

Learning and teaching clinical writing

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Abstract

Clinical writing, a specialised type of medical writing, refers to the types of writing health professionals use on a daily basis such as medical charts and forms. It requires knowledge of both formal and informal medical language and culture. An appreciation of the intent of the writing and the target reader is essential for effective clinical writing. The intent of clinical writing is to provide safe patient care through accurate, concise, and factual documentation. This article explores key elements of clinical writing and how to learn and teach it.

Keywords: Clinical writing, Target audience, Intent, Chart, Context, Authenticity

Clinical writing

Clinical writing refers to the types of writing health professionals use on a daily basis, for example, preparing progress or treatment notes in medical records, updating patient charts, preparing letters for consultation and referral, and completing various administrative forms. Clinical writing contains factual information. It imparts essential, accurate, and specific information about patient conditions, diagnostics procedures, treatments, and prognoses. Clinical writing differs from other kinds of medical writing – it affects patient care. It also has legal implications and can be used as evidence in malpractice or negligence lawsuits.^{1,2}

Following are examples of clinical writing in patient charts (medical records). These are short entries written in a style and using terms easily understood by peers. Some provide information, others provide direction.

- Failed to stamp clinical record with addressograph.
- Record apex numerically as appropriate. See flowsheet.
- Record O2 Sat numerically.
- Start IV to KVO. Maybe piggyback some antibiotics later. Vitals till then hourly.
- Wound has begun to ooze purulent discharge.
- Pt. crashed. Code called.

Clinical writers communicate not only with medical terminology but with specific words, abbreviations, acronyms, and phrases that form their professional jargon (see Fig. 1 for an example). Clinical writing is brief, written in cryptic form, and in the case of charting, rarely exhibits complete or proper sentence structure. An example of such cryptic writing is shown in Fig. 2, which is from a nurse's focus notes describing the assessment and management of a patient's post-operative pain.

Consultation reports and summaries use a mixed style of formal and informal word choices but tend to use more traditional grammar and syntax. The target audience of clinical writing, then, is other healthcare professionals who will be familiar with the style and language.^{1,3} For example, it is quite acceptable for a patient chart to say: 'Resps. laboured. Placed in Semi-Fowler's for relief. Puffer given'. This means the patient was having difficulty breathing and so was placed in a semi-sitting position in bed to relieve the difficulty. The patient was given two short inhalations of a bronchodilator medication by means of an aerosol device.

The target audience of clinical writing

During the writing process, clinical writers need to be keenly aware that their writing will be read and

Cardiovascular Status	Edema (Loc)
	CWMS
Respiratory Status	Lung Sounds
	O2 Therapy
	Chest Physio/DB&C
	Inc Spirometer

Figure 1: Examples of a section of an assessment form. This section of an assessment form describes the patient's cardiovascular and respiratory status. Abbreviations: (Loc), location; CWMS, colour, warmth, movement, sensation; O2, oxygen; physio, physical therapy; DB&C, deep breathing and coughing; Inc Spirometer, incentive spirometer.

used by a variety of health and allied healthcare professionals. The primary intent of clinical writing is to communicate with members of the healthcare team such as doctors, nurses, care aides, therapists, laboratory technicians, and unit clerks. However, under certain circumstances, the target audience of clinical writing might also include health administrators, researchers, and medico-legal professionals. For the writing to be received with the writer's intent, the material needs to be expressed in a tone that these co-professionals will easily recognise and accept.

Authenticity and linguistic choices in clinical writing

Clinical writers need an excellent command of written English. This foundation enhances their ability to master new specialised vocabulary without being side-tracked by needing to learn basic English. Swan (1997) and others assert that some styles of speech and writing have their own rules and structure.⁴ Clinical writing is one of these; it uses jargon consisting of medical terminology and a wide array of specialised abbreviations and acronyms. Learners of clinical writing need

exposure to this style in order to learn the jargon correctly.

Medical writers or teachers of English or medical writing may not understand this style of writing unless they have worked in healthcare. To successfully produce accurate clinical writing, the learner needs to be exposed to the source – authentic clinical writing. This is supported by the research of Svendsen and Krebs,⁵ who were among the earliest researchers in the field of language and career needs, particularly in healthcare. They found that teachers often make assumptions about the language an employee needs to learn, but their assumptions are not always accurate. As a result, the employee is not taught authentic workplace language. Many educators now appreciate that both learners and non-medically trained teachers need to be familiar with authentic material to understand it and teach it effectively.

Inappropriate word and phrase choices are caused by a lack of authentic language awareness. This is particularly important for clinical writing, as clinical readers are less receptive to writing that does not conform to the healthcare culture. The use of unusual word choices or unfamiliar phrasing can be a significant communication barrier. For example, a comprehensive medical consultation report risks being seen as inappropriate if written only in highly technical terms and strewn with rarely used medical terminology. This will greatly diminish its importance and impact. On the other hand, the same report written with an appropriate use of medical language – jargon and professional, medical terminology – can achieve its goals. Therefore, with access to authentic material, learners learn to produce the appropriate language style.

Context and learning clinical writing

Social learning theory suggests that learning best occurs through observation and exposure to content and context. This certainly applies to clinical

Date/ Time	Focus	Pain Scale 1 - 10	DATA / ACTION / RESPONSE NOTES
14 Feb. 2013 @ 2130 hrs	post-op pain management	7	Pt. continues to complain of deep pain in the epigastric region, 3 cm above incision line. Dressing dry and intact. No fever. T 36.8. IV in situ. Using PCA on schedule. Offered and given acetaminophen 500 mg po prn now for pain relief. Remains on bedrest.----- MJugaru, RN

Figure 2: Example of cryptic writing in nurses' focus notes.

writing. Exposure to authentic clinical writing enriches learning. It provides opportunities for learners to follow role models, develop writing skills, and build new word repertoires, and it provides insights into how medical language is used in specific contexts with specific target audiences.¹ Teachers of clinical writing and clinical writers both benefit when they can experience how medical terminology and jargon are used in context.

Exposure to writing in a clinical setting helps develop best practices in clinical writing education. The learner can observe and read samples of authentic material and interact with other health professionals to ask about the writing and its content and its style. Legal issues such as patient confidentiality can complicate access to this learning environment, gaining access to charts can be difficult, and clinical placements can be hard to find. Despite these complexities, authentic clinical writing can be accessed at the workplace for a number of hours if the learner seeks permission and is clear about the goals of the activity. This is best done through the appropriate administrative channels at care facilities or clinics. The learner will have to sign a confidentiality agreement and the learner and teacher may be asked to not take any notes or pictures while viewing patient documents.

When workplace experiences are unavailable, health or medical professionals can teach, demonstrate, and even coach clinical writing as guest speakers, especially if they provide examples of their own writing. In this way, patient confidentiality is not breached.

Working collaboratively with a health professional will enrich learning about clinical writing. If the teacher of clinical writing is not a health professional, access to someone who is can be very useful. A learning activity can be designed in which students do some clinical writing and the guest critiques it. The teacher and the guest can critique the work produced as a large group in class or individually at a later time.

Key topics in clinical writing

Specificity, accuracy, conciseness, and professionalism are essential to good clinical writing. Each of these has safety ramifications for patient care. If the writing is too wordy, its message is lost. Busy health professionals rarely have the time to wade through long chart entries or consultation reports. The content of the writing needs to be specific and accurate. Clinical readers need to know the subject of the writing, priority of care, and if treatment, intervention or assistance has or will occur. Verb

choices are significantly important. Specific attention needs to be paid to tenses when talking about patient care. Errors in this regard can lead a reader to believe a treatment already occurred when indeed it was still pending. The result could be that the treatment is never administered. Again, the importance of clear, accurate, and concise written communication and the safety of patients and their care cannot be overstated.⁶

Teaching clinical writing

Adult learners may bring a wealth of career-specific knowledge with them to their writing. Their learning goals are highly relevant to their career goals, maybe more than for other English language learners. However, subject matter in medicine may be beyond the expertise of many language teachers. This may catch some teachers off guard, especially if they are unprepared to work through questions and problems related to clinical language style. Wu and Badger⁷ describe how this negatively impacts both the teacher's self-perception and students' perception of the teacher. Many teachers choose to either avoid these situations or take wild risks by providing incorrect answers.⁷ Table 1, which provides examples of charting errors,

Table 1: Examples of charting errors and their corrections

Chart entry	Rationale: why this is an error	Correction
Patient calmed down after getting shot	This sounds like the patient was shot with a gun and that this act led to him being calmer now	Patient settled with an injection of anti-anxiety medication, XYZ 5 mg IM, right VG
Pt presented in ER with complaint of stabbing pain in chest. No evidence of wound. Non-urgent. Waiting his turn in ER Waiting Room	The writer has taken what the patient said literally not knowing that the expression <i>stabbing pain</i> is used as a diagnostic cue to heart attack (myocardial infarction). As a result, the patient could possibly die in the Waiting Room	Pt presented in ER with complaint of stabbing pain in chest. Urgent status. Admitted stat. Being seen now by physician

Abbreviations: ER, emergency room; IM, intramuscular; Pt, patient; VG, ventrogluteal muscle.

illustrates these points. Without medical knowledge and an awareness of career-specific language, a clinical writing teacher might consider all of the chart entries in the left column correct. They are not. The table provides the rationale and the correction for each entry.

Professional development of clinical writers

Teachers of clinical writing need to be competent not only in intermediate-to-advanced English but also in the authentic language of medicine and the health professions. If teachers do not have sufficient experience with the authentic language of clinical writing, they can seek out help from experts in the professional healthcare community. Developing a partnership with them is far more effective than a simple consultation. The internet too provides access to real-life source material.

Professional development activities that use the language of medicine and healthcare can also ease the burden of teaching medical writing for non-medically trained teachers. Courses in clinical writing can help but so can simple exposure to the context. Opportunities to observe and read clinical writing in a true clinical setting are also useful, as are short courses, for example, in first aid or cardiopulmonary resuscitation. At the end of these classes, it may be possible to approach the health professional to discuss clinical writing. These and other opportunities can help build a support network of clinical writing mentors.

Teachers also greatly benefit from transdisciplinary collaboration where faculty members from different disciplines work together to deliver a cohesive, learner-focused curriculum.⁸ In such a situation, the different disciplines work collaboratively and are aware of course content and curriculum goals for each related programme.⁹ For example, the clinical writing teacher would meet with teachers from nursing, anatomy, physiology, or medicine once per month to share their teaching plans and subjects. The teacher of clinical writing would benefit from knowing which subjects are being taught and when and could develop writing exercises to coincide with the other courses. An interdisciplinary collaborator could also be recruited to offer samples of clinical writing or to review the teacher's examples.

Finally, clinical writing teachers can easily access textbooks on the foundations of nursing and medicine. Each of these includes chapters on documentation (clinical writing). They also provide numerous examples of blank and completed medical records and charts. The examples can be extremely useful templates for clinical writing learning activities.

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Are you sic [sic] of poorly worded tweets?

You may or may not love Twitter and tweeting, but there's no arguing that it has been good news for the word *sic*. Derived from the Latin phrase '*sic erat scriptum*' (thus it had been written), it has been widely used by journalists when quoting tweets. Take this example, a charming tweet from an English footballer, as (needlessly) reported on the *Daily Mail* website:¹

'You're married correct !! But ur married to a raging s**t bag [sic]'.

The word *sic* is a very useful device for indicating the origin of mistakes in quoted information. In the above example, the journalist reporting the tweet used *sic* to indicate that the person who wrote the tweet is responsible for the errors it contains. The journalist thereby avoided being accused of writing error-strewn copy (readers of online articles often respond quite angrily to errors, even minor ones).

Perceived inappropriate use or overuse of *sic* can, however, meet with criticism. Writing *sic* at the end of a longish piece of text without indicating where the errors are may be interpreted as some form of criticism of the content itself. And what about this example from *The Telegraph*:²

'Simple google [sic] search does it'.

Does the failure to use a capital letter really warrant a *sic*? Google is so ubiquitous (as both a proper noun and a verb) that it may at some point cease to be regularly capitalised anyway (think biro).

As for using *sic* to highlight an error that isn't in fact an error, as in the following example from *The Huffington Post*, well, that just makes you look stupid:

'Savile refers in the letter to the excitement of his "girl patients" and "paralyzed (sic) lads"'.³

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