smaccGOLD

express yourself!

THE ARTFUL ARRANGEMENT OF WORDS

WORKSHOP PRE-READING BY MICHELLE JOHNSTON

No matter what you are writing, be it blogpost or article, essay or head-swimmingly glorious fiction, you want to do it with style.

You want your reader to take a sudden breath in and sit themselves down, in order to finish your work. You want to be read. You want your reader to devour your work and then lift their head, wide-eyed, looking for more.

There is only one way to do it. Write well. Learn the rules of writing, which apply equally to both fiction and non-fiction, and then break them, but break them with care and with respect and with your own spectacular individuality. Only then will you be free to pave the page with your own fabulous and unique work.

Below is an example of an execrably written mini-blogpost about Wellens' Syndrome. Have a read through. It breaks almost all of the writing rules, but it does so in flagrantly ignorant fashion. Have fun with it. Circle or highlight all the areas that you think could be improved, and on the day of the Get Creative Workshop we will go through it, and tease out the essence of its awfulness so that we can learn to do better. There will be no requirement to share anything in public, so go crazy.

WELLEN'S SYNDROME [AN EXAMPLE]

Wellen's Syndrome consists of two ECG patterns, one of which is isoelectric or minimally elevated (i.e. less than 1mm) ST segments with a straight or convex morphology that leads into a negative (inverted) T wave, usually commencing at an angle of between 60° and 90°, and secondly biphasic T waves. This syndrome, because of these changes and because the main culprit is a critical proximal LAD stenosis is not infrequently known as the LAD coronary T wave syndrome. This syndrome has only recently been described. The first case series was by Wellens in 1982. He published his series in the American Heart Journal. This ECG pattern is seen when the patients are pain-free. In fact, when the patient is experiencing symptoms of angina, the ST segment – T wave abnormalities frequently normalize, or may even develop into a pattern of ST segment elevation, plus there is, additionally, a significant number who will have no cardiac biomarker rise, despite the severity of the LAD occlusion and the degree of pain. Interestingly, there is an extensively long list of differential diagnoses, many of which are constantly and repeatedly overlooked, leading to terrible outcomes in the Emergency Department if not picked up as early as possible. These include past myocardial ischaemia, left ventricular hypertrophy, pulmonary embolism, digoxin effect, acute intracerebral events and pericarditis. The most important thing to know about Wellen's Syndrome is that it is considered a pre-infarction lesion and it has a high risk of progressing onto full anterior wall infarction within 2 to 3 weeks. The management, once recognized, is to establish aggressive treatment strategies for coronary ischaemia. Because there is little collateral circulation to the anterior myocardial wall, an exercise stress test should not be ordered. The patient should be referred immediately to a cardiologist and definitive coronary imaging (an angiogram) needs to be undertaken. Education should be also be undertaken so that this condition is promptly recognized and patients' lives can be saved.
In summary, you want to avoid missing this syndrome like the plague.