Section Three

THE ELEMENTS OF COMMUNICATION

This section of the book deals with the technical aspects of communication, recognising the fact that communication in the modern health care setting is, thanks to advancing technology, being carried out in a bewildering array of new ways. Despite this the importance of well-developed writing skills must not be lost in the rush to communicate by email, especially as this seems to have a detrimental impact on the use of clear English.

The first chapter in this section, entitled Written Communication, provides a comprehensive and clear overview of how to write clearly and logically. In an era when clinical professionals are being required more and more to explain what they do to an increasingly sceptical public, it seems fair to suggest that high-quality writing will assist greatly in making such matters easy to comprehend. As with many practical skills, there seems neither time nor inclination to teach it in any depth to prequalifying nurses, doctors or other clinical groups. It is for this reason that the decision to include a chapter on this important subject was taken. All too often we assume that we write well although the results rarely bear this out. A cursory perusal of the increasingly impenetrable ‘English’ contained in many Department of Health circulars and edicts provides further evidence of deficiency. The clear, practical and knowledgeable chapter on writing skills aims to give the reader the necessary insight to improve their skills considerably.

A chapter on the importance of ensuring quality in communication is included. As with the need to write clearly, it is becoming important to know that the key messages of an organisation are understood and that feedback is used to
improve services. With the advent of clinical governance in the NHS, the requirements to communicate clearly with the public and use their views to improve services are seen as crucial aspects of improving clinical quality. This chapter discusses how to communicate with stakeholders in the interests of improving the quality of services offered to the public. The chapter is in essence a case study (particularly the application section) from a health-focused organisation that had some serious questions to address with its stakeholders. The lessons learned will be of interest to all readers.

A chapter on information technology was considered to be crucial for any book about understanding communication in the modern health service. The chapter assumes that the reader has no knowledge of the subject thereby ensuring that all aspects of information technology are covered. While some may consider parts of the chapter to be basic, there are still many clinical professionals who privately confess to ignorance of the subject and fear of the technology. In attempting to cater for all levels of knowledge, the chapter aims to be inclusive and comprehensive in the treatment of this important subject.

As with all chapters in the book, application chapters are provided which use case studies, practice checklists or real situations to illustrate key themes.
Chapter Eight

Written communication

Cath Lovatt

- Barriers to written communication
- Removing barriers to effective writing
- Using plain English
- Key rules for clear writing
- Weaknesses of written communication

OVERVIEW

Writing is a vital tool for communication with each other. As humans, we are unique in the animal kingdom in our use of a written language. But to use this tool effectively does not require a great number of words. Yvonne Bennison of the Industrial Society noted in 1979 that the Ten Commandments consist of only 100 words, the Sermon on The Mount 300 words and the Declaration of Independence 458 words (Isbell 1979).

In contrast, the 1997 White Paper The new NHS: modern, dependable, on National Health Service reforms, is over 26 000 words long. Subsequent pronouncements from the Department of Health have been issued on a regular basis in ever denser forms. Whether they convey much sense is open to question.

We are now, therefore, facing an increase in the quantity and form of written materials. We can choose from a whole range of new technologies to transmit messages to each other. Faxes, emails, pager messages and web pages now all compete for our attention with more traditional tools such as newspapers, letters, memos, reports and books. We need the ability to
produce simple, accurate and brief written communications if we want to be read and understood clearly.

The key to effective writing is making sure that your reader understands you. It is not just about giving information. Cath Lovatt gives us a clear and detailed overview of written communication with practical examples of how this subject can be approached in the health service. If the government documents of recent years are to be believed, good English and clear written communication seem to be a thing of the past. There is no doubt that we are judged not only by our personal actions but also by what we write. Considering that the written medium is relatively permanent it makes sense to develop a clear, concise and logical writing style. This chapter is included in the book to provide just that – a well-written and easily understood introduction to a skill that seems for many to be a lost (or never acquired) art form.

We write because we want a response from the reader. Ineffective writing leads to a breakdown in communication between the writer and the reader. Why should this matter?

In health care, a communication breakdown with readers can cause a range of serious problems. Dissatisfied staff, loss of morale, ill-informed patients, worried relatives, increased complaints, financial loss, bad publicity and wasted time can all result from poor written communication.

This breakdown in communication between the writer and the reader happens because there are barriers which stop the message getting through (Fig. 8.1).

The most common barriers to good written communication result from not thinking about the needs of the reader.

- Message is not clearly structured.
- Message is too long or too complicated to understand.

Figure 8.1
Six Steps to Effective Management

- Message contains jargon words or abbreviations.
- Message uses inappropriate language or grammar.
- Message is of poor quality – badly photocopied, smudged or unclear.
- Message is badly presented with no thought given to layout, design, colour and size of typeface.
- Message is in an inappropriate format – for example, a complex report instead of a brief memo.
- Message is not timely – for example, a report which arrives too late for your manager to act on it.

REMOVING BARRIERS TO EFFECTIVE WRITING

Effective writing is all about understanding your reader and what they need. Before you start writing, consider the following.

- **Who is my reader?** For example, a patient, my manager, clinician, nursing colleagues, the general public.
- **What is my message?** What do I want my reader to do when they have read this?
- **What form of communication should I choose?** For example, letter, memo, email, briefing, report or leaflet.

Who is my reader?

Before you start writing, ask yourself some questions about your intended audience.

- What is their background? Is it the same as mine, e.g. nursing/clinical/patient/general public? Would they use the same language and terminology as me?
- Am I writing to one reader or more than one?
- What do they need to know about me, my department, my organisation?
- What do they already know about this message? Do I need to provide background information?
- What level of detail is required?
- How do they like to receive information?
- When and how will they receive this information? If I want them to do something as a result of this information, will it give them sufficient time to do so?
Six Steps to Effective Management

Try to picture your reader as you write. You should take a different approach for different readers, even when writing on the same subject. Professional writers think about their readers. Try the exercise on p. 187 to find out more about how professional journalists write for different types of audiences.

What is my message?

Before you start to write, stop and think about your message. Deciding what you want to say to your audience is the second key step to effective writing. What do you expect your reader to do as a result of reading your words?

For short, simple messages use the journalist’s checklist – who? what? why? where? when? and how? This approach ensures that you get the crucial information into your message, without adding unnecessary details. It is particularly suited to letters, memos, emails and press releases.

For longer pieces of writing, try to gather your thoughts into a coherent message by jotting down the key points in any order. Don’t worry about finding the right words just yet – it is more important to capture the main issues at the preparatory stage. For each point you can then jot down details as subpoints. For example:

- First key point:
  - first detail
  - second detail
  - third detail

- Second key point:
  - first detail
  - second detail
  - third detail

- Third key point:
  - first detail
  - second detail
  - third detail, etc.

Then you can sort out the order in which you want to present your points, keeping the relevant details with each key point.

What form of communication should I use?

Armed with a good understanding of your reader and a clear idea about your message, you can now decide which form of written communication will be most effective.
**Letter**

Letters provide a channel of communication between two people and can be used to:

- give or obtain information
- explain or apologise
- create interest
- get action
- record facts.

Use a letter for formal correspondence or for a document that needs to be signed. Don’t use a letter if time is important and the matter needs to be resolved as soon as possible.

Try to write it as you would say it, don’t suddenly become pompous.

Example: _Every effort is made to adhere to the appointed schedule, however delays can occur due to unanticipated emergency situations._

Instead: _We will do our best to see you at the time on your clinic card. If there is an emergency then you may have to wait._

For details on how to lay out a letter, see the example in Application 8.1.

There are several presentation rules to follow which will help to make your letters look modern and professional.

- Don’t use commas after each line of the address block.
- Don’t use full stops after abbreviated words such as titles. Write Dr or Mrs and not Dr. or Mrs.
- Don’t print in a typeface smaller than 12 point – it is too small to be read clearly.

Before you start to write, collect all relevant facts and material together, such as previous correspondence. Check your facts before you start writing. Sort your ideas into a logical sequence and be sure to follow plain English guidelines (see p. 177) as you write.

**Memo**

Only use a memo (or memorandum) internally within your organisation. Do not send it externally. Use a memo to provide information or to make requests for action but keep it brief. If you need to provide more information you can always attach a separate report.

Whenever you ask for action in a memo, always give a deadline, e.g. _Please let me have your comments by noon on Friday 26 March._
Six Steps to Effective Management

For details on how to lay out a memo, see the example in Application 8.1.

You can send a memo to more than one recipient at once, e.g.:

To: All practice managers, Westfield Primary Care Group
or
To: All Ward 10 Staff

You can also send a copy of a memo to another recipient for information. This recipient would not be expected to act on the memo; the copy is for information only. Use the initials cc (carbon copy) to denote that the recipient does not need to act on the memo, e.g.:

To: All practice managers, Westfield Primary Care Group
cc: Dr P Smith, Chairman Westfield Primary Care Group

Try not to copy people in on memos unnecessarily. There is a balance between keeping people informed and drowning them in excess paperwork.

You should include job titles in your memo as well as the names of the sender and recipient. People may not know you by name. It also ensures that the memo is understandable in future, even if postholders change.

The same rules about preparing to write a letter also apply to memos. Follow a logical order, using the ‘5 Ws and H’ approach mentioned earlier. Remember to use the active voice – you will make it much easier for your reader to understand what action is required.

Example: Ward staff are reminded that vehicles must not be parked on the grass verges around the hospital. Failure to comply with this notice will result in cars being clamped and a possible charge being levied for release.

Prefer: Please remember – do not park your car on the grass verges around the hospital. The security guard will clamp your car and may charge you to release it.

Report

A report is simply a tool to present information on a particular topic. You can use it to provide information, to present a case or to give an explanation. Always provide a summary sheet if the report is more than one page long. This allows your reader to understand the key messages without having to wade through pages of detail.

Always use headings to break up the body of the text and to guide your reader through your arguments. The following may be a useful guide to the areas you should cover.
Six Steps to Effective Management

- **Title or title page** – give the name of the report, the organisation, who produced it for whom and when it was written.
- **Summary** – an invaluable overview of the report’s findings and recommendations. Try to keep it to between 80 and 120 words.
- **List of contents** – to help the reader find their way around the material. Use wherever you have a report of more than two pages.
- **Introduction or background** – to set the scene as to why the report was produced.
- **Discussion** – develop the arguments or generate alternative solutions.
- **Conclusion** – should follow from the discussion and summarise the main findings.
- **Recommendation** – what should happen as a result of the report?

Minutes and agendas

An agenda is an order of play for a meeting. Sent to invitees in advance of the meeting, it indicates the topics for discussion and who is to lead on each issue. The chairman will use it to guide the team through the issues and to manage time keeping.

Minutes are a record of what was agreed at a meeting. They identify:

- who was present or absent
- any actions to be taken
- who will take each action
- within what timescale.

Minutes follow the order identified in the meeting agenda. They can vary from simple action notes to full verbatim notes of what was said, depending on the type of meeting. Always send minutes to all members, even those who could not attend the meeting. Any errors should be corrected ahead of the next meeting.

Articles

Writing to get published is a time-consuming art, which is a skill in its own right. The same key principles apply to writing for publication as for any other form of written communication:

- know your reader
- be clear about your message
- produce your message in an appropriate format.
Albert (1997) advises two different methods of structuring your information. The choice depends on whether you are writing for the academic press or less formal publications.

For the academic press he recommends the IMRD structure.

- **Introduction** – why did we start?
- **Method** – what did we do?
- **Results** – what did we find?
- **Discussion** – what does it all mean?

For all other publications he recommends a BDC structure.

- **Beginning** – used to pull in the reader and set up their interest.
- **Development** – which you should use to take readers through your argument and illustration, step by step.
- **Conclusion** – the message you have already carefully formulated.

Before submitting your work, do check that it is presented in the appropriate style for your target publication.

**Briefing**

A briefing aims to summarise a complex subject in a short, often single-paged format. It is an effective way to get important information to a selected audience. Briefings are often used as the basis for team cascade meetings, for example, after board meetings or major decisions have been made in an organisation and when the information must be quickly cascaded to all staff.

The person presenting the briefing can pad out the report with details specific to the audience, but the key issues are contained in the briefing note for others who cannot attend the presentation.

You may find this a useful tool for learning sets or departmental meetings, where one member of staff can prepare a briefing for colleagues on a recent journal article or management paper.

**Fax**

Use a fax when you want to send information quickly and your recipient has stated a preference for a hard copy. Don’t use a fax if the message is sensitive or private. Don’t send more than a few pages by fax without checking with the recipient – they may prefer you to send the information by other means.

Use a coversheet with your name and details, your recipient’s name and details and the total number of pages sent. This way, if the fax fails to transmit properly or is misdirected, your recipient should be able to let you know.
Six Steps to Effective Management

Use text that is at least 12-point size or it may be difficult to read when it has been transmitted.

If you send a letter by fax, you can type the words ‘by fax’ on the copy so that both you and your recipient remember that you sent the letter by this method.

Email

Electronic communications are dealt with in detail in Chapter Ten. Use electronic mail for established contacts and less formal mail. Don’t use it when you want to present a formal case, especially to your superiors. You naturally tend to use a more relaxed style of writing when using email and because it is so easy to use, it is tempting to be careless. Remember, if you wouldn’t put it in a memo, don’t put it in an email. Refer to the email checklist in Application 8.1 for more details.

Email saves time in copying and distributing information and probably means that you will get a faster response, if you are sure that your reader has daily access to email. By the nature of health care, many workers do not sit at their computer all day. You may find that other written communication channels offer a better option to get the word out quickly.

Overhead slides and presentation materials

Presentations seem to cause more fear to the uninitiated than any other single area of communications. Presentation skills are covered in Chapter Six. When writing for presentations there are some key pitfalls to avoid, if your moment of glory is to be a success.

Prepare yourself as you would for writing a report or article but don’t write your presentation out in full. Plan your presentation materials and write brief speaker’s notes, not full pages of text. If you are tempted to write out your text verbatim you will sound wooden when you deliver the presentation. Instead, write a series of key words and bullet points on A4 sheets or index cards to remind you of the themes you want to cover during the talk.

Assuming that you want your audience to read and understand your presentation, be careful when writing for overhead projector or 35 mm slides.

- Don’t pack too much onto the slide – your message should fit comfortably onto the front of a T-shirt and still be readable.
- Use a typeface of at least 16 point.
- Use bullet points and key words rather than full lines of text.
- Use pictures, graphs and diagrams to enhance your message.
Newsletters

The importance of understanding your readers and catering for their various needs is central to writing for a successful newsletter.

Posters and notice boards

A well-maintained notice board can be a simple and effective means of communicating information. A badly maintained board gives negative messages to staff, public and patients about the organisation and misses the opportunity to communicate clearly with your chosen audience.

The Health Services Accreditation Scheme document (1998) on standards to improve the patient’s experience suggests that public notice boards must:

- look clean and tidy
- display current notices
- be clearly seen by the public
- indicate any standards for that service
- in outpatients or community clinics, give hours of opening and service phone numbers and the name of the lead clinician and senior nurse on duty
- contain information on how to give feedback on the service or how to make a complaint
- have other information that is relevant to patients or the public, for example, local or national support or self-help groups
- provide information on transport.

When you produce posters for the notice board, don’t forget to consider whether people can read the information clearly. The ‘what’s in it for me?’ factor should jump off the page to attract and keep the reader’s attention. Small print and cluttered design will not achieve this.

With the increasing availability of desktop publishing and colour printing, it is tempting to go wild with the range of choices. Information can be difficult to read in wacky typefaces, multiple colours or with overuse of illustrations (sometimes known as clip-art). A picture can be worth a thousand words, but only if it helps to give the message impact, not just to fill a gap on the page.

For patients to read information across a waiting room, use A3 or A4 size paper for your poster. The text should be no smaller than 16–20 point. Keep a good colour contrast between the text and the background to improve legibility.
The Royal National Institute for the Blind (1998) recommends black type on white or yellow paper. This is especially important for partially sighted people. Visual impairment is one of the most prevalent age-related disabilities and 67% of the UK’s one million registered blind or partially sighted people have one or more additional permanent illnesses or disabilities. The number of NHS consultations is therefore likely to be higher than from the general population for this reason.

Press releases

A press release, or more correctly a ‘news release’, is information written in a style suitable for use by the media. Health stories are common in the broadcast and print media, reflecting the public appetite for stories with a health angle.

Local media are nearly always interested in human interest stories with a health twist. If you do not have a press officer to help, you may want to write a simple news release to publicise such an event. Stories such as the opening of a new surgery premises, the retirement of a well-known member of staff, the hospital’s 10 000th hip operation or a charity walk to raise funds for a new scanner are the type of issues likely to receive positive coverage.

News editors get hundreds of releases each day, so when you write your release, make it easy for the editor to decide quickly whether the story is newsworthy. Use the ‘5 Ws and H’ format to make sure that you include all the necessary details.

- Who is the story about?
- What happened/will happen?
- Why did it happen/is it taking place?
- Where did it/will it happen?
- When did it/will it take place?
- How did it come about?

Put ‘News Release’ in large type at the top of the page, followed by a date and the title of the release. Make sure that you include a contact telephone number at the bottom of the report in case the reporter needs to talk to you about the story. It is usual to double space the paragraphs so that the editor has space to mark any comments.

Patient information leaflets

Greater emphasis on the involvement and responsibility of patients has been a key theme in recent papers on the future of the
UK’s National Health Service. Patients need to have access to appropriate, accurate, relevant and current information about their health. This is central if they are to take responsibility and make informed decisions about their own health and the health of their family.

Patient information leaflets can be one of the most effective and efficient ways to provide written information to patients, especially when used in conjunction with verbal information (Harvey & Plumridge 1991).

Evidently, the quality of the written information is important if the materials are to promote understanding with the intended audience – the patient.

What are the advantages in producing written patient information?

- You can use it to back up verbal information you have given the patient.
- It can give more detail than you can verbally.
- It can help to reassure the patient.
- It can act as a prompt for the patient to ask further questions.
- The patient can keep it for future reference.
- The patient can share it with family and friends.
- You can be sure that each patient gets the same information.

In Application 8.1 there is a checklist for preparing patient information leaflets. However, producing information from start to finish requires a range of skills and you may want to get specialist advice.

You will need to be able to:

- review the current evidence base and present the relative risks of the options
- know how to involve patients and get their feedback on the information
- write in plain language, appropriate to your patient
- understand basic principles of design and layout
- ensure that the format of your information is accessible to all users who need it (e.g. blind or partially sighted patients)
- know enough about printing processes and costs to ensure best value.

The public relations officer, patient liaison officer, the quality department or the library at your local hospital trust or health authority may be able to provide further advice. The Centre for Health Information Quality has excellent information and advice in this area (see Resources).
Many people shudder at the memory of trying to learn the rules of grammar in childhood English lessons. So is this what plain English is about?

The first attempt to reform official English was in 1948 with the publication of Sir Ernest Gowers’ book, *Plain English*. The theme ‘Be short, be simple, be human’ was designed to make official forms easier to use. Later, in 1979, the Plain English Campaign presented the idea that layout and design as well as words could influence the effectiveness of a document.

Plain English is not baby language, dumbed-down or oversimplified language. It should not be rude or abrupt. It is not language that puts grammatical correctness before clarity.

Using plain English makes your writing more friendly, direct and easier to understand. The Plain English Campaign suggests that: ‘Plain English is writing that gets its meaning across clearly and concisely to its intended audience. It must do this with the necessary impact and the most suitable tone of voice’ (1993).

**KEY RULES FOR CLEAR WRITING**

**Keep your sentences short**

Get to the point. Use 15–20 words in each sentence. Ninety-five percent of people will understand a sentence of only eight words having read it just once. This figure drops to 4% for a sentence of 27 words (Isbell 1979).

**Choose short, familiar words**

Don’t overcomplicate. Only use jargon if you know that your reader will understand it. Avoid pompous words. Sir Ernest Gowers’ *Complete plain words* (1987) contains a useful list of common words and phrases to be used with care.

For example:

*When we commence your treatment...*

Prefer: *start* or *begin*

*It is important to utilise the bed hoist...*

Prefer: *use*
Six Steps to Effective Management

Use commands when writing instructions

Two tablets should be taken with a glass of water . . .
Prefer: Take two tablets with a glass of water.

Use the active voice rather than the passive where possible

In the passive voice the ‘doer’ of the action is either after the verb, as in this example:

The outpatient letter was sent to you by us on the 21 March . . .
Prefer: We sent you an outpatient letter on 21 March . . .

or is completely absent. Who is doing the examination here?

It will be necessary for an examination to take place during the appointment . . .
Prefer: The doctor will examine you during your appointment . . .

Use the positive rather than the negative where possible

Positive information is much easier to understand.

Visiting is not allowed before 2pm or after 9pm . . .
Prefer: Visiting hours are between 2pm and 9pm . . .

Use verbs rather than nouns

Upon arrival please report to the reception desk . . .
Prefer: When you arrive please report to the reception desk . . .

Check your spelling

Many word are frequently misspelt. One that regularly appears is millennium (it has two n’s). There is a useful list of commonly misspelt words in Application 8.1.

Think about punctuation

The humble apostrophe causes many problems, especially it’s and its. Use it’s as an abbreviation of it is only; use its to denote possession or ownership.
Six Steps to Effective Management

Check the Further reading section of this chapter for more resources to help you out with basic grammar and punctuation.

Readability

There are several tools to help to assess the relative difficulty of written materials. None of these readability tests is a substitute for writing in plain English to start with. The tools usually measure the number of long words and sentences and relate the results to the reading age necessary to understand the content. In Western industrialised countries like the UK, the average reading age for adults is between 10 and 14 years (Vahabi & Ferris 1995). The Centre for Health Information Quality (1997) reviewed the Flesch and Gobbledygook readability tests.

Flesch

Originally published in 1948 (Flesch 1948), this readability test can be run on many word-processing packages, saving the need to count text manually. However, the results are set against US reading ages rather than UK equivalents. It calculates on four elements: the number of words per sentence; the number of syllables per 100 words; the percentage of personal nouns and pronouns; and the percentage of personal questions or commands. The formula gives two measures of readability with scores between 0 and 100. These are:

- **reading ease**: 0–30 equates with a scientific journal and 90–100 with a comic
- **human interest**: 0–10 equates with a dull scientific paper and 60–100 with a piece of dramatic prose.

Gobbledygook

Ewles & Simnett (1995) calculated this test on two elements: the number of words in a sentence and the number of words with three or more syllables per 100 words. The higher the score, the lower the readability. Tests conducted by the National Consumer Council in 1980 came up with the following results for UK daily newspapers:

- Guardian – 39
- Times – 36
Gunning-Fog Index

This readability test involves four stages (Secker 1997).

1. Choose a 100-word sample of text from your piece. Count the number of complete sentences in the sample text. Count the total number of words in these sentences. This gives the average sentence length.

2. Count the number of words with three or more syllables in the sample. Numbers and symbols count as less than three syllables and hyphenated words count as two syllables.

3. Add together the average sentence length and the number of words with three or more syllables. Multiply the result by 0.4. This gives you the Fog reading score.

4. Finally, add five to the Fog reading score to get the reading age necessary to understand the written material.

Wright (1999) has examined the limitations of readability indices. She comments that readability indices:

- ignore meaning
- are insensitive to linguistic structure
- overlook how sentences relate to each other
- assume that the material is prose
- do not consider how graphics contribute
- offer no guide for revisions
- may give false assurance.

So although readability tests are useful, they are not enough to ensure that your reader will understand your written communication.

Professional jargon

Why won’t health professionals write concise, accessible English? Albert (2000) laments a culture of verbosity and pretension. The NHS seems to have little awareness of how often it fails to communicate in language the general public understands. Its written and spoken communications are all too often incomprehensible (Spiers 1998).
North West Anglia Health Authority set up a group of 150 local people who wanted to learn more about the NHS and held public meetings over 6 months. At the end of that period the health authority found an alarming lack of understanding of terms which the service uses every day and which were used in public consultation documents.

One-third of respondents thought primary care meant life-saving services and more than half thought secondary care meant less urgent services. Sixty-six percent did not know what CPN stood for and 55% did not know what triage was.

Thorogood (1997) argued that scientists use big words and complicated sentences as a way of trying to achieve dominant status. They see it as a question of power rather than of communication. This may be true of other health care professionals too. Different health professions each have their own special jargon which sets them apart. Nurses use different terms from health service planning managers who differ again from surgeons or psychiatrists. This is not an issue until jargon gets in the way, preventing the reader from understanding your message. We need to break down the culture of medi-speak or management-speak and realise that it is OK to use plain English.

How often do you write ‘named nurse’, ‘hospital discharge’, ‘care plan’, ‘bed-blocker’ or ‘primary care’ without thinking whether your reader knows what you mean? Jargon is a convenient shorthand in our work. Writing ‘coronary artery bypass graft’ instead of CABG in the patient’s notes every day would not be practical or desirable. However, for a leaflet explaining the operation to a patient, you will need to write a simple explanation, in lay terms, if the patient is to understand fully.

It is a useful exercise to choose some everyday jargon from your specialty and try to give a succinct definition without resorting to more jargon. Try it with a non-medical friend or a relative!

Useful definitions of jargon words which we use frequently in the UK health care setting are available. The Association of Health-care Communicators (1998) has produced a guide to the structure and operation of the NHS, giving definitions of NHS management-speak. If you don’t know what CPN, PCG or HiMP stand for, the Health Service Journal has a useful health service acronym buster on its website (see Resources).

Many writers run into problems when writing for a mixed audience. If you have to use jargon for the sake of brevity in a report, then try to include a glossary of terms in an appendix. This way, people unfamiliar with the terms are able to follow your arguments.
An obvious example of this occurs in the NHS when health authorities, trusts or primary care groups prepare board papers. Board meetings must be held in public and the papers are often sent to the press and to other members of the local community, who may struggle to appreciate the messages without such an approach.

Presentation

A brief word about presentation. Good writing is not just about the words you use. It is also about how the words appear on the page. Badly laid-out work, with fussy fonts and crammed text are a big turn-off. Make sure you keep a balance of white space on the page. A ragged right margin is easier to read than fully justified text. Size matters. Anything below 12 point is likely to be difficult to read, although this depends on the typeface.

Find out if your organisation has a corporate style for letters, memos and reports. Using this style can help your documents to look professional and corporate.

Once you’ve produced your work, don’t forget that badly photocopied, smudged or unclear writing detracts from your message too.

WEAKNESSES OF WRITTEN COMMUNICATION

There is an apocryphal joke that telepathy and memo are health service managers’ preferred methods of communication. In reality, no single method of communication works well in isolation. Make sure that you have a broad range of communication tools at your disposal and know when and how to use them.

There are some shortfalls in using the written word. Marketing communications specialist Wilmshurst (1985) described how ‘linear sequential learning theory’ can be used to increase the effectiveness of advertising messages. In order for a message to be effective (i.e. result in the desired behaviour), any piece of marketing communication must carry its audience through a series of stages, each dependent on success in the previous stage.

These stages, known as the adoption sequence or AIDA, must first create awareness of the issue, commanding the attention of the recipient, which should lead to an interest, which once satisfied should make the recipient desire the outcome and finally lead to them taking action to achieve this.

These stages can also be applied to communication in the health care environment. Ask yourself – what do I want my message to achieve? What do I want the outcome to be? Typical answers might be:
Six Steps to Effective Management

- I want the patient to have a good understanding of their disease, so that they can make an informed decision about their treatment options.
- I want my manager to agree to fund my Masters degree course.
- I want the complainant to be reassured about the care we gave to their elderly relative.
- I want the practice nurses to attend a training day on infection control.
- I want the ward staff to fully comprehend the health and safety regulations.

Written communication is not always the best tool to help move the reader between the stages described in the AIDA model. It is very useful for creating awareness (a poster publicising the study day) or for interested people once they need more information (a patient leaflet on treatment choices). It becomes weaker as you move on to stages three and four: creating desire and then action. These are often better reinforced by the power of face-to-face discussions (persuading your manager of your commitment to undertake a further qualification or a difficult meeting with a relative’s family) or through group presentations and peer pressure (ensuring that all staff understand health and safety regulations).

In Chapter 2, the theory of communication was explored, including the non-verbal signals we get from body language and voice. With written communication, we lose these additional clues which help us to develop a two-way understanding between people in a face-to-face situation. You do not have the luxury of tailoring your message and the way you deliver it in response to the verbal and non-verbal feedback the recipient gives you.

This puts additional pressure on you as a writer to carefully analyse the reader’s position if you are to avoid misunderstandings. If you already know your reader, neurolinguistic programming techniques can help to guide your choice of language so that you tune in to your reader’s individual style.

Keep the reader in mind and you should be able to avoid these pitfalls.

CONCLUSION

Carefully researched, simple, accurate and brief writing can be a powerful communication tool. It should aim to be:
Six Steps to Effective Management

- clear – so that the message is understood by the reader(s)
- consistent – so that it supports information coming from other sources. For example, a leaflet given to a patient by the practice nurse should reinforce the verbal advice given by the GP at the surgery
- cogent – so that your reader takes the required action because your words are relevant, timely and accurate

and where appropriate

- corporate – so that your writing represents the nursing profession, your organisation or the wider NHS in a professional manner.

Practice checklist

- Effective writing is an important management tool. You should aim for writing which can be read and understood by your audience.
- Understanding your reader’s needs is central to effective writing. This is particularly important when writing for patients.
- Good writing is brief, simple and clear – avoid jargon, pomposity and complexity.
- Using the right form of writing at the right time increases the effectiveness of your message. Know when to use letters, memos and reports and you will increase your word power.
- Writing is a powerful communication tool when used appropriately. Remember that it also has some inherent weaknesses.

Discussion questions

- Can I explain why effective writing is important and list some common barriers to good written communication in my own workplace?
- Should I be using different forms of communication to increase the effectiveness of my messages?
- Are there any areas of weakness with my own written communication style? What do I need to do to address them?
- What can I do differently today which will improve my written communication?
Six Steps to Effective Management

References

Albert T 1997 Doing the write thing. Health Service Journal 107(5562): 29
Association of Healthcare Communicators 1998 The NHS route map: a guide to the structure and operation of the NHS. AHC, PO Box 6035, Leighton Buzzard, Bedfordshire LU7 0UD
Centre for Health Information Quality 1997 Quality tools for consumer health information. Topic Bulletin 1. CHIQ, Winchester
Health Services Accreditation Scheme 1998 Focus on patients: standards to improve the patient’s experience. Health Services Accreditation, Battle, East Sussex
Isbell P 1979 A guide to letter writing. The Industrial Society, London
Plain English Campaign 1993 The Plain English story. PO Box 3, New Mills, High Peak SK22 4QP
RNIB 1998 See it Right Campaign. RNIB, 224 Great Portland Street, London W1N 6AA
Thorogood N 1997 Questioning science: how knowledge is socially constructed. British Dental Journal 183: 152–155
Wilmshurst J 1985 The fundamentals of advertising. Heinemann, London
Wright P 1999 Readability index: life-line or weak link? Hi Quality Matters 5: 1–2

Further reading

Six Steps to Effective Management
Short Words. A twice-yearly newsletter on effective written communications. Tim Albert Training, Dorking. www.timAlbert.co.uk

Resources

http://www.plainenglish.co.uk
This is the home of the UK’s Campaign for Plain English. It has a useful online guide to writing letters, with exercises to test your new-found skills.

http://www.plainlanguage.gov
This excellent site helps you to create user-friendly documents. PLAN (Plain Language Action Network) is a US government-wide group which aims to improve communications with the public.

http://webster.commnet.edu/~hp/pages/darling/original.htm
If you are interested in learning more details about writing and grammar, this US-based site is excellent. It is entirely free of charge and you can test yourself with some comprehensive grammar exercises and quizzes. However, don’t forget that some US spellings differ from those in the UK.

http://www.leeds.gov.lcc/equalops/eq_home.html
The Equal Opportunities Unit at Leeds City Council has produced several useful guidelines on using plain English.

http://www.hfht.org/chiq
Centre for Health Information Quality (CHIQ) provides a regular newsletter and research on this eponymous topic. Highcroft, Romsey Road, Winchester, Hants SO22 5DH. Tel 01962 863511 ext.200.

http://www.discard.org.uk
DISCERN is a general set of quality criteria for the content of written health information on treatment choices.

http://www.hsj.co.uk
The Health Service Journal site offers a toolbox section with a variety of ‘How to...’ materials, excellent if you are new to health service management. It also has an NHS jargon buster. Access is free to most areas of the site, but you will need to register by supplying some basic details and choosing a password. Journal subscribers can also review archive material.
Application 8:1
Cath Lovatt

Practical exercises to test your writing skills

INTRODUCTION

This chapter contains a series of exercises, worked examples and checklists to help you improve your writing skills. They are drawn from a variety of sources, including the NHS, and reflect real written communications management challenges for nurses.

TAILORING THE MESSAGE

Try this practical exercise to examine how professional journalists write. (You may prefer to do this as a group exercise with colleagues.)

Identify a current health issue as the story breaks in the press. Health stories happen fairly frequently as health is always news. Typical examples include stories about the latest clinical breakthrough, nursing shortages or a funding dilemma for the NHS.

Get copies of the coverage in national daily newspapers. In the UK you might choose the Guardian, the Daily Telegraph, the Daily Mail and the Sun. If you have one, you should also get a copy of your local regional daily newspaper. Don’t forget to look at the editorial comment as well as news stories and features.

Now take a look at how the professional press cover the same story. Visit your local medical library and look at publications such as Nursing Times, the Health Service Journal, Doctor and GP Magazine or the news pages of the British Medical Journal. If you cannot obtain copies of the papers and journals, you could take a look at the news pages of their websites instead.

Compare how the different print media cover your chosen issue. Discuss the differences in style, language and message.
The nursing press will use a different approach from the medical press but they will probably both use clinical jargon and abbreviations that you will not see in national broadsheets or in the tabloids.

Local newspapers tend to write from their regional perspective. They try to illustrate the issue to people in their area, using case studies with links to the story. For example, imagine a story about a patient awaiting her heart transplant in Newcastle. Regional press coverage might contain comments from a local patient who has already had the operation.

Notice how professional writers tailor the content and style of writing to suit their readers, even when covering similar issues. Try to tailor what you write to match your audience, by thinking about what your reader needs and wants.

**CHOOSING YOUR TOOL**

Make a list of some situations in your own area of work where written communication is necessary. For example:

- reply to a letter of complaint
- plans to allocate winter beds
- date of a leaving do for a colleague
- initiating a discussion
- making a proposal for changes in the ward shift pattern.

Decide who your reader is and which method of written communication is most suitable for the task. Does the situation warrant a report, letter, memo, email or briefing note? Some examples are set out in Table 8.1.1.

**USING A READABILITY TEST**

Find a piece of your written work which is at least 200–300 words long. You could use a letter, a memo, a patient leaflet, a review article or a report. If you haven’t written anything recently, find a leaflet or a newspaper article written by somebody else.

For whom do you think the material was written? Was it for fellow nurses, for your manager, for patients, for the general public or perhaps for children? Do you think it contains any language or jargon which the intended reader would not understand?

Using the instructions on page 180 for the Gunning-Fog Readability Index, work out the reading age required to understand the piece. Does the reading age match the intended
Thought about your audience. What do they already know and what do they need to know? How can you present the information as clearly as possible? What sort of language should you use? Are there any jargon terms you should avoid or explain?

They will need to know where to go and what to expect on the day. Do they need to bring anything with them? Will they undergo any investigations? What are the side effects? Who will they see? How long will it take? Is it safe to drive afterwards?
Six Steps to **Effective Management**

Make sure that you think about:

- the structure of your information
- your choice of language
- how you present the information
- the evidence base for any clinical information.

If possible, ask some patients for their opinions of the draft and amend the leaflet to include their feedback.

When you have finished, use the checklist in Box 8.1.1 to see if you missed any important issues.

How did you do? If you ticked most of the areas – well done. You now have a set of skills which are essential to understanding and producing good written communication. If not, go back and analyse where you need to do some more work. Plan how you will develop the necessary knowledge and skills.

**PATIENT INFORMATION CHECKLIST**

Patient information is one of the most important areas to get right. Secker (1997) has produced a very useful checklist for assessing the quality of patient information leaflets.

**Box 8.1.1** Checklist for patient information leaflets (after Secker (1997) © Harcourt Health Sciences, with permission)

<table>
<thead>
<tr>
<th>Information</th>
<th>Up to date and accurate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No unnecessary detail</td>
</tr>
<tr>
<td></td>
<td>Order reflects patients’ priorities</td>
</tr>
<tr>
<td></td>
<td>Well organised under section headings</td>
</tr>
<tr>
<td>Headings</td>
<td>Relevant to patients (action oriented or question and answer)</td>
</tr>
<tr>
<td></td>
<td>Stand out from the main body of the text</td>
</tr>
<tr>
<td></td>
<td>Aligned with the main body of the text (not centred)</td>
</tr>
<tr>
<td>Writing style</td>
<td>Reading age no higher than 10 or 11 years</td>
</tr>
<tr>
<td></td>
<td>Personalised, everyday language</td>
</tr>
<tr>
<td></td>
<td>Language inclusive and respectful of individuality</td>
</tr>
<tr>
<td>Colour</td>
<td>Attractive</td>
</tr>
<tr>
<td></td>
<td>Not intrusive</td>
</tr>
<tr>
<td>Text design</td>
<td>Clear, uncluttered</td>
</tr>
<tr>
<td></td>
<td>12-point type or larger</td>
</tr>
<tr>
<td>Illustrations</td>
<td>Simple and uncluttered</td>
</tr>
<tr>
<td></td>
<td>Meaningful to patients</td>
</tr>
<tr>
<td></td>
<td>Positioned close to relevant text</td>
</tr>
<tr>
<td></td>
<td>Inclusive and acceptable</td>
</tr>
</tbody>
</table>
Six Steps to Effective Management

Use the checklist in Box 8.1.1 to make sure that the key areas are covered. You can use this to assess your own design or to critically evaluate an existing leaflet. It can be helpful to do this exercise in a group.

I would also add the question: Have patients been involved in the design and writing of this leaflet? This need not be done in a very formal way. For example, you might ask some patients to look over a leaflet and let you know what they think while they are waiting for a review appointment.

EMAIL

Email is a new form of written communication which breaks down many traditional rules of etiquette. Here are some email do’s and don’ts (after Hull & East Riding Community NHS Trust 1999, with permission).

Do

- Keep messages short and use a meaningful title.
- Only send to relevant people and avoid unnecessary copies to others.
- Be polite – recipients appreciate the use of first names.
- Use distribution lists sensibly and understand who they include.
- Think about the content and style of the document. Your recipient may not be able to view pictures, graphs or logos or open your attachments.
- Inform the helpdesk if you receive anything of an illegal nature (e.g. racist or pornographic material).

Don’t

- Include all recipients when replying, unless it is relevant to them.
- Send angry emails. If replying to one that made your blood boil, answer it later when you’ve calmed down.
- Include things others should not see. Forwarded emails can be embarrassing for the originator (you!).
- Include defamatory or untrue statements in emails (an insurance company was sued for libel and had to pay thousands of pounds in damages).
- Send racist or sexist remarks in emails or attach illegal documents (employers have sacked employees for this).
Use this list to check your knowledge of some words which are often confused. Make a note of any which you think you need to remember. Consider buying a dictionary of English usage if you are still unsure.

**accept** to take, acknowledge (I accept your criticism.)

**except** to exclude, excluding (Visiting hours are 10–7 daily, except Sundays.)

**affect** to produce a change or alteration (Drinking can affect your health.)

**effect** to bring about, accomplish (The physiotherapy effected an immediate improvement in the patient's mobility.)

**aural** of hearing (The nurse arranged an aural examination for the patient.)

**oral** spoken; concerning the mouth (The manager gave oral approval to proceed, but confirmed the arrangements in writing.)

**complement** to suit, complete (That colour complements your eyes nicely.)

**compliment** to praise (She complimented the nurse on her sterile technique.)

**diagnosis** identification of a condition or problem (My diagnosis of the patient's condition is Menière's disease.)

**prognosis** forecast (His prognosis is poor as he has reduced lung function.)

**stationary** not moving (The trolley was stationary in the corridor.)

**stationery** paper goods (There was no paper in the office stationery cupboard.)

**disinterested** not involved, impartial (A disinterested observer at the meeting would not have understood the medical jargon.)

**uninterested** not interested, indifferent (The chief executive was uninterested in the consultants' reaction to her decision.)

(adapted from *The Hutchinson Almanac* 2001, © Helicon Publishing Limited 2000, with permission)
Commonly misspelt words

Do you have problems with any of the words in Box 8.1.2? Make a note of any which you are unsure about and keep it handy when you write.

<table>
<thead>
<tr>
<th>commonly misspelt words</th>
<th>Hutchinson Almanac 2001, © Helicon Publishing Limited 2000, all rights reserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>accommodation</td>
<td>exercise</td>
</tr>
<tr>
<td>achieve</td>
<td>exhilarate</td>
</tr>
<tr>
<td>address</td>
<td>extravaganit</td>
</tr>
<tr>
<td>aggressive</td>
<td>February</td>
</tr>
<tr>
<td>amount</td>
<td>foreign</td>
</tr>
<tr>
<td>appearance</td>
<td>friend</td>
</tr>
<tr>
<td>asphalt</td>
<td>fulfil</td>
</tr>
<tr>
<td>attach</td>
<td>gauge</td>
</tr>
<tr>
<td>banister</td>
<td>government</td>
</tr>
<tr>
<td>beautiful</td>
<td>grammar</td>
</tr>
<tr>
<td>beginning</td>
<td>guarantee</td>
</tr>
<tr>
<td>budgeted</td>
<td>guard</td>
</tr>
<tr>
<td>business</td>
<td>harass</td>
</tr>
<tr>
<td>cemetery</td>
<td>height</td>
</tr>
<tr>
<td>cigarette</td>
<td>hygiene</td>
</tr>
<tr>
<td>collapsible</td>
<td>hypocrisy</td>
</tr>
<tr>
<td>committee</td>
<td>idiosyncrasy</td>
</tr>
<tr>
<td>competition</td>
<td>immediately</td>
</tr>
<tr>
<td>conscientious</td>
<td>independent</td>
</tr>
<tr>
<td>controversial</td>
<td>(noun and adjective)</td>
</tr>
<tr>
<td>definitely</td>
<td>install</td>
</tr>
<tr>
<td>dependent (noun)</td>
<td>instalment</td>
</tr>
<tr>
<td>dependent (adjective)</td>
<td>jewellery</td>
</tr>
<tr>
<td>describe</td>
<td>league</td>
</tr>
<tr>
<td>desiccate</td>
<td>liase</td>
</tr>
<tr>
<td>desperate</td>
<td>library</td>
</tr>
<tr>
<td>detach</td>
<td>literature</td>
</tr>
<tr>
<td>diarrhoea</td>
<td>manoeuvre</td>
</tr>
<tr>
<td>diphtheria</td>
<td>Mediterranean</td>
</tr>
<tr>
<td>disappear</td>
<td>millennium</td>
</tr>
<tr>
<td>disappointment</td>
<td>millionaire</td>
</tr>
<tr>
<td>dissect</td>
<td>mischief</td>
</tr>
<tr>
<td>dissipated</td>
<td>mortgage</td>
</tr>
<tr>
<td>ecstasy</td>
<td>necessary</td>
</tr>
<tr>
<td>eighth</td>
<td>neither</td>
</tr>
<tr>
<td>embarrass</td>
<td>niece</td>
</tr>
<tr>
<td>exaggerate</td>
<td>noticeable</td>
</tr>
<tr>
<td>excellent</td>
<td>nuisance</td>
</tr>
<tr>
<td>excitement</td>
<td>occasion</td>
</tr>
<tr>
<td></td>
<td>omit</td>
</tr>
<tr>
<td></td>
<td>oneself</td>
</tr>
<tr>
<td></td>
<td>parallel</td>
</tr>
<tr>
<td></td>
<td>paraphernalia</td>
</tr>
<tr>
<td></td>
<td>permissible</td>
</tr>
<tr>
<td></td>
<td>personnel</td>
</tr>
<tr>
<td></td>
<td>poisonous</td>
</tr>
<tr>
<td></td>
<td>potatoes</td>
</tr>
<tr>
<td></td>
<td>practice (noun)</td>
</tr>
<tr>
<td></td>
<td>practise (verb)</td>
</tr>
<tr>
<td></td>
<td>precede</td>
</tr>
<tr>
<td></td>
<td>prejudice</td>
</tr>
<tr>
<td></td>
<td>privacy</td>
</tr>
<tr>
<td></td>
<td>pronication</td>
</tr>
<tr>
<td></td>
<td>publicly</td>
</tr>
<tr>
<td></td>
<td>receive</td>
</tr>
<tr>
<td></td>
<td>repellent</td>
</tr>
<tr>
<td></td>
<td>separate</td>
</tr>
<tr>
<td></td>
<td>sergeant</td>
</tr>
<tr>
<td></td>
<td>siege</td>
</tr>
<tr>
<td></td>
<td>sieved</td>
</tr>
<tr>
<td></td>
<td>sincerely</td>
</tr>
<tr>
<td></td>
<td>soldier</td>
</tr>
<tr>
<td></td>
<td>solemn</td>
</tr>
<tr>
<td></td>
<td>targeted</td>
</tr>
<tr>
<td></td>
<td>terrestrial</td>
</tr>
<tr>
<td></td>
<td>tomatoes</td>
</tr>
<tr>
<td></td>
<td>tranquility</td>
</tr>
<tr>
<td></td>
<td>traveller</td>
</tr>
<tr>
<td></td>
<td>unnecessary</td>
</tr>
<tr>
<td></td>
<td>until</td>
</tr>
<tr>
<td></td>
<td>unusual</td>
</tr>
<tr>
<td></td>
<td>unusually</td>
</tr>
<tr>
<td></td>
<td>unwieldy</td>
</tr>
<tr>
<td></td>
<td>vetoed</td>
</tr>
<tr>
<td></td>
<td>videoed</td>
</tr>
</tbody>
</table>
Sample layouts for the most widely used forms of written communication – the memo and the letter – are given in Figures 8.1.1 and 8.1.2, respectively.

Always ask if your organisation has a house style. If there is one, use it. A readily identifiable style helps to increase professionalism and a sense of corporacy, amongst both staff and the public. This in turn helps to communicate your message.

**PLAIN ENGLISH – BEFORE AND AFTER EXAMPLES**

The translations in Box 8.1.3 are reproduced with permission from the Plain English Campaign. Notice how much shorter and clearer they are than the original versions. Have a go at rewriting one of the paragraphs for yourself, before you look at the Plain English translation.

**Box 8.1.3** Plain English translations (from the Plain English Campaign, with permission)

**Before**: ‘High-quality learning environments are a necessary precondition for facilitation and enhancement of the ongoing learning process.’

**After**: ‘Children need good schools if they are to learn properly.’

**Before**: ‘If there are any points on which you require explanation of further particulars we shall be glad to furnish such additional details as may be required by telephone.’

**After**: ‘If you have any questions, please ring.’

**Before**: ‘It is important that you shall read the notes, advice and information detailed opposite then complete the form overleaf (all sections) prior to its immediate return to the Council by way of the envelope provided.’

**After**: ‘Please read the notes opposite before you fill in the form. Then send it back to us as soon as possible in the envelope provided.’

**Before**: ‘Your enquiry about the use of the entrance area at the library for the purpose of displaying posters about the provenance and authoritativeness of the material to be displayed. Posters and leaflets issued by the Central Office of Information, the Department of Health and Social Security and other authoritative
bodies are usually displayed in libraries, but items of a disputatious or polemic kind, whilst not necessarily excluded, are considered individually.’

**After:** ‘Thank you for your letter asking permission to put up posters in the entrance of the library. Before we can give you an answer we will need to see a copy of the posters to make sure they won’t offend anyone.’

The Department of Health won a Plain English Campaign award in December 1999 for a leaflet intended to cut overuse of antibiotics (Fig. 8.1.3). ‘Antibiotics – don’t wear me out’ was described as an ‘effective tool at getting information across’ and commended for its use of cartoon character Andy Biotic, ‘a no-nonsense antibiotic capsule’. It explains to patients that antibiotics work only against bacterial infections and not against the common cold viruses.

Contrast this clearly communicated message with winner of the Plain English Campaign’s 1999 Golden Bull Award. Golden Bull Awards are given for the year’s worst example of gobbledygook. The award takes into account how bad the documents are and how they affect the lives of ordinary people. It was presented to a hospital in Scotland for a patient information card (Fig. 8.1.4).

**References**

Hull and East Riding Community NHS Trust 1999 Some e-mail do’s and don’ts. H&ERCNT, Hull


NHS Executive Communication Unit 2000 Templates for letterhead, fax and memo in NHS corporate style in: NHS identity guidelines (draft). NHS Executive, DoH

Plain English Campaign DoH


**Resources**

Plain English Campaign website: http://www.plainenglish.co.uk
INTERNAL MEMO  ST. ANYWHERE NHS TRUST

From: A Sender, Surgical Nurse Manager Ext: 3078
To: See distribution list
cc: C Jones, Superintendent Physiotherapist
Date: 20 June 2000 Ref: AS/tt
Subject: How To Set Out A Memo

At our team meeting last Wednesday (18 June 2000) some of the F grade staff asked me for advice on setting out a memo. This memo layout should help. Always ask if there is a corporate style before setting out your own.

Use memos to give a message or propose an action. The main points for the address section above are:

• Use job titles as well as names.
• Don’t use punctuation in the date or in forms of address.
• Use your initials and the typist’s initials as a reference (optional).
• If there is more than one addressee, you can use a distribution list at the base of the memo to list the names and job titles.
• ‘cc’ means carbon copy and is used to indicate a copy for information, not for action.

The main points for the body of the memo are:

• Use a ragged right margin and a minimum 12 point typeface for increased legibility.
• Get to the point.
• Be concise and use simple direct language.
• Use the active voice.
• Give a deadline for any action.

Please sign and return your training record forms to me by 26 June.

A Sender
Surgical Nurse Manager

Distribution:
A Smith, F Grade nurse
L Green, Manager Ward 10
C Brown, Ward 10 Clerk

Figure 8.1.1 How to set out an internal memo (from NHS Executive Communications Unit 2000, with permission).
16 July 2000

Dear Mr Fowler

Re Advice About Writing Letters

Thank you for your letter asking me how to set out a letter. Check whether your organisation has a corporate style for letters. If there is one - use it. If not, this is what I recommend.

- Type the references and the name and address of the person you are writing aligned to the left. Make sure that their address details will show if you use a window envelope.
- Use a plain typeface like Arial or Times New Roman at a minimum of 12 point size.
- If your writing comes within 20mm of the bottom of the page, continue on another page. Make sure that there are at least three lines, except for your signature on the second page.
- Leave at least five or six lines after ‘Yours sincerely’ for the signature.

I hope that this answers your questions. Please ring me if you need more information.

Yours sincerely

Alice Sender
Nurse Manager

Figure 8.1.2 Letter layout (from NHS Executive Communications Unit 2000, with permission).
**Figure 8.1.3** Plain English award-winning leaflet ‘Don’t wear me out’ puts across a complex message in plain language (with permission from DoH).

YOU HAVE HAD AN INTRA-ARTICULAR INJECTION OF STEROID

Facial flushing a few days after the injection is normal, however in the event of increasing pain, swelling or redness of the joint, urgent assessment is mandatory. Aspiration of joint fluid with appropriate culture may be necessary.

**Figure 8.1.4** This patient information card won the 1999 Plain English Campaign Golden Bull Award (with permission from the Plain English Campaign).
What is a skin-tunnelled catheter?

A skin-tunnelled catheter is a tube which is inserted through your chest into a large vein leading to your heart.

The catheter is made of a non-irritant material such as silicone, which means it can be left in place for several weeks or months. Along the catheter, there is a small cuff which you may be able to feel through your skin. This cuff prevents the catheter from moving or falling out.
The catheter can be used to give fluids and drugs. It may also be possible to take blood samples from it. The catheter will save you, or your child, from having repeated needle pricks during treatment. The catheter may contain two or more tubes in one – this is called a **double-lumen** or **multi-lumen** catheter.

Along each lumen is a **clamp** which opens and closes the catheter. It is used to prevent leakage.

At the end of each lumen is a cap called a **bung**. This protects the catheter and also prevents leakage.

### How is the catheter inserted?

A doctor will insert the catheter, usually using a local anaesthetic which numbs an area on your chest. You will also be given a mild sedative to relax you and make you sleepy. Occasionally a general anaesthetic may be used.

Only two small cuts will be made on your chest, one to tunnel the catheter and the other, near the collar bone, to insert it into your vein. You will have two stitches, one at each site. You will be told when these should be removed and by whom.

A chest x-ray will be done to check the catheter is in the right place.

During insertion the guidewire may scratch the top of your lung and cause a **pneumothorax** (air pocket). This could make you slightly breathless but it would show up on the x-ray and be treated straight away.

### Who will look after the catheter?

At first the nurses will look after the catheter then they will teach you how to care for it. Before you go home, you should have had plenty of practice and as much teaching as you need.
Care of the catheter

We will give you the following articles to take home:

1. Some spare bungs
2. A spare clamp
3. A supply of Hepsal ampoules 50 i.u. in 5 ml
4. Some needles and syringes
5. A supply of spirit swabs to clean the injection site on the bung
6. Some sterile gauze and tape, if you have been told to keep the catheter site covered or wish to do so
7. A container to dispose of sharp items.

If you have any problems at home, please don’t hesitate to ring the ward where you (or your child) were last an inpatient or ask to be connected with the intravenous team, chemotherapy nurse, or doctor (see the back of this leaflet).

The three important points to remember are:

- You must always wash your hands before handling your catheter
- Your catheter must be kept clean at the exit site, where it comes out of your chest
- You must flush your catheter once a week to keep it clear, using 5 ml (50 i.u.) of Hepsal.*

*Local practices may vary.

To keep the catheter clear

1. Gather together all the articles you need on a clean surface.
2. Wash your hands well, and dry them.
3. Fit a green needle on to the end of a syringe.
4. Break the Hepsal ampoule as instructed.
5. Draw up the Hepsal.
6. Change the needle on the syringe to a blue one.
7. Wipe the bung with a spirit swab and wait for it to dry.
8. Insert the needle through the injection point and open the clamp.
9. Slowly inject the contents of the syringe.
10. Keep your thumb on the plunger of the syringe and close the clamp on the catheter.
11. Remove the needle and syringe and place them and the ampoule into the container you have been given.

If you have a multi-lumen catheter you must inject all tubes in the same way, using a new set of equipment each time.
Six Steps to Effective Management

Special advice and teaching will be given if you are receiving drugs continuously using a small infusion pump. You may also be given another booklet in this series *Ambulatory Chemotherapy* (No. 34).

**Remember:**

Every four weeks you need to change the bung. You should do this before you flush your catheter.

a. Gather together all the articles you need on a clean surface.
b. Wash your hands well and dry them.
c. Check that the clamp on the catheter is closed.
d. Remove the bung and throw it away.
e. Put a new bung on the end of the catheter.
f. Go through the procedure of clearing the catheter as before (1–11).

**Care of the exit site**

You (or your child) should have a bath, shower or all over wash every day to keep your skin generally clean. You don’t need to use antiseptics. Don’t immerse your body totally in the bath so that the exit site or catheter is under the water. After your bath use a fresh bowl of ordinary warm tap water and cotton wool to wash and dry around the catheter. Don’t use the same water, cloth or towel that you’ve used for the rest of your body.

Following a shower pat the area dry with cotton wool. After a bath, shower or wash gently wipe once around the exit site with a spirit swab and allow the skin to dry.

Tape the catheter to your skin so it doesn’t pull at the exit site. Put a dry gauze dressing over the site, if you wish to, and tape it in position. You must change this dressing every day.

**Contact the hospital immediately if any of the following occur:**

- You experience cold, shivery, flu-like symptoms
- There is any swelling, redness or discharge at the catheter exit site
- You have any chest pain or pain in your arm or neck
- There are signs of swelling of your arm or neck

**Removal of the catheter**

When your catheter is due to be removed you will be admitted to hospital, usually as a day patient. A blood test may be done when you arrive to check if your blood count is satisfactory.
Written communication

Local anaesthetic will be injected into the area around the cuff and then a small cut will be made. The cuff will be removed, along with the catheter. Two or three stitches are used to close the cut and a dressing will be applied. The procedure takes about 30–60 minutes.

The hole in your vein closes up naturally within about half an hour. You will be asked to rest flat on the bed for a while before you can go home. The stitches can be removed a week later by your family doctor (GP) or district nurse.

If anything unusual occurs and you are worried, don’t hesitate to telephone:

Your ward ..............................................................
or your hospital doctor ..............................................
or your chemotherapy nurse ......................................
at ................................................................. Hospital
Telephone number ..................................................