



**Health Workforce Initiative**

**Hi-Touch Healthcare: The Critical Six Soft Skills**

*Grab-N-Go Independent Training Module:*

**Written Communication**

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA  
COMMUNITY COLLEGES CHANCELLOR'S OFFICE, AND ECONOMIC DEVELOPMENT PROGRAM



# Written Communication Skills

## Grab-N-Go Independent Training Module

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# Written Communication Skills

## Background Information

“Many employers consider written communication skills to be one of the most important job skills an employee can have.”<sup>i</sup> In the healthcare environment, written communication can come in many forms such as written notes between departments, patient discharge instructions, and written communication between supervisors and employees. Additionally, electronic communication such as e-mails, electronic lab results, procedure and operative reports, and patient documentation are becoming standard practice. Written communication can be done effectively if an individual possesses writing skills that present logical thought in a clear and concise manner. Furthermore, proper education regarding the use of electronic devices and programs within the healthcare setting is now essential for effective and accurate communication.<sup>ii</sup>

At all levels of healthcare, effective communication determines the quality of life and healthcare delivery. For example, struggles with written and spoken language can be a major barrier to healthcare delivery. Imagine being a Spanish-speaking patient having just been given discharge instructions in English without translation or assistance from a translator. The lack of comprehension and understanding under the stress of illness may result in misinterpretation or misunderstanding of the information provided. Conversely, if when working with a Spanish-speaking patient, an English-speaking healthcare employee tries to discuss



health care instructions written in Spanish and does not fully understand what is written, the same type of confusion may occur. The consequences of these types of situations range from poor to dangerous health care. More needs to be done to ensure effective communication on all levels.<sup>iii</sup>

In recent years, written communication in healthcare has transformed from paper and pen communication to primarily electronic communication. This method of communication has been highly effective, especially from a legal perspective; however, there are inherent problems that can arise during the communication process. Any form of electronic communication is less personal and can be misinterpreted by the reader.<sup>iv</sup>

Because of these inherent problems with communication in the healthcare setting, this module will focus on the importance of understanding effective approaches to optimize written and communication in the healthcare field.



## Training

### The Importance of Written Communication



**Goal:** Participants will learn the importance of effective written communication in the healthcare setting.

**WIIFM: What's in it for me?** Written communication is constantly utilized in healthcare. Understanding effective methods for communicating appropriately and professionally will not only improve workplace harmony, but will improve effective communication with patients and their families. This session will help participants examine their own written communication style in order to better understand communication from professional and legal perspectives.



**Time:** 30-45 minutes depending on number of activities



#### **Materials Provided:**

1. Written Communication Module Power Point (10-20 minutes)
2. Activity #1: Weasel Word instructions (10 minutes)
3. "Discharge Instructions"
4. Weasel Words Activity Key
5. Activity #2: "Read Your Last..." (10 minutes)



## ACTIVITY #1

### Weasel Word



**Goal:** To demonstrate that words used in healthcare (both written and verbal) can often be misinterpreted by patients and their families. It is important to remember to use language that can be understood.



**Materials Needed (Quantities vary by how many in the group)**

- A copy of the “Discharge Instructions” for each participant.
- Colored pens or pencils (one for each participant).
- A sheet of blank paper for each participant (to re-write instructions).
- PowerPoint Slide #11



**Procedures:**

1. Give each participant a copy of the “Discharge Instructions.”
2. Have each participant work independently:
  - a. Read the “Discharge Instructions.”
  - b. Circle or highlight medical lingo and abbreviations, or “weasel” words.
  - c. On the separate sheet of paper, re-write the discharge instructions so that a patient who is not familiar with medical terminology and abbreviations can easily understand the instructions.
3. Divide into pairs or small groups of three to discuss results and to reflect on the translation process. Possible questions:
  - a. How would a patient or family member feel when trying to interpret these instructions at home?
  - b. Which words or instructions would be most problematic? Why?
  - c. What could each of us do to make discharge instructions a clearer form of communication?



## ACTIVITY #1

### Weasel Word

#### DISCHARGE INSTRUCTIONS

##### **Discharge Instructions: Post-Op Appy**

Upon returning home status post appy:

1. Push fluids to stay hydrated.
2. Monitor intake and output q2 hours. If less than 60 ml in two hours, notify provider.
3. Check temp q4 hours. If over 38, notify provider.
4. Monitor incision daily. If redness or exudate is present, notify provider.
5. Do not lift anything over 10 pounds for 6-8 weeks.
6. For pain: Norco, 2 tabs PO q4 prn pain for level 5-10.
7. For pain: Ibuprofen 800 mg PO q8 prn pain for level 1-5.
8. For sleep: Ambien 5 mg QHS, prn sleep
9. Make follow up appointment with your surgeon for two weeks after discharge.
10. Call hospital if there are any questions.



# ACTIVITY #1

## Weasel Word

### WEASEL WORDS ACTIVITY KEY

#### WEASEL WORDS HIGHLIGHTED IN GREEN

Upon returning home **status post appy:**

1. **Push** fluids to stay hydrated.
2. **Monitor intake and output q2 hours**. If less than 60 **ml** in two hours, notify **provider**.
3. **Check temp q4** hours. If over **38**, notify **provider**.
4. Monitor incision daily. If redness or **exudate** is present, notify provider.
5. Do not lift anything over 10 pounds for 6-8 weeks.
6. For pain: Norco, **2 tabs PO q4 prn** pain for level 5-10.
7. For pain: Ibuprofen **800 mg PO q8 prn** pain for level 1-5.
8. For sleep: Ambien **5 mg QHS, prn** sleep
9. Make a follow up appointment with your surgeon for two weeks after **discharge**.
10. Call hospital or physician if there are any questions.

#### Corrected discharge instructions:

Upon returning home after your appendectomy (removal of the appendix):

1. Drink plenty of fluids (at least 8-12 large glasses of water a day, 8-12 ounces per glass).
2. Write down what you drink and how much you urinate every 2 hours. If the average during the day is less than 2 ounces every hour, call your doctor.
3. Take your temperature every four hours. If your temperature is over 100.4 degrees Fahrenheit, call your doctor.





## ACTIVITY #1

### Weasel Word

4. Look at your incision every day. If you notice redness or any drainage coming out of the incision, call your doctor.
5. Do not lift anything for 10 pounds for 6-8 weeks.
6. For a pain level between 5 and 10 you may take Norco (Vicodin), 2 tablets every 4 hours as needed for pain.
7. For a pain level between 1 and 5 you may take Ibuprofen, 800 milligrams (4 of the over the counter 200 mg tablets) every 8 hours as needed for pain.
8. To help you sleep, you may take one Ambien 5 milligram tablet at bedtime. That cannot be repeated until the next night.
9. Make a follow up appointment with your surgeon for two weeks after going home from the hospital.
10. Call hospital or physician if there are any questions.



## ACTIVITY #2

### “Read Your Last...”



**Goal:** To examine communication styles using various types of media.



**Materials Needed:**

- Each participant will need to access his/her text messages, email, and Facebook posts.
- Paper and pen/pencil for each participant.
- PowerPoint Slide #15



**Procedures:**

1. Have participants look up their last posts on the following types of media:
  - a. Read the “Discharge Instructions.”
  - b. Personal e-mail
  - c. Text message
  - d. Facebook post, Tweet, Instagram etc...
2. For each type of posts:
  - a. Based on your sample posts, what are the conventions dictated by each type of media? Is there a particular “style” that develops from the media form?
  - b. In what ways is content influenced by the type of media used?
  - c. How are the posts different? Similar?
  - d. In what ways do the styles “bleed” into each other?
3. Divide participants in pairs or small groups to discuss observations. Pose questions such as:
  - a. audience—how does audience influence the choice of media?
  - b. Have you ever, or can you imagine a situation where, a message was accidentally sent to the wrong person (for example, a personal message to a supervisor?).
4. Next steps: have groups develop a set of recommended practices for health care professionals regarding the use of different types of media.



## References

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- <sup>i</sup> Marshall, J.R., & Stevens, K.L., Contributing Editor. (2015). *Essential skills for health career success*. Tinley Park: Goodheart- Wilcox.
- <sup>ii</sup> Fowler, J. (2014). Written communication: from staff nurse to nurse consultant. Email communication. *British Journal of Nursing*, Vol 23, No 17.
- <sup>iii</sup> Calderon, J.L., & Beltran, R.A. (2004). Pitfalls in health communication: Heathcare policy, institution, structure & process. *Medscape General Medicine*, 6(1):9. Retrieved from <http://ncbi.nlm.nih.gov/pmc/articles/PMC1140704>.
- <sup>iv</sup> Calman, N., Hauser, D., Lurio, J., Wu, W., & Pichardo, M. (2012). Strengthening public health and primary care collaboration through electronic health records. *American Journal of Public Health*, Vol 102, No 11.