Dual-Audience Medical Communications Sample

Physician-facing brief and patient-facing adaptation

Sample Type: Dual-audience medical communications writing from the same evidence base

Purpose: This sample demonstrates audience adaptation. The first version is written for clinicians or medical affairs stakeholders. The second version translates the same core message for a patient-facing website or newsletter.

Source theme

The American Diabetes Association Standards of Care in Diabetes are updated annually and include clinical practice recommendations for diabetes care, treatment goals, and quality evaluation. The public ADA Standards page notes that recommendations are based on review of the clinical diabetes literature and input from ADA staff and the medical community.

Version A: Physician-Facing Brief

Title: Technology-enabled glucose pattern review in non-insulin-treated type 2 diabetes: practical implications for clinical communication

Continuous glucose monitoring is increasingly relevant beyond intensive insulin management, but the clinical communication challenge differs for adults with type 2 diabetes who are not using insulin. In this group, CGM data may be most useful when it helps clinicians and patients identify actionable patterns: postprandial excursions, overnight trends, variability around physical activity, and glucose responses to medication timing or dietary changes. The value proposition is less about acute insulin-dose adjustment and more about structured behavior feedback, shared decision-making, and longitudinal risk-factor management.

For medical communications teams, the key is to avoid positioning CGM as a stand-alone intervention. CGM is better framed as a decision-support and behavior-insight tool within comprehensive diabetes care. This framing aligns with guideline-based diabetes management, which emphasizes glycemic goals, cardiovascular and kidney risk reduction, blood pressure and lipid management, weight management when appropriate, and individualized care planning.

Communication implications

- Define the clinical role of CGM by patient subgroup rather than presenting one broad diabetes-technology message.
- Separate surrogate markers such as time-in-range or glucose variability from hard clinical outcomes unless the evidence supports the linkage.
- Explain how CGM insights may support counseling, medication discussions, and lifestyle pattern recognition.
- Use balanced language around burden, cost, alert fatigue, data privacy, and health literacy.
- Ensure promotional or educational materials distinguish FDA-approved device use, clinical judgment, and study-specific procedures.

Version B: Patient-Facing Article

Title: What a glucose sensor can and cannot tell you about type 2 diabetes

A glucose sensor, often called a continuous glucose monitor or CGM, checks glucose levels throughout the day and night. Instead of showing only one number at one moment, it can show patterns. For example, it may show that glucose rises after certain meals, drops after activity, or stays higher overnight.

For some people with type 2 diabetes, these patterns can make diabetes care easier to understand. A CGM may help you ask more specific questions during a clinic visit, such as why glucose rises after breakfast or whether evening snacks are affecting morning readings. It may also help you see how walking, sleep, stress, or medication routines affect your glucose.

A CGM does not replace your health care provider. It also does not mean you should change your medicine on your own. If a reading worries you, or if you are not sure what to do with the information, contact your health care team. The best use of CGM information is usually as part of a larger care plan that includes healthy eating, physical activity, medicine when needed, blood pressure and cholesterol management, and regular screening tests.

Plain-language takeaway

A CGM can help you see glucose patterns, but the numbers are most useful when you review them with your health care team and connect them to a practical care plan.

Selected Public Sources Used for Mock Sample

3. American Diabetes Association. Standards of Care in Diabetes - 2026. Accessed May 29, 2026.

4. MedlinePlus. Type 2 Diabetes. Updated January 21, 2026.