

Teaching Medical Writing

10 tips for organising a successful writing course

I teach medical writing at Copenhagen University, where I have successfully run the week-long Intensive Medical Writing Course for the last decade. Each time the course is held, there are three presenters, four tutors and 36 participants. In the first part of the programme on Monday afternoon, all participants attend three lectures: “Errors of grammar and usage”, “Optimal presentation of figures” and “Medical writing seen from an editor’s standpoint”. The participants are then split into two groups and attend either the Tuesday and Wednesday or Thursday and Friday full-day sessions. This second part of the programme deals with the IMRAD structure for scientific articles, how to write clearly and concisely, style and vocabulary, punctuation, presentation of numbers, the publication process and the cover letter.

In 2007, I wrote an article for EMWA in which I described my early experiences regarding the setting up of the Intensive Medical Writing Course, whose aim was to increase chances of publication for non-native English speakers. The current article reflects my practical experiences since then. The following are 10 tips for organising a successful course.

1. **Send information to the participants three times:** as soon as the course is approved; 10 days beforehand; and immediately before the course starts. In my experience, participants tend to ‘lose’ emails and sending out three emails is not overdoing it.
2. **Make sure everyone can find the rooms.** Send out a map with instructions (third email) and then put up plenty of signs. A roller banner is a good investment as it’s visible from a distance, attracts the participants’ attention, and provides good publicity as people walk past. Copenhagen University’s medical school, where our course is held, is a veritable rabbit warren of corridors, stairways and underground passages.
3. **Choose a room of an appropriate size**

for the opening session: 40 people rattling around in a massive lecture theatre is far from ideal. In the smaller teaching rooms it’s worth spending time re-arranging the tables in horseshoe formation. Participants can then see each other and this automatically generates a friendlier atmosphere. Looking at the back of someone’s head is not conducive to any form of friendliness or interaction.

4. **Welcome participants as they arrive.** Direct early arrivals to the other end of the room so there are spaces near the door for latecomers. (Also welcome latecomers!) A quick round of introductions, where everyone mentions their name, institute and project, serves as an icebreaker and arouses curiosity; it’s amazing how quickly participants then start interacting and building relationships.
5. **Mix lectures, presentations, exercises and small-group discussions.** The exercises and small-group discussions complement the lectures and presentations. There are short exercises on grammar and usage, punctuation and ‘removing the dead wood’, and a longer

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exercise on how numbers should be presented. In the small groups, where there are six participants and a tutor, participants’ own texts are discussed. A checklist for evaluating manuscripts is provided. Interestingly, these small-group discussions and exercises are often considered the most valuable parts of the course.

6. **Keep up a fast pace: the programme should run seamlessly with minimal interruptions.** We keep to a tight schedule. Brief questions are encouraged, but longer discussions are kept for the coffee breaks and lunchtime. Note: All tutors are present throughout; they are always ready to answer questions and elaborate on points brought up during the sessions.
7. **Provide handouts that are useful and legible.** Provide answers to everything. There is nothing more frustrating than returning from a course and not being



able to make sense of the PowerPoint handouts.

8. **Spend time developing an effective evaluation form.** If participants mark down any of the items, ask them to explain why. Also, importantly, ask them to suggest improvements. (Ignore impossible requests.)
9. **Be prepared for all eventualities.** Try to fill places when there are last-minute cancellations. There are waiting lists for our courses and we do our best not to waste any places. Guest speakers can drop out unexpectedly; untimely failures of audio-visual equipment can try everyone's patience; and, worst of all, the coffee and cake can fail to arrive! Hence you should have the mobile numbers of important contacts, including the IT department and the canteen, written in indelible ink on the back of your hand. (Many things can go wrong – if anyone would like a comprehensive list they are welcome to get in touch.)

10. **Finally, send out a follow-up email with useful links and answers to questions that have required extra research.** Request additional feedback; this can be used to make the course even better next time.

The Intensive Medical Writing Course currently runs in January and June. In addition, longer medical writing courses, consisting of eight sessions with 12 participants, run in the spring and autumn. As a new venture – at the request of former participants – a one-day follow-up course was successfully established last November and is now scheduled to run twice a year. It should be noted that the texts submitted for the November follow-up course were light years ahead of those submitted for the preceding full-length courses, which illustrates the positive effect the writing courses are having.

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Suggested Reading

1. Møller C. New medical writing course in Copenhagen: Increasing chances of publication for non-native speakers. *The Write Stuff*. 2007;16(1):8–9.
2. Møller C, Schoell M. Language revisers/translators/editors: is there anyone out there? *The Write Stuff*. 2008;17(2):85.
3. Schoell M. Working as a medical editor and translator in a university environment in Germany. *Medical Writing*. 2012;21(3):257–9.

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Profile

An interview with Professor Peter Jüni

on methodology and statistics in scientific manuscripts

This issue of *Medical Writing (MEW)* is about statistics, so what is more appropriate than interviewing a research methodologist who focuses on epidemiology and statistics in clinical research? I am happy that we were able to win Professor Peter Jüni for this interview. Peter Jüni is a physician by education, has been a Professor of Clinical Epidemiology and the Director of the Clinical Trials Unit and the Institute of Primary Health Care at the University of Bern. In 2016, he moved to Toronto where he is a Professor of Medicine at the University of Toronto, and the director of the Applied Health Research Centre (AHRC) at the Li Ka Shing Knowledge Institute. The AHRC is a leading not-for-

profit academic research organization fully integrated with the Li Ka Shing Knowledge Institute of St. Michael's Hospital and affiliated with the University of Toronto.

Peter Jüni has authored more than 270 peer-reviewed publications. Amongst them were several landmark trials and meta-analyses, various international guidelines (such as the 2014 ESC/EACTS guidelines on myocardial revascularization), and several articles on statistical topics such as systematic reviews, meta-analysis, and propensity score techniques. He has been a reviewer for major journals such as *The Lancet*, and was listed as highly cited researcher by Thomson Reuters.

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Medical Writing (MEW): You review many manuscripts. What are the most common mistakes you see?

Peter Jüni (PJ): The most common mistakes I see is that the perspective of the reader is ignored and the manuscript is not structured logically and coherently. Thus, this is much more about a basic lack of structure and logic than about fancy statistics. A caveat: my observations are mostly related to working with fellows, PhD or MD students – they might not apply, or only to a lesser extent, to medical writers.

The introduction should clearly lead to the main question. The main question should then be reflected in the methodology, including the statistical section. All