Submitting Content to the RVC Website

Editorial Style Guide

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All the time content providers should be asking for each page:
- Who is my audience -- who am I talking to?
- Do they know that this page is for them?
- What do I want them to know -- what is this page for?
- Is what I'm trying to tell them in the right order?
- What do I want them to feel?
- What do I want them to do as a result of reading this page?

Introduction

Who is this guide for?
We have written this guide to help content contributors to the CSD portions of the RVC website to think about how they manage text and pictures in the context of how people interact with web pages.

This guide is not meant as a set of rules but provides you with a framework for thinking about how you organise your text for maximum effect.

Caveat: All design is a matter of opinion. The way websites are designed is no exception, especially in the context of an evolving phenomenon like the Internet. The topics covered below have however been the subject of considerable research -- this is not just personal opinion.

What this doesn't cover:
Aspects of design such as font style, colour and size, line length, location of text on the page and general look and feel are agreed at a policy level and as such are not covered here.

How people use the web
One of the main problems of the Internet is that of information overwhelm -- the problem is too much rather than too little.

As a result, people using the Internet usually fit the following criteria:
- they want information
- they want it quickly -- so they skim
- they are attracted by text which is divided up conveniently
- they tend to read the initial sentence of each paragraph
- they tend to skip large blocks of text

How to think about arranging text optimally for a web readership
Any writing is an art as well as a science. This guide tries to cover the science bit by suggesting simple ways in which you can help your readers. How you actually arrange text in reality will depend as much on what the text is about as on the pointers below.

1. **What is this page for?**
   In other words what are the main points it seeks to convey?
   What questions that the user might have does it seek to answer?
   What doesn't belong? Once you have decided what the main message of the pages, there may be items of information which would be better moved to another page.

   Do the points seek to:
   - convey information
   - convey concepts
   - change or form attitude

2. **Who is this page for?**
   Is it for potential clients or referring veterinary surgeons -- or indeed both? If you are clear about your audience you can adapt your style. For instance a page aimed at first opinion clients can be couched in a more personal "touchy-feely" style as opposed to a page from a referral hospital site aimed at veterinary surgeons where the style can be harder and more professional -- and written in clinical language.

3. **Use headers and sub headers**
   Properly used, titles, headers and sub headers draw the eye to the main points you want to convey and structure the document for easy access.

4. **Use less text**
   Look at the main points you want to convey -- is it possible to convey them in fewer paragraphs and fewer sentences?

5. **Use one idea per paragraph**
   Paragraphs are a way of chunking text into "bite size" pieces -- if you are introducing something different, make a paragraph break.

6. **Put the key idea at the start of the paragraph**
   This is to take care of the people who skim -- if you put the key idea in the first sentence of the paragraph, it is more likely to be read.

7. **Use the personal**
"... you can find more information on accommodation here" as opposed to "... more information on accommodation can be found here" -- this may be controversial but most of the web style pundits recommend this. Under the circumstances of clinical services, it would be vital to use the personal at a first opinion client level and probably at a referral client level -- however if you wanted, you could use a more impersonal style for referring veterinary surgeons.

8. **Use bulleted lists where possible**
This is another way of dividing up key points so that the eye stops on them.

9. **Use tables where appropriate**
Again, tables give visual structure, leading the eye quickly to the main points.

10. **Use appropriate words as links**
By now, most people are relatively sophisticated Internet users and they know what links look like. You don't need to say "Click here to find more information on accommodation..." you can just make the word accommodation into a link (but see accessibility below).

11. **Use pictures to supplement and enhance the text**
I have deliberately used the word pictures here rather than graphics so that you know that I'm referring to photorealistic illustrations to supplement the information you're giving and motivate the user by providing a visually rich environment.

Pictures should be:
* directly relevant to the information they accompany
* preferably alongside the text to which they refer
* bright and well lit [1]
* have captions which increase the interest [2]

12. **Accessibility**
Accessibility is about helping people with various disabilities (principally impaired vision) to find their way around websites. This is a complex and sophisticated area and there are many things already built into the RVC website which serve this aim. In terms of supplying content, you only need to think about three aspects, headings pictures and links:

a. **Headings**
Headings and subheadings need to be hierarchically arranged in order of importance. When material is mounted on the web, this is achieved in the HTML code by defining them as h1, h2 etc. If you are submitting material in Microsoft Word, you can indicate the hierarchy by means of font size – (be warned, this size may not be reflected on the actual webpage but is an indication to the person putting this material on the web of the hierarchy). The main heading of the page should be the largest, the first layer of subheadings next, and so on. You should also be consistent with subheadings of equal status.

b. **Pictures**
Your picture may or may not have a **caption** (see 11 above). This is placed directly beneath the image and should be in a slightly smaller font than the one used for the main text. This will appear on the webpage and is for *everyone* to read.

All of your pictures should be accompanied by a **literal description** (e.g. "nurse with recumbent dog"). This will be picked up by software known as a screen reader but will not necessarily be visible to normal users of the site. When submitting material for the RVC site, please put this description in brackets.

c. **Links**
As in section 10 above, links should convey information about the page being linked to – screen readers and other "assistive technologies" can allow users to be presented with just the links on a page. A good strategy is to use the title or main heading of the page being linked to -- if this isn't enough, use a short description. Links such as "click here for more information", or "more…" are not useful for visually impaired readers "detail on soft tissue surgery for referring veterinary surgeons" kills 2 birds with one stone -- it tells the reader where that link goes and for whom information is intended.

Conclusions
This guide is limited to the provision of text and pictures -- most of the structural elements of the site, colour, page design, navigation and site specific graphics will already be present as the design is developed further.

See the next page for a worked example...

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[1] Focus groups in December 2007 were critical of and demotivated by pictures on other vet school websites they described as "gloomy".
[2] This is not to say you can't use un-captioned pictures as "visual muzak" but captions do increase their value.

Worked example:

This example has been developed using the "Cardiology" page under "Specialities" on the QMHA site.
Here is the text.

Cardiology

The Cardiology Service offers a friendly and comprehensive canine and feline referral service to veterinary surgeons in general practice.

Clinics are run daily from Monday to Thursday and offer clients excellent customer service, with repeat check-ups where needed. Where possible we try to ensure that clients are seen by the same person at the time of re-check examination. Furthermore we maintain close communication with referring veterinary surgeons by means of a discharge form faxed to the referring clinic at point of discharge. An emergency service available at all other times.

The service is supervised by four Diploma holding members of academic staff (all are internationally recognised specialists in Cardiology). Residents work under direct supervision whilst studying to obtain postgraduate qualifications. One or more Diploma holding academics will **always** be "on the clinic floor" supervising **all** the cases that pass though the service so even if your client is not directly seen by an academic we can guarantee that the assessment of your client's pet will have been overseen by a Diploma holding specialist.

Clients can expect to have full investigations of their pets' problems. Cardiology patients are often admitted to the hospital for further investigation, although in many cases it is possible for animals to return home later in the same day. Cardiovascular investigation often includes radiography, ECG and echocardiography. The Cardiology Service forms part of the team at the QMHA now offering intracardiac surgery under cardiac bypass for correction of congenital heart disease, with facilities unrivalled in the UK. In conjunction with the Soft Tissue Service, we also offer palliative management of recurrent pericardial effusions via thoracoscopy. We are rapidly expanding our interventional caseload and are happy to take referrals for treatment of valvular stenosis using balloon valvuloplasty and non-invasive management of patent ductus arteriosus using state of the art canine Amplatz devices. In association with the Emergency and Critical Care team we are pleased to offer a full Cardiology Emergency Service including permanent pacemaker implantation, management of acute heart failure including inotropic and vasomodulatory support and treatment of severe arrhythmias including synchronous DC electrical cardioversion.

Facilities
Diagnostic facilities include:
- Doppler echocardiography, including Tissue Doppler Imaging
- Management of acute heart failure patients in conjunction with the staff in our intensive therapy unit
- Ambulatory ECG (Holter) monitoring
- Implantable loop monitor placement
- Cardiac catheterisation, including digital subtraction angiography and intracardiac pressure measurements
- CT scanning
- Magnetic resonance imaging
- Doppler blood pressure analysis

Treatment Facilities Include:
- Non-invasive transthoracic temporary pacing
- Permanent pacemaker implantation and programming
- DC electrical cardioversion
- Balloon valve dilation
- PDA device closure

Clinical Trials
See Clinical Investigation Centre for details of current trials.

Key Clinicians
Adrian Boswood
Adrian is a Senior Lecturer in Internal Medicine and Cardiology at the Royal Veterinary College (RVC). He is an RCVS Specialist in Veterinary Cardiology and a European Specialist in Veterinary Internal Medicine.
Virginia Luis Fuentes
Virginia is a Senior Lecturer in Internal Medicine and an American and European specialist in Cardiology. She splits her time between clinics in the Queen Mother Hospital, teaching and research.
David Connolly
David is head of the Cardiology Service at the Queen Mother Hospital for Animals (QMHA) and is a European Specialist in Veterinary Cardiology.
Imke Maerz
Imke is a Resident in Cardiology at the Queen Mother Hospital for Animals. Her main research interests include echocardiography, diastolic function and feline cardiomyopathies.
Tobias Wagner
Tobi is a Resident in Cardiology at the Queen Mother Hospital for Animals (QMHA)

... so how do we approach this?

I should say right here that there is nothing seriously wrong with this page -- it does the job.

However there are ways in which it can be made even more effective -- let's follow some logical steps to look at the intention of this page and what devices we can use to make it an easier browsing experience.

Step 1 -- What is this page for?

Header 1	This tells us that this page is about Cardiology	Here is an opportunity for a little bit more detail -- a more helpful heading would be "Specialities* -- Cardiology" (we know from the header we are in the QMHA site) and then an initial subheading "Information for Referring Veterinary Surgeons" -- it is apparent, once read, that this page is primarily for referring vets but it's not made explicit. (This would, ideally, come from a link on a Specialities introductory page which showed the cardiology title, a very short paragraph written for lay people and then a link reading "Details on cardiology for referring veterinary surgeons"
Paragraph 1	This tells us a number of different things about the quality of the service -- it talks about daily clinics, repeat checkups, consistency of clinician and an emergency service.	These different aspects of the service are important and need to be teased apart. You could either handle this as a bulleted list or a series of very short paragraphs with subheadings. **E.g. "under the heading "About the Service"** you could then have subheadings of **Availability** (talk about daily clinics and repeat checkups) **Consistency** (seen by the same person wherever possible) **Communication** (and how you communicate with the referring vet) and **Emergencies**
Paragraph 2	This seeks to reassure us a) that there are four staff who hold diplomas and are recognised internationally in cardiology b) that there are residents working under direct supervision c) that one or more diploma holding academics will be supervising all cases even if a client does not see them on admission	A subheading **"Internationally Recognised Staff"** would Immediately give the reader most of what they need to know. Sentences under this could briefly enlarge on the 4 diplomates, the fact that there are residents working under supervision and the fact that all cases come under the supervision of a diplomate.
Paragraph 3	This paragraph as currently presented is a killer. A busy referring vet is almost certainly going to stop reading after the first 3 lines. The paragraph starts talking about investigations, that they are full, that they can be hospitalised or out patient and some detail of what investigative techniques might be employed. It then goes on to talk about offering a number of advanced therapeutic procedures.	I think we need to start with a subheading **"Detailed Investigations"** although because this is written to veterinary surgeons, the heading "Cardiac or Circulatory Evaluation" would work as an alternative. This would cover not only the expectation of a full investigation -- I think that can be taken as read -- but could also be rewritten with an introductory sentence followed by a bulleted list of "Diagnostic Facilities and Procedures" which would include the relevant section from the Facilities list below. Next, under a completely separate heading would be a paragraph headed something like "Treatments on Offer" or, more formally, "Therapeutic Procedures" this would then be a series of short paragraphs led by bolded text which listed in a more accessible form the procedures described in this paragraph such as intracardiac surgery, management of recurrent heart pericardial effusions etc and would include the information currently under "Treatment Facilities Include"
Paragraph 4	<u>Facilities</u> This paragraph with its bulleted list is an excellent example of something which is easy to read and available. It does appear however to repeat (but not quite) information given in a less accessible form in the previous paragraph.	Needs to be considered with the paragraph above but retain the bulleted list format.
Paragraph 5	<u>Clinical Trials</u> -- just provides us with a link here.	What we need here is a short paragraph just to remind the referring vet about clinical trials before you link to them to the CIC.
Paragraph 6	<u>Key Clinicians</u>	How this is handled on pages which are service as opposed to staff oriented will have to be the subject of debate. My preference would be to simply have a list of names with status and brief details of qualifications. These would be linked to the QMHA staff page where further details could be given.

Initial analysis

It seems to me that the main purpose of this page (and I would normally do this in discussion with the author) is to give a referring veterinary surgeon details and reassurance of what to expect from the cardiology service.

The most important elements of this seem to be:
- a summary of important elements of the service on offer including:
  - clinic availability
  - staff consistency for clients
  - communication with referring vet
  - what happens with emergencies
- staff status and qualifications
- staffing procedures and supervision
- details of diagnostic procedures on offer
- details of therapeutic interventions on offer

Step 2 -- Okay -- so how can we make this an easier browsing experience?

Think about devices such as:

1. Is a why us? statement necessary?
2. Is all the information relevant to the central purpose of the page?
3. Is it in the right order?
4. Can I use headers and sub headers?
5. Can I reduce the text?
6. Is there only one idea per paragraph?
7. Is the key idea at the beginning of each paragraph?
8. Am I using the personal?
9. Can I use lists and tables?

How does this measure up?

1. **Is a "why us?" statement necessary?**

   I think probably not -- there will have been some sort of marketing oriented statement in the summary under cardiology on the Services introductory page (and headings like "Advanced Therapeutic Procedures" fulfil this role.

2. **Is all the information relevant to the central purpose of the page?**

   In this case yes -- I don't think there's anything that needs moving to another page

3. **Is it in the right order?**

   Once again yes -- the most important things are first.

4. **Can I use headers and sub headers?**

   Absolutely -- this text is crying out for sub-headers and single idea paragraphs.

5. **Can I reduce the text?**

   Probably, there is some repetition here.

6. **Is there only one idea per paragraph?**

   Not at the moment -- lots of ideas in a single paragraph so it would be a good idea to divide these up.

7. **Is the key idea at the beginning of each paragraph?**

   No, because there are multiple ideas in a single paragraph

8. **Am I using the personal?**

   At this level, writing to veterinary surgeons, I think it's your choice -- you could use the personal or you could use a more formal style because this writing by professionals for professionals.

9. **Can I use lists and tables?**

   This page already uses bulleted lists to good effect -- let's keep this. And add to it if possible.

Some proposed solutions...

1. Main header
The purpose of this page seems to be to persuade a referring veterinarian to refer cases to the QMHA because it's the best place to do it. An expansion to the header could read -- **"Specialities[3] -- Cardiology"** and then an immediate sub-header -- **"Details for Referring Veterinary Surgeons"**. This would alert the reader to the fact that it is written primarily for vets. Readers coming to this page would, ideally, come from a link on a Specialities or Services introductory page which showed the cardiology title, a short paragraph written for lay people and then a link reading "Details on cardiology for referring veterinary surgeons"

Your clients may well read this out of interest and be impressed but clarity of audience means that you don't have to explain things in words in one syllable -- now they know that it isn't written specifically for them, they won't be expecting to understand all of it.

2. Order the paragraphs
In this case, they are in the right order already

3. Create sub-headers
... this might look like:

About the Cardiology Service

Availability
Clinics run daily from Monday to Thursday with repeat checkups where necessary (and bring in the information from paragraph 3 to manage expectations of sometimes admission and sometimes same-day basis) -- you can put in the reassurance of emergency cover here.

Consistency
This is the information (which is a customer service/marketing point) about ensuring the client is seen by the same person at recheck. -- The title draws the attention to this.

Communication
Here is the bit about communicating with referring veterinary surgeons

Internationally Recognised Staff
This is the section about staff qualifications and about senior supervision -- so two paragraphs here for two distinct ideas.

Cardiac Investigations
The very large paragraph 3 splits off naturally into investigation/diagnosis and treatment -- so the first of the two can have an introductory sentence (another chance here for evidence-based "why us?") followed by a bulleted list which includes the radiography, ECG and echocardiography mentioned but then goes on to list the diagnostic facilities currently in paragraph 4 below.

Advanced Therapeutic Procedures
This paragraph contains a mixture of a list of advanced procedures and the reassurance that you work in close conjunction with other groups at the hospital -- I also think you can separate out emergency under a separate subheading. The way I might manage this would be to use an introductory paragraph to get the idea across that you work with other groups in offering a range of advanced procedures and then deal with the procedures under a bulleted list which will include material originally under treatment facilities in the next paragraph.

Cardiology Emergency Service
Again, here an opportunity for an introductory sentence followed by a bulleted list.

4. Reduce the text and use lists and tables where appropriate
   Yes, I think we are doing this...

5. Check headings and links for accessibility
   For instance, looking back, I changed "About the Service" to "About the Cardiology Service" and "Clinical Investigations" into "Cardiac Investigations". The links which flow from this page -- Clinical Investigation Centre and staff names are fine in terms of accessibility.

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[3] Whether you use "Specialities" or "Services" probably doesn't matter although it needs to be standard right across the CSD site. Most competitor websites use the word "Services".

At this stage, let's take a look at how this might appear... *

Specialities -- Cardiology
Details for Referring Veterinary Surgeons

About the Cardiology Service

Availability
Clinics are run daily from Monday to Thursday with repeat checkups wherever necessary. An emergency service is available at all other times.

Consistency
We think it is important that the client sees the same person on each visit -- this is done wherever possible.

Communication
Key to this is a discharge form which we fax to you at the point of discharge (and you can telephone us at any time during working hours)**

Internationally Recognised Staff
The team consists of 4 members of academic staff all of whom hold RCVS diplomas in cardiology as well as being internationally recognised as specialists in this field. They are supported by residents studying to obtain postgraduate qualifications.

Supervision --One or more Diploma holding academics will **always** be "on the clinic floor" supervising **all** the cases that pass though the service. Even if your client is not directly seen by an academic we can guarantee that the assessment of your client's pet will have been overseen by a Diploma holding specialist.

Cardiac Investigations
Our combination of international specialists and an unusually wide range of diagnostic facilities ensures that investigation of your client's case will be the fullest available anywhere in UK. Diagnostic facilities include:
- radiography, ECG and echocardiography
- Doppler echocardiography, including Tissue Doppler Imaging
- Ambulatory ECG (Holter) monitoring
- Implantable loop monitor placement
- Cardiac catheterisation, including digital subtraction angiography and intracardiac pressure measurements
- CT scanning
- Magnetic resonance imaging
- Doppler blood pressure analysis

Advanced Therapeutic Procedures -- including bypass surgery*
Working as part of the cardiac surgery team at the QMHA and in close conjunction with the soft tissue service we offer a full range of advanced therapeutic procedures including:
- Intracardiac surgery under cardiac bypass for correction of congenital heart disease
- Palliative management of recurrent pericardial effusions via thoracoscopy
- Balloon valvuloplasty of valvular stenosis
- Non--invasive management of patent ductus arteriosus (using canine Amplatz devices)
- Non--invasive transthoracic temporary pacing
- Permanent pacemaker implantation and programming
- DC electrical cardioversion
- Balloon valve dilation
- PDA device closure

Cardiology Emergency Service
Working with the Emergency and Critical Care team we offer a full cardiac emergency service including:
- permanent pacemaker implantation
- management of acute heart failure including:
    a. inotropic and vasomodulatory support
    b. treatment of severe arrhymias (including DC electrical cardioversion)

Clinical Trials
Studies include investigations into breed specific diseases, efficiency of current treatments and comparisons of novel treatments. Find out more on the Clinical Investigation Centre website.

Staff
The current page works okay -- whether so much information crops up here or whether there are simply links through to the QMHA staff webpage needs to be decided at policy level.

This only slightly reduces the word count (435 > 400 approx) but the time taken to take in the principal information on this page is reduced by about 35%.

*Text reduced in size to fit on this page and give a complete overview -- not a recommendation for the webpage

**Presumably you do offer this service so it might be good to put it here...

***Another chance to say "why us?"

Step 4 -- Inserting the pictures

Now let's increase the width and add the pictures back in to make the browsing experience more attractive and to motivate the reader.

I've now split the "webpage" between 2 paper pages -- this is simply to fit it in here and is not a suggestion for splitting the webpage.

Specialities -- Cardiology
Details for Referring Veterinary Surgeons

About the Cardiology Service

Availability
Clinics are run daily from Monday to Thursday with repeat checkups wherever necessary. An emergency service is available at all other times.

Consistency
We think it is important that the client sees the same person on each visit -- this is done wherever possible.

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Key to this is a discharge form which we fax to you at the point of discharge (and you can telephone us at any time during working hours)*

Internationally Recognised Staff
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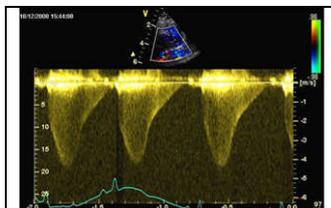
Supervision --One or more Diploma holding academics will **always** be "on the clinic floor" supervising **all** the cases that pass though the service. Even if your client is not directly seen by an academic we can guarantee that the assessment of your client's pet will have been overseen by a Diploma holding specialist.

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Our combination of international specialists and an unusually wide range of diagnostic facilities ensures that investigation of your client's case will be the fullest available anywhere in UK.

Diagnostic facilities include:
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- CT scanning
- Magnetic resonance imaging
- Doppler blood pressure analysis

You can also place pictures within the text to break it up.

Plenty more room for pictures in this column as below but you can also break up the text by placing an image in the text column. -- See below on the left.
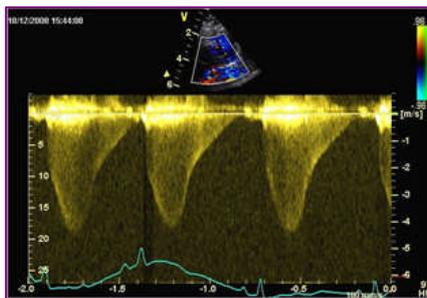
A caption here will increase the interest of the picture -- something like **"A Doppler echocardiography trace of..."**
(echocardiography trace)

Step 5 -- Recheck accessibility

Advanced Therapeutic Procedures -- including bypass surgery**
Working as part of the cardiac surgery team at the QMHA and in close conjunction with the soft tissue service we offer a full range of advanced therapeutic procedures including:

- intracardiac surgery under cardiac bypass for correction of congenital heart disease
- palliative management of recurrent pericardial effusions via thoracoscopy
- balloon valvuloplasty of valvular stenosis
- non-invasive management of patent ductus arteriosus (using canine Amplatz devices)
- non-invasive transthoracic temporary pacing
- permanent pacemaker implantation and programming
- DC electrical cardioversion
- balloon valve dilation
- PDA device closure

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- permanent pacemaker implantation
- management of acute heart failure including:
  a. inotropic and vasomodulatory support
  b. treatment of severe arrhymias (including DC electrical cardioversion)

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Staff
The current page works okay -- whether so much information crops up here or whether there are simply links through to the QMHA staff webpage needs to be decided at policy level.

Notice that I have moved this staff picture down to the bottom of the page -- it would be nice to have a caption here. (Staff photograph)*

I do notice that the text describes four diplomates and there only seem to be three listed here -- there needs to be consistency.

A caption here will increase the interest of the picture -- something like **"Contrast radiography** (-- or MRI etc I've been retired too long**) showing placement of an Amplatz device to manage patent ductus arteriosus."**

(Image of Amplatz device in situ)*

In terms of **accessibility**, these pictures *all* need **literal descriptions** that can be picked up by screen readers. Terms in brackets are how you convey that this is an accessibility description rather than a caption.

This is only one way this page might look -- there are no hard and fast rules -- but thinking about reducing the text, using headers and sub headers, lists and illustrations will make the user experience faster, easier and more motivating.

Happy web copywriting...

Adrian Longstaffe and Jack Sisterson