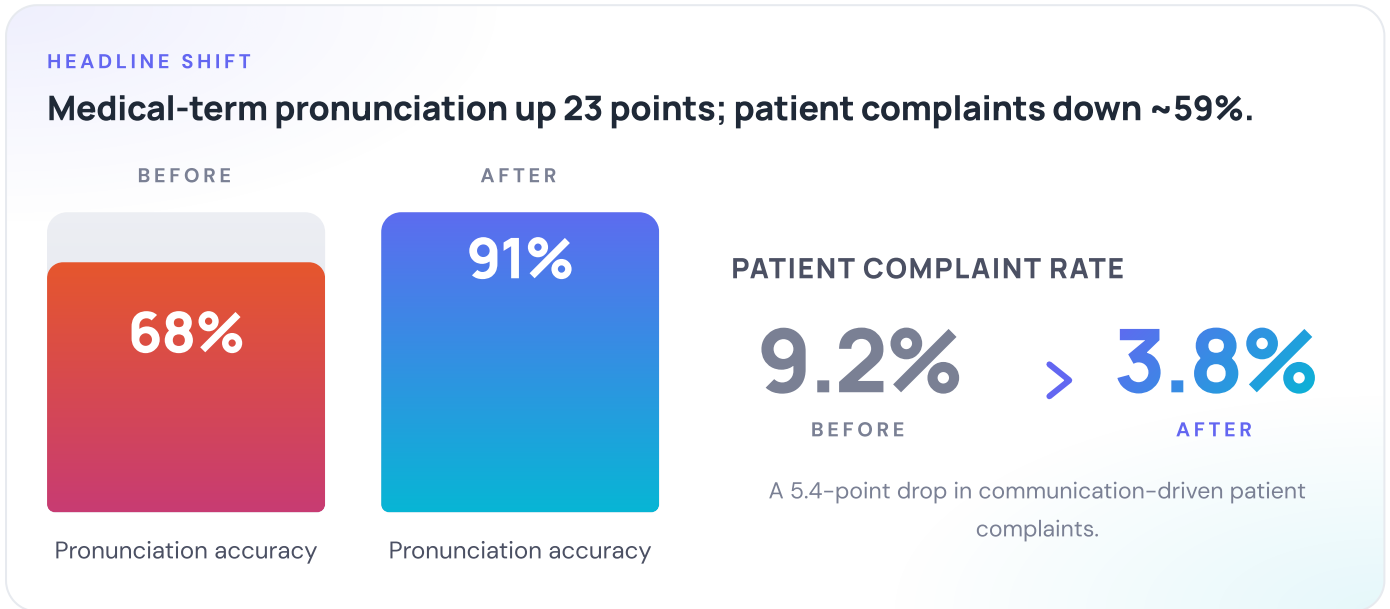
06 · PROCESS-WISE MAPPING

HEALTHCARE PROCESS	PMAPS ASSESSMENT FOCUS
<ul style="list-style-type: none"> • Patient Support 	Empathy, pronunciation, patient-instruction clarity.
<ul style="list-style-type: none"> • Pharmacy Support 	Drug-name pronunciation and instruction handling.
<ul style="list-style-type: none"> • Telehealth Support 	Conversation clarity and escalation handling.
<ul style="list-style-type: none"> • Provider Coordination 	Multi-stakeholder communication capability.






07 · MEASURABLE OUTCOMES

Communication quality, before vs. after.

Outcomes measured across comparable healthcare hiring cycles pre- and post-PMaps framework.



FULL METRICS

METRIC	BEFORE	AFTER	DELTA
 Medical-term pronunciation Accuracy on clinical terms	68%	91%	↑ 23 pts
 Patient complaint rate Communication-driven complaints	9.2%	3.8%	↓ 5.4 pts
 Training remediation effort Comms retraining at onboarding	High	-35%	↓ 35%
 QA communication escalations Comms-related escalations	Frequent	Reduced	Substantial
 Recruiter screening dependency Manual evaluation load	Manual-heavy	-60%	↓ 60%

08 · OPERATIONAL IMPACT

Why a healthcare-built assessment worked.

By testing operational readiness — not abstract fluency — recruiters identified candidates who could actually perform in live healthcare interactions from day one.

01

Improved hiring accuracy.

Recruiters identified operationally-ready candidates earlier, before costly downstream failures surfaced in live operations.

02

Better patient communication.

Hired agents showed stronger clarity, pronunciation, and healthcare-interaction capability during live operations — lifting patient experience.

03

Reduced communication risk.

Healthcare-specific terminology and listening evaluation cut operational communication errors at the source.

04

Faster training readiness.

Process-aligned screening reduced communication remediation during onboarding and training.

09 · IDEAL USE CASES



Patient support hiring



Pharmacy coordination



Telehealth support



Provider coordination



Insurance verification



Accent-neutral hiring



CEFR benchmarking



High-volume healthcare BPM



It was not a generic language test — the terminology evaluation and communication workflows were closely aligned to the real challenges our teams face daily.

— Training & Quality Head, Healthcare BPM Operations

RUN THIS FOR YOUR TEAM

Screen for healthcare operations, **not generic English.**

PMaps' healthcare Voice & Terminology Assessment evaluates drug-name pronunciation, clinical listening, and patient-interaction readiness through real audio simulations — CEFR-aligned and built for healthcare BPM.

[BOOK A DEMO →](#)[SEE SAMPLE REPORT](#)**91%**PRONUNCIATION
ACCURACY**3.8%**

PATIENT COMPLAINTS

-60%

RECRUITER EFFORT

-35%

TRAINING REMEDIATION