Editorial Style Guide



UW Medicine Advancement

This style guide answers common questions about how to connect with a donor audience and describe our organization, locations, services and people with clear and accurate language.

You can find this style guide on the UW Medicine Advancement Intranet. [uwmedadvintranet.org](https://www.uwmedadvintranet.org/)

***Note:****For topics not covered here, UW Medicine follows the*[*Associated Press Stylebook*](http://www.apstylebook.com/)*(AP). It can be purchased at bookstores or viewed*[*online.*](https://www.apstylebook.com/?_ga=2.104771712.141485993.1536264917-1713918925.1536264917)*UW Libraries also provides*[*l*](https://www.apstylebook.com/washington_edu)[*imited AP Stylebook access for employees with NET IDs*](https://www.apstylebook.com/washington_edu)*.*

* Section 1: Brand Voice, Tone
* Section 2: UW Medicine Editorial Guidelines
* Section 3: Usage Guidelines
* Section 4: Writing for Digital Channels
* Section 5: Resources and References

Section 1: Brand Voice and Tone

UW Medicine’s mission is to improve the health of the public. Our donors are essential to our success. When writing for them, we aim to be warm, accessible and inclusive. While we are experts in our fields, we are not academic or elitist. Our tone is empathic, friendly and conversational. We strive to put the donor first, emphasizing their values and ability to help further our mission.

The brand voice supports the language of storytelling — each person represents a story and a real-world experience, need or success. We use active voice and common words to express the life-saving impact donors are making through their support of our work.

**Best practices for writing donor-facing content**

Always consider who will be reading your content and why. Donors and potential donors want to feel like they have an important job to do. However, not all donors feel motivated to give by the same reasons or values. (We are currently developing donor personas, which will tell us what messages resonate best with your donors.)

Below are some general best-practice guidelines when writing for donors.

1. **Start with the donor and work backward.** Think about your donors and the goal (moving a prospect closer to a gift) before you start writing.
   * What do they want, need, feel?
   * What motivates them?
   * What do they need to hear to take the next step?
   * What are they trying to accomplish with their philanthropy and how might we help them achieve it?
   * Then, show them how they can achieve THEIR mission through us.
2. **Lead with your offer.** 
   * Lead with the offer/opportunity (the key motivator for giving isn’t need; it’s the opportunity to make a difference).
   * Donors make a decision between “no” and “maybe” in the first 30 seconds, so make sure donors know what they are reading in the first 30 seconds.
   * Follow your ask with repeated calls to action.
3. **Answer the three essential questions.** 
   * **Why us?** What are we doing that’s so uniquely wonderful that the world should want more of it and support our plans?
   * **Why now?** What’s the big hurry? What changed? Why is this URGENT?
   * **Why you (the donor)?** Where do our program and the donor’s priorities intersect? Emphasize shared beliefs, values and missions. Make it about them; keep it emotional and personal.
4. **Give the donor a big job to do.** 
   * Define the big, bold vision (ending cancer, blindness, heart disease, etc.).
   * Explain how your program will help accomplish that big, bold vision.
   * Make the donor the hero who can help get the issue from Point A (current state) to Point B (big, bold vision) by funding your program.
   * Give the donor a mission or purpose.
5. **Focus on impact.** 
   * Keep the focus on what will happen when the work is done (impact), not on what we do or how we do it.
   * Save the detailed information on what we do or how we do it for the appendix, site visits/tours, meetings with faculty, etc.
6. **Make an emotional connection.** 
   * Connect the issue to real people.
   * Use words and images with emotional resonance.
   * Be careful with statistics; they can suppress emotion.
7. **Speak directly to your donors.** 
   * Use the “you” pronoun a lot.
   * Remember, this is marketing, NOT corporate communications.
   * Aim for a tone that is personal, warm, connected and conversational.
8. **Reflect their best selves.** 
   * Reflect the donor’s ideal self. How do they want to be seen and how can giving to our cause help them become that person?
   * Some qualities to recognize and honor: courage, faith, trust, concern, loyalty, sense of justice, vision, compassion, integrity, kindness, understanding.
9. **Use words, phrases and images that connect with your donor (“mental nods”).** 
   * Use statements they agree with and that validate their image of themselves as a good person, community leader, etc.
   * Acknowledge their personal experience with the issue.
10. **Avoid the curse of knowledge.** 
    * Remove the jargon. Be human. Write like you talk.
    * Check readability statistics and aim to keep writing at a ninth-grade reading level or lower or a 55 reading ease or higher. (Tip: When Word finishes checking the spelling and grammar, you can choose to display information about the reading level of the document. To enable this feature, go to “File” then “Options” and select “Proofing.” Check the “Show readability statistics” box.)
    * Avoid words you wouldn’t use in everyday conversation. Some common examples include:
      + Tertiary, quaternary
      + Medical home model
      + Provider (there are exceptions, but people usually say “doctors,” not “providers”)

Section 2: UW Medicine Editorial Guidelines

**About UW Medicine**

**UW Medicine should be referred to as “UW Medicine”; do not use “UWM.”**

**UW Medicine includes** the following:

* **Airlift Northwest:** “Airlift” on second reference; do not use ALNW.
* **Harborview Medical Center:** “Harborview” on second reference; do not use “HMC.”
* **UW Medical Center:** 
  + Use “UW Medical Center” for communications targeting audiences in the Puget Sound region or where the context of the publication makes it clear that the organization being referred to is us and not another UW.
  + Use “University of Washington Medical Center” on first reference for communications targeting audiences outside of the Puget Sound region. “UW Medical Center” can be used on second reference.
  + Do not use “UWMC.”
  + “UW Medical Center – Montlake” is the correct name for the facility on Pacific Ave.
  + “UW Medical Center – Northwest” is the correct name for the former Northwest Hospital facility.
  + “UW Medical Center – Roosevelt” is the correct name for the facility on Roosevelt Ave.
  + “UW Medical Center Eastside Specialty Center” is the correct name for the facility in Bellevue.
  + Using “UW Medical Center” alone refers to the two-campus hospital operating under a single hospital license. Do not use “UW Medical Center” to refer only to the Montlake campus.
* **UW Neighborhood Clinics:** 
  + When referencing a specific neighborhood clinic, the correct format is “UW Neighborhood Ravenna Clinic” or “UW Neighborhood Shoreline Clinic.”
  + **Exceptions:** UW Medicine Lopez Island Clinic and UW Medicine Orcas Island Clinic.
* **UW Physicians**: Do not use “UWP.”
* **UW School of Medicine:**
  + Use “UW School of Medicine” for communications targeting audiences in the Puget Sound region or where the context of the publication makes it clear that the organization being referred to is us and not another UW.
  + Use “University of Washington School of Medicine” on first reference for communications targeting audiences outside of the Puget Sound region.
  + On second reference, “the School” can be used.
  + Do not use “UWSOM.”
* **Valley Medical Center:** “Valley” on second reference. Do not use “VMC.”
* **UW Medicine Virtual Clinic:** Capitalized. On second reference, use “virtual clinic,” lowercase. Do not use “virtual care,” instead use “virtual clinic care.”

**UW Medicine’s**partnerships and affiliations include:

* **Fred Hutchinson Cancer Research Center:**“Fred Hutch” on second reference.
* **Seattle Cancer Care Alliance:** “SCCA” on second reference.
* **Seattle Children’s:**“Children’s” on second reference.
* **VA Puget Sound Health Care System:**“VA Puget Sound” on second reference.
* **Boise VA Medical Center:**“Boise VAMC” on second reference.
* **LifePoint Health:**“LifePoint” on second reference.

**Paul Ramsey titles**

* Paul G. Ramsey, MD, CEO, UW Medicine, executive vice president for medical affairs and dean of the School of Medicine, University of Washington (full title for lists and directories)
* Dr. Paul Ramsey, chief executive officer (or CEO) of UW Medicine (in articles and quotations)
* Paul G. Ramsey, CEO, UW Medicine (short title, used in email signature)

**Faculty and clinician titles**

* The titles of faculty and clinicians should include “UW Medicine” or “University of Washington School of Medicine.”
  + Dr. Jane Smith, UW Medicine surgeon at Harborview Medical Center.
  + Dr. Jane Smith, professor of surgery at the University of Washington School of Medicine.
* The titles of faculty at Seattle Children’s, Fred Hutch, SCCA, VA Puget Sound and Boise VAMC should include their UW Medicine affiliation.
  + Dr. John Smith, professor of pediatrics at the University of Washington School of Medicine and chief of Seattle Children’s cardiology unit.
* Many faculty have multiple titles: academic, clinical and administrative. Not all titles need to be in every article — just the relevant ones.
* Include whether a faculty member holds a [professorship or chair.](http://depts.washington.edu/givemed/prof-chair/about-our-chairs-and-professorships/)
* Do not capitalize a specialist’s field, such as “vascular surgeon,” even if it comes before the name.
* Use “chair” rather than “chairman” or “chairwoman.”
* Do not use periods in degrees.
  + **Exception**: Follow AP style and use periods in news releases.
  + See also “Academic degrees and certifications” in Section 2.

**Use of “Dr.”**

* Use the title “Dr.” if the person holds a doctoral degree, including dental surgery (DDS), medicine (MD), optometry (OD), osteopathic medicine (DO), podiatric medicine (DPM) or veterinary medicine (DVM). On second reference, use “Dr.” and last name.
  + **Exception:** Follow AP style and use only last name on second reference in news releases and articles.
* If appropriate in the context, “Dr.” also may be used on first reference before the names of individuals who hold other types of doctoral degrees, including naturopathic medicine (ND), nursing practice (DNP), pharmacy (PharmD), philosophy (PhD), and physical therapy (DPT). This is an exception to AP style.
* Since patients frequently identify “Dr.” with physicians only, a person’s specialty should be stated on first or second reference to avoid confusion:
  + Dr. John Smith, a doctoral-prepared nurse practitioner, recently published a book on patient care.
  + Dr. Jane Smith is a nurse practitioner who specializes in geriatric medicine. She received her doctoral degree in advanced nursing practice from the School of Nursing at University of Washington.
* Sometimes it may be necessary to specify that an individual identified as “Dr.” is a physician, such as a story about joint research by physicians and scientists.

**Use of degrees**

* As a general rule, use “Dr.” when appropriate (see “Use of ‘Dr.’” section above).
* Listing degrees should be done intentionally and at the discretion of the writer/editor.
  + Jessica Jones, PhD, recently published a book on patient care.

**General titles**

* Identify healthcare professionals such as nurses, therapists, physician assistants or nurse practitioners by their professional title, not by their degree.
  + Correct: Nurse Jane Smith and physical therapist Sally Smith tended to the patient.
  + Incorrect: Jane Smith, RN, and Sally Smith, PT, tended to the patient.
* When identifying healthcare professionals in a listing or directory (such as online bios), academic degrees and professional certifications are acceptable.
  + See also “Academic degrees and certifications” in Section 3.
* Capitalize a title before a proper name but not after.
  + UW Medical Center Executive Director John Smith
  + John Smith, executive director, UW Medical Center
* The term “provider” is used to describe a person who provides any form of care (physicians, physician assistants, nurse practitioners, dentists, mental health workers, clinical social workers, etc.).

**Hospital campuses**

**(**A list of named hospital buildings on each campus follows. For all UW Medicine locations, see [directory](https://www.uwmedicine.org/search/locations).**)**

* **Harborview Medical Center**
  + Ninth & Jefferson Building
  + Norm Maleng Building
  + Patricia Bracelin Steel Building or Patricia Steel Building
  + Research & Training Building
* **UW Medicine Northwest Campus**
  + UW Medical Center – Northwest (where hospital-based operations take place)
  + McMurray Medical Building
  + Medical Arts Building
  + Medical Office Building
  + SCCA Proton Therapy Center
  + Northwest Outpatient Medical Center (located at 10330 Meridian Ave N.)
  + Note that UW Medical Center – Northwest is located on the UW Medicine Northwest Campus. The campus includes buildings that are not part of UW Medical Center, such as the SCCA Proton Therapy Center.
* **UW Medical Center** **– Montlake**
  + Cascade Tower
  + Montlake Tower
  + Pacific Tower
  + Brotman Baty Surgery Pavilion
* **Valley Medical Center**
  + Northwest Pavilion
  + Olympic Building

**Schools, departments, divisions and units**

* Capitalize the full names of schools, departments, divisions, institutes and centers.
  + School of Medicine, Department of Surgery, Division of Cardiology
  + Institute for Health Metrics and Evaluation, The Sports Institute
  + Center for AIDS Research, Vision Science Center
* Unit names are lowercase.
  + John Smith is a nurse in the neonatal intensive care unit.
* “Orthopaedics” is the correct spelling when referencing the academic department.
  + UW Department of Orthopaedics and Sports Medicine
  + Use “orthopedics” in all other cases.

Section 3: Usage Guidelines

**Academic degrees and certifications**

* In general text and news releases, use degrees or certifications at your own discretion.
* When identifying healthcare professionals in a listing or directory (such as online bios), academic degrees and professional certifications are advisable.
  + MD, PhD, RN, MPH, MHA, ARNP, CRNA, MSW, PA
  + Use commas to separate degrees: MD, PhD.
* Do not use periods in degrees.
  + **Note:** This is a change from previous editions of the editorial style guide.
  + **Exception**: Follow AP style and use periods in news releases.
* If degrees are used, the name should not be preceded by “Dr.” or another title.
* Do not include academic degrees below a master’s level.
* When writing for an alumni audience about a UW Medicine alum, always include the year of graduation after the degree, including for any fellowships and residencies.

**Headlines and bulleted items**

* Use **AP** **Title Case**capitalization for first headline:
  + Capitalize the first word and the last word of the title.
  + Capitalize the principal words.
  + Capitalize all words of four letters or more.
  + Do not capitalize articles, conjunctions and prepositions of three letters or fewer.
* Use **sentence case** capitalization for subsequent headings, sub-headlines, information boxes and bulleted items. Sentence case means only the first word and proper nouns are capitalized.

**Healthcare and medical terms**

* **Academic Medical Center**: Avoid using in marketing copy to describe UW Medicine.
  + **Correct**: Patients of health systems that integrate patient care with teaching and research, like UW Medicine, have better outcomes.
  + **Incorrect**: Patients of academic medical centers, like UW Medicine, have better outcomes.
* **Board certified or** **board-certified:** Do not capitalize. Hyphenate depending on usage.
  + Dr. Johnson is board certified in family medicine. (No hyphen when a noun.)
  + Dr. Johnson is a board-certified family doctor. (Use a hyphen when an adjective.)
* **Diseases or conditions:** Do not capitalize unless a person’s name is included. Even if a condition is commonly referred to by its initials, the full name should still be lowercase.
  + Alzheimer’s disease, diabetes, Parkinson’s disease, peripheral artery disease (PAD)
* **Healthcare** is one word, whether used as a noun or an adjective.
  + Sam Smith argues for universal healthcare.
  + Sam Smith is an expert in healthcare finance.
  + Note: One exception to this is “mental health care,” which is three words.
* **Obstetrician-gynecologist**: “OB-GYN” is the preferred abbreviation. May use on first reference if the context is clear to the reader.
* **Procedures**: Do not capitalize unless the procedure was named after a person.
  + Bruce protocol, treadmill test
* See the Centers for Disease Control and Prevention’s [Plain Language Materials & Resources](https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html) to find accurate, simple options for common healthcare terms.

**Phone numbers**

* Always include area codes; use periods between numbers, not brackets or dashes: 206.543.3620.

**Diversity, equity and inclusion language**

In order to create an equitable community that supports our mission to improve health for all people, we must work to confront and eliminate racism and sexism. This includes how we use language. At UW Medicine, we all have a responsibility to use words in a way that demonstrates our core values of equity, diversity and inclusion in action.

University Marketing and Communication has assembled a thoughtful guide for communicators on [using equitable language](https://s3-us-west-2.amazonaws.com/uw-s3-cdn/wp-content/uploads/sites/98/2020/04/20111848/UMAC-Equitable-Language-Guide-v.1.pdf). We encourage everyone to read it. Below are just a few important reminders.

* In identifying race or ethnicity, opt for adjectives over nouns: “A Hispanic person” rather than “A Hispanic.”
* While AP has not adopted “Latinx” at this point, use if it’s a person’s preferred descriptor.
* Do not hyphenate compound nationalities like “African American,” “Asian American,” etc. (See [“Drop the Hyphen”](https://consciousstyleguide.com/drop-hyphen-asian-american/) piece.)
* Be aware of and avoid coded imagery and stereotypes that implicitly suggest and/or demonize racial groups. (For instance, the use of words like “urban,” “thug,” “savage,” etc.)
* We recommend capitalizing “Black” in discussing the culture or race, while leaving “white” lowercase, as it doesn’t describe a particular culture. (See [“Capital-B ‘Black’ Becomes Standard Usage”](https://www.seattletimes.com/seattle-news/capital-b-black-becomes-standard-usage-at-the-seattle-times/) piece.)
* Use “white” rather than “Caucasian.”
* Avoid using “diverse” as a synonym for “nonwhite”; it means “containing a variety of unlike qualities.” A group can be diverse; an individual can’t.
* Singular “they”: If you’re writing about a hypothetical person or one whose gender you don’t know, it’s fine to use “they” and “them” (e.g., If a student arrives late, they may need to find a space in the back of the room. Or: One professor objected, but they were overruled.) AP and most other modern style guides and dictionaries endorse this usage.
* Avoid using “he” or “him” as a universal pronoun that includes people of any gender. Use “they” and “them,” or alternate between male and female pronouns.
* Avoid language that assumes the reader’s gender perspective. When possible, opt for gender-neutral language and avoid irrelevant descriptions of appearance.
* Many people prefer “person-first” language: “has epilepsy” rather than “is an epileptic.” But, as with most inclusive language, it’s best to ask the person if possible. Some people find “condition-first” language more accurate to their experience. When in doubt, however, opt for person-first.

**Plain language**

* Make your content easy to read and understand at a ninth-grade reading level or lower.
* Avoid using academic or medical jargon that the audience might not understand.
* Plain language is characterized by these elements:
  + Logical organization
  + Active voice
  + Common, everyday words
  + Short sentences
  + Short paragraphs
  + Short lists and simple tables
  + Pictures and graphics relevant to the message
  + Easy-to-read design
* See the word substitution list or the Centers for Disease Control and Prevention’s [Plain Language Materials & Resources](https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html) to find accurate, simple options for common healthcare terms.

**Referencing publications**

* **Italics**: Do not use italics for publication titles, but do use italics for scientific terms.
  + *E. coli*
* **Quotation marks:** Use quotation marks for titles of articles in magazines or periodicals, book chapters, essays, individual blog posts, individual episodes of radio or TV shows, poems, songs, stories and unpublished works.
  + “The Star-Spangled Banner,” “The Purloined Letter”
* **Plain text:** Bible, Koran, Talmud

**Punctuation**

* **Ampersands:** Do not use ampersands (&). Use the word “and” unless an ampersand is part of a proper name.
  + U.S. News & World Report
* **Commas:** Use commas to separate elements in a series, but do not put a comma before the conjunction in most simple series.
  + The flag is red, white and blue.
  + He would nominate Maria, Yuko, Angelo or Jeannette.
* **Dashes:** Use em dashes to signal a break in the sentence flow; add a space before and after the dash.
  + Estella wanted him to use the most recent — and, in her view, best — version of the document.
* **Exclamation points:** Avoid use of exclamation points.
* **Hyphens:**Use hyphens as joiners for compound modifiers and for ranges. No hyphen is needed if the modifier is commonly recognized as one phrase, and if the meaning is clear and unambiguous without the hyphen. Do use a hyphen if it’s needed to make the meaning clear and avoid unintended meanings.
  + physician-researcher
  + 2002–2003 (Use en dash for date ranges.)
  + third grade teacher, chocolate chip cookie, early morning traffic
  + small-business owner, better-qualified candidate, little-known song
* **Periods:** The period at the end of a sentence is followed by one space, not two.

**Website links**

* **Hyperlinks:** Use descriptive words rather than a URL to link text whenever possible.
  + If the URL needs to be written out, do not include “http://” or “www.”
  + Do not use “click here” to indicate website links. Best practice is a short descriptive phrase, such as “RSVP for this event” or “learn more.”

**Other usage notes**

* **#** – Use as the abbreviation for “number” in conjunction with a figure to indicate position or rank (#1 hospital, #2 in the nation) in digital and advertising copy. Continue to follow AP Style and use “No.” in press releases and articles.
  + **Digital copy**: UW Medical Center is Washington’s #1 hospital.
  + **Article**: UW Medical Center was named the No. 1 hospital in Washington state by U.S. News & World Report.
* **%** – Use % sign when paired with a numeral, with no space.
* **Pacific Northwest**: Includes British Columbia and the states of Washington, Idaho and Oregon. Take caution when using this to describe the region. For example, we are not the only Level I trauma center in the Pacific Northwest. OSHU Hospital and Legacy Emanuel Medical Center are Level I trauma centers in Portland, which is in the Pacific Northwest.

Section 4: Writing for Digital Channels

When writing content for digital, including websites, blogs and email, we follow a few simple guidelines.

**Be direct and concise**

* A good rule to remember when writing for digital is: **If in doubt, leave it out.**
* **Put the most important information up front in short, simple sentences.** Remember the basics of journalism: who, what, where, when, how and why.
* **Leave out greetings, transitions, and framing phrases**such as “the following information” or “welcome to the department.” Say what you mean in as few words as possible.
* **Divide content into paragraphs of 50 words or less.** One-sentence paragraphs are OK.

**Prioritize the content on the page and make it easy to find**

* **Move essential information into the main body of the page,** preferably at the top. This includes moving vital information out of the sidebar and documents such as PDFs.
* **Avoid information clutter.**Evaluate whether related content items are necessary and directly related to the main content. Excessive content blocks can overwhelm and distract people.
* **For content with bylines, put the byline at the bottom of the content**
* **Use keywords** in your page titles and page headings.

**Make it easy to scan**

* **Use bullet points** to make information easier to scan.
* **Use headers**to break up pages into more digestible sections.
  + Write headlines so they preview the breadth of information in a section or on a page.
  + Structure content so it is scannable and headers preview the most important ideas captured in the body copy.

Section 5: Resources and References

[Strategic Marketing and Communications Style Guide](https://depts.washington.edu/uwmmktg/brand-identity/editorial-style-guide/)

[UMAC Equitable Language Guide:](https://s3-us-west-2.amazonaws.com/uw-s3-cdn/wp-content/uploads/sites/98/2020/04/20111848/UMAC-Equitable-Language-Guide-v.1.pdf) a guide to inclusive language usage for communicators

[Developing an Equity Lens: a visual guide for inclusive communications](https://s3-us-west-2.amazonaws.com/uw-s3-cdn/wp-content/uploads/sites/98/2020/04/29130358/Representation-and-Equity-Lens.pdf)

[UMAC’s Word List:](https://www.washington.edu/brand/editorial-elements/word-list/) a list of commonly used terms and words compiled by University Marketing and Communications

[Plain Language Materials & Resources:](https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html) a guide to finding accurate, simple options for common healthcare terms