



Series on medical writing: reaching beyond the obvious

## High performance medical writing Step one: Stop writing immediately

by Richard Watson

*Despite the appearance of simplicity and clarity that defines even the most complex of high quality documents, medical writing, as all medical writers know, is a master of disguise. Multiple layers of complexity have to be unravelled, coordinated, and tamed for a perfect end result to be achieved. When faced with such a dizzying array of hard facts and subjective elements it is easy to lose sight of the task in hand. This occasional series of articles aims to step into this storm of information and take a sideways look at the concepts that define successful writing projects*

I doubt that my dictionary is trying hard enough. The only definition of performance it offers (beyond the obvious about singing and dancing) is to ‘carry out an action or to fulfil a request’. That is undoubtedly true if we strip the term to its most basic level, but can there be more to good performance than that? Should we as medical writers be content to sit back and relax just because we’ve carried out an action or fulfilled a request?

The most suitable measure of performance to be applied depends on the task that is being undertaken. As a student in 1986, I landed a part-time job that made enough money to cover my simple needs. Assembling toy chemistry sets on a production line would not seem a great career move for most people, but it had some excellent benefits: the hours were flexible, the pay wasn’t bad, it was virtually stress-free, and, above all else, it was immense fun. Endless hours of putting little vials of sodium chloride and plastic safety goggles into boxes induced a weird hysteria amongst the troops, and the daily riot of mischief and mayhem that ensued offset the tedium many times over. The performance of this often distracted student workforce was easy to measure: if we filled 10000 boxes we had performed; if we filled 9999 boxes we had failed. The manner of the performance was of no consequence because delivery was everything. No-one gave a second look if the workplace resembled a playground as long as 10000 boxes were stacked at the end of the day. Performance was rated in simple, quantifiable, factual terms.

Despite the fun of the factory, I eventually moved on to spend the summer with the girl I would marry six years later, and embarked on a whole new temporary career. The

job description of a hospital housekeeping assistant was limited to say the least. Cleaning the bathrooms and making the tea just about covered the entire range of responsibility. Perhaps I’m doing an injustice to all the housekeepers and their assistants out there, of course there was more to the full-time version of the job than this, but no-one was going to risk giving the temporary new boy control of anything dangerous like the floor buffing machine, so cleaning the bathrooms and making the tea became the entire focus of my working life. I know I should be more grateful but it seemed a dreadful job after those happy days playing in the toy factory. The hours were unbelievably bad (do people really want to drink tea morning, noon, and night?), I never fully mastered the finger-scalding mysteries of the Victorian tea urn, and the blue nylon uniform was almost too much to bear. The crease on each leg had been sown in with such force that the trousers could stand unaided. I spent most of that summer looking like a cheap version of the Tin Man from the Wizard of Oz. Quite unexpectedly, however, it was an experience that changed my concept of good performance for ever.

Most patients on the ward were gravely ill, so the basic measure of performance was simple—did they recover? Using this metric, performance levels were extremely high. The health professionals made their diagnoses, appropriate actions were taken, and the final outcome was good, with patients living to tell their tale. Despite such a positive scenario, from my lowly position the ward appeared a very impersonal, almost robotic environment. Most beds were surrounded by complex equipment, sometimes to the extent that the individuals beyond the tubes and wires were almost invisible, each trapped in their own world of discomfort into which my appearance with the tea trolley seemed little more than an intrusion. My first days in that environment felt uncomfortable and alien, and I began to wonder what I was doing there.

So why didn’t I walk away, admit defeat, and return to the world of toy science that had been so much fun? Quite simply, because I soon discovered that my first impression was wrong. The real heart of the ward was not an artificial world of monitors that were scanned day and night, but of

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## &gt;&gt;&gt; High performance medical writing

the patients and their stories, a human environment, not a mechanical one. Funnily enough, it was the horrible blue nylon uniform that allowed me to make that discovery. The moment I wore that hideous outfit I fell to the bottom of the ward food chain. I was just the guy pushing the tea trolley, with none of the authority of the medical teams that some patients found intimidating. So they found it easy to tell me their stories, their hopes, and their fears. From the confused old soldier who was convinced I was one of his army comrades to the obsessive football fan who discussed tactics for hours, I won their confidence and spent less of my time pushing the trolley and more keeping them company. My listening ear was undoubtedly of a higher quality than the tea I was meant to serve.

The stories I heard were remarkably consistent. The patients loved the medical teams and appreciated everything that was being done for them. They acknowledged the fantastic level of care and considered themselves lucky to have access to such hard working and talented professionals. But there was also a feeling that the workload kept those teams at a distance, that their focus was on the equipment rather than the patient, that the outcome was all that mattered, with the patient's experience of the journey to recovery a secondary factor. As a result, an absence of information was a frequent complaint; why certain procedures were conducted or planned events delayed often a mystery. Frustration was not uncommon, confusion sometimes inevitable. At best, this constituted a series of annoying experiences for the patient concerned. At worst, it could lead to anger, occasionally threatened violence, and, without doubt, cloud the good work that was being performed. In terms of measuring performance, a basic assessment of the obvious, quantifiable variables failed to convey the overall picture of the patient experience.

As summer turned to autumn the tea makers of the world breathed a sigh of relief as I hung up my blue uniform and returned to student life, eventually following a winding career path that led to medical writing, from which I have never looked back. My experience on that ward lasted a brief few months, but the lesson I learned remains with me today and, in my opinion, is remarkably applicable to the role of the medical writer.

What constitutes high performance in the world of medical writing? If we take the toy factory philosophy, delivery of a quality document on time is the obvious measure—but is that a little too easy? Surely delivery of a quality document on time is the lowest fundamental unit of performance that a medical writer can have? Performance that achieves anything less than this can be nothing but failure. Have we really given a high level of performance just by meeting the request and performing the action?

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To understand how far we can extend our measure of performance it is necessary to go back to basics: why do medical writers exist? Stripping away reflex responses such as to deliver documents, summarise data etc., the simple reason is to make our clients' lives easier. Not just to deliver what they have requested but to remove another layer of hassle from their working day. Which means building a relationship of trust. Generating confidence that their project is safe in our hands. Allowing them to divert their attention elsewhere. To achieve this, our performance has to be measured in terms beyond that of simply handing over the document. As a patient can incorrectly fear the worst if the doctor remains hidden behind the monitor, so will a client if we remain hidden behind our deliverables, failing to make them a part of the process.

No matter how skilled we are at putting words on paper, high performance as a medical writer is dependent on the manner in which that performance is achieved. This can be a surprise for those new to medical writing who naturally focus on the technical aspects of the role. I regularly encounter interviewees who stumble as I explore their ability to interact and cooperate with clients and colleagues, an ability they will need no matter how well they understand the documents they will be required to prepare. There is still a belief in some quarters that ours is a solitary occupation. This couldn't be further from the truth. Medical writers are at the heart of a complex web of professional interactions in which every party has to be fully informed and comfortable with ongoing events. Communication is, as always, the foundation of the solution, but even basic communication is not enough for the high performer. The highest levels of performance are forged from a genuine desire to step out from behind the deliverable and to truly understand all participants in the writing process. We need to switch off our computers and observe, listen, and talk.

On my office wall hangs this quote from Danny Blanchflower, the 1960s football legend who had a way with words that didn't always match his talented footwork: 'football is about glory, it is about doing things in style and with a flourish, about going out and beating the other lot, not waiting for them to die of boredom'. This needs to be read with a wry smile I admit, but it is on my wall because it conveys a message that is applicable to us all. Just as a great game of football cannot be measured simply by the number of goals scored, high performance medical writing is not solely about the words on the page. In Danny's terms, it is about seeking glory in every aspect of our role: how we manage the writing process; how we interact with our clients; how we work with and develop the people around us.

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