



Tips for teaching medical writing

By Elizabeth Wager

Much advice that applies to writing an article also applies to teaching people how to write articles. Perhaps this is predictable, because both depend on good communication. So this article will contain headings which should be familiar to medical writers, but with something slightly different underneath.

Know your audience

Get as much information about participants before the session as you can, preferably at the very initial planning stage. If you can't get detailed information about participants beforehand, then use the first part of the session to get as much information as possible. Find out their interests, and imagine yourself to be the doggy writer facing the cat editor in the cartoon. It's no good talking about *The Lancet* if your audience only cares about the Common Technical Document. Find out their level of experience, and try to discover what they want from the training. If the briefing or training agenda has been set by a distant manager, you may find that participants actually need or expect something different. This refocusing requires tact and diplomacy (especially if the manager attends the training session) but is worth attempting to avoid wasting everybody's time.

Sometimes it is difficult to get the right people to attend training. I heard a great example from another trainer who was asked to run courses in a very old-fashioned and hierarchical academic department. The sponsors knew that the more senior members actually needed the training most, as they were hopelessly out of date, but they also knew it would be a disaster to suggest that the professors should attend the same course as their students. Their solution showed a subtle appreciation of human psychology. They ran two sessions. The first was for the professors, who were asked to attend in order to approve the material that would be used for their students. The second was for the more junior members of the department. In this way, both groups benefited from the training. The professors could attend their own session with no loss of face (and were probably less inhibited about asking questions because the risk of appearing uninformed in front of more junior department members was reduced) and the students could have a session focused on their needs.

If you are training a very mixed audience, try to engage as many sectors as possible. Even an apparently uniform audience will contain people with different preferred learning methods so use a variety of techniques to suit as many people as possible.

Stick to the (time) limit

Never over-run. Plan agendas in detail, but then be prepared to implement them flexibly. There is no point spending time discovering what participants want from a session and then ignoring their needs and sticking to your pre-planned routine. Have spare material if you worry that you won't have enough, but the usual problem is cramming too much into a short space—just like writing an abstract.

Remember that attention spans and energy levels vary throughout the day. Plan enough breaks so that participants are comfortable—full bladders and low blood sugar levels are not conducive to concentration. If you are planning an all-day session, try to put something energising after lunch. I try to schedule practical exercises or small group work for this notorious post-prandial period, as even the liveliest speaker may struggle to hold a group's attention. If the training room has to be dark to allow slide projection, the temptation to doze off may be just too strong, so turn on the lights and engage participants in a lively discussion instead.

Avoid abbreviations

As with abstracts, remember to avoid or explain jargon and abbreviations. Medical writing jargon seems to exist in small niches and I am always surprised by the lack of a common language between writers based in drug companies, those working in communications agencies, editors/writers working for publishers, and investigator-authors. Even with a group of experienced writers, don't assume that everybody will be familiar with acronyms such as IMRAD (i.e. Introduction, Methods, Results and Discussion) or even EMWA.

Have a clear structure

Explain the programme and timing to participants at the outset. Present material in a logical order. Switching around will cause confusion and make the training less memorable. The old adage 'tell them what you're going to tell them, then tell them, then tell them what you've told them' is a good one.

Develop your own style—but don't over-do it

Memorable trainers usually have idiosyncrasies, just as a strong personal writing style develops its own voice. But, exactly as in writing, an overblown or pretentious style will simply annoy your audience. As in writing, remember the purpose is to communicate, not to show how clever you are.

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>>> **Tips for teaching medical writing****Use variety but avoid gimmicks**

Vary the pace of your training and the learning methods (e.g. lectures, exercises, group work) but avoid gimmicky techniques for their own sake. I can recall a ghastly session I was once forced to attend, in which participants had to dive under an enormous multicoloured sheet of fabric (apparently called a 'play parachute'). This caused much embarrassment to the less physically fit attendees and even the more agile as several people ended up under the parachute so collisions were inevitable. As I write this, I can clearly recall my annoyance at the stupidity of this technique and the sapping effect it had on group morale (no doubt exactly the opposite of what it was intended to do) but have no idea what the course was meant to train us.

Plan your work carefully

Think about all the material you need to deliver a professional training session. Participants appreciate clear handouts and reading lists. Trainers are divided about the merits of providing copies of slides at the start of sessions but this is the technique I prefer, especially when working with non-native English speakers. I find that non-native speakers particularly appreciate having written copies of slides to reinforce the spoken message. Native speakers also appreciate copies as it facilitates note taking and saves them from frantically copying things. Others argue that

participants may be distracted by reading the handouts during the session—but I do not find this is a problem. Even reading lists can be useful during a talk if the presenter mentions references or useful resources for particular topics.

It is good practice to include a formal evaluation, especially for longer courses. Some organizations prefer the trainer to use their own evaluation forms, as these are also used to record attendance. If you value honest feedback, consider ways of making evaluations anonymous. This is particularly important if colleagues have to evaluate one another's performance, or if junior people have to rate more senior ones. However, for large, mixed audiences (i.e. not all from one company or institution) this may not be a problem.

Having delivered the same course in several countries, I have noticed cultural differences in the willingness to criticize, so you may need to take this into account (especially if feedback is overwhelmingly positive). Of course, it's possible that my workshop was more or less relevant to the different audiences, but I find it hard to believe that it really suited the Greeks that much more than the Americans. If you think your audience will be reluctant to criticize, try asking them to list the sessions (or speakers) they found most relevant/interesting/useful and also those they found least relevant/interesting/useful. This can help plan timetables or emphasis for future sessions.

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Learn from others and from your own successes and failures

Just as good writers are usually avid readers, good trainers should be alert to new ideas. Attending other people's workshops can be helpful, even though you feel familiar with the subject area. Remember to respect other trainers' material: imitation may be a form of flattery, but plagiarism is as unacceptable for training material as it is in a publication. If you want to use or adapt material from somebody else's workshop, always seek their permission first.

Just as science writers can gain from reading a variety of writing styles (from classical poetry to the backs of cereal packets) so trainers can get inspiration from unexpected sources such as television or drama. Almost anything that gives insights into human behaviour can relate to training (well, that's my excuse, and I'm sticking to it)!

As with any endeavour, practice makes perfect, and some sessions will go better than others. Learn from your experience. Take participants' evaluations seriously. Change your style, techniques, materials or timetable in response to suggestions and criticisms.

Keep up to date

Out-dated material is a disaster for several reasons: (1) it is a disservice to participants, who expect trainers to be up-to-date; (2) material that looks well worn or out of date sends a dispiriting message that the trainer doesn't care, and this will rub off on attendees; (3) if the trainer is bored with the material, then trainees will probably find it boring as well. So, do everybody a favour, and make sure you have recent examples and refer to the latest guidelines.

Make your material learner-centred

The most effective writing is reader-centred, i.e. takes account of the readers' perspective and their needs. Similarly, good training should be learner-centred. People relate best to things that are familiar or relate to them directly, and they also appreciate a trainer who takes the trouble to tailor material to their individual requirements. Working with mixed groups makes this difficult but try to focus your training as far as possible on the particular interests of your audience. When working for individual drug companies, find out which therapy areas they work on and take your examples from these. When training healthcare professionals, focus on their specialty. Make examples (of journals, good and bad writing styles, tables, etc.) as relevant as possible. It can be tempting simply to recycle a successful presentation, but watch psychiatrists eyes glaze over when you try to explain impact factors with a list of cardiology journals.

Show respect and cultural sensitivity

Just as good medical writing avoids sexist or racist language and anything that might stigmatize patients, so trainers need to respect their audience and understand cultural differences, especially if working a long way from home.

Women working in Moslem countries need to plan their wardrobe carefully and dress modestly. In fact, all trainers should think about their appearance, wherever they are working, as scruffy dress may send a subliminal message that the trainer can't be bothered, while wildly flamboyant dress (for men or women) may mean that trainees remember the outfit but not the message. Take advice from local organisers about times for starting and stopping sessions and for mealbreaks. There is no point insisting on an 8:00am start if this means many participants arrive late or bad tempered. I once ran a course in Egypt and did not allow time for Friday prayers, so my carefully planned agenda nearly got scuppered. People learn best when they feel refreshed, relaxed and comfortable. It is therefore a false economy to try to squeeze too much material into over-long sessions.

Aim to educate and to entertain

A well-written article should be a pleasure to read, and training should be fun. The trainers' attitude will affect the group. Enthusiasm and confidence are infectious, but so are boredom and apathy. Seek out opportunities to develop your experience and you will usually be rewarded. Good trainers recognise that they are always learning and that every new audience provides new insights.

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English FAQs:

Can I write 'the patient was under (treatment with) hydrochlorothiazide' or 'the patient was on (treatment with) hydrochlorothiazide'? Which is better?

This is not a big issue. Let's look at 'on' first: I think this is a very brief and neat way of expressing this idea and often use 'on' this way. It may sound a little spoken, but it is so compact that it deserves more frequent written use. Whatever, without modification by a time clause or phrase, it implies a long course of treatment. There is no need to say 'on treatment with'. The same applies to 'under', but this sounds more spoken. I encounter resistance to both from users of American English, who seem to prefer 'The patient was taking ...', which is also a good solution.

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