

Writing for Busy Readers: Communicate More Effectively in the Real World

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You are Writing
more than ever,
competing for
the attention of
Busy Readers
who skim.

Communicate
More Effectively in
the Real World

Todd Rogers and
Jessica Lasky-Fink

Book Title: Writing for Busy Readers: Communicate More Effectively in the Real World

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Writing is as fundamental to medicine as the physical examination. Whether publishing research, documenting clinical findings in a chart, or consulting a colleague by text message, every clinician needs the skills to communicate clearly with the written word. Unfortunately, most books on medical writing cover only the process of publishing research, how to write for grant or regulatory purposes, or how to venture into freelance writing about medical topics, with little focus on the writing process itself. The assumption—easily challenged by the ever-increasing note bloat in medical records—seems to be that clinicians know how to write.

Todd Rogers and Jessica Lasky-Fink, both of Harvard University, contrast the “time-honored craft” (p. 5) of literary writing with the “practical” writing used in day-to-day communication, arguing that “effective writing reflects an understanding of the science of how busy readers interact with our writing” (p. 10). While this book is addressed to the general writing public and not to clinicians in particular, the authors’ use of randomized experiments and other research evidence to inform principles of writing fits well with the evidence-based approach advocated in family medicine (and other specialties) today.

The heart of the book is six chapters describing the authors’ principles of effective writing. “Less Is More” (Chapter 4) explores the importance of brevity, both in relation to words used and concepts covered in any piece of writing. Chapter 5 discusses the use of common words and sentences that are short and straightforward to “Make Reading Easy.” “Design for Easy Navigation” (Chapter 6) outlines ways to organize ideas and use tools such as headings to suit the ways readers typically approach the visual content of a page. “Use Enough Formatting but No More” (Chapter 7) essentially extends the “less is more” and “design” principles to tools such as font, bolding, and bullet points. “Tell Readers Why They Should Care” (Chapter 8) addresses the importance for the writer to understand the perspective of potential readers in crafting a message and could perhaps have been placed first out of the six principles. Finally, “Make Responding Easy” (Chapter 9) applies many of the principles from prior chapters to writing messages seeking a response from the reader.

This book is not specifically about medical writing, which makes it particularly useful for clinicians and researchers. Medicine as a profession has become a guild with unique habits and communication patterns. Sadly, much that we do in medical communication may be counterproductive, or at best unnecessary. Terminology used by clinicians for technical accuracy may be perceived by patients as unhelpful jargon.¹ Medical records continue to suffer from note bloat despite billing guidelines that allow exceedingly brief documentation to support complex levels of service.² And even though tailoring information for our patients has been advocated for a long time, what this means still remains unclear.³ We may have made progress in our use of evidence to inform clinical practice but still sorely need more evidence-based communication skills.

Writing for Busy Readers is (thankfully!) clearly and engagingly written. Rogers and Lasky-Fink use illustrations, graphics, humor, and a plethora of examples of both effective and

ineffective writing to make their points. However, while the book sets out to address effective writing in general, many of the examples are from or applied to writing emails, text messages, or websites. Much of the focus is on writing for interactive communication with a bit less on writing for publication. Nevertheless, the authors' use of evidence to support their recommendations is impressive. Cited research comes from the fields of communication, business, economics, and psychology, as well as their own published and unpublished research. While no strength of recommendation table is included, this work is clearly more than just expert opinion. Beyond their book, Rogers and Lasky-Fink provide a website⁴ with additional tools and resources for implementing their six principles.

Communication is fundamental to human interaction, and the increasing use of technology in all facets of work and professional life has made written communication ever more important. While medical research and clinical charting have considerations that may be unique to medicine (eg, finding the right balance between technical specificity and understandable simplicity for clinical conditions), the work that Rogers and Lasky-Fink have done to elaborate general evidence for effective written communication is a valuable resource. Thoughtful application of their principles to our charting, our publications, and even to our text messages might make all our medical writing much more easily understood.

REFERENCES

1. Allen KA, Charpentier V, Hendrickson MA. Jargon be gone—patient preference in doctor communication. *J Patient Exp*. 2023;10:23743735231158942.
2. Millette KW. Coding level 4 office visits using the new E/M guidelines. *Fam Pract Manag*. 2021;28(1):27–33.
3. Smets E, Menichetti J, Lie HC, Gerwing J. What do we mean by “tailoring” of medical information during clinical interactions?. *Patient Educ Couns*. 2024;119:108092.
4. Rogers T, Lasky-Fink J. Writing for busy readers. 2024. <https://writingforbusyreaders.com>.