



## It's not the teachers, it's the learners

By Tim Albert

*Tim Albert offers some advice on how to deal with those who get in the way of a straightforward transfer of knowledge and skills*

Teaching medical writing is, as we all know from reading this journal, a piece of cake. The difficult bit is dealing with the taught. After 16 years I bear the scars from 1,000 courses and some 15,000 trainees, and am delighted to have the opportunity to share with you some of the main types—and how to deal with them.

### The lost

Well, they're not so much lost as on the wrong course. They are the ones who give you that leaden feeling in the pit of your stomach when you realise that what you plan to give is not what they want (or rather think they want, which is not quite the same thing). This happens more frequently than you might imagine. When you advertise a course on how to write a scientific paper, for instance, a large majority seem to be expecting a course on critical appraisal or English grammar and spelling, and get terribly upset when you tell them that these aren't the core skills that they are going to need (those core skills being time management, clear thinking, understanding of structure, market analysis and—very important—upwards negotiation skills). The only thing you can do with this group is make sure that they have written information telling them clearly what to expect; if they turn up, of course, it is already too late.

### The deeply traumatised

They have been sent on a writing course because 'they can't write'. (This is not always true, of course: often they write much better than the people who have sent them, but that is another story...). What they need is a quick (and measurable) definition of what 'good writing' actually is, and lots of support during the course.

### The worried well

Similar to the above group, but not so depressed about it. They usually come with a pile of their previous writing, which they think is worthless even though it has been published/ got their £50,000 grant/ increased the uptake of inoculations by 10% etc. They need to be constantly told that it's not the minutiae that are important, but the overall effect. If they achieve what they set out to achieve (e.g. publication) then they can't be doing badly.

### The pilgrims

They come from afar, expecting miracles. Disabuse them at the earliest opportunity.

### The train spotters

Their greatest love is to gather data, and play with it. Their greatest heroes (and heroines) are those who can criticise other people's data the most. And their greatest hobby is going on Cochrane Collaboration conventions. Unfortunately they have lost sight of the fact that data is useless until/unless it is passed on to their audience in an intelligible way. You can try to persuade them of the importance of being clear about their messages and their audience. But there is probably not much you can do to change their mind: interestingly, even offering them evidence for your point of view rarely succeeds, thereby suggesting that it is all down to different belief systems in the end.

### The delegators

These are delightful people, who may also come to the course bearing gifts. They also come bearing manuscripts, which they expect you to finish off for them. They are easy to deal with: agree to edit their manuscripts, but quote a realistic price.

### The lion kings—and queens

They are senior writers with plenty of experience (though not necessarily the right kind of experience). Others in the course look up to them, and they are happy to bask in this glory. They come on the course not because they have something they want to learn, but (as one recently put it) 'to see what other people are learning'. When they disagree with a point you are making they will make that known, thereby throwing the course delegates into complete confusion as to whom to believe. The real remedy is probably assassination. Failing that, try not to get involved in disputes.

### Jolly but useless

They normally sit near to the presenter, and spend a lot of time smiling and nodding positive reinforcement. They persistently say what a great time they are having, but then give a rotten evaluation and clearly don't do any writing as soon as the course is over. There's nothing to do about these because they don't declare their hand until it is too late.

### The text maniacs

A new phenomenon. They spend most of the course texting messages from under the desk (and assuming that no-one can see them). Remedy: ask them if they would like to go outside so that those on the course don't disturb them.

## It's not the teachers, it's the learners

**The late**

Some people are late for very good and unanticipated reasons. But others are late on purpose, and usually contrive to be late when returning from a break by exactly the same amount of time. On my very last course one of the delegates came up with a suggestion: get the group to agree that anyone who is late has to sing a song. We tried it and it worked.

**The absent**

As every trainer knows, the people who need training are generally those who stay away. There is no solution to this problem.

**The little treasures**

These are the ones who will sit quietly when they are being spoken to, discuss issues cogently when they are not, and show clear signs of learning at all times. They are unfailingly courteous. They give a score of 10 out of 10 in the

evaluation, with a THANK-YOU in big letters. Three months later they will email along the lines of: 'You probably won't remember me but I was on your course the other day. Thanks to your inspiring teaching I have completed the article, and received a letter from the editor of the New England Journal today saying that they will publish it. Your inspiring course has changed my life and I will be forever grateful'. I have to admit that these are not as common as one would like. But they should be cultivated. They are after all the ones who make it all worth while.

**Tim Albert**

*Leatherhead, UK*  
tim@timalbert.co.uk  
www.timalbert.co.uk

**Tim Albert** ran courses on writing and editing skills from 1990-2006. He is still available for writing, editing, lecturing, consultancy, mentoring, bar mitzvahs and first holy communions.

## Is 'because' a lost cause because it incorporates the terrible word 'cause'?

"We have the impression that *because* is gradually disappearing from medical writing. Could this be because it incorporates the terrible word *cause*?" So wrote Goodman and Edwards in the second edition and now again in 2006 in the third edition of their book *Medical Writing a Prescription for Clarity*. Although they appreciate a natural caution among scientists in attributing causality 'because' pleads 'not guilty' to this allegation, invoking in its defence the generality of its definition in the *COD*: 'by reason of', 'on account of', 'for the reason that'. 'Because' also has the advantage of being one rather than three words. Three more examples of writers' efforts to avoid the terrible word are 'accounted for', 'due to' and 'in view of'. Often the totally unnecessary phrase 'the fact that' is added to each of these to boot. Then there is 'on the grounds that/of' and 'as a consequence of'. All these phrases can usually be replaced by 'because (of)'. To add insult to injury one of these 'because' substitutes, 'due to', is blithely used in medical writing as if it were an adverb rather than an adjective—but here I have to throw in the towel because correct use restricted to an adverb is already a long lost cause.

Most people can see the sense, once it has been pointed out to them, of using a single word rather than two or six (e.g. 'because' instead of 'by reason of the fact that'). What is more difficult to dislodge from their psyche is 'since'. 'Since' is a stealthy word. Intent on escaping observation, it slips by unnoticed, a persona I would find obnoxious in any guise. I'm not alone, try using it in other than a temporal sense in a manuscript you send to *Blood*

and you will find a red line and an editor after my own heart. Webster's Revised Unabridged Dictionary (1913) is against me though and in descending order of strength describes 'for', 'since' and 'as' as synonyms for 'because'. Thus it claims 'because' is the most emphatic, 'for' is not quite so strong, 'since' is less formal and more incidental than 'because' and 'as' is more incidental still (for examples of sentences with the different uses see <http://dict.die.net/because>).

'For' is more Shakespeare than medical writing so I will concentrate on 'since' and 'as'. I can do no better than to quote Goodman and Edwards again "As and *since* may introduce ambiguity by implying a temporal relation. (Some editors reserve since as a temporal descriptor, but many writers don't appreciate this nicety.)" It's the bit in brackets that I like. Goodman and Edwards give the example 'As I gave the injection, the patient collapsed', which can mean either he collapsed because of the injection or he collapsed while I was giving it to him. Replacing 'as' with 'because' avoids this confusion. Another example they give 'Since I had given the injection, the patient had collapsed' is similarly ambiguous.

I do not deny that usage of 'since' and 'as' to mean 'because' is generally accepted but I fail to fathom why anyone would want to use these sneaky ambiguous words in the stead of something as clear and upstanding as 'because'.

**Elise Langdon-Neuner**

langdoe@baxter.com