VIVA! Communications writing guide

Admin

- Be very clear when sending things to KB regarding the posts' intended channel/blog.

Word choice

- Do not say "suffering" or "drug"
- Use the word "heighten" instead of "increase" for consumer news media
- Instead of saying "kills", say "claims the lives of", or "succumbs to"
- Avoiding putting things in brackets, incorporate it into the sentence instead
- Say "business owner" rather than "businesswoman"
- Instead of using the words "even though", say "despite"
- Remove "that" or "to" when possible
- Don't start sentences with numbers, "But" or "Because"
- Nothing is ever conclusive in healthcare PR – say "could" or "may" rather than "will"
- For consumer news media content, always spell out the words "per cent" – for medical media, use a "%" sign
- Numbers 1-9 must always be spelt out in consumer media materials
- Use '&' in VIVA! socials and PowerPoints to abbreviate content
- Say 'study' instead of clinical trial
- 'vs' can help to shorten sentences
- A listing or reimbursement on the PBS mean the same thing.

Layout

- Fully justify text (unless the client style guide does not permit this)
- Check font is appropriate for each client (in line with their style guide)
- Don't use full stops in headings and don't have one word hanging by itself, especially in social tiles as this is considered a 'widow'
- For lists, use a ";" at the end of each bullet pointed item.

Canva (social tiles)

- Don't use full stops
- Can use non-spelt out numbers
- Never have a word on its own – must be two or more so it's not hanging alone.

General tips

- Make new thing/product/therapy seem easy e.g., "*this new thing* is easy and simple but it's not happening in *place*!"
- If there are a lot of numbers/facts, break them up into different sentences, or reword to minimise the risk of being intimidating and/or boring
- Never start a sentence with a number
- Link things to people/things you love e.g., "a simple blood test could change the life of someone you love" (not a great example, but that's the jist)

- Say "suspect" rather than "think" to switch things up sometimes
- Make punchy leads and ends/get to the point quickly
- Include as many hashtags as possible for Twitter posts
- 280 characters for Twitter posts
- "Dumb " the content down for a consumer audience when appropriate
- Tag relevant people in posts including GHMC partners when leveraging content of interest to our global partners
- Hashtags are only ever included in the body of a message on Twitter. For Facebook and LinkedIn they are put at the bottom of the post
- Call to action example = help us get…
- Don't lead with topic sentence – lead with something catchy instead: a "scroll stopper"
- Don't hyperlink sources in SoMe posts – you can hyper link in blogs
- When you leverage a post on Hootsuite, email all team members the links to the post.

Patient case studies

General things to note
- Think about resonates most in someone's story and expand upon that. A disease is never just annoying or an inconvenience – it needs to be deeper than that
- Think of it as writing a story that flows and is human/empathetic/pulls at the heartstrings

When writing
- Include a box for each patient picture (head and shoulders pic)
- When writing about the management and treatment for a condition/disease, "how do you currently manage your XXX?" – that answer is usually for our information, not to be included in the write up because the information tends to go against the Code of Conduct. The only things we can say is that diet and exercise and more holistic lifestyle changes have helped.
- For KB style quotes section: after the first quote, write "said *patient or KOL name (include Professor or Doctor title)*", then for future quotes alternate between "*patient* said"- i.e. alternate between placing the content at the start and then the end
- Substantiate the impact when discussing the affect of a disease e.g., if you claim that their new skincare routine takes time due to a skin condition, explain how long, why, and how many steps of the routine, etc.
- **Don't make medical claims**/talk in absolutes even if the patient says it. Only doctors can do this
- Double-check contact details at the end! *Especially* for KOLs

- **Check when content is embargoed.** If it is, make it clear and add the date
- Keep headings in the active tense. An easy way to do this is by using "ing" words
- Write in the first person for quotes i.e. "I…"
- When saving a PCS, title it "Patient Case Study – Name, Age, LOCATION"
- Access is the critical thing when it comes to treatments being listed/ subsidised/ reimbursed on the PBS
- Check that formatting is consistent in media materials
- Think about the client and the KOLs – do not shed them in a bad light in the PCS
  Think "who do I not want to upset?" – think client, patients, media, and KOLs
- Include what the campaign and treatment is for e.g. don't say "the new PBS listing", say "The reimbursement of another treatment [option] for dry eye disease with keratitis…" – reflect the indication for the treatment you are explaining
- Don't talk badly about Australia or state things are better overseas

Formatting
- Consider 3 main things (1. journey to diagnosis, 2. Impact of disease, 3. outcome e.g., how has life changed + message for others)
  - Beginning:
    - Title must have '&' and fit in one line (ideally)
    - Introduce the patient
    - explain the disease/condition and add a reference
    - When and how they were diagnosed
    - Who diagnosed them – be specific – a Specialist (Oncologist)? GP? Nurse?
  - Middle:
    - How they felt when they were diagnosed
    - What living with the disease means for them
      - How have they had to change their lives because of the disease?
      - How do they manage a flare-up/episode/other relevant thing?
      - The physical, emotional, and social impacts of living with the disease they have experienced
    - If a patient is using a new form of medication, how has this positively affected their life / QoL, and overall management of their disease?
      Do not mention the drug name, talk in generalities
  - End:
    - What does securing access to a new PBS listing/new medication/new thing means for this patient cohort and others living with the disease/condition?
    - What is the patient's message to others living with the disease/condition or their message to the broader public regarding their affliction?

Medical media releases

- Titles need to be short and punchy – not just the indication of the new medication. You can use the company's name in the title
- From XXXX __ is/will be
- Add dates if known
- Spell out 'Pharmaceutical Benefits Scheme (PBS) the first time its written
- Don't say "today's reimbursement/listing" because it might not be today
- Split paragraphs into 2 or 3 sentences – avoid long chunks of text
- Sharp sentences!!
- Basic structure:
    o Catchy title
    o Summary of the indication and briefly mention drug e.g., small molecule inhibitor.
    o Clinical trial data main finding
    o KOL quotes: why disease sucks, prevalence, impact of QoL (disease) and the prognosis/outcomes of disease
        ▪ "According to… Name, position, location"
    o Treatment landscape today + link to why we need this new therapy.
- **Always use the word 'ends#' to denote the end of a document and *italicise* the word.**

Backgrounders

- References shouldn't be bullet pointed
- In text citations should come after bullet points
- Make sure that the correct indication is in the title
- Symptoms section goes after the 'About' section
- '&' instead of 'and'
- When you can, say 'people' instead of patients
- Say "risk factors for X" instead of "X risk factors"
- 'QoL' rather than QOL
- Try to be as concise and attention-grabbing as possible
- The average reading level in Australia is 13 years of age! Keep this in mind when choosing vocab
- Say 'living with' a disease instead of 'with'

ends#