

GOOD COMMUNICATION – ADVICE FOR MEDICAL STUDENTS

1. **Context.** Good written communication is a component of professionalism in exactly the same way as verbal and non-verbal communication. The medical student is joining a profession where there are expected norms and standards. During their time at St Andrews the Medical School emphasizes two broad areas: professionalism as a student in the university and professionalism as a medical student in clinical practice (preparing them for being an employee in the workplace). This guide provides some advice on good professional practice and also some words on tone and style to inform students' own decisions.

2. **Good professionalism practice:**
 - a. **Use a clear heading.** Those who receive multiple emails welcome a clear heading that is relevant to the subject.

 - b. **Term of address.** Students should normally use the form of name that was used by the staff member. If a tutor signs their email with; '*regards, Prof Y*' then the student would normally start the email '*Dear Prof Y.*' If the tutor uses '*kind regards, Bob*' or has said '*call me Bob*' then the student should feel free to write '*Dear Bob.*' If in any doubt then '*Dear Prof / Dr / Mr X*' is safe.

 - c. **Spell checking and use of text speak.** Contemplate the reader's perspective; if they struggle to comprehend the message, think the author is lazy or disrespectful then they form a poor opinion of the writer.

 - d. **Acknowledgement.** It is good practice to acknowledge receipt of communications from staff and confirm intention to keep appointment times / follow up on action points. Thanking individuals for their efforts on your behalf helps to ensure continuing good will.

3. **Tone and style.** Students are invited to reflect on how different groups communicate with each other. Inevitably age is a factor as perceptions change with each generation. The medical student should reflect on how they should interact with:
 - a. **More senior people.** Supervisors, tutors, lecturers, consultants, registrars etc.

 - b. **Junior colleagues.** 'Junior' may relate to seniority, role or age; the dynamic between doctors, nurses, technicians and porters will provide plenty of complex dynamics.

 - c. **Peers.** It is also worth considering the impact on communication that was written for friends or confidants is passed on to third parties.

 - d. **Strangers.** This category can include individuals who are being 'cold called'; applying for funding, seeking out research opportunities in other departments, inviting speakers from other departments etc.

 - e. **Patients.**

4. Students might usefully reflect on how communication norms have evolved and been adopted by different generations. While today's teenager is immersed in text communication the 40-something grew up using postal mail and telephone and the 60-something would have spent most of their working life hand writing letters or dictating for a typist. Your norm is not their norm. One person's negative perspective on the relative merits of writing a letter with a fountain pen may be as firmly held as the other person's view on instant messaging. The good communicator will contemplate the perceptions and practices of the recipient in order to generate empathy and avoid friction. The good medical professional will adopt different styles to engage with superiors, peers, junior staff, patients and strangers. The professional will strive to achieve clarity for the reader.