

Writing Well in Medical Humanities Courses



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Consider these perspectives of a few recent students:

“I really don’t see the point of all this writing; doctors dictate and let other people worry about the grammar.”

“Writing is not my learning style. I am better at memorizing facts and concepts.”

“That professor is so picky about little things; I’m going to be a doctor so it doesn’t matter where I put a comma or if I write run-on sentences. Besides, this isn’t an English class.”

Students often find not only a heavy expectation for writing in medical humanities courses but also high expectations for writing *quality*. Research papers, reflective essays, weekly journals, blog posts, and essay exams are common in our program, so understanding the reasons for all this writing can help students produce it more effectively. In other words, what follows will help explain why the three student perspectives that began this paper are not only wrong; they are *dead* wrong. More importantly, this paper will increase understanding about what is required to write well in medical humanities courses at Baylor.

Reasons for Writing in Medical Humanities

At least three reasons emerge for learning to write well while in undergraduate medical humanities. First, writing well is a vital part of professional health care practice, whether choosing clinical biomedical sciences, clinical behavioral health fields, or health care administration. Second, research indicates that writing helps boost critical thinking skills. Finally, writing helps apply abstract concepts to problems facing health care professionals, even before a student is in a clinical setting where problem solving becomes so essential.

Writing is a Vital Part of Professional Health Care Practice.

The widening use of “check boxes” and “pull-down menus” in electronic medical records (EMR) has not erased the need for writing. Louise Aronson, MD, a geriatrician on the faculty of University of

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California at San Francisco Medical School believes the abilities developed in writing are essential to effective medical practice:

I would argue that one cannot be a good doctor without being able to communicate one's thoughts, knowledge, opinions, and analyses in writing. Sure, a person might be a remarkably skilled surgeon or an uncannily perceptive leader of family meetings, but if that information is not relayed accurately and effectively in the chart or in written materials for families, the well-being of patients and families are in jeopardy. These faulty hand-offs, transitions, and instructions have been shown, repeatedly, to be the cause of medical errors, readmissions to hospitals, unnecessary tests, and death (Aronson, 2013, n.p.).

Physician Assistants must also use the language competently in written and verbal communication: “(Physician assistants must) accurately and adequately document information regarding care for medical, legal, quality, and financial purposes” (NCCPA, 2011). Troxler, Vann, & Obermann (2011) offer similar points about writing in the profession of nursing:

Written communication skills are critical for nursing practice. Nurses document patient care, communicate via writing with each other and colleagues in other disciplines, create educational materials for patients and staff, develop organizational policies and procedures, and compose material for publication (p. 280).

Not only must biomedical health care professionals communicate well in writing, but clinicians in the behavioral sciences must master these abilities, as well. Health care chaplains generally possess at least a Master of Divinity (MDiv) degree from an accredited theological institution, and these schools insist on strong written communication skills prior to graduation (Association for Theological Schools, 2013). Similarly, in the pursuit of the Master of Social Work (MSW) degree, medical social workers must learn to write well because of the need to use these skills in daily practice (Council on Social Work Education, 2013).

Health care institutional administrators must also be good writers. In its website page dedicated to explaining what prospective employers look for in entry-level health care managers, the American College of Healthcare Executives (ACHE) is straightforward in its assessment: “Strong written and oral communication skills; an ability to develop and present reports and proposals” (ACHE, 2014, n.p.).

These expectations are born out in research completed recently across a wide variety of industries by the Association of American Colleges and Universities. In this study, 93% of hiring managers interviewed indicated they were looking for job candidates who possessed three basic skills: the ability to think critically, communicate clearly (verbal and written), and solve complex problems. They said these skills were more important than the choice of academic major and 80% of these employers want employees who are well-versed in the liberal arts and sciences (Association of American Colleges and Universities, 2013).

Organizations clearly expect that health care professionals will be able to communicate clearly in standard written English, demonstrating both depth of critical thinking and the ability to solve problems. Because good writing is a daily part of health care practice, our curriculum insists on clear written communication that is solution-focused and critically thoughtful.

Writing Boosts Critical Thinking Skills

While scientific study results have been mixed when examining the relationship between good writing and critical thinking skills, the most recent data point to good writing's importance. Noting that good writing does not necessarily *produce* critical thinking, Condon and Kelly-Riley (2004) explain that, “Writing acts as a *vehicle* for critical thinking...” (p.66). Piergiovanni (2014) found substantial

improvement in objective critical thinking skills demonstrated between the first assignment and fourth written assignments for a single-semester First Year Seminar (FYS). Piergiovanni's results echo those of other studies: "the most intensive and demanding tool for eliciting sustained critical thought is a well-designed writing assignment on a subject matter problem" (Bean, 2011, p. xvi).

Our faculty members purposefully design writing assignments in the courses we teach to help students think thoroughly about the problems suggested in the course materials. In medical humanities courses, the focus is not on memorizing and reciting facts; the emphasis is on thinking critically about complex issues in the delivery of health care. Writing becomes a way to hone critical thinking skills rather than an exercise in convincing professors that students have completed all the reading and memorized all of the content.

Writing Helps Apply Abstract Concepts

At first glance, medical humanities courses often contain abstract connections between concepts that seem unrelated. One might wonder how understanding death customs or reading a Victorian novel contributes to preparation for a career in medicine, for example. In reading, thinking, "pre-writing," and editing, students are wise to consider asking themselves the question, "In what ways does this matter to a career in health care?"

One outgrowth of the Association of American Colleges and Universities study cited earlier is that more than 250 business and education leaders have now signed the *LEAP Compact* to encourage high quality college education. These 250 businesses—including health care organizations such as Cedars-Sinai Medical Center, Merck Pharmaceuticals, Cardinal Health, Boston Scientific, Samaritan Health, Cleveland Clinic, and Intermountain Healthcare expect prospective employees to be able to communicate clearly while using critical thinking skills to solve the complex problems faced in our world (Association of American Colleges and Universities, 2013).

Every person pursuing a career in health care is likely aware of the great challenges confronting this segment of the economy in coming years. Our faculty members want students to graduate from Baylor knowing how to use the skills honed here to thoroughly consider evidence supporting a diversity of viewpoints, engage in discussion about these issues, collaborate with others in discovering solutions, and articulately present those ideas and solutions to others. In other words, one reason for writing about these issues in medical humanities courses is the writing activities require application of concepts.

Students (and parents) have good reason to ask, "Does it really matter whether pre-health students can write well?" Admittedly, a career in clinical practice or health care administration may require writing few formal papers. However, writing and revising are skills that sharpen good thinking; this is likely one reason the studies cited above indicate that good writers tend to be better critical thinkers.

Grading Expectations

Students often want to know what level of effort is required to make an "A" on a paper, and medical humanities students are no different. Whether writing a formal research paper or completing a half-page essay on an exam, the following principles point to vital areas of assessment for written work in medical humanities courses; individual professors will clarify with students how they "weight" aspects of these principles.

Content of the Essay

1. *Respond completely to every point and sub-point of prompt.* Assignments explain specifically the content about which students are to write. Make sure that responses are complete and address every

point and sub-point of the question. Reread responses carefully noting how the essay responds to each concept in the assignment.

2. *State the essay's thesis clearly and simply in the introduction.* The thesis statement is generally a one-sentence summary of the essay's main point explaining how the paper will unfold. See <http://www.cws.illinois.edu/workshop/writers/tips/thesis/> and "common mistake" # 2 (p. 7 of this paper) for more ideas.
3. *Use clear, logical organization to increase readability.* Make sure that the essay's outline is clear, simple, and direct. Consider organizing the essay as "four principles," "three ideas," or "five concepts" and make sure they clearly relate to the thesis statement.
4. *Connect all major points/sections to the paper's stated thesis.* Points, explanations, cases noted, external evidence cited, and arguments in the essay should relate to the thesis statement. In other words, readers should not read the essay and ask, "What does this have to do with what she said the main point of her paper is?"
5. *Demonstrate understanding of concepts by citing examples from class presentations, readings, and supplementary materials.* Assure that claims made in the essay are supported by specific examples and quotations from readings, class presentations and other materials. Appropriate quotation from class presentations and readings, for example, demonstrate an ability to synthesize materials and apply them to the question at hand. Throughout the semester, students should be growing in the ability to use clinical or discipline-specific terminology accurately.
6. *Comply with the provisions of Baylor's Honor Code.* Baylor's Honor Code specifically prohibits representing materials as one's own when they are not (plagiarism) or relying on the work of others without citation. Quoting a passage from a book or journal without citing its source is such an egregious error that the penalty can be a failing grade on the project or even the entire course. See the provisions of the Baylor Honor Code at <http://www.baylor.edu/honorcode/index.php?id=44060>.
7. *Adhere to instructions regarding essay length.* Professors may assign an essay to be 3-5 pages, 900 words, or some other prescribed length. Be sure that finished essays comply with length requirements.

Critical Thinking in the Essay

1. *Examine student's own assumptions and the assumptions of other students, professor, guest presenters, and authors.* Every presentation made in class, every point raised in discussion, and every reading assigned arises out of the assumptions of the author or presenter. Student essays provide one important way to challenge these assumptions. For example, a student might write, "I understand Dr. Smith's emphasis on the importance of caring for poor people he shared in his guest lecture. I wonder in what ways his perspective was shaped by his own growing up in an inner city neighborhood. His perspective could be significantly influenced by his own family's lack of access to resources during his childhood."
2. *Analyze evidence from class discussions, readings, and other materials.* Thorough analysis examines the evidence cited (including that in reputable, published forms) and asks, "Is this true?" and "Does the author's cited evidence prove the point she makes?" Sometimes writers make a simple error in logic; consider this statement and discover the problem in the evidence cited: "Nearly all babies who die of Sudden Infant Death Syndrome were wearing diapers at the time of their deaths. The use of diapers contributes to (or perhaps even causes) Sudden Infant Death Syndrome." This is a silly

assertion; a vital part of critical thinking includes understanding that the relationship of two facts (correlation) does not prove causality.

Baylor defines critical reasoning as “the ability to calculate accurately, evaluate evidence for truth and validity, justify conclusions with data, and reason through problems to arrive at solutions that are rooted in fact and truth” (Baylor University, 2014, n.p.) In constructing essays, make sure that writing complies with these benchmarks of good critical thinking.

3. *Evaluate evidence from student’s independent research on topic.* Ready access to information via the internet has increased the need for students to evaluate materials critically. Almost always in upper division medical humanities courses and increasingly in introductory courses, professors expect students to draw materials from independent research in the field—books, scholarly journals, and reliable web materials not specifically assigned. Good critical thinking, however, does not consist of gratuitously quoting authors of publications. Essays must *evaluate* the assumptions, logic, relevance, and truthfulness of the published work. Just because something is said in a classroom or published in a journal does not make it true. Throughout their college career, students should be growing in abilities of evaluating evidence.

When quoting a scientific paper, for example, students will want to explain reasons the authors’ conclusions were justified by the methodology employed and the results discovered. When quoting an author or speaker as an “authority” in the field, students will want to explain what credentials make this voice a credible one: “As an oncologist with 35 years of practice experience, Dr. John Smith has seen how cancer treatments can be important healing therapies and how they can prolong suffering. When he visited our class, he said...”

4. *Demonstrate synthesis of perspectives by making clear application to health care problems and/or the student’s planned professional goals.* Most medical humanities students are planning careers in clinical patient services or some other field closely related to health care. At the same time virtually all students are aware that serious shortcomings plague the American health care delivery system. Medical humanities courses seek to apply the diversity of liberal arts disciplines—literature, sociology, psychology, religion, art, anthropology, and geography to name a few—to these perplexing challenges. To that end, we generally expect medical humanities students to make specific application, to articulate thoughtful solutions, and to offer compassionate perspectives to these issues.
5. *Acknowledge continuing questions and direction for future learning or research.* Rarely are problems completely solved or solutions thoroughly considered in a semester-long course. In fact, finding solutions to one question may introduce three new questions to the dialogue. The topics discussed in medical humanities courses hopefully engender student interest in further discovery and outline directions for future research whether on the part of the student or research conducted by others.

Communication Skill

1. *Present text that is easy to read and comprehend.* Ethics of health distribution, the role of suffering in the theology of illness, and communication in the patient/physician relationship are complex topics. However, writing about a complex topic does not demand text that is hard to read because of lack of clarity. Keeping subjects and predicates close together in sentences, shortening sentences, and splitting complex paragraphs into manageable units all help the reader better understand the writer’s intention. In oral communication, hearers can ask for clarification but in written communication, the words on the page must “stand on their own.”

2. Use standard English, avoiding grammatical, spelling, and word usage errors. Societies flourish, in part, because of a “codified” language. In other words, one reason people can live together cooperatively in a community is because they share a common vocabulary and ability to provide feedback to one another. Some of this communication occurs through body language but an agreed-upon way of using language is vital.

The English language admittedly includes rules that are hard to understand and use. Keeping adjectives close to the nouns they modify makes it easier for a reader to understand the writer’s intent. Moreover, inaccurate spelling can completely change the meaning of a sentence: “The book was *read*” and “The book was *red*” obviously do not mean the same thing. The spelling/grammar function of Microsoft Word helps but no software can make up for careful proofreading and the objective eye of a person who did not write the document; more than a dozen people read this document before finalizing it. Start early and ask the University Writing Center for help. Ask roommates, family members, and friends—including some that do not know the subject well—to help proofread the essay.

3. *Avoid idiomatic language or explain the meaning of such words and phrases.* Speakers and writers of American English use “idioms” every day when applying a non-literal definition to a word or phrase. In the editing process, writers should be vigilant in looking for phrases that would mean little to a non-native speaker of the language. When an author writes, “He was up the creek without a paddle,” the author does not mean the subject was literally in a boat trying to make his way down a stream without oars. If an idiom seems to be the best way to make the point, place the idiom in quotation marks.
4. *Demonstrate excellent attention to detail in formatting and presentation.* Before submitting an essay, writers should insure that the essay is clearly printed with acceptable margins, spacing as directed in the course syllabus (usually double-spaced), and without single lines of text or headings “orphaned” on one page while the related text is on the previous or following page. When necessary, a writer can add a space or insert an extra space or a “page break.” Little details are important in health care delivery; good practice in writing demands attention to detail.
5. *Utilize APA Style (as adapted for the course) throughout the essay.* Like many departments and programs in the natural and social sciences at Baylor, the Medical Humanities Program’s official style guide is the sixth edition of the *Publication Manual of the American Psychological Association* (APA Style) but individual professors may require a different style manual or grant latitude in the style chosen. Once learned, APA style is easy to use, facilitates the reading of papers online through its citations within text, and is the standard style used for many of the health science journals used in our courses. Even faculty members who require APA in classes, however, may adapt the style manual for simplicity; consult the course syllabus and professor with questions. Many free online tools exist to help use APA style including www.CiteFast.com and www.APASStyle.org.
6. *Document all sources and provide full attribution to all direct quotes.* The ethics of good scholarship and the Baylor Honor Code both insist that students must document all sources in papers. Always cite the source of an idea and provide full location data (author, title, and page number/location) for direct quotes. The *Publication Manual of the American Psychological Association* and other style manuals provide details about appropriate citation.

Ten Common Mistakes

Decorated U.S. Navy Admiral Hyman Rickover is credited with offering this simple reminder: “It is necessary to learn from others’ mistakes. You will not live long enough to make them all yourself” (Royal Air Force Museum, n.d.). Students are wise to learn from the common mistakes observed in papers over the years; here are some of the most common ones.

1. **Failure to address the “prompt” (question) completely.** When a professor provides a question or “prompt” to offer direction to the writing assignment, this is more than a polite suggestion. Use the sub-points of the prompt to guide the outline of the assignment and review the first draft of the paper and the final draft of the paper to be certain the questions posed by the instructor were fully addressed in the paper.

2. **Lack of a connection to a clear thesis statement.** A thesis statement is the one-sentence summary of the paper; every argument and every illustration of an argument or point in the essay should have a clear relationship to the thesis. Here are a few good thesis statements (in italics):

In spite of assumptions that we live in a secularized society, health care providers must take concrete steps to assess and address the spiritual needs of patients. The essay that follows may list both reasons for the importance of assessment and explain specific ways to conduct such assessments.

The Neonatal Intensive Care Unit (NICU) represents one of the highest cost and one of the highest profit units in today’s practice of medicine. The essay that follows would likely defend this premise with specific ways the NICU represents high costs and high profits along with documented evidence to support the claims.

Edgar Allan Poe’s writing provides a dramatic example of the technique 19th century gothic writers used to manage a fear of death through the shock value of horror narratives. The following essay would likely explain the ways the student interprets Poe’s work through this lens. For more help on constructing thesis statements, consult the resources at

<http://www.cws.illinois.edu/workshop/writers/tips/thesis/>

3. **Use of the informal second person.** The use of third person (he, she, it, their) is always appropriate in medical humanities papers. Most professors allow for judicious use of first person language (I, me, our), especially when reporting one’s own observations or perspective. However, usage that is never acceptable in scholarly writing is informal second person language (you, your, you all). When a student writes, “You have to be very careful when assessing a patient’s openness to talking about life support options,” what the student likely means is that he or she plans to be more attentive to this fact but this could be perceived as a directive to the reader. The pronoun “you” in this case makes the real meaning obscure.
4. **Lack of agreement in number between nouns and pronouns.** The following statement is incorrect: “A patient does not always know what *they* want to do.” A correct way to write the same statement is, “A patient does not always know what he or she wants to do.” This error grows out of a misguided attempt to be “politically correct” by not labeling a gender-specific pronoun. In writing, consider alternating between examples with male pronouns and female pronouns or use the he/she complex pronoun. When the example refers to a specific patient, use the gender of that patient, i.e. “Mr. Jones does not know exactly what he wants to do.” Sometimes, a writer can make both the nouns and pronouns plural, thereby alleviating the need to be gender-specific: “Patients often do not know what they want to do.”

5. **Incorrect spelling.** Incorrect spelling is problematic in any field but it can be especially dangerous in health care. One student repeatedly used the word *hemorrhoid* when what she meant was *hemorrhage*. While the spell-checking function of software is often helpful, it will not likely catch such an error.
6. **Overly long paragraphs.** The long paragraphs of some scholarly writing provide a poor example of good writing. One purpose of dividing essays into paragraphs is to give readers a break and help them realize the author is now taking up a new idea. The principal function of paragraphs is to make reading easier for the reader; the indentation of a paragraph signals the writer is providing a new idea, a clarification of an idea already stated, or an example. As a rule of thumb, students should split paragraphs that exceed eight to ten printed lines. Paragraphs longer than this likely change basic topics or themes at least once and can be split into two or more paragraphs.
7. **Failure to abide by prescribed style conventions or assigned directions.** Professors in medical humanities consider details important, at least in part, because we realize that inattention to details can have serious or even fatal consequences for patients. When the syllabus specifies that essays are to be printed on one-side of the paper only, this is generally not just a suggestion. Most professors require the use of one or another style manual, and most medical humanities professors require the use of the latest edition of the *Publication Manual of the American Psychological Association* (APA).
8. **Extra words.** A now unknown author once wrote, “Do not use a gallon of words to express a spoonful of thought.” Student writers must work to reduce the number of words used to express thoughts and make every word count. Clarity would improve by removing extra words from the sentence, “Research shows that the physician who regularly tries to find better ways to communicate with patients will be that doctor who is least likely to burnout.”
9. **Poorly-chosen words.** Student writers should never use words suggested by a thesaurus unless sure of the chosen word’s meaning. Microsoft Word’s thesaurus, for example suggests the following words as possible synonyms of *formal*: official, prescribed, proper, recognized, strict, ceremonial, and correct. Try substituting one of those “synonyms” for the word *formal* in the following sentence: “Dr. Koenig suggests that physicians should engage in conducting a *formal* spiritual history with patients.” Words like “official” and “prescribed” could work in the sentence but “ceremonial” would completely miss the point.
10. **Contractions.** Academic writing requires a level of formality not generally necessary in email or “texting.” Words such as *don’t*, *can’t*, and *wouldn’t* are not acceptable in the academy. Spell out the contraction’s actual root as *do not*; *cannot*, and *would not* in the example above.

Writing in medical humanities courses demands a high degree of precision. Far from just being “picky,” professors in medical humanities courses want to help students communicate even complex ideas with simplicity and clarity. These writing habits are good ones to adopt since at the very least, clear communication improves critical thinking pathways. When working in a health care field, however, the use of clear language in speech and writing may just save a life.

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