The AMWA Journal is available as a PDF file in the Members Only area of www.amwa.org

MISSION STATEMENT

The AMWA Journal expresses the interests, concerns, and expertise of members. Its purpose is to inspire, motivate, inform, and educate them. The Journal furthers dialogue among all members and communicates the purposes, goals, advantages, and benefits of the American Medical Writers Association (AMWA) as a professional organization. Specifically, it functions to

- Publish articles on issues, practices, research theories, solutions to problems, ethics, and opportunities related to effective medical communication
- Enhance theoretical knowledge as well as applied skills of medical communicators in the health sciences, government, and industry
- Address the membership’s professional development needs by publishing the research results of educators and trainers of communications skills and by disseminating information about relevant technologies and their applications
- Inform members of important medical topics, ethical issues, emerging professional trends, and career opportunities
- Report news about AMWA activities and the professional accomplishments of its departments, sections, chapters, and members

The AMWA Journal is published 4 times a year by AMWA. For details about submissions, see “Instructions for Contributors” on page 220.

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The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of AMWA or the institutions with which the authors are affiliated. The association accepts no responsibility for the opinions expressed by contributors to the Journal.

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Top 2 cover photos by Constance Jackson, Atlanta, GA
(www.cjacksonphotography.com)
Elliott Churchill was named the recipient of the 2007 Harold Swanberg Distinguished Service Award. This award is given to an active member of AMWA who has made distinguished contributions to the field of medical communication or rendered unusual and distinguished service to the medical profession.

“I am honored that the committee selected me. I am humbled when I think of all of the stellar AMWA members who deserve this recognition far more than I do, but I am grateful that AMWA thinks my work is worth such recognition,” said Elliott when she learned of her award. She delighted attendees of the Sablack Dinner with her presentation.

Several awards were presented at the annual conference to recognize members for their contributions to AMWA and to the field of medical communication. In addition, 2 students received Annual Conference Student Scholarships. The awards were presented at the Sablack Networking and Recognition Dinner, held on the Friday night of the conference.

2007 Swanberg Award Winner: Elliott Churchill

By MaryAnn Foote, PhD, Chair, Swanberg Award Committee

Elliott Churchill was named the recipient of the 2007 Harold Swanberg Distinguished Service Award. This award is given to an active member of AMWA who has made distinguished contributions to the field of medical communication or rendered unusual and distinguished service to the medical profession.

“I am honored that the committee selected me. I am humbled when I think of all of the stellar AMWA members who deserve this recognition far more than I do, but I am grateful that AMWA thinks my work is worth such recognition,” said Elliott when she learned of her award. She delighted attendees of the Sablack Dinner with her presentation.

Video or audio recordings as well as PowerPoint slides from the Keynote Address, the Alvarez Award lecture, and the McGovern Award lecture are available on the AMWA Web site (www.amwa.org). Photos above by Constance Jackson, Atlanta, GA (www.cjacksonphotography.com).
lecture, “Mountains, Molehills, and Memories.” (This lecture begins on page 176.)

Elliott has been a member of AMWA since 1978 and has taught workshops since 1998; she was awarded the Golden Apple in 2004. Beyond her AMWA contributions, Elliott has helped people worldwide improve the quality of their scientific communications. “Around the world” is key: between 1985 and 2006, she worked in 94 countries, helping in diverse areas such as communication, publication management, public health surveillance, and applied public health advocacy.

Golden Apple Award: MaryAnn Foote

By Barbara Snyder, MA, Chair, 2006-2007 Education Committee

In recognition of the vital role that workshop leaders play, AMWA established the Golden Apple Award in 1986. This award publicly recognizes 1 workshop leader each year who has excelled in teaching in the AMWA education program. MaryAnn Foote, PhD, is the recipient of the 2007 Golden Apple Award.

The Golden Apple recipient is selected by the Education Committee after a review of the credentials of eligible workshop leaders. Eligibility criteria include having taught at least 12 workshops at AMWA annual conferences or chapter conferences, and an average score of at least 4.4 (on a scale from 1 to 5) in students’ workshop evaluations. Other criteria that the committee considered include the diversity of workshops taught, the number of new workshops the leader has developed, the difficulty of the content of courses taught, and the number of years each candidate has been volunteering his or her time as a workshop leader.

Since 1992, MaryAnn has taught nearly 30 sessions of credit or noncredit workshops at the regional and national level and at company on-site workshops, with her students consistently giving her high scores and positive comments on the workshop evaluations. Credit workshops she has taught to date include multiple sessions of Basics of Human Anatomy and Physiology, Basic Cell Biology, and Critical Appraisal for Writers and Editors of Biomedical Research Articles.

As the committee concluded its deliberations, it particularly commented on MaryAnn’s willingness to develop and flawlessly deliver several workshops for the new Science Fundamentals Curriculum. Currently, she is working on developing a workshop in basic genetics.

Upon being notified of her selection, MaryAnn was (in her own words) “truly surprised and deeply humbled.” Her simple, heartfelt comment was, “I am so very honored to be in this category; you have no idea what this means to me.”

President’s Award: Peggy Robinson

By James Cozzarin, 2006-2007 AMWA President

Each year, the AMWA president selects a member of AMWA to receive the President’s Award, given for distinctive contributions to the association at the chapter or national level. The recipient must have been an AMWA member for 10 years and cannot have served on the Executive Committee. This year, 2006-2007 AMWA President James Cozzarin presented the award to Peggy Robinson.

Named an AMWA Fellow in 2006, Peggy has been a member of AMWA since 1991, the same year she agreed to serve as the Canada Chapter treasurer. She held this position for the next 13 years, finding time along the way to also serve as coordinator of the Canada Chapter conference in 1999. While supporting her local chapter, Peggy became involved in national events, serving at several annual conferences as roundtable leader, open session speaker, and workshop leader. Also during that time, she served the
Fellowships: Jennifer Fissekis, Jim Hudson, and Donna Miceli

By Dominic De Bellis, PhD, Chair, Fellowship Committee

Fellowships are awarded to members of AMWA to recognize their important contributions to the goals and activities of the association and for professional accomplishments that have been recognized by their peers. As the chair of this year’s Fellowship Committee, I would like to thank my colleagues, Susan Aiello, MaryAnn Foote, Robert Hand, and Jill Shuman, for serving on the 2006-2007 Fellowship Committee. It was my distinct pleasure to have presented these AMWA members with their plaques and pins at the annual conference.

Jennifer Fissekis, of Rye Brook, NY, has been an AMWA member since 1985 and is a member of the Empire State-Metro New York Chapter, for which she served as assistant treasurer in the mid-1990s. During her tenure with AMWA, Jennifer also worked as a chapter delegate to the Board of Directors and has led many workshops as well.

Jennifer enjoys teaching, noting that her workshop experiences are the most favorite of all her AMWA endeavors. “I’ve found it enormously rewarding,” she said, adding that she always learns from the people who attend her workshops. “It is a very enriching experience and the contacts [I have made] across the world have been very nice,” she noted, reflecting on the value of AMWA’s professional and yet, collegial network. Jennifer’s commitment as a workshop leader has led her to present classes at chapter conferences, annual conferences, and on-site venues.

Before starting her 25-year career as a medical writer, Jennifer was a research scientist, first at Memorial Sloan-Kettering Cancer Center in New York City, then at Lederle Labs; this position eventually led to a technical writing job, her “first break,” as she put it. After a time, she turned to freelance medical writing, and, through a series of freelance engagements that each transformed into permanent positions at different pharmaceutical companies, she became a freelance writer with expertise in both preclinical and clinical regulatory documents.

Jennifer also mentors other AMWA members regularly, particularly at annual conferences. “I’ve made myself available by word-of-mouth and have had a number of people contact me,” she said, explaining that she gladly offers her time to others seeking advice on how to get jobs and make contacts in the medical writing profession. Jennifer splits her personal and professional time between Rye Brook, NY, and San Diego, honing her gardening skills in each of these different climates.

Jim Hudson, of Simi Valley, CA, has been an AMWA member since 1980. A member of the Pacific Southwest Chapter, Jim has served as the chapter delegate to the Board, was the chapter president, and was the 2006 recipient of the AMWA President’s Award. Jim has also led annual conference workshops and roundtable discussions on writing for medical devices, has spoken at or moderated open sessions at the

But all work and no play can become tedious. Fortunately, Peggy has several extracurricular interests, including singing with the Ottawa Bach Choir. This spring, she traveled with the choir to perform in Europe. One highlight of the tour was performing at the Thomaskirche in Leipzig, which was Bach’s own church for many years.

On learning of the award, Peggy was characteristically humble. “I’m completely surprised!” she exclaimed, “I’m not altogether sure I deserve such an honor!” Let me assure you, Peggy, that the honor has been ours. You have been a member in good standing for more than 16 years, you have long served the local chapter and the national association well and faithfully, and you are an asset to AMWA and the profession. Congratulations!
annual conference, and since 1998, has been a sketch writer for the Asilomar conference, a popular regional AMWA meeting held near Monterey, CA.

Of the many accomplishments for which Jim has been recognized, he noted that his tenure as president of the Pacific Southwest Chapter was his most enjoyable endeavor. As Jim explained, he should have just said “no,” but, he didn’t and is glad that he accepted the position. “I got to meet and work with some fine, generous, and talented folks,” he said, noting that Sue, his wife, was the immediate past chapter president. Jim credits his chapter colleagues for his success as chapter president. “My tenure went a lot more smoothly than it otherwise might have,” he said.

Jim began his career as a technical editor for Control Data Corporation in 1964, working in St. Paul, MN. He continued his work in technical documents with 3M Corporation as a technical writer for the Apollo Space Program. Interestingly, Jim noted that during his work with the Apollo program he met astronaut Jim Lovell and had a phone conversation with astronaut Neil Armstrong concerning aspects of a fluid-based technology that Armstrong was developing. By the mid-1970s Jim was then working for Medtronic, Inc., and was enhancing his skills as a medical writer focused on medical devices and the documentation supporting these products. Jim shifted to a freelance work style in 1978 and still specializes in medical device-related writing.

Jim’s background in English is complemented by his wonderful sense of humor and quick wit, a skill honed through his interests in acting and improvisation. When Jim is not writing sketches or auditioning for a television role, he enjoys astronomy. Who would have guessed that meeting and talking with astronauts would lead to such a hobby?

Donna Miceli, of Ft. Myers, FL, has been an AMWA member since 1989 and is presently a member of the Florida Chapter. Before moving to Florida, however, Donna lived in Philadelphia, PA, and was active in the Delaware Valley Chapter, serving as the secretary and as a delegate to the Board of Directors, a position that helped her learn more about how AMWA functioned. “Being a delegate in the Delaware Valley Chapter gave me the opportunity to meet a lot of people who I might not have met otherwise,” she said, adding that by meeting the association’s officers and members of the Executive Committee she gained a first-hand look at what it took to make AMWA work as it does. “I enjoyed being able to see that part of the organization and what was involved with it—to see what a big undertaking it is. It made my membership so much more meaningful.”

Donna has led roundtable discussions, served on a variety of committees at the national level, moderated or chaired annual conference sessions, served as a book awards judge for trade books, and authored the AMWA essay “Scope of Medical Communications: Public Relations.” She has also coordinated and chaired the Creative Reading Session at the annual conference for the past 3 years.

Donna began her professional career in public relations, working as the Assistant Director of Public Relations for Sisters of Charity Hospital in Buffalo, NY. When family obligations required her to relocate to Philadelphia, she decided to embark on a freelance career and focused her interests on health care and medicine. She explained that writing many health-related newsletters while working in public relations piqued her interest in medicine, and she is now in her 18th year as a freelance medical writer.

Educated in both journalism and speech, with a minor in English, Donna credits AMWA for much of her career development, saying that from a professional point of view, “joining AMWA was the best decision I’ve ever made.”

Donna enjoys golf, creative writing, reading and participating in a local book club, as well as playing Mah Jongg, a game that she described as “perfect for her” because she never learned the fine art of shuffling a deck of cards.

**Eric Martin Awards**

*By Vicki Foerster, Chair, Eric Martin Award Committee*

The Eric Martin Awards are presented each year to recognize excellence in medical writing. Awards are given in 3 categories: monographs, articles intended for a professional audience, and articles intended for a lay audience.

**Monograph Category: Diane Shannon, MD**

A former internist, Diane has been a freelance writer in the Boston area for 8 years. She has carried out a number of projects for the Association of Reproductive Health Professionals (ARHP) in Washington, DC; her winning entry, “Helping Your Patients Decide,” is one of these projects. The ARHP is a nonprofit membership association made up of experts in reproductive health and one of its key activities is education. Diane has been drawn to the organization due to its interest in presentation of unbiased information. For this particular project, ARHP was interested in training a spectrum of primary care clinicians about how to speak to patients about various aspects of risk (such as relative risk, absolute risk) and weighing of options. Information was obtained from a panel of experts, with Diane
given fairly free rein to write up the topic. Multiple rounds of review followed, in part due to uncertainty as to how much material to present; i.e., enough to be useful but not overwhelming. Diane was interested in this topic, as she has always been interested in public health issues and also appreciates the challenge that primary care providers face when communicating important concepts to their patients.

Although Diane is originally from Delaware, she has lived in the Boston area for a number of years—and loves it. She graduated with a medical degree from Jefferson University in Philadelphia and practiced as an internist for several years in urgent care and student health clinics, ultimately seeking a new career because of discomfort with some of the changes she saw in the medical climate. An MPH degree at Harvard followed, where she gained additional exposure to areas such as ethics and population health. For practical reasons, employment at a medical communications company was her first job after earning her master’s degree, and she was hired to oversee the accuracy of the clinical material used in sales training for drug representatives. Opportunities to write some of the material became possible and she enjoyed this task and benefited from skilled mentoring as well. It was around this time, 9 years ago, that Diane became an AMWA member.

Diane’s recent work has been in the areas of clinical writing and physician education but she is undergoing a transition now, moving to “performance training,” particularly for quality improvement projects, where there is an increasing emphasis on quality, patient safety, and systems approaches as solutions.

In her personal life, Diane is committed to her family—her husband, a software engineer; 8-year-old daughter; and 5-year-old son. The most dramatic change she is undergoing is the tackling of the writing of a screenplay—a romantic (nonmedical) comedy set in Boston—that she is now finishing up. The catalyst for this initiative was a writing group that first coalesced at a night school class focused on the writing of screenplays and that now meets regularly at her home. Each member of the group aims to complete a screenplay and submit the work to a competition or an agent. Some AMWA members drew inspiration from Diane at the Atlanta conference as participants of her Coffee and Dessert Klatch on romantic comedies.

**Professional Category: Flo Witte**

Flo Witte, PhD, ELS, received the award for the article “Stories from the Field: Students’ Descriptions of Gender Discrimination and Sexual Harassment During Medical School,” which was published in the July 2006 issue of *Academic Medicine.* This article was based on research performed by coauthors Lois Margaret Nora, MD, JD, and Terry Stratton, PhD. Dr Nora began this research at the University of Kentucky (UK) with the assistance of funding from the American Association of University Women. At that time, she was Associate Dean, Office of Academic Affairs, at the UK College of Medicine; she is now President and Dean of Northeastern Ohio Universities College of Medicine, Rootstown, OH. Dr Stratton is Assistant Dean, Student Assessment and Program Evaluation, at the UK College of Medicine.

“I began working with Dr Nora as an editor soon after she came to UK and have been peripherally involved in her research ever since,” Flo said. “We wanted this article to be somewhat qualitative in nature, and I wrote the original draft as a research paper for a class in qualitative research methods as one of the requirements for the PhD degree in health communication. I guess you could say that the published version of the paper is semiqualitative—*Academic Medicine* doesn’t publish strictly qualitative research, but we believed that the findings would be important to the audience that this journal reaches. I am very honored that the article was chosen for this award.”

Flo has been a medical editor and writer since 1990 when she accepted a position as Director of the Publications Office of the UK Department of Surgery, remaining there for nearly 8 years. In 1998, while working as a research assistant for a busy private practice in orthopedic surgery, she accepted the position of Director of the Scientific Editing Department at St. Jude Children’s Research Hospital in Memphis, TN. She left Memphis in 2001 and returned to UK, where she served in various positions related to clinical and cancer research. In 2005, after a successful year as a freelance writer and editor, she accepted her current position as a clinical and editorial specialist for AdvancMed, LLC, a medical education and communication company based in Lexington, KY.

Flo has been an AMWA member since 1990 and has served the association in various capacities, including workshop leader, president of the Ohio Valley Chapter, publications administrator, workshop coordinator for the annual conference, and president. She is the coauthor, with Nancy Taylor, PhD, ELS, of AMWA’s 2 volumes of workshop essays and is the author of 2 of AMWA’s self-study workshops, *Basic Grammar and Usage for Biomedical Communicators,* published in 2003, and *Sentence Structure and...*
Patterns, published in October 2007. Flo is a Golden Apple recipient and an AMWA Fellow. She has also led workshops for and is a member of the Council of Science Editors and has served as treasurer of the Board of Editors in the Life Sciences.

Lay Article Category: Debra Bradley Ruder

Debra is a Boston area-based writer and editor and currently serves as Associate Publications Director at Dana-Farber Cancer Institute in Boston, MA. Her freelance article, “Life Lessons: Gravely Ill Patients Teach Medical Students about Listening and Compassion,” was published in Harvard Magazine (Jan.-Feb. 2006 issue). The article described a class that matched first-year students at Harvard Medical School with patients facing cancer and other life-threatening illnesses. The course gave students an intimate view of the patient-family experience, teaching them how to be “a healing presence in the face of suffering.” For those patients who volunteered to be involved, it offered a chance to help educate the next generation of doctors at a time when they themselves felt most diminished.

Debra had written briefly about this class for Dana-Farber and wanted to explore it more deeply. With permission from the faculty leaders, she observed the semester-long course in the spring of 2005 and interviewed both participants and outside experts in the field of end-of-life care. In crafting the article, she focused on 5 particularly compelling student-patient pairs. Harvard Magazine endorsed this project by giving it ample space and hiring a skilled photographer, Mark Ostow, whose black-and-white portraits added drama to the spread. The article has generated several wonderful surprises, among them being optioned for television and earning the Eric W. Martin Award. Debra is thrilled to have her work appreciated and, in accepting the award, believes it also honors the dedicated and caring students, professors, and patients who shared their stories.

Debra’s 25-year professional writing career began after graduating from Brown University, where she earned a bachelor’s degree and wrote for the university’s newspaper. After 6 years of daily journalism in Northampton, MA, and Tampa, FL, she moved into communications/public affairs, working at Smith College, Harvard University, and now Dana-Farber. In addition to Harvard Magazine, her freelance stories have appeared in Newsweek and The Boston Globe. Debra is a newcomer to AMWA but looks forward to becoming more engaged in its activities.

Along with her job and raising 2 sons with husband Eric, Debra is developing a Web-based project about “goodbyes” at the end of life, an idea that stemmed from her work on “Life Lessons.”

See page 194 for information on how to enter submissions for the 2008 Eric Martin Awards.

Conference Student Scholarship Recipients

By Jeanine Halva-Neubauer, Chair, Annual Conference Student Scholarships Committee

Lisa Cockrell, a student at Emory University School of Medicine, Atlanta, GA, and Qing Zhou, a student at Purdue University School of Pharmacy, West Lafayette, IN, are the recipients of the 2007 AMWA Conference Student Scholarship sponsored by Cephalon, Inc. This scholarship provided Lisa and Qing with funds to cover the costs of attending the annual conference and participating in 3 workshops.

Lisa earned an undergraduate degree in biology from the University of North Carolina at Wilmington and is currently a senior PhD candidate in the Department of Pharmacology at Emory. Her thesis research focuses on cancer biology, specifically the proteins involved in cell growth and death and how these proteins interact. “The main reason I entered the PhD program was because I wanted to learn how to think independently,” said Lisa.

Scholarship recipients Lisa Cockrell (second from left) and Qing Zhou (far right) received plaques from Jeanine Halva-Neubauer (third from left) and Scott Metzger (far left), the 2007 Administrator of Awards.

“As a bench scientist, I have learned not only how to answer a particular scientific hypothesis or question by way of experimentation, but also—perhaps more importantly—what question to ask.”
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Graduate school has shown Lisa, however, that conducting basic research may not be a long-term career for her. “Although I enjoy working in the laboratory setting, it can be very frustrating,” she admitted. “I appreciate those who do basic research well, but I have discovered another part of science that I find much more enjoyable—communication.”

In January, Lisa joined her local AMWA chapter and has benefited greatly from that decision. “One of the best seminars that I have ever attended was at the Southeast Chapter meeting in January, where Dr Ruth M. Parker spoke on health literacy,” Lisa commented. “Not only was she a fantastic speaker but also the topic was a completely new and interesting one for me. In fact, it has caused me to consider specializing in health literacy.”

Lisa is now on her way to completing coursework toward an AMWA core curriculum certificate. The trio of workshops she chose to attend meld her interests in research and communication: Introduction to Writing Clinical Studies, Writing the Final Report of a Clinical Trial, and Launching a Freelance Writing Career. She noted, “The workshops that focused on writing clinical study reports I found to be very helpful, as I have an interest in regulatory affairs as a possible future career option. In the third workshop, I learned some of the subtle ‘tricks of the trade’ involved in starting a freelance writing business. Even though I’ve made some mistakes since launching my own freelance business earlier this year, this intriguing workshop helped me to become aware of new opportunities and ideas that are never too late to apply.” Lisa added, “I am especially excited to work as an Internet-based writer, as my husband is in the US Army and we are likely to move frequently.”

Lisa also attended multiple open sessions, gained insights from talking with others at the conference, and took 2 roundtables, both of which she found useful. However, Lisa’s favorite part of the conference was listening to Swanberg Award recipient Elliott Churchill at the awards dinner. “I found her talk to be humorous, educational, and emotional,” she said, “and I was so grateful to be able to learn from just a few of her life experiences.”

Lisa is also grateful to AMWA for the opportunity to participate in this year’s conference, commenting, “I was able to make many connections and several friends, and I hope to be able to continue to do the same at next year’s meeting!”

Qing began reading and writing scientific English 8 years ago while a graduate student at the Shanghai Institute of Biochemistry, Chinese Academy of Sciences. She has just completed her 5th year of PhD education at Purdue University in the Department of Medicinal Chemistry and Molecular Pharmacology. Her interests focus on molecular mechanisms by which a tumor suppressor slows growth and metastasis of breast cancer.

“Toward the end of the PhD program, I realized that the ability to write about science in a way that facilitates communication with fellow researchers and a broader audience is the most valuable skill I have developed during my years as a graduate student,” said Qing. “It was at that moment that I started to consider pursuing writing as a career.”

Having several questions about scientific writing, Qing contacted members of the Indiana Chapter of AMWA. “Joining AMWA probably is the best decision I have ever made for my professional development,” she noted. “Local members helped to unveil the nature of writing jobs in a real world, and their words further strengthened my interest in writing.”

As testimony to her commitment to become an outstanding writer, Qing recently received the 2007 Scholarship for Biomedical Communications, which allowed her to take part in the local chapter’s annual conference June 15–16 in Indianapolis. Awarded by the Indiana Chapter, the scholarship included a $1,000 prize and required that applicants write a 500-word essay on ethics in medical communications. Qing’s winning topic was “Internet Surveillance of Scientific Misconduct.”

As for the national conference, Qing enrolled in 3 workshops: English Usage and Abusage, Writing Abstracts, and Biomedical Research Design. “I was impressed by the knowledge and experience of the workshop leaders,” she said. “But what impressed me more is their passion for medical writing and their willingness to share and help.” She participated in roundtables and also attended 2 open sessions of particular interest: Medical Writing in Developing Countries and Writing Science When English Is Your Second Language. Having moved from China 5 years ago, she commented, “As an aspiring writer who comes from a different culture and writes in her second language, I am delighted to see that AWMA addresses the needs of our non-native writers and provides a forum to discuss issues brought up by globalization of medical communication.”

In applying for the student scholarship, Qing recalled the advice given to her by Dr Martha Tacker, a longtime AMWA member and instructor of scientific writing. “She suggested, ‘Go to an annual conference. You will meet so many interesting people there and learn so much about medical writing.’” Qing added, “I very much appreciate the opportunity to attend the annual conference, and I thank all those who made it possible.”

To be considered for this scholarship, applicants must be enrolled full time in an accredited institution of higher learning, preferably in a medical writing, technical writing, or journalism program. An official transcript and a letter of recommendation from an academic advisor or program professor must accompany the application. In addition, applicants must describe why they are interested in medical communication and their reasons for wanting to attend the conference. An essay is also required.

The recipients were selected by a scholarship committee consisting of representatives of AMWA and the sponsor, Cephalon, Inc., an international biopharmaceutical company.
FREEDOM WRITERS: MAKING THE MOST OF THE FREELANCE-AGENCY RELATIONSHIP

Moderator and Speaker
Lawrence E. Liberti, MSc, RPh
Vice President and General Manager, Thomson Pharmaceutical Services, Horsham, PA

Speakers
Richard Lamb
President, Complete Publication Solutions LLC, Chadds Ford, PA
Brian Bass
President, Bass Advertising & Marketing Inc., Robbinsville, NJ

By Yanni Wang, PhD

How to find new clients and keep old clients is of great interest to many freelance medical writers, especially those who are new to the freelance field. With many years of experience working with freelance medical writers (Liberti and Lamb), or as a freelance medical writer (Bass), the speakers of this open session shared their wisdoms regarding how to build and maintain a successful freelance-agency relationship.

The Agencies’ Perspectives
Working with a Medical Communication Agency
According to the 2004 Excellence in Publication Planning and Tracking Survey conducted by Clearpoint, every executive interviewed uses external agencies for publication planning. For many pharmaceutical companies, manuscript development is almost always outsourced. According to Richard Lamb, pharmaceutical companies use medical communication agencies to do a variety of work related to manuscript development, including interacting with medical authors, planning, tracking and archiving drafts, and arranging monthly team meetings. Although Lamb acknowledged the value of “professional medical writer/contractor,” a term he prefers to freelance medical writer, he also expressed his reluctance to use freelances. He said that, in general, many of his clients prefer not to work with new writers, especially freelances, and added that it is challenging for a medical communication agency to work with its clients and freelances at the same time. He summarized some benefits and concerns of using freelance medical writers (Table 1) and emphasized that knowing what clients need is essential to freelance medical writers (Table 2).

Working with a Regulatory Writing Agency
In his presentation, Larry Liberti, who has worked in the pharmaceutical industry for more than 28 years, first stated that regulatory writing requires teamwork and medical writers play critical roles throughout the clinical trial process. His company uses freelance medical writers to meet a variety of project needs, and some freelances have been successfully working with the agency for more than 17 years. According to Liberti, the desirable qualities of a freelance medical writer include the following:
• Experienced enough to work independently
• Client oriented
• Able to “let go” and work within a team
• Willing to commit to working with a group

Table 1. Benefits and Concerns of Medical Communication Agencies Using Freelance Medical Writers

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimizes overhead</td>
<td>Long-term commitment vs. length of a project</td>
</tr>
<tr>
<td>Able to add/drop/replace “relatively” quickly</td>
<td>Guaranteed confidentiality</td>
</tr>
<tr>
<td>Save money* (depends on writing efficiencies)</td>
<td>“Local” processes and SOP variability, constant training</td>
</tr>
<tr>
<td>Ensure therapeutic expertise*</td>
<td>Cost of changing writer during a project development process</td>
</tr>
<tr>
<td>Available when the agency needs the writers*</td>
<td>Added time pressure on agency’s medical staff</td>
</tr>
<tr>
<td>Partnership*</td>
<td>Time needed to contract freelances</td>
</tr>
</tbody>
</table>

*According to Lamb, these are variable values of “professional medical writer/contractors.”

Table 2. Clients’ Needs from Agencies and Conflicting Goals between Agencies and Their Clients

<table>
<thead>
<tr>
<th>Client’s Need from Agencies</th>
<th>Conflicting Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel stability</td>
<td>Long-term relationship</td>
</tr>
<tr>
<td>Minimize time and resource investments</td>
<td>Therapeutic conflicts</td>
</tr>
<tr>
<td>Efficiency, minimal editing and reviews</td>
<td>Clients define what kind of work an agency can do for them</td>
</tr>
<tr>
<td>Increased depth of publication practice knowledge in agencies</td>
<td>Agencies rely on teamwork to efficiently process a project</td>
</tr>
</tbody>
</table>

Time needed to have an even workload requiring extra hours on short notice
He added that he asks the following questions about freelances when selecting them:

- Have they made their availability known to the agency?
- Have they called for work? Do they care about the agency?
- Have they backed out on ongoing projects?
- Do they prefer short-term or long-term projects?
- Do they require too much hand-holding or do they disappear?
- How well do they interact with clients and represent the agency in public?

To help the audience understand why freelance medical writers sometimes get phone calls at the last minute and how projects are priced, Liberti demonstrated the “food chain” in the process of drug development and pointed out that although medical writers play critical roles in the drug development process, they are one of many components. Because a project fee is often set by the agency’s client (the pharmaceutical company), the agency has limited flexibility in the hourly rates they can pay freelances and the number of freelance hours they can budget.

Highlights of Liberti’s Presentation

- Freelance medical writers play important roles in their regulatory writing teams.
- An ideal freelance is an independent worker who works well with others.
- Financial constraints imposed by clients determine rate and hours for a project.
- A successful freelance-agency relationship is based on trust.

The Freelance’s Perspective

Like Lamb and Liberti, Brian Bass, a successful freelance medical writer for more than 17 years, pointed out that freelance medical writers have to first let agencies know they are available to work. He reiterated that knowing what you (the freelance) want and what the client needs is critical to building a successful freelance-agency relationship. Among the most important needs of a client are to solve a problem, meet a deadline, deliver a job within budget, end with a high-quality product, and “look good,” he said.

According to Bass, the top 10 tips for a freelance medical writer to work well with clients are the following (in ascending order of priority):

- Be ready to work.
- Know why your clients need you.
- Know why your clients don’t want to hire you.
- Know where you are in the food chain.
- Know what you want.
- Know what your clients need.
- Know what you know.
- Know what you don’t know.
- Know your reputation precedes you (could be good and could be bad).
- Your clients’ success is your success.

Bass emphasized that it is important for freelance medical writers to let the client know their availability for work and how they can meet the client’s needs; to recommend somebody who qualifies for the job if they are currently not available for the job; and to always “deliver on time, on target, and on budget.”

According to all of the speakers, the essence of building a good freelance-agency relationship is to achieve a win-win based on mutual understanding, trust, and communication.

Yanni Wang is a freelance medical writer residing in Frederick, MD.

HEART DISEASE IN WOMEN AND AHA’S GUIDELINES FOR CARDIOVASCULAR DISEASE PREVENTION IN WOMEN

Moderator
Stephen N. Palmer, PhD, ELS
Scientific Medical Writer, Texas Heart Institute at St. Lukes Episcopal Hospital, Houston, TX

Speaker
Nanette K. Wenger MD, MACP, FACC, FAHA
Professor of Medicine, Division of Cardiology, Emory University School of Medicine, and Chief of Cardiology, Grady Memorial Hospital, Atlanta, GA

By Rosa M. Blau, PharmD

A woman dies almost every minute from some form of cardiovascular disease (CVD). Between 2000 and 2004, the mortality rate for women has declined yearly; however, these numbers are still greater for women than for men.1 Nanette Wenger, MD, attributed this decrease not to prevention but to improvements in the management of heart disease. Therefore, a great opportunity exists to further drive down mortality through prevention, she said.

Gender Differences in CVD

Wenger discussed gender differences that have been found in a number of studies that pertained to stable angina pectoris, acute coronary syndrome (ACS), and myocardial infarction (MI). Differences between men and women include the clinical presentation, the approach to management, the response to treatment, and the adverse outcomes. One recurrent theme was the baseline characteristics of women with CVD at presentation. Women tend to be older and are more likely to have comorbidities, such as hypertension, diabetes, and heart failure. As a result, women have more complications and yet, are less likely than men to be treated appropriately. Of further concern is that women who are younger than 50 years have twice the risk of mortality from an MI than their male counterparts.
The American Heart Association Guidelines to Prevent CVD in Women

Because heart disease develops in women 10 years later than men, lifetime risk is more important than the 10-year risk used to determine the Framingham risk score. The 2007 American Heart Association (AHA) guidelines introduced a simpler classification by grading women as high-risk, at-risk, or optimal risk (Table 1). Wenger also discussed the preventive interventions addressed by the AHA guidelines, which include lifestyle interventions, major risk factor interventions, and preventive drug interventions.

Lifestyle Interventions

Cigarette smoking cessation. Wenger drove home the enormous benefits of smoking cessation: within 2 to 3 months, pulmonary function improves by 20% to 30%; after 1 year, the risk of heart disease decreases by 50%; and after 5 to 15 years, the risk of stroke is similar to that for those who never smoked. If an individual quits before the age of 50, the risk of dying over the next 15 years decreases by half.

Physical activity. Women should engage in physical activity of moderate intensity for a total of 30 minutes daily. For women who need to lose weight or to sustain a previous weight loss, the time increases to 60 to 90 minutes. Wenger said that when a patient gives her excuses for not exercising, she counsels that if they cannot find time for exercise then they had better find time for disease.

Heart healthy diet. The diet recommended by the AHA consists of plenty of fruits and vegetables; whole-grain, high-fiber foods; fish twice weekly; limited saturated fats (7% to 10% of energy); cholesterol of less than 300 mg per day; alcohol limited to 1 drink per day; a sodium intake of no more than a teaspoon of salt per day; and a trans fat consumption that is as low as possible.

Weight maintenance or reduction. A healthy weight is one in which the BMI is between 18.5 and 25 kg/m^2 and the waist circumference is less than 35 inches. To help patients lose weight, Wenger provides the 250:250 rule: exercise to burn an extra 250 calories per day and eat 250 fewer calories per day. This ratio equates to 500 fewer calories per day (3,500 calories per week), or 1 pound of weight loss per week.

Omega-3 fatty acids. These supplements may help women with CVD, but they are not routinely recommended for healthy women. In addition, depression screening is recommended for women with CVD, and cardiac rehabilitation should be prescribed for women who have had a recent event.

Major Risk Factor Interventions

The optimal blood pressure goal for everyone is less than 120/80 mm Hg, which should be maintained through lifestyle interventions, said Wenger. Pharmacotherapy is indicated when the blood pressure is less than 140/90 mm Hg. For individuals with chronic kidney disease or diabetes, pharmacotherapy is initiated for a blood pressure of 130/80 mm Hg or higher.

With regard to lipids and lipoprotein levels, Wenger recommended memorizing 3 numbers: 100, 50, and 150. The low-density lipoprotein-cholesterol (LDL-C) level should be less than 100 mg/dL; the high-density lipoprotein-cholesterol (HDL-C) level should be less than 50 mg/dL; and the triglyceride level should be less than 150 mg/dL. However, for individuals at very high risk, an LDL-C level of less than 70 mg/dL is a reasonable goal.

As Wenger stated, diabetes is a coronary heart disease risk equivalent in women; in other words, the risk of coronary heart disease is equal to that of nondiabetic subjects with a history of prior myocardial infarction. Lifestyle and pharmacotherapy should be used to control the glucose levels in women with diabetes to achieve a hemoglobin A1C level of less than 7%.

Preventive Drug Interventions

Aspirin is recommended for high-risk women unless it is contraindicated or not tolerated. In such cases, clopidogrel should be substituted, said Dr. Wegner.

A beta-blocker and an angiotensin converting enzyme inhibitor should be
prescribed for all women after an MI, and aldosterone blockage should also be considered.

Hormone-replacement therapy, antioxidant supplements, and folic acid have been found to be either not useful or ineffective and potentially harmful for the prevention of CVD or MI in women.

Wrap-Up
Dr Wenger wrapped up the session by emphasizing that a physical examination should include an evaluation for cardiovascular risk. Dr Wenger asked the audience how many had had their waist circumference measured by their physician. No one raised his or her hand…except for Dr Wenger.

Rosa M. Blau is freelance medical writer in Hillsborough, NJ.

References

MEDICAL WRITING IN DEVELOPING COUNTRIES: CHALLENGES, SUCCESSES, AND INITIATIVES

Moderator and Speaker
Barbara Gastel, MD, MPH
Associate Professor, Texas A&M University, College Station, TX

Speakers
Zhang Jian
Lecturer, Peking University Health Science Center, Beijing, China
Diego Pineda, MS
Science Writer, Immunizations for Public Health, Galveston, TX

By Barbara Gastel, MD, MPH

The medical communication world is increasingly becoming one. Yet countries differ in traditions, conditions, and institutions relating to medical writing. This session offered 3 perspectives in this regard.

Zhang Jian focused on the experience of Chinese biomedical researchers writing English-language papers for journal publication. She drew on a survey of 50 authors who attended a lecture she presented on writing, on her experiences teaching and editing, and on other communications with with authors and editors.

Researchers in China, Zhang noted, are motivated to publish papers in English because English is the international language of science and because publication in English-language journals counts highly in the Chinese evaluation system. Currently in China, there are 31 English-language biomedical journals, all with low impact factors. Thus, publishing in English generally entails publishing outside China.

For Chinese researchers, writing papers in English presents enormous difficulties. When Zhang asked the 50 authors to identify the greatest challenge, 34 noted English language proficiency, 7 noted organization, 4 noted content arrangement, 4 noted format, and 1 noted “other.” Inability to express ideas precisely in English is a frustration. Zhang said that although authors tell her “Please help me revise the English,” organization is an equally large problem. One difficulty is that thinking and expression tend to be linear in Western countries but circular in the East. Also, English uses connective words and phrases more than the Chinese language does.

Chinese authors also face barriers in publishing. Zhang explained. They sometimes misunderstand journals’ instructions to authors. Language barriers and the Chinese emphasis on courtesy hamper communication with journal editors. How journals process manuscripts seems mysterious to many Chinese authors. Most authors expect journals to provide detailed suggestions for revision, and some expect journals to include staff with Chinese background to aid communication.

Zhang said using translators is unlikely to improve the situation, as translators generally lack biomedical knowledge and are unfamiliar with conventions of biomedical journals. Rather, she favored educating Chinese authors about English-language biomedical writing and developing biomedical editors in China. She noted that the China Medical Board program in writing and editing has trained more than 300 biomedical authors and more than 40 biomedical editors.

Diego Pineda, who grew up in Colombia and studied journalism there, discussed the communication of science and medicine in Colombia. Among challenges Pineda noted were the following:

• Few journals are based in Colombia.
• Researchers prefer to publish outside the country.
• Many English-language scientific terms lack Spanish equivalents.
• Science news in the Colombian media focuses largely on discoveries in the developed world.

In addition, the few Colombian scientists available have little time to report on science, as they also must cover other topics, and have little space in which to publish.

Pineda summarized initiatives of 3 entities to promote science communication in Colombia. Initiatives of the Colombian Institute for the Development of Science and Technology (Colciencias) include interactive
science museums; science and technology fairs; science journalism; publications, including textbooks, magazines, and popular science books; and science curricula for public schools. The Colombian Association for the Advancement of Science publishes the magazine Innovación y Ciencia and also produces educational videos and an electronic newsletter. The Colombian Association of Scientific Journalism has established a press agency publicizing research done by Colombians.

Barbara Gastel, MD, MPH, described AuthorAID, a new set of initiatives to help researchers in developing countries to publish their work. Pioneered by Anthony Robbins, MD, MPA, and Phyllis Freeman, JD (editors of the Journal of Public Health Policy), AuthorAID emphasizes mentoring by well-published scientists and editing by expert editors. AuthorAID activities are being established through the International Society for Environmental Epidemiology and the International Network for the Availability of Scientific Publications (INASP). Discussions of possible AuthorAID involvement are under way with other groups.

Gastel said the INASP program, AuthorAID@INASP, will have 3 main components: an online system for mentoring by scientists and editors, workshops on scientific writing, and a Web-based knowledge community. The mentoring will be a carefully monitored pilot program. Gastel has been named Knowledge Community Editor for AuthorAID@INASP. This role, concurrent with her academic appointment, includes responsibility for the openly accessible content on the Web site. Initially, this content will focus on writing scientific papers, the publishing process, and writing style. Gastel noted that she welcomes suggestions for the Web site.

Information about AuthorAID@INASP is posted at www.inasp.info/file/413, and an article about the AuthorAID concept can be accessed at www.scidocs.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm. The first openly accessible AuthorAID content on scientific communication is expected to become available in late 2007 or early 2008.

Barbara Gastel teaches science journalism and related subjects at Texas A&M University, and she has been active internationally in the teaching of scientific writing and editing.

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**THE ROLE OF MEDICAL WRITERS IN PROMOTING ETHICAL PUBLICATION PRACTICES**

**Moderator**
Nancy D. Taylor, PhD, ELS
Freelance Medical Writer, Greenville, SC

**Speakers**
Michael A. Vasko, MA
Publications Director, Archives of Physical Medicine and Rehabilitation, Chicago, IL
Deborah Hutchins, PhD, ELS
Principal, Hutchins & Associates, LLC, Cincinnati, OH
Karen Woolley, PhD
CEO, ProScribe Medical Communications; A/Professor, University of Queensland and University of the Sunshine Coast, Noosa, Queensland, Australia

By Dana L. Randall, PharmD

Nancy Taylor introduced this session by noting that despite Scarlett O’Hara’s optimistic view that “After all, tomorrow is another day!” we, as medical writers, must promote ethical publication practices today and every day. Distinguishing the services of professional medical writers from the disservices of so-called ghostwriters requires full disclosure and acknowledgment of our work in all manuscripts that we write and edit.

Michael A. Vasko began the panel discussion. As Publications Director of a leading specialty journal that receives approximately 1,200 submissions annually, Vasko is particularly cognizant of the need for guidelines for promoting transparency of publication authorship, acknowledgments, potential conflicts of interest, and related concerns. He is a member of the Council of Science Editors’ (CSE) Editorial Policy Committee that developed CSE’s White Paper on Promoting Integrity in Scientific Journal Publications. Vasko noted that in an ideal world, there would be uniformity across journals and editors, but the reality is that each journal faces unique financial pressures and ownership issues, and it is therefore very difficult to devise standardized editorial policies for all journals. The rationale for writing the CSE white paper was to provide guidance for the large number of editors of small scientific and medical journals that do not have the infrastructure or financial resources of large journals such as The New England Journal of Medicine or The Journal of the American Medical Association. The CSE white paper is intended as a living document to provide information and guidance (not direction) on a wide range of issues facing journal editors, including the issue of publication authorship.

In the introduction of the CSE white paper, the CSE’s Editorial Policy Committee encourages everyone involved in the journal publishing process to take responsibility for promoting integrity in scientific journal publishing, and Vasko emphasized the need for medical writers to take responsibility for what they write. Depending on the editorial policy of the journal, nonauthors may be required to complete disclosure forms at some point during the manuscript process.
submission process. Also, the contributions of statisticians, medical writers, and any other nonauthors who were involved in data management and analysis should be acknowledged in the manuscript. Although a journal editor's level of skepticism undoubtedly escalates when an industry-supported manuscript is submitted, Vasko noted that proactively providing clear and complete disclosure information increases the level of transparency and that editors much prefer this. Overall, he emphasized that the entire process, from initial editorial review of a manuscript to peer review and subsequent stages of acceptance and publication, will proceed more efficiently if a high level of transparency is maintained.

Deborah Hutchins, PhD, worked for 10 years in the pharmaceutical industry and has been a freelance medical writer for the past 9 years. As principal of a sole proprietorship, she works with prolific scientists who need help getting their work published, with stakeholders who seek a point person to integrate all authors' contributions, and with researchers who are not comfortable writing in English. Hutchins noted that regardless of our specific role in the medical writing field, we are all stakeholders in the integrity of medical and scientific publications. For this reason, she distilled available guidelines into a 6-page document, Good Practice Guidelines for Publication, that she provides to all of her clients.

Hutchins emphasized that the concept of "ghost authorship" arises from lack of transparency, and she noted the following benefits of having a publication policy for your company:

- Sets a standard at project inception
- Involves all stakeholders
- Keeps ethics at the forefront of the process
- Increases the level of professionalism and is an added-value service

Hutchins encouraged all medical communications businesses, from sole proprietorships such as hers to large medical communications companies, to develop and maintain a policy to promote ethical publication practices. A simple briefing document can be used to educate stakeholders and foster transparency during the publication process. She ended her presentation by outlining the following "to do" list for medical writers to promote ethical publication practices:

- Involve yourself in professional organizations such as AMWA and CSE
- Read all available position papers on ethical publication practices
- Be aware of editorial policies regarding authorship
- Monitor the press for articles about authorship and related ethical publication issues

Karen Woolley, PhD, leads a group of PhD-qualified professional medical writers who are paid by academic, biotechnology, and pharmaceutical clients to provide medical writing services. Woolley provided a particularly interesting perspective on ethical publication practices. She began by asking "If medical writers provide an ethical, useful service, where is the evidence to justify this?" As professionals, she said, we should conduct medical writing-related research for the following reasons:

- To document current practices
- To counter current opinion
- To enrich the professional experience
- To justify our profession

An example of documenting current practices is the AMWA survey of 73 freelance writers completed by Hamilton and colleagues. This survey demonstrated that slightly more than 50% of medical writers were following ethical publication guidelines. Has the percentage of writers following ethical guidelines increased since this survey was conducted? The only way to document current practices and to document changing patterns over time is to do further medical writing research.

The data collected from medical writing research could be used to counter current opinion. Woolley showed 2 examples of British Medical Journal editors who have been quoted in print as saying that 50% to 100% of key articles have medical writer involvement. Yet a review of 1,000 publications from high-ranking, international, peer-reviewed journals by Woolley and colleagues revealed that only 6% of nonindustry-sponsored research and 10% of industry-sponsored research supported articles had declared medical writing support. Medical writing research is necessary to provide the facts to counter opinions voiced in the media and other outlets.

Woolley also described how medical writing research could be used to enrich the professional experience of medical writers. Completing this type of research would reinforce the principles of research and the difficulty of research. Medical writing research offers an opportunity for international collaboration, and the investigators would finally be eligible for authorship. In addition, a shared goal and shared success (ie, publication of the research) can foster teamwork and collaboration among writers at a company.

Most importantly, medical writing research can be used to justify our profession and illustrate the benefits offered by professional medical writers. For example, only 63% of abstracts describing randomized or controlled clinical trials and 49% of abstracts describing other types of study designs are published in full. The primary reasons for lack of publication are lack of time (and possibly lack of funding). Use of professional medical writers could reduce the quantity of unpublished research. Evidence from preliminary medical writing research studies shows that use of a professional medical writer reduces the average time to publication from 132 to 82 days and that technical editing support improves the readability and quality of the writing. More research could be
done to document whether use of medical writers reduces the time from abstract presentation to full publication, for example. Woolley highlighted additional medical writing research questions of interest, as follows:

- Is the likelihood of manuscript acceptance increased if a professional medical writer is used?
- Do more experienced writers reduce the average time to write and publish a paper?
- What is the best test to determine whether a candidate is a good writer? For example, is a structured outline, preparation of an abstract, or some other task the best predictor?

In closing, Woolley suggested that medical writers encourage their employers to allocate a percentage of profits for medical writing research and contributions to the literature. Chest publishes a monthly medical writing series that is an excellent example of collaboration between journal editors and professional medical writers.17 Writers should be aware of the medical writing research literature and start collecting medical writing evidence that matters (consistent with POEMs, or patient-oriented evidence that matters).

Audience members had a number of interesting questions during the discussion session. The first was a request for clarification regarding the use of an external statistician to review the research in a submitted manuscript. Vasko noted that many top-tier journals, including Archives of Physical Medicine and Rehabilitation, are requiring that an external statistician be involved in the research. Panelists suggested that AMWA sponsor an abstract prize contest, with the winner announced at a future annual conference and issuance of a press release to encourage media coverage.

Dana Randall is Editorial Director at Arbor Communications, Inc., a medical communications company in Ann Arbor, MI.

References

In the second presentation, The Tricks of Discovery: Uncovering Educational Needs, Nathalie A. Turner, MS, ELS, a clinical editor with Medscape, discussed the preparation of an educational needs assessment, the primary component of a CME funding proposal. She stated that a needs assessment should include background information about a disease state, a description of the educational gap (the difference between “what is” and “what should be” in clinical practice), learning objectives, suggested educational activities, and a description of the target audience. A multisource needs assessment will include evidence of educational need obtained from experts (insights from key opinion leaders), participants (surveys of potential participants and evaluative data from previous educational activities), and observation (review of medical literature, clinical trials data, and practice guidelines). Needs assessments should include both qualitative (descriptive) components, such as those obtained through focus groups, and quantitative (measurable or numerical) components, including statistical analyses of survey results. Turner stated that the time between receipt of a grantor’s request for proposals and the submission deadline is usually no more than 2 to 3 weeks; therefore, writers must be able to work quickly. Other requirements for writers interested in preparing needs assessments are CME experience, the ability to balance educational needs with the grantor’s needs, and the ability to tell a coherent story. Turner noted that medical writing opportunities in the CME arena are often posted on AMWA’s Jobs Online, in PharmaVoice and Medical Marketing & Media, and at online job sites.

In conclusion, the panelists agreed that ongoing changes in the CME/CE environment will only increase the challenges faced by MECCs and their staff members. They stated, however, that freelance writers have the opportunity to develop mutually satisfying partnerships with MECCs, provided that they are willing to adapt to the requirements of the industry.

Flo Witte is a clinical and editorial specialist with AdvancMed, LLC, a medical education and communication company based in Lexington, KY.
By Carolyn Roy-Bornstein, MD

Though he titles his talk The Twin Epidemics, it is clear from K. M. Venkat Narayan's lecture that obesity behaves more like an older sibling, leading the way, with diabetes following closely behind it like a younger child. He began his hour-long presentation with some definitions. He defined type I diabetes as an absolute insulin deficiency; in type II diabetes, he continued, the pancreas is able to produce insulin, but insulin action is the problem; as the pancreas works harder and harder, "a relative deficiency becomes an absolute deficiency," he said. In the third type, gestational diabetes, a woman's blood glucose levels during pregnancy are high enough to meet the criteria of diabetes.

What followed next were some pretty grim statistics. Using 17 years of nationally representative survey data from the Centers for Disease Control and Prevention (CDC), Narayan pointed out that the average person born in the year 2000 has a 1 in 3 chance of diabetes developing. For certain minority populations, such as black and Latino populations, the chance increases to 1 in 2. To put these figures into perspective, he reminded the audience that the probability of breast cancer developing in the lifetime of a 45-year-old woman is 1 in 8. By transplantation.

Increasingly, what used to be called "adult-onset diabetes" is being diagnosed in children. This phenomenon was originally noticed in the Pima Indians of Arizona among children as young as 7 years and was noted a few years later in children from other Native American tribes. Clearly something was happening, said Narayan, so the CDC began to study the situation in the 1980s. CDC investigators set up large registries in Arizona, Texas, and Ohio to search for diabetes in youth. In 1996, 30% of the cases of diabetes in children were type II as compared with just 5% a decade earlier.

So why is this happening? Although the population is aging and diabetes is being diagnosed in more people as a result of increased awareness of the problem, this is not the whole answer. Narayan presented data implicating both behavioral and environmental factors.

Creative Readings

By Donna L. Miceli, Chair of Session

A group of about 50 AMWA members spent their first evening in Atlanta enjoying the creative writing talents of their fellow members. Attendees were treated to a variety of creative writings, including poetry, personal essays, a short story, a song parody, and excerpts from novels and memoirs. The following AMWA members contributed to the session.

Carolyn McAuliffe read excerpts from several short stories that she plans to eventually weave into a novel.


Heather Haley shared a personal essay about her grandmother's struggle with mental illness.

Carol Pearce read a humorous short story about a woman dealing with issues of aging and adjusting to an "empty nest."

Dan Liberthson read several poems from a book of poetry about his family, which was recently published.

Michele Arduengo read a draft of an essay about resolutions in which she suggested we should start each day by "blowing a big raspberry."

Sunil Patel provided comic relief with his song parody about a "Modern Research Scientist," à la Gilbert and Sullivan.

Michele Vivirito shared several excerpts from a memoir her father wrote and she edited for him.

My thanks to all of you for inspiring us with your creative, and often very personal, poems and stories. Thanks also to a receptive and appreciative audience; and a special word of appreciation to Michele Vivirito, who donated 2 books to be given as door prizes. I look forward to hosting this event again next year and am planning a special activity that I hope will peak the interest of all AMWA members and motivate them to participate in this unique event by either sharing their creative work or joining us as members of the audience. See you in Louisville!
causes. He cited studies indicating that over a 7-year period the average daily caloric intake for children has increased by 200 calories. It may not sound like much, but Narayan added, “Consider that by adding 500 calories a day, by 2 weeks you will add 1 pound of body weight.” He also pointed out how easy this is to do, as a slice of pizza is at least 500 calories and a “basic burger” can be almost twice that.

This trend is not limited to the United States. “Everywhere economic growth increases, diabetes begins to increase,” Narayan noted. In fact, during the question-and-answer portion of the session, an audience member asked if there was any culture in which the rates of diabetes and obesity were not increasing. Narayan answered that the increase is evident “everywhere we have data.”

But not all of Narayan’s data were grim. He cited one important National Institutes of Health (NIH) study in which researchers attempted to prevent diabetes in a cohort of individuals with impaired glucose tolerance, or what is now being referred to as “prediabetes.” The NIH investigators compared intensive lifestyle interventions with preventive treatment with the drug metformin, a drug normally used to treat diabetes. The goal was for the study participants to lose and maintain at least 7% of their body weight and to get at least 150 minutes of physical activity a week, mostly in the form of walking. There was also a placebo arm to the study.

Walking turned out to be more effective than metformin or placebo. Although the weight loss was modest—on average, 7 to 8 pounds lost over 4 years—it had a big effect on the development of diabetes. Investigators found a 58% decrease in the incidence of diabetes from lifestyle changes alone. Narayan noted that the results of the study were even more impressive when the number needed to treat was considered; 7 patients “treated” with lifestyle changes could prevent 1 case of diabetes.

During the question-and-answer portion, an attendee asked that, if lifestyle change is the answer to the obesity epidemic, what can medical writers do to promote that change. “Learn from what happened with smoking,” Narayan answered, pointing out that increased public awareness of that issue played a huge role in decreasing the smoking rate from 55% of the population 45 years ago to just 20% today. “Make it an issue,” he said. And isn’t that what writers do best?

Carolyn Roy-Bornstein is a freelance writer and pediatrician in private practice in Haverhill, MA.
How do I say thank you for an honor such as the Swanberg Award? I like to think I am reasonably proficient with words, but I have not found any to express the great pleasure and honor I feel at receiving this award. For the rest of my life, I will treasure this award and the fact that AMWA has given it to me.

The committee invited me to take some minutes to share thoughts with you this evening. So, I’m going to tell you some stories—and I hope some of you will recognize them as being stories about many of us. Not just me. I call these remarks, ‘Mountains, Molehills, and Memories,’ and they start now.

MOUNTAINS THAT SNEAK UP FROM BEHIND
The steward’s voice came through the roar of the jet engines as we powered through the night sky. “Would you like something to eat?” I quickly said, “Yes, please. A chili dog.” Then the darkness closed in again. In the next timeframe, I heard a voice saying cheerfully, “Let’s get you off this gurney and into your own bed.” Then I remembered. I was not in a plane somewhere over Africa, on my way to teach a class in a ministry of health. I was in Northside Hospital, Atlanta, Georgia. The date was January 24, 2007. And the time was ACS – after cancer surgery. I had just had double mastectomies with reconstruction procedures, and I had to find some way of getting comfortable in spite of the fact that the drainage tubes sticking out of various parts of my body made comfort a thing of the past.

That was not the way it was supposed to be. In early January 2007, I was supposed to be on my way to Zimbabwe for 6 months to work through a Fulbright Fellowship. I could not stay here in Atlanta and be sick. Here is an example of the way one wit has described things: “my life is what happened while I was planning something else.” This is also what I would describe as one of the highest mountains I have encountered to date on my life’s journey.

Many of the mountains that have influenced my life have appeared from around blind corners. They are quite high and daunting, and one can never be sure of being able to reach the top. Granted, the view of the other side is frequently worth the climb, but the climb is exhausting and may be very discouraging. Pete Seeger, a well-known folk singer of a generation ago, expressed it this way: “From here on up, the hills don’t get any higher. From here on up, the hills don’t get any higher. From here on up, the hills don’t get any higher. But the valleys get deeper and deeper.”

My life seems to want to divide itself into 20-year periods. In the first 20 years, I learned everything there was to learn. In the second 20 years, I discovered to my great dismay that I knew almost nothing. In the third 20 years, I began to discover what questions I wanted to ask and to whom to direct those questions. As I move forward into the fourth 20 years, I am hopeful of beginning to receive some of the answers. The fifth 20, I will plan when I get a bit closer to it.

PREPARING FOR MOUNTAIN CLIMBING
One of the really hard lessons I have learned about dealing with mountains is that if I am not to crash and be broken by my encounters with those mountains, I must learn to be flexible, to be patient, and to keep a sense of humor about myself and about life in general. At the same time, I have often learned that the mountains that seemed so cruel and difficult have afforded me more insight and growth than any of my hikes on flat ground could give. Cancer has been that kind of mountain for me. A lonely and frightening experience, but accompanied by some of the most amazing professionals and the most dedicated and caring friends in the world.

In a story from my childhood, I learned about a young prince in a far-off land. His father, the old king, had died, and his mother was serving as Regent until the prince was old enough to rule his kingdom. She was a loving mother and a kind and diligent ruler. The young prince heard from some adventurers about a high mountain in the north of his country that had an eagle’s nest at the very top with golden eggs in it. He went to his mother and asked permission to go on the adventure to find the eggs and bring them back. She responded, “Oh no, my son. It is far too dangerous. You stay here with Mother and be safe. I have all the gold you can ever need.” The young prince smiled and replied, “But, Mother, you don’t understand. It is not the gold I want. It is the climbing.”

When my siblings and I were young, our father often told us that he
I have often learned that the mountains that seemed so cruel and difficult have afforded me more insight and growth than any of my hikes on flat ground could give.

was less concerned about how we would spend our money and our time than how we would spend ourselves. I did not really understand what he meant then, but now I know that no matter what achievements I have, the only product I can come up with at the end of the day is the person I have made of myself. Learning that has been a humbling experience—but an extremely important one for me. The concept of service was built into my family’s fabric. We were never talked to about how much money we should make—how much of a name for ourselves. But how useful we would be was the subject of constant discussion.

There was a large walnut tree in the front yard of the house my grandpar-
ents built in town after they retired from the farm. That tree was one of my greatest adventure places. In the first place, its thick foliage helped me escape from many chores and errands my grandmother wanted to assign to me. In the second, it was my telescope to the world. If I climbed as high as I dared go and looked straight ahead—way off on the very edge of things I could see China. And, sometimes, I thought I caught a glimpse of a section of the Great Wall. Far off to my right was Africa, and I could just see the flash of a giraffe’s head moving sedately through the tall trees of the jungle there. On my left was a high peak that I believed might be one of the active volcanoes in Iceland. Other places appeared and disappeared as I looked them up in the encyclopedia or found their names on the library globe. I was excited to get to know about each place. And the burning question always was, “How and when will I go there?”

My first experience with public health in general and CDC in particu-
lar was the impression created by a book I read in high school. It was by an author named Berton Roueche, and it was about investigations done by members of the Public Health Service. A number of these investigations had been done by epidemiology and laboratory staff at CDC. I daydreamed about what it would be like to work in such a place.

I went to the University of North Carolina, Chapel Hill, to study and learned as much outside the classroom as I did inside. At that time, once a year, Robert Frost would come to the campus to spend an evening with students reading, reciting, and discussing his poetry. Of all of the inspiring and tantalizing pieces he gave us, the one I will always remember best was one that has never appeared in any of his anthologies. It goes like this: “Dear Lord, if Thou will forgive my little jokes on Thee, I will forgive Thy great big one on me.” That was the first time it had ever occurred to me that an oracle could or would have a sense of humor.

**CLIMBING MOUNTAINS 9 TO 5**

A few years later, with 2 bachelor’s degrees in science and 2 master’s degrees in communications and language, I started work at CDC in the first national study of hospital-acquired infection ever done in the United States. At that time, CDC had 1,800 employees and 900 parking spaces. This ratio has apparently continued to the present day.

In my first CDC project, a group of about 15 people contacted all 6,200 hospitals monitored for and reacted to infections acquired in the hospital.

I joined the Modern Language Association, the National Association of Government Communicators, the Council of Biology Editors, and the American Medical Writers Association. Early on, I learned that all of these organizations had distinct personalities and silhouettes. All of them had stars in the field of language and its effective uses. But I discovered that the one that seemed to me to be the most directed at growing its membership was AMWA. By that, I do not mean growing in numbers. I mean growing in quality. AMWA gave me some mountains to climb, but I was amply rewarded by the quality of the learning and the support the organization and its members gave me as well. I grew to appreciate the learning opportunities—formal and informal—and to treasure the times I could meet with and learn from the brightest stars in the area of biomedical writing. I have not changed my mind about this in over 30 years.

**MOLEHILLS VIEWED FROM FLAT ON ONE’S FACE**

Sometimes, when I have viewed a molehill from flat on my face, it looked just like a tall mountain. About 20 years ago, I received a call one day in my CDC office from a member of the US Congress, who told me that we must hold off on publishing a document until a new political administration was in place. I told him we could not do that because it would delay having information in the hands of health care workers who needed it. He replied that I would be sorry if I did not follow his directive. I agreed with him that I would probably be sorry. We went ahead and published the document. The short version of the aftermath of that phone call is that I needed to find something less visible to do at CDC for awhile.

This was the beginning of my international work for CDC. At the time I was being “reassigned,” it felt like...
terrible punishment. I was embarrassed, ashamed, and totally dejected. I thought my professional career was over. Nothing could have been further from the truth. The last 20 years of my career at CDC were definitely the most rewarding. And the best thing of all was the knowledge that in doing the right thing I had gained far more than I had lost.

PUTTING THE MOUNTAINS TO WORK

I once heard someone remark, “People will not remember what you say. But they will always remember how you made them feel.” In the continuing process that is my experience in the developing world, I have learned to value that observation greatly.

My journey into the global classroom has continued to take place throughout the 1980s and 1990s and has placed me, by the early years of the 21st century, in a total of 94 countries as a representative of CDC. My students are usually professional staff in their countries’ ministries of health; most often, they are physicians, but some are nurses, economists, demographers, or health education specialists. I am asked to conduct short- to medium-term courses—1 week to 3 months—in the general area of health communications (including surveillance for diseases, scientific terminology, public health advocacy, publishing in the peer-reviewed literature, and the like).

One of the things that I prize most highly about my experience in the global classroom is the knowledge that my trainees and I trust each other—to continue to have a connection, to continue to care, to continue to be willing to help. When I left Russia on a late spring day in 1990, I told my trainees that I would be back to work with them as soon as I could. They politely thanked me, but they indicated very clearly that they had heard such statements before and had never seen the speakers again. In 1992, I was able to return, with some equipment in hand and some funding for small but new publishing projects. They greeted me with great surprise and “You DID come back!” When I returned again in 1994, they greeted me with “We hoped you would be able to come back.” And by the time I returned to work with them again in 1995, they greeted me with “We’ve been waiting for you.” For people who have learned to expect little, and frequently have been given less, such faith goes beyond touching to the edge of miraculous.

I remember having a young man walk out of sight from the road on which we were traveling in Central Asia to return after some time with a murky glass of water and offer it to me. He and I did not speak any of the same languages, so our communication was limited to smiles and nods. When I saw the glass of water, it occurred to me that if I drank it, I would surely die of something terrible. On the other hand, if I refused it, I would insult his efforts without being able to explain why. After a lot of internal argument, I drank the water. When I got back to the city in which I was lodging, I took one of every kind of medication they had given me in my CDC travel kit. I never got ill.

LESSONS THE MOUNTAINS AND MOLEHILLS HAVE TAUGHT ME

Like Dorothy in The Wizard of Oz, I have also learned that some of my tallest mountains—and some of my best lessons—have appeared from around the corner in my own backyard. A number of years ago, when I was a parent of 3 preschoolers, one such lesson occurred. It came, of all things, in a Sunday School class for 3-year-olds. I was the teacher. We had decided, that week, to talk about emotions, and the children had chosen “happiness” as the emotion they wanted to focus on. Our group discussion started off with each child at the table telling something that made him or her happy. “When my grandmother visits, we make cookies.” “I’m happy when I see my mom at the end of our driveway when the van takes me home from preschool.” “Going to the zoo with my family makes me very happy.” We reached my daughter, and she remained silent. I asked her to tell us something that made her happy, but she kept on coloring. Finally, I said that I would have to move on to the next child. At that point, my daughter shrugged her little shoulders and said, “Well, actually, I’m what makes me happy.” And, as an afterthought, she added, “And I’m what makes me unhappy too.” I really wished someone had shared that idea with me years earlier.

Another lesson I learned, which represented an impossibly high mountain in my life, was that I had never been hurt by loving anyone. I had only been hurt by my unfulfilled hopes and expectations about what I would get in return for the love I offered. I call this one of my “blinding flashes of the obvious,” but it has quite literally changed my life. Once I learned that I could offer love like releasing balloons into the air instead of like casting out a fishing line and pulling it back in, I realized that there was no risk at all associated with loving. Only with hoping for love in return.

In that same painful period of growth and self-discovery, I learned that I really could be my own worst enemy. Nothing was going right in my professional life. I felt that I had no friends or loyal associates. I kept thinking that I must have a sign on my back that said, “Kick me. I’m a loser.” I checked periodically to see if I could reach that sign and pull it off. One day I succeeded. And sure enough, the sign was there, and it did say “Kick me. I’m a loser.” What I was completely unprepared to learn was that the sign was written in my own handwriting.

AND NOW FOR THE MEMORIES . . .

- The giant tortoise that went away with my briefcase
- The 4 baby lions with their huge paws and rough tongues
- The children who asked for pencils rather than candy
The blind baby elephant that only weighed 35 pounds when I held him on my lap

The lepers who wanted to be looked at and touched

The young doctor who overcame his stutter to deliver an outstanding oral presentation

The spider the size of a salad plate that strutted into the center of my dirt-floored classroom and sat down

The twin goat babies that ate all the doughnuts

The day I turned down an opportunity to have my hair done at the “Really Peculiar Hair Salon” and ended up at the “If God Is Willing House of Style”

And, of course, I also remember so many of you and the wonderful opportunities we have shared in growing and learning. Thank you from the bottom of my heart!
RESULTS FROM AMWA-CANADA RATE AND SALARY SURVEY 2005
By the AMWA-Canada Rate and Salary Survey Committee:
Carolyn Brown, Michèle Bally, and Danielle Libersan

Setting fair and competitive rates is the Achilles' heel of many freelance biomedical communicators. Despite their expertise and experience, the quality of their work, and the willingness of clients to pay a fair price for their services, many freelances are uneasy stating their rates and may even lower them before negotiations ensue. Underlying this attitude are numerous factors; an important one is the lack of a comprehensive source of information to help guide freelance medical writers and editors in setting and negotiating rates.

AMWA has periodically surveyed its membership regarding income. The most recently published iteration of the AMWA salary survey documented variables believed to affect income, including demographics, educational background and level, experience, geography, work status, and nature of employment. Although it asked questions about freelance work, the 2004 AMWA salary survey did not capture variables such as type of service, product, client, target audience, and market—all of which could possibly affect rates. (Another AMWA salary survey was conducted earlier this year, and the results will be published in the March 2008 issue of the Journal.) In 2005, members of the Canadian chapter of AMWA debated how to structure their rates on the chapter listserv. Canadian members represent less than 3% of AMWA membership, and many members thought that the 2004 salary survey, which reported data mostly from US members, did not accurately reflect the Canadian market. What listserv discussions revealed was the need not only to document the income of employed biomedical communicators in Canada but also to investigate the determinants of rates set by freelances in this country.

Several members suggested further exploring this with a survey. The main goals of the AMWA-Canada rate and salary survey were to develop a layout of the labor market for biomedical communicators in Canada and to gather data on the rates and salaries. The survey also examined educational background and differential freelance rates for types of service, products, and clients.

METHODS
Rate and Salary Survey Committee and Drafting of Survey Questionnaire
A committee of 3 members of our chapter agreed to prepare a rate and salary survey to be distributed among members of AMWA-Canada. The questionnaire was partly based on the 2004 AMWA salary survey. Any disagreements in drafting the questionnaire were resolved by consensus, and the final version was approved by all members of the survey committee.

Important Definitions
To avoid any misinterpretation of the questions by members, we provided the following definitions and instructions.

- Employed: You are employed by a company, institution or individual; if employed by a company, you are not a main shareholder of that company. Your employer pays social security taxes (health care, federal pension plan) and deducts income taxes at the source.
- Freelance: You have a registered biomedical communication business or you are sole or main shareholder of a biomedical communication company. You do work for hire. You or your company pays your social security and income taxes; these are not deducted from earnings from clients.
- All answers should cover the past 3 years of employment or freelance work. Member who had been employed or working as a freelance for fewer than 3 years were asked to provide answers according to their experience of 1 or 2 years.
  - Report rates and salaries in Canadian dollars.
  - All salaries (for both employed and freelance respondents) should be reported as gross income.

Distribution of Survey Questionnaires
The rate and salary survey was distributed on December 7, 2005, through the chapter listserv, which reaches almost all members of AMWA-Canada. Members were asked to return completed questionnaires by January 7, 2006. On that date, the response rate was low (19%), and the survey committee extended the response period to February 15, 2006. The completed surveys were returned directly to 1 member of the survey committee at her e-mail address. Participation in the survey was purely voluntary.

Confidentiality
All responses were kept private and confidential. The completed surveys were submitted as e-mail attachments; they were assigned unique identifiers, which could not be associated with the respondents; and were stored in an electronic folder. The associated e-mails were then deleted. The folder was then passed on to the committee members for analysis of the survey forms. All data were presented as summaries, so that individual respondents could not be identified.

Data Analysis
Data analyses were conducted using SPSS statistical analysis software and Microsoft Excel spreadsheet software. The data were coded and categorical variables were computed. Because sur-
vye respondents were not randomly selected from the membership, presentation of the results was limited to a report of descriptive statistics. The survey did not require respondents to answer every question; therefore the number of responses differed for each questionnaire item. The hourly rate was calculated by dividing the annual gross income of each respondent by 52. The result was then divided by the number of billable hours each person worked per week. The freelance effective rate was calculated by dividing the annual gross income of each respondent by 52. The result was then divided by the total number of hours (billable + nonbillable) each person worked per week.

RESULTS
When the survey was conducted, AMWA-Canada had 135 members. Of these, 33 responded to the survey, for a response rate of 24.4%. Although the response rate was low, the results corroborate anecdotal evidence concerning members’ overall practices and experience. Respondent demographics are presented in Table 1.

Education and Professional Qualifications
Undergraduate degrees were held by 37.5% (n=12) of respondents and 62.5% (n=20) had postgraduate degrees. (One respondent did not provide an answer to this question.) Of the respondents who had a postgraduate degree, 40.6% had a master’s degree and 21.9% had a doctorate or medical degree. As for the education type, 66.6% had a science education: 25.9% (n=7) in biologic sciences, 18.5% (n=6) in pharmacology or pharmacy, 14.8% (n=4) in medical and health sciences, and 7.4% (n=2) in other sciences. Background in the humanities (English and journalism) was reported by 29.6% (n=8) of respondents, whereas 3.7% (n=1) specified other educational background. Nine percent (9.1%, n=3) of respondents were certified by the Board of Editors in the Life Sciences and 9.4% (n=3) planned to become a certified professional editor (a new designation offered by the Editors’ Association of Canada). Overall, 48.5% (n=16) of respondents had completed or were currently enrolled in an AMWA curriculum certificate program. Thirty-six percent of respondents (n=12) had earned an AMWA core curriculum certificate; of these, 16.7% (n=2) had completed the advanced curriculum certificate and 9.1% (n=3) were currently enrolled in the AMWA advanced curriculum program. In addition, 12.1% percent of respondents (n=4) were enrolled in the core curriculum program. When the data were combined, freelance and employed respondents reported a mean 8.0 years of experience in biomedical communication (n=30), a mean 8.8 years in other biomedical areas (n=24), and a mean 7.6 years in other types of communications (n=26).

Table 1. Respondent demographics

<table>
<thead>
<tr>
<th>Sex</th>
<th>Female (%) [n]</th>
<th>Male (%) [n]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (%) [n]</td>
<td>12.1 [4]</td>
<td>87.9 [29]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Mean</th>
<th>&lt; 36 (%) [n]</th>
<th>36-50 (%) [n]</th>
<th>&gt; 50 (%) [n]</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>42.9</td>
<td>29.0 [9]</td>
<td>45.2 [14]</td>
<td>25.8 [8]</td>
<td>27-62</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province of Residence</th>
<th>Alberta (%) [n]</th>
<th>British Columbia (%) [n]</th>
<th>Ontario (%) [n]</th>
<th>Quebec (%) [n]</th>
</tr>
</thead>
</table>

Employment and Salary

Individuals working only freelance represented 48.5% (n=16) of respondents; 39.4% (n=13) were employed and 12.1% (n=4) were both freelance and employed. Freelances worked an average of 36.1 hours per week. Of these, 26.8 hours were billable and 9.3 hours, or about 24% of total hours worked, were nonbillable. As for employed respondents, they worked an average of 39.1 hours per week; 25% (n=4) worked 35 hours per week, 25% (n=4) worked 37.5 hours, 31% (n=5) worked 40 hours, and 19% (n=3) worked 45 hours per week.

The mean gross annual income of freelances was $72,467 (range, $25,000 to $165,000), whereas the mean gross annual income of employed respondents was $68,156 (range, $45,000 to $96,000). When the number of hours worked per week was taken into account, the standardized hourly rate of freelances was $54.91 (range, $19 to $138). However, when the hourly rate was calculated to include nonbillable hours, the effective freelance hourly rate was $42.08 (range, $14 to $122). The standardized hourly rate of employed biomedical communicators was $34.25 (range, $19 to $53).

Sources of income differed between freelance and employed respondents. Freelances were more likely to be hired by industry (30.2%, n=13), academia (13.9%, n=6), a communication or marketing agency (13.9%, n=6), or a journal or publisher (11.6%, n=5); in contrast, employed respondents were more likely to work for a journal or publisher (29.4%, n=5), industry (17.6%, n=3), a contract research organization (17.6%, n=3), or a research or education organization (11.8%, n=2). Fifty percent of freelances derived their income from 2 different types of clients.

Biomedical Communication Services
Freelance and employed respondents provide various general biomedical communication services to their clients and employers. These include writing (freelance: 32.1%, n=17; employed: 21.6%, n=16), editing (freelance: 26.4%, n=14; employed: 23.0%, n=17), and proofreading (freelance: 18.9%, n=10; employed: 23.0%, n=17).

Employed respondents also report managed and supervision activities (21.6%, n=16). When the frequency of work time spent on each general service was analyzed (Table 2), freelances appeared to spend most of their time on writing and did considerably less editing and proofreading. As for employed respondents, they regularly performed editing and proofreading.

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Table 2. Frequency of work time spent for biomedical communication services for freelance and employed writers

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Writing (%) (n)</th>
<th>Editing (%) (n)</th>
<th>Proofreading (%) (n)</th>
<th>Management (%) (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Freelance</td>
<td>Employed</td>
<td>Freelance</td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td>47.1 (8)</td>
<td>50.0 (8)</td>
<td>7.1 (1)</td>
<td>41.2 (7)</td>
</tr>
<tr>
<td></td>
<td>10.0 (1)</td>
<td>35.3 (6)</td>
<td>35.3 (6)</td>
<td>35.3 (6)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>50.0 (8)</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Often</td>
<td>Freelance</td>
<td>Employed</td>
<td>Freelance</td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td>35.3 (6)</td>
<td>18.7 (3)</td>
<td>21.4 (3)</td>
<td>17.6 (3)</td>
</tr>
<tr>
<td></td>
<td>20.0 (2)</td>
<td>20.0 (2)</td>
<td>20.0 (2)</td>
<td>20.0 (2)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Freelance</td>
<td>Employed</td>
<td>Freelance</td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td>11.8 (2)</td>
<td>18.7 (3)</td>
<td>50.0 (7)</td>
<td>17.6 (3)</td>
</tr>
<tr>
<td></td>
<td>23.5 (4)</td>
<td>23.5 (4)</td>
<td>23.5 (4)</td>
<td>23.5 (4)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>18.7 (3)</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Rarely</td>
<td>Freelance</td>
<td>Employed</td>
<td>Freelance</td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td>5.9 (1)</td>
<td>12.5 (2)</td>
<td>21.4 (3)</td>
<td>5.9 (1)</td>
</tr>
<tr>
<td></td>
<td>50.0 (5)</td>
<td>21.4 (3)</td>
<td>50.0 (5)</td>
<td>21.4 (3)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>23.5 (4)</td>
<td>NA</td>
<td>23.5 (4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25.0 (4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NA = not applicable

Table 3. Average freelance hourly rates for general biomedical communication services

<table>
<thead>
<tr>
<th>Services</th>
<th>Hourly Rate ($)(^a)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing</td>
<td>86.1 (17)(^b)</td>
<td>45–150</td>
</tr>
<tr>
<td>Editing</td>
<td>67.9 (14)</td>
<td>45–100</td>
</tr>
<tr>
<td>Proofreading</td>
<td>58.5 (10)</td>
<td>40–85</td>
</tr>
<tr>
<td>Teaching</td>
<td>86.7 (3)</td>
<td>60–110</td>
</tr>
<tr>
<td>Research</td>
<td>89.4 (8)</td>
<td>45–125</td>
</tr>
<tr>
<td>Data management</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
</tbody>
</table>

\(^a\)Rates are given in Canadian dollars.

\(^b\)The numbers in parentheses represent the number of respondents who reported rates for the specific service.

The rates provided by the single respondent involved in clinical practice, translation, and statistical analysis were $100, $70 and $45, respectively.

with a substantial amount of writing. In terms of the proportion of time spent on services other than writing, editing, and proofreading, freelances appeared to be more involved in research (47.1%, n=8) and teaching (23.5%, n=4) than in any other services (data management: 11.8%, n=2; statistical analysis: 5.9%, n=1; translation: 5.9%, n=1; clinical practice: 5.9%, n=1). Aside from time spent on management and supervision tasks (29.0%, n=9), employed respondents appeared to be more involved in teaching (25.8%, n=6) than in research (16.1%, n=5) or other services (data management: 9.7%, n=3; statistical analysis: 6.4%, n=2; indexing: 6.4%, n=2; translation: 3.2%, n=1; clinical practice: 3.2%, n=1).

Differential Rates

Freelances working for clients outside of Canada charged different rates. In all cases, rates were increased but the increase varied according to the geographic region. For example, freelances working for clients in the United States (n=4) charged an average 29% higher rate; they charged an average 60% higher rate if the client was in the United Kingdom (n=2). One respondent indicated an increase of 30% when working for clients from continental Europe, and another indicated an increase of 300% for Japanese clients. Similarly, freelances noted that they have different rates for different types of clients, and the average hourly rates for writing, editing, and proofreading differed among types of clients (Tables 4, 5, and 6).

DISCUSSION

The AMWA-Canada rate and salary survey covered the same time period as the 2004 AMWA salary survey but had a different focus. Whereas the parent organization delved into the salaries of employed medical writers and editors, the Canadian survey probed specifically the rates of freelances. The main finding of the survey is that freelance biomedical communicators have differential rates according to the types of services they provide,
the types of products they deliver, and the nature of the clients to whom they cater.

Survey respondents were predominantly women. This is in agreement with AMWA-Canada membership and the overall AMWA membership. Similar to respondents to the 2004 AMWA salary survey,1 Canadian survey respondents appeared to be in mid-career. Analysis according to educational level and education type also showed broadly comparable findings between the AMWA and Canada chapter salary surveys. Interestingly, when asked if they were planning to enroll in AMWA curriculum programs, 51.5% of respondents were unsure. Perhaps awareness of these programs is not high among Canadian members or maybe, because two-thirds of respondents have postgraduate degrees, continuing education is not a priority.

Freelance and employed respondents worked for a variety of clients and they were involved in all aspects of

Table 4. Average freelance hourly rates for writing specific products

<table>
<thead>
<tr>
<th>Products</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product monograph</td>
<td>160.0 (2)</td>
<td>120–200</td>
</tr>
<tr>
<td>Investigator’s brochure</td>
<td>121.7 (3)</td>
<td>45–200</td>
</tr>
<tr>
<td>Disease overview summary</td>
<td>120.0 (2)</td>
<td>90–150</td>
</tr>
<tr>
<td>Clinical study report</td>
<td>111.3 (4)</td>
<td>45–200</td>
</tr>
<tr>
<td>Clinical study protocol</td>
<td>106.0 (5)</td>
<td>45–200</td>
</tr>
<tr>
<td>Research paper</td>
<td>103.6 (7)</td>
<td>45–150</td>
</tr>
<tr>
<td>Drug/disease monograph</td>
<td>90.0 (3)</td>
<td>80–100</td>
</tr>
<tr>
<td>Slide kit</td>
<td>89.3 (7)</td>
<td>65–150</td>
</tr>
<tr>
<td>Poster</td>
<td>87.5 (4)</td>
<td>45–120</td>
</tr>
<tr>
<td>Below Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales training manual</td>
<td>84.3 (7)</td>
<td>50–150</td>
</tr>
<tr>
<td>Detail/visual aid</td>
<td>84.0 (5)</td>
<td>70–100</td>
</tr>
<tr>
<td>Drug/disease information</td>
<td>84.0 (5)</td>
<td>60–100</td>
</tr>
<tr>
<td>brochure</td>
<td>82.5 (4)</td>
<td>70–90</td>
</tr>
<tr>
<td>Journal advertisement</td>
<td>82.5 (2)</td>
<td>45–120</td>
</tr>
<tr>
<td>Integrated efficacy/safety</td>
<td>82.5 (2)</td>
<td></td>
</tr>
<tr>
<td>summary</td>
<td>81.7 (3)</td>
<td>65–100</td>
</tr>
<tr>
<td>Newsletter</td>
<td>81.7 (3)</td>
<td>45–100</td>
</tr>
<tr>
<td>White paper</td>
<td>81.7 (3)</td>
<td>45–100</td>
</tr>
<tr>
<td>Abstract</td>
<td>81.0 (5)</td>
<td>45–120</td>
</tr>
<tr>
<td>Web site</td>
<td>79.0 (5)</td>
<td>45–100</td>
</tr>
<tr>
<td>Proceedings</td>
<td>72.5 (4)</td>
<td>45–100</td>
</tr>
<tr>
<td>Grant proposal</td>
<td>72.5 (2)</td>
<td>45–100</td>
</tr>
<tr>
<td>Lay journal article</td>
<td>71.7 (3)</td>
<td>60–90</td>
</tr>
<tr>
<td>Press release</td>
<td>71.7 (3)</td>
<td>45–90</td>
</tr>
<tr>
<td>Book chapter</td>
<td>66.3 (4)</td>
<td>45–100</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

1The numbers in parentheses represent the number of respondents who reported rates for the specific product.

One respondent reported a rate for clinical efficacy/safety summary ($150) and for advisory board meeting summary ($80). One respondent indicated $800 per 1,000 words for a newsletter, advisory board meeting summary, and proceedings, and $600 per 1,000 words for a magazine article for mainstream newspaper and media. Another respondent indicated a fee of $700 per 1,000 words for a lay journal article.

Table 5. Average freelance hourly rates for editing specific products

<table>
<thead>
<tr>
<th>Products</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>95.0 (2)</td>
<td>90–100</td>
</tr>
<tr>
<td>Drug/disease information</td>
<td>75.0 (2)</td>
<td>60–90</td>
</tr>
<tr>
<td>brochure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White paper</td>
<td>72.5 (2)</td>
<td>45–100</td>
</tr>
<tr>
<td>Detail/visual aid</td>
<td>70.0 (3)</td>
<td>50–90</td>
</tr>
<tr>
<td>Journal advertisement</td>
<td>70.0 (2)</td>
<td>50–90</td>
</tr>
<tr>
<td>Grant proposal</td>
<td>68.3 (3)</td>
<td>45–100</td>
</tr>
<tr>
<td>Below Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Press release</td>
<td>67.5 (2)</td>
<td>45–90</td>
</tr>
<tr>
<td>Research paper</td>
<td>67.4 (7)</td>
<td>22–100</td>
</tr>
<tr>
<td>Clinical study protocol</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Abstract</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Poster</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Book chapter</td>
<td>62.5 (4)</td>
<td>45–100</td>
</tr>
<tr>
<td>Web site</td>
<td>58.7 (4)</td>
<td>45–75</td>
</tr>
<tr>
<td>Proceedings</td>
<td>33.5 (2)</td>
<td>22–45</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

2The numbers in parentheses represent the number of respondents who reported rates for the specific product.

One respondent reported a rate for advisory board meeting summary ($90), disease overview summary ($75), slide kit ($65), lay journal article ($60), sales training manual ($55), clinical study report ($45), investigator’s brochure ($45), and integrated efficacy/safety summary ($45).

Table 6. Average freelance hourly rates for proofreading specific products

<table>
<thead>
<tr>
<th>Products</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical study protocol</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Abstract</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Poster</td>
<td>65.0 (2)</td>
<td>45–85</td>
</tr>
<tr>
<td>Research paper</td>
<td>62.5 (4)</td>
<td>45–85</td>
</tr>
<tr>
<td>Web site</td>
<td>60.0 (3)</td>
<td>45–75</td>
</tr>
<tr>
<td>Below Average Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detail/visual aid</td>
<td>58.3 (3)</td>
<td>50–70</td>
</tr>
<tr>
<td>Drug/disease information</td>
<td>57.5 (2)</td>
<td>55–60</td>
</tr>
<tr>
<td>brochure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant proposal</td>
<td>52.5 (2)</td>
<td>45–60</td>
</tr>
<tr>
<td>Journal advertisement</td>
<td>52.5 (2)</td>
<td>50–55</td>
</tr>
<tr>
<td>Press release</td>
<td>50.0 (2)</td>
<td>45–55</td>
</tr>
<tr>
<td>Book chapter</td>
<td>46.7 (3)</td>
<td>35–60</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

3The numbers in parentheses represent the number of respondents who reported rates for the specific product.

One respondent reported a rate for lay journal article ($60), proceedings ($45), white paper ($45), clinical study report ($45), investigator’s brochure ($45), and integrated efficacy/safety summary ($45).
biomedical communications, from writing to proofreading. There were, however, differences in the frequency with which these services were performed. Freelances spent more time writing and did little editing and proofreading. This was in contrast to employed biomedical communicators, who spent more time editing and proofreading than freelances did.

The AMWA-Canada rate and salary survey revealed important information about the rates and income of Canadian biomedical communicators. The average gross annual income was essentially the same, around $70,000, for employed and freelance respondents. However, employed respondents reported working a slightly higher number of hours per week (about 39 hours) than those working freelance (about 36 hours). The range of incomes was considerably larger for freelances ($25,000 to $165,000) than for employed medical writers and editors ($45,000 to $96,000). The existence of any relation between level of education or field of education (ie, sciences versus humanities) and salary or income could not be documented from the survey responses.

The survey highlighted the vast array of biomedical communication services and products on which medical writers work. Hourly rates varied according to the services offered. The average rates for writing ($86) and editing ($68) are in agreement with those reported by respondents who did full-time writing ($85 USD) and editing ($66 USD) in the 2004 national AMWA survey. Within each service category, rates varied considerably depending on the specific product. Perhaps more relevant is the fact that, of all the specific writing products listed in the survey, 60% were below the average hourly rate for general biomedical communication writing services. This was also the case with editing (63.6%) and proofreading (64.7%). A similar pattern was observed with regard to different types of clients. The highest rates were charged to the industry and governmental organizations, and the lowest were billed to academia and journal publishers.

### Table 7. Average freelance hourly rates for writing services according to types of clients

<table>
<thead>
<tr>
<th>Clients</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Above Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government organization</td>
<td>112.5 (2)</td>
<td>100–125</td>
</tr>
<tr>
<td>Industry</td>
<td>93.7 (12)</td>
<td>50–150</td>
</tr>
<tr>
<td><strong>Below Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research/education organization</td>
<td>85.0 (4)</td>
<td>45–125</td>
</tr>
<tr>
<td>Health care organization</td>
<td>80.0 (2)</td>
<td>60–100</td>
</tr>
<tr>
<td>Communication/ marketing agency</td>
<td>77.5 (6)</td>
<td>50–100</td>
</tr>
<tr>
<td>Patient/disease-oriented association or society</td>
<td>76.5 (2)</td>
<td>63–90</td>
</tr>
<tr>
<td>Journal/publisher</td>
<td>75.0 (3)</td>
<td>65–90</td>
</tr>
<tr>
<td>Academia</td>
<td>72.0 (5)</td>
<td>45–100</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

**Table 8. Average freelance hourly rates for editing services according to types of clients**

<table>
<thead>
<tr>
<th>Clients</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Above Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government organization</td>
<td>95.0 (2)</td>
<td>90–100</td>
</tr>
<tr>
<td>Research/education organization</td>
<td>80.0 (2)</td>
<td>60–100</td>
</tr>
<tr>
<td>Health care organization</td>
<td>78.3 (3)</td>
<td>45–100</td>
</tr>
<tr>
<td>Industry</td>
<td>71.7 (9)</td>
<td>50–100</td>
</tr>
<tr>
<td><strong>Below Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academia</td>
<td>66.7 (6)</td>
<td>45–100</td>
</tr>
<tr>
<td>Communication/ marketing agency</td>
<td>57.5 (4)</td>
<td>50–75</td>
</tr>
<tr>
<td>Journal/publisher</td>
<td>51.7 (3)</td>
<td>50–55</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

**Table 9. Average freelance hourly rates for proofreading services according to types of clients**

<table>
<thead>
<tr>
<th>Clients</th>
<th>Hourly Rate ($)</th>
<th>Range ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Above Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td>63.3 (6)</td>
<td>40–85</td>
</tr>
<tr>
<td>Government organization</td>
<td>60.0 (3)</td>
<td>50–75</td>
</tr>
<tr>
<td><strong>Below Average Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academia</td>
<td>55.0 (5)</td>
<td>40–85</td>
</tr>
<tr>
<td>Journal/publisher</td>
<td>50.0 (3)</td>
<td>45–55</td>
</tr>
</tbody>
</table>

*Rates are given in Canadian dollars.

Limitations

The major limitation of this survey is its low response rate (33 respondents or 24.4% of the chapter membership). Because the respondents were not randomly selected, average rates should not be used as standards and data should be interpreted with caution. Nevertheless, the large variations in hourly rates for the same service indicate a need to improve the standardization of rates charged by medical writers and editors in Canada. Moreover, the fact that most of the specific products were priced below the average rate in their category suggests that many Canadian freelances may be
undercharging for many products, although this survey does not indicate why. A decision regarding rate increases should take into account the type of product and client (i.e., the market) and perhaps also the biomedical communicator’s level of education and experience. Interestingly, the survey identified key areas where biomedical communicators could maximize their income. These areas include charging for extra services or tasks and reducing non-billable hours. Whereas the 2004 national AMWA salary survey provided an extensive analysis of factors that influence the salary of employed medical writers and editors, this was not done in the Canadian rate and salary survey. Conversely, the AMWA-Canada survey tried to capture factors affecting the rates of freelances in this country. (The 2007 national AMWA salary survey was deliberately designed to include more questions to address freelance issues.) Therefore, it is not currently possible to compare the average hourly rate charged by a freelance to write a clinical study report or to edit a journal advertisement between Canada and the United States. Collecting comparative data might be desirable, particularly if globalization of the freelance biomedical communication market starts to be a trend.

**Recommendations**
Freelance rates that are both fair and competitive can be set only through a thorough understanding of the variety of factors that influence the Canadian biomedical communication market. This survey is a first step in that direction. The AMWA-Canada Rate and Salary Survey Committee recommends repeating the survey every 2 years to provide Canadian members with current information about expected rates and income. Subsequent surveys should ideally generate more information on the relationship between different variables (such as age, experience, educational degrees) and income, and other business-related issues such as time and fee estimates, billing methods, and type of contracts. If an adequate response rate is achieved, future surveys could allow AMWA-Canada, as the leading organization for biomedical communicators in Canada, to provide its members with guidelines on rates. We therefore encourage all Canada chapter members to use the survey results for information when setting their rates and urge them to respond to subsequent surveys.

**AUTHOR CONTRIBUTIONS AND DISCLOSURES**
Carolyn Brown and Danielle Liberson had full access to all of the data in the survey and take responsibility for the integrity of the data and the accuracy of the data analysis. Survey concept and design: Carolyn Brown, Michèle Bally, Danielle Liberson
Acquisition of data: Carolyn Brown
Drafting of the manuscript: Danielle Liberson
Critical revision of the manuscript for important intellectual content: Carolyn Brown, Michèle Bally

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**Data analysis:** Danielle Liberson
**Survey supervision:** Carolyn Brown

**Financial disclosures:** None reported
**Conflict of interest:** None reported

**Acknowledgments**
The survey committee thanks Jeannine Fraser for data analysis, and AMWA-Canada members Vicki Foerster, Glenda Proctor, and Peggy Robinson for preliminary testing of the survey prior to distribution and for their invaluable input. We also thank Tinker Gray, one of the coordinators of the AMWA salary survey, for providing the survey committee with the questionnaire used for the 2004 AMWA salary survey.

**References**
A recent article in PLoS Medicine (vol 4, no. 9, September 2007) explored the topic of publications planning and expanded an unfortunate lexicon by introducing “ghost management” as an extension of “ghostwriting.” AMWA’s position statement on the contributions of medical writers to scientific publications makes clear our tenet that the involvement and proper acknowledgment of medical writers is legitimate and ethical. It is just one of several important resources and guidelines that the article’s author did not encounter in his research. However, it was the author’s complete mischaracterization of AMWA as an organization whose membership and annual conference is dominated by medical education and communication companies that prompted a response posted online at PLoS Medicine. The open-access article and responses are available online at www.plosmedicine.org. The following are excerpts from the article and the response from AMWA.

**Excerpt 1 from PLoS Medicine article**

**From Ghost Writing to Ghost Management**

There are many reports of medical journal articles being researched and written by or on behalf of pharmaceutical companies, and then published under the name of academics who had played little role earlier in the research and writing process [2–14]. In extreme cases, drug companies pay for trials by contract research organizations (CROs), analyze the data in-house, have professionals write manuscripts, ask academics to serve as authors of those manuscripts, and pay communication companies to shepherd them through publication in the best journals. The resulting articles affect the conclusions found in the medical literature, and are used in promoting drugs to doctors. For example, as reported in The New York Times [4], an Annals of Internal Medicine article on Merck’s “Advantage” trial of Vioxx omitted some trial participants’ deaths. Distancing himself from the Annals article, first author Jeffrey Lisse said in an interview that “Merck designed the trial, paid for the trial, ran the trial...Merck came to me after the study was completed and said, ‘We want your help to work on the paper.’ The initial paper was written at Merck, and then it was sent to me for editing” [4].

Such incidents have provoked many commentaries about ghost writing in the medical press. This article enlarges the focus from ghost writing to the more general ghost management of medical research and publishing: when pharmaceutical companies and their agents control or shape multiple steps in the research, analysis, writing, and publication of articles. Such articles are “ghostly” because signs of their actual production are largely invisible—academic authors whose names appear at the tops of ghost-managed articles give corporate research a veneer of independence and credibility. They are “managed” because those companies shape the eventual message conveyed by the article or by a suite of articles. As discussed below, a substantial percentage of medical journal articles (in addition to meeting presentations and other forms of publication, which are not the focus here) are ghost managed, allowing the pharmaceutical industry considerable influence on medical research, and making that research a vehicle for marketing.

Ghost writing and honorary authorship are not in and of themselves scientific problems, though they become so when they shape science to meet particular interests [1]. Some honorary authors are senior professors and chairs of departments, who are added to articles because of local academic politics rather than at the request of drug companies [15,16]. Some busy independent research units hire writers to improve manuscripts; Max Lagnado has argued that professional medical writers can “benefit the scientific community when used in a responsible manner” [15]. In any case, the writing of a manuscript may not be the key point at which behind-the-scenes influence is exerted: study design, statistical analysis, or the choice of placement of manuscripts may be equally important.

It has been repeatedly and firmly established that pharmaceutical company funding strongly biases published results in favor of the **Essay**

**Ghost Management: How Much of the Medical Literature Is Shaped Behind the Scenes by the Pharmaceutical Industry?**

**Sergio Sismondo**

“What is the purpose of publications?...[The] purpose of data is to support, directly or indirectly, the marketing of our product.” [1]

---

AMWA Responds to PLoS Medicine Article on Ghost Management

The following are excerpts from the article and the response from AMWA.
company’s products [17–19]. Ghost management amplifies that bias, because when one set of commercial interests exerts influence at multiple stages of research, writing, and publication, it will shape the resulting article. In turn, bias affects medical opinion and practice, and ultimately, patients.

**How Common Is Ghost Management?**

Because ghost management is hidden, we cannot tell how common it is from published exposés. Current practices in the medical sciences legitimately allow people to serve as authors on the basis of narrow contributions. Therefore many near-honorary authors find little reason to feel uncomfortable with their roles. Fully honorary authors may not see enough of the process of the production of their articles to know that they are ghost managed. Finally, it is not in the interests of writers, authors, or sponsors and their agents to reveal ghost management processes; hence a number of the published accounts of ghost management have stemmed from legal proceedings and investigative journalism. So how common is ghost management?

Much of the information on ghost writing does not help to answer this question. Surveys to quantify rates of ghost writing do not address the ghost management phenomenon, because management may not involve writing, and writing may not be managed [20,21]. However, information about ghost authors, people who should be receiving author credit, strongly suggests that ghost management is common. A study comparing protocols and corresponding publications for industry-initiated trials approved by the Scientific-Ethical Committees for Copenhagen and Frederiksberg in 1994–1995 found evidence of ghost authorship in 75% of these publications (95% confidence intervals, 60%–87%) [22]. Company statisticians were common unacknowledged contributors, but so were the creators of trial designs and protocols, and the writers of manuscripts. The study also found that most (172 of 274) trials for which protocols had been submitted were never begun, completed, or published.

**Excerpt 2:**

In addition to the publication planners, a much higher number of medical writing companies and individual writers create articles and presentations without engaging in broader publication planning; these may be adjuncts to publication planners. To provide an indication of the scale, the American Medical Writers Association boasts a membership of more than 5,000 [37]; judging from the organization’s officers and the content of its conferences, it appears to be dominated by MECCs [38,39].

Several of the publication planning firms identified are owned by major publishing houses. For example, Excerpta Medica is “an Elsevier business” and writes that its “relationship with Elsevier allows… access to editors and editorial boards who provide professional advice and deep opinion leader networks” [40]. Wolters Kluwer Health draws attention to its publisher Lippincott Williams & Wilkins, with “nearly 275 periodicals and 1,500 books in more than 100 disciplines,” and to Ovid and its other medical information providers, emphasizing the links it can make between its different arms [41]. Vertical integration is attractive in the industry as a whole: at least three of the world’s largest advertising agencies own not only MECCs, but also CROs [13].

Ghost management of medical journal publications is clearly a substantial business, employing thousands of marketers, writers, and managers. It is large enough that the industry has established the International Publication Planning Association. This organization, which appears to be dominated by pharmaceutical companies, organizes meetings, keeps a directory of experts, and gives awards to honor planners [42]. In addition, the International Society for Medical Publication Professionals also organizes meetings, has committees to develop policy, and posts job advertisements [43]. Both of these associations compete with for-profit companies offering similar services, such as the Center for Business Intelligence, which held forums for Strategic Publication Planning in 2005 and 2006 [44].

**Excerpt 3:**

There are no straightforward solutions, short of large changes to the nature of medical publishing and/or research, changes that would effectively sequester pharmaceutical company funding from research and publishing [45] or from marketing [46]. Until such changes come about, at least we can hope for more awareness of and responsiveness to the issue.

**Funding:** Research for this article was supported in part by a grant from the Social Sciences and Humanities Research Council of Canada. The funder played no role in the decision to submit the article or in its preparation.

**Competing Interests:** The author has declared that no competing interests exist.

**Copyright:** © 2007 Sergio Sismondo. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
On October 3, 2007, Thomas Gegeny, AMWA Secretary, along with coauthors Tom Lang, Tad Coles, Melanie Fridl Ross, Sue Hudson, Marianne Mallia, Mary Royer, and Mary Whitman, responded to the article on behalf of AMWA.

The recent article by Sergio Sismondo (1) substantially mischaracterizes the American Medical Writers Association (AMWA).* Specifically, Dr Sismondo states that AMWA’s membership comprises mostly employees of medical education and communication companies (MECCs), “...judging from the organization’s officers and the content of its conferences.” Extrapolating the composition of a 5,500-member organization based on the affiliations of 2 of the 5 current volunteer officers is misleading. Our members work in a range of settings, including pharmaceutical and medical device companies, universities and medical schools, hospitals, nonprofit organizations, government agencies, journals, and many other businesses and organizations. Fully a third are self-employed.

Equally incorrect is the statement that our conference is “dominated” by publication planning topics. As is readily apparent from our Web site, of the 250 educational lectures, workshops, and roundtable discussions at our upcoming national conference, none is on publications planning, and very few include topics even related to MECCs. Rather, AMWA has always provided a diverse spectrum of educational topics, including ethics in medical publications, critical appraisal of the medical literature, health literacy, copyright, writing research grants, regulatory writing, medical education, and principles of biomedical research. Our organization provides the opportunity to explore all current issues in medical writing, including MECCs, even if it does not necessarily endorse them.

The author also did not cite AMWA’s Code of Ethics (2) and Position Statement on the Contribution of Medical Writers to Scientific Publications, (3) which are available on our Web site. These documents call for the routine and universal practice of acknowledging pertinent professional and financial relationships between all authors and sponsors and the substantial contributions of medical writers to manuscripts. In fact, we also note the absence from Sismondo’s essay of references to other important advances in disclosure and authorship, including Good Publications Practice (4) and guidelines from the International Committee of Medical Journal Editors (ICMJE), (5) both of which AMWA endorses and that are integrated within our educational program.

We wish to set the record straight concerning AMWA, an organization that has educated professionals in this field for almost 7 decades.(6) We hope that the misleading characterization of AMWA and its members in the PLoS Medicine article reflects only inadequate research and not outright bias because we agree wholeheartedly with the author’s contention that scientific publications must be kept as free from bias as possible.

*AMWA is a nonprofit, educational organization that was founded in 1940 by physicians seeking to improve the quality of medical writing and editing. Grounded in its Code of Ethics, AMWA’s mission is to promote excellence in medical communication and to provide educational resources in support of that goal.

Competing Interests: Although I (Thomas Gegeny) am employed by one of the companies cited as an MECC reference in the Sismondo article, the contents and perspective of this letter is written by me and the other authors solely in our roles as members of the American Medical Writers Association (AMWA). This letter represents no other interests, relationships, or purposes nor any other organizations or entities with which we as individuals may have affiliation, interest, or employment.

References
6. Royer MG and Hamilton CW. The Story Behind the AMWA Task Force on the Contribution of Medical Writers to Scientific Publications. AMWA Journal 17(3): 5
Reviewing or editing professional manuscripts for publication has similarities with evaluating student papers for pedagogic purposes, so some strategies and criteria are useful in both contexts. To be useful to both professionals and students, comments (and grades) should be timely (before the author forgets the intended meaning and while revision is still manageable) and accurate (i.e., reflecting strengths and weaknesses of the paper). To be fair (to evaluate papers fairly against similar papers), evaluations should be consistent, which is especially important at the Massachusetts Institute of Technology (MIT), where a course may have more than 600 students and a dozen members of the writing staff.

The process described here is used by the writing staff at MIT who are affiliated with some of the technical courses in science or engineering. The technical staff (professors and teaching assistants) assign the papers and grade them for technical content. The writing staff grade the papers for the use of language and adherence to standard formats and styles. This process can be used as is or modified as appropriate for various settings.

Six Strategies for Evaluating Papers Efficiently and Consistently
The writing staff at MIT uses various combinations of 6 strategies to evaluate the writing in student papers. The purpose of these strategies is to increase the efficiency of evaluating student papers (commenting on the papers and grading the papers) and to increase the consistency among many graders (within large courses and from year to year).

These strategies include the following:
1. **Teach students how to write a good paper before they start writing.**
   The better their first drafts are, the easier the papers are to comment on and the more the students will learn from revising.

2. **Educate the writing staff about what each letter grade means.**
   Define the letter grades by describing the extent of revision required before the paper is publishable, by describing characteristics of typical papers at each grade, by analyzing strengths and weaknesses of model papers at each grade, and by sorting mistakes into those that lower the grade only slightly (e.g., from a B to a B-) and those that lower the grade by a full letter (e.g., from a B to a C).

3. **Review one another’s comments and grades on individual papers.**
   Having new staff members read comments from experienced staff members is especially useful.

4. **Use a course-specific form** (either a general rubric or a more specific, detailed checklist).
   For some courses, using such a form, rather than writing individualized comments on papers, can save time and standardize the responses.

5. **Communicate with one another.**
   It is helpful to have writing staff members communicate about typical comments and requirements for each letter grade before, during, and after grading through staff meetings and e-mail.

6. **Hold communal grading sessions.**
   In these sessions, papers are graded independently by 2 graders, and significant discrepancies are resolved by a senior staff person.

Ten Characteristics of Good Papers
In addition to defining the letter grades, the writing staff at MIT considers the following 10 characteristics in grading papers. Although not exhaustive, these characteristics do address the most common, most serious problems.

1. **Clarity**
   The content must be expressed clearly. (The content should also be true, but truth is determined by the professors and teaching assistants teaching the course.)

2. **Coherence**
   The argument of the paper must be well-developed and convincing. The content must be presented logically from old to new information with no appreciable gaps. “Splat prose” (in which information is present but disorganized) is not acceptable.

3. **Concision**
   The prose must be reasonably concise and efficient, with sufficient density of information.

4. **Correct Grammar**
   The prose must be written in standard, formal English with correct syntax, diction, punctuation, spelling, capitalization, and use of standard idioms.

5. **Professional Tone**
   The prose must be formal and professional, not chatty, casual, or slangy. It must be understandable by someone who is not familiar with MIT, a particular course,
or a particular laboratory project. It must focus on information, not on the student's personal experience. The paper must be complete as submitted.

6. **Self-contained Graphics**
   Tables and figures must be legible, prepared in ink, adequately labeled, and understandable without the text.

7. **Required Content**
   Each section of the paper must contain the required content, as defined by professional styles and course assignments. For example, the “Introduction” section in a full technical report must contain a problem statement that is clear, concise, and explicit.

8. **Standard Format**
   The paper must follow the appropriate standardized format for its type (eg, proposal, primary research report, or full technical report).

9. **Adherence to Style Guide**
   The paper must follow the style guide designated by the professor in charge of the course.

10. **Citations**
    Students are expected to know what constitutes plagiarism and to avoid it. They must give credit for everything they did not generate themselves, including graphics they copy from the course handout.

**Applications**

These 6 evaluation strategies and 10 characteristics of good papers have been useful in the writing program at MIT. They may also be useful in editing or reviewing professional papers for publication. The 10 characteristics can inform self-editing and the development of a personal style sheet. The whole process can be used during peer review or collaborative writing. Reviewers or some of the collaborators can comment on and “grade” a paper to provide specific feedback to the author about the most commonly problematic issues. The goal may be to improve the quality of the paper, to teach the author (self or other) how to write better, to teach everyone involved in the process how to write better, or any combination thereof.

Mary Zoll teaches in the MIT Program in Writing and Humanistic Studies at the Massachusetts Institute of Technology in Cambridge, and she substantively edits scientific, medical, and technical documents as a freelance in Carlisle, MA.

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**Expert Link** is a new, online directory of child health experts based at the nation’s children’s hospitals. A product of the National Association of Children’s Hospitals and Related Institutions it’s designed especially for professional news media. **Expert Link** is searchable by state, an expert’s media experience and foreign language skills, and specialty areas such as asthma, obesity and cancer. With a few clicks, you can access information on pediatric specialists, researchers and other child health professionals and how to contact them through hospital public relations contacts.

To start your search for a credible child health spokesperson, please visit www.childrenshospitals.net/expertlink.
My husband just retired and I’m thinking about it, but don’t want to give up medical writing entirely. Is it possible to become a semiretired medical writer?

The simple answer is “yes.” I know it is possible to become a semiretired medical writer because I have done it. However, how successfully you make the transition can depend on how long you have been “in the business,” the type of clients you have (eg, pharmaceutical companies, communication companies, publishers, etc.) and the relationship you have established with them. It also depends on your ability to say “no” to a potential assignment—even though you have the time to do it—just because you’d rather use the time to play golf, or tennis, or go fishing, without feeling guilty or worrying that you’ll never work again.

After working as a freelance for more than 20 years, I was fortunate enough to have several regular clients who really value my work and with whom I felt comfortable enough that I could say, “I’d like to keep working with you at some level, but I’m getting too old to deal with the stress of those rush jobs that need to be done yesterday and the projects that are poorly defined and have ‘trouble’ written all over them from the beginning.” For the most part, these clients have been very good about finding projects for me that have reasonable deadlines, and they’ve assured me that they won’t cross me off their list of freelances for refusing assignments. In return, I try to always recommend another freelance for a job that I don’t want or don’t have time to do. They also know that they can count on me to help out if they are in desperate need.

In reality, being semiretired is not too much different from being a full-time freelance. We all do a certain amount of “picking and choosing” assignments, depending on our workload and what else is going on in our lives. When you’re semiretired, you just become a bit more selective.

— Donna Miceli

How many different markets can I cover?

When I first read this question, I immediately thought, “What does the word ‘markets’ refer to?” Could it be types of writing, such as pharmaceutical sales training materials, regulatory writing, patient education, journal articles, continuing medical education projects? Could it refer to various different disease states? Or, might “markets” mean different types of clients, such as pharmaceutical companies, medical education companies, medical advertising agencies, medical associations, hospitals, and so forth?

The answer to that question, to my way of thinking, is within the particular freelance person. Your freelance business is what you make of it. I would advise that all freelance writers take a close look at their business at least once a year and evaluate what they like about their business and what they don’t like. For example, which current clients do you enjoy working with the most? What type of projects did you enjoy working on in the past year or so? Do you want to specialize in one area of medicine or with one type of writing or do you want to diversify and be more of a generalist? Are you comfortable learning about new areas of medicine or new types of writing? Are you willing to try something you have never done before, or are you most comfortable staying in 1 or 2 familiar niches? Only by honestly examining your business and your interests can you truly answer those questions.

Several years ago, my partner, Richard, and I had taken several large projects to successful conclusions, overseeing and managing the input of other writers, medical artists, typesetters, graphic designers, and printers. We evaluated our interests and expertise and came to the conclusion that we wanted to devote our time to medical writing, not spend most of our time managing complex projects. Although we still handle the “complete project” from time to time for specific clients, the bulk of our freelance business is writing in various media for many different clients. We probably would have had increased revenue had we taken on complete project management on a full-time basis, but that approach would not have given us the quality of life that freelance writing affords us, which is living in the Blue Ridge Mountains of Virginia, writing from our home offices, and, occasionally, attending medical conferences, advisory board meetings or client visits. Our choice places us in “multiple markets,” as mentioned in the first paragraph, but our decision to limit our services to writing created a niche in which we function with great satisfaction.

Each person’s needs, desires, and goals are different. My advice to any freelance is “follow your dream.” Research your own marketability and devote your time and efforts to developing the types of clients and projects that fulfill you most.

— Elizabeth L. Smith

Take advantage of the years of experience of the AMWA Journal Freelance Forum Panel and send your question to the Journal at amwajournal@editor.com.
Potential employers and clients of manuscript editors usually have no objective way to assess the proficiency of editors. For their part, editors are frustrated by their difficulty in demonstrating their abilities. That is why both employers and editors so often resort to personal references or ad hoc tests, not always with satisfactory results. The need for an objective test of editorial skill has long been recognized.

The Board of Editors in the Life Sciences (BELS) was founded in 1991 to evaluate the proficiency of manuscript editors in the life sciences and to award credentials similar to those obtained in other professions. Ten editors active in national and international associations in scientific editing and publishing, assisted by consultants in testing, worked to design a certification program. The first certification exam was offered in 1991 and there are now almost 700 BELS-certified editors around the world.

BELS offers 3 credentials:

• **Editor in the Life Sciences:** This designation is earned by candidates who pass a 3-hour multiple-choice test of scientific editing in English. Editors who complete the certification examination may use the designation ELS (Editor in the Life Sciences) after their names.

• **Diplomate Editor in the Life Sciences:** The diplomate program evaluates the abilities of more experienced Board-certified editors by means of a formal review of edited manuscripts in a portfolio submitted by the candidate. Editors who successfully complete the review process use the designation of ELS(D) after their names.

• **Honored Editor in the Life Sciences:** This group includes editors whose careers in editing in the life sciences have been so distinguished that BELS has bestowed the title Honored Editor in the Life Sciences (ELS[H]). This exclusive group includes Maeve O’Connor, Edward Huth, Edie Schwager, and Barbara Gastel.

Membership in BELS is not limited to those with a degree or editorial experience in the life sciences. Editors who have academic backgrounds in many different subjects have passed the certification examination. If you have experience in editing material published in journals, newsletters, textbooks, or reference books in any scientific or related field, you have a reasonable chance of earning certification. Approximately 64% of applicants for certification succeed in passing the examination. (See page 215 for the list of AMWA members who have most recently passed the BELS exam.)

Editors who have obtained BELS certification are sometimes asked what education, skills, or qualities are needed to pass the certification examination. We recently reviewed the BELS applicant database and provide the following perspectives on who passes the examination:

• **Experience:** Applicants must have at least 2 years of experience as a “manuscript editor” in the life sciences; BELS defines a manuscript editor as one who is concerned not only with the form but also the intellectual content of a manuscript. When examination scores were evaluated by relative number of years of editing experience, it was noted that slightly higher mean scores were obtained by editors with more than 10 years of experience, compared with those having 5-10 years of experience or those with 2-5 years of experience, but the differences were not significant.

• **Education:** The Board also requires candidates to have at least a bachelor’s degree or equivalent from an accredited academic institution. When reviewing examination outcome based on educational background, insignificant differences were found between candidates with bachelor’s, master’s, and doctoral degrees.

The organization does not discriminate based on the type of degree an editor may have when determining candidate eligibility for the examination. Analysis of the database showed that most applicants had degrees in the physical or life sciences (45.0%) and English or journalism (37.5%), but 4.7% had degrees in the social sciences and 12.4% of the candidates had degrees in other liberal arts. Again, insignificant differences were found in overall scores for each of these candidate populations.

The organization sponsors examinations periodically throughout the calendar year, with testing performed at the annual conferences of AMWA, Council...
of Science Editors, and European Association of Science Editors. Based on candidate interest, examinations are also held in other locations in the United States, Canada, and Australia. Several AMWA chapters now host BELS examinations as part of their chapter curriculum events.

Certification by BELS is recognition of an editor’s skills and experience. It carries with it several membership-related benefits:

- The BELS Web site has a jobs opening page for members to peruse, and BELS members can advertise jobs in their organizations for free.
- Freelance BELS editors can advertise their businesses for free on the Freelance Ads page.
- The BELS Letter is published quarterly (both online and in hard copy), with contributions from members and the BELS Executive Council.
- The BELS Listserv is active with queries, discussion, and lively debate about editing topics, publication ethics, and tips on freelancing.

What does BELS certification mean to potential employers? To quote an advertiser on the job posting page of the BELS Web site: “I specifically ask for BELS certification because I know that I’ll end up with a skilled, experienced editor.”

What does BELS certification mean to editors? The value of BELS certification to a writer/editor is immeasurable. Obtaining certification reinforces your confidence in your editing skills and the network of BELS editors that you can reach out to when you need help is just amazing. In addition, as BELS and its reputation have grown, more and more employers are specifically looking for BELS-certified editors.

For interested editors, the BELS Web site (www.bels.org) has details on the certification process, updates on current examination dates and locations, links to editing resources, and back issues of the BELS Letter.

### Call for Entries

**2008 Apex Awards for Publication Excellence**

Submissions are now being accepted for the 20th Annual Apex Awards for Publication Excellence, which recognize excellence in editorial content, graphic design, and overall communications effectiveness. Communicators can choose from 110 different categories under several headings, including newsletters; magazines and journals; annual reports; brochures, manuals, and reports; electronic and video publications; and Web and internet sites. The Apex Awards are sponsored by the editors of Writing that Works, a newsletter for writing, editing, and communications professionals. The contest is open to corporate, nonprofit, freelance, and agency communicators. The entry fee is $69 (per entry) for subscribers to Writing that Works and $89 (per entry) for nonsubscribers.

Visit [www.apexawards.com](http://www.apexawards.com) for more information, including a complete list of categories, the Call for Entries brochure, tips and advice on entering, and entry forms.

Entries must be postmarked by March 17, 2008.
You researched, you wrote, you edited—now it’s time to gain the recognition you deserve!

Writing competitions enable medical writers to be recognized for their skills, adding to their professional credibility. So take some time to review your work from the last year, select your best material, and submit it to one of AMWA’s writing competitions noted here.

**2008 Eric W. Martin Award for Excellence in Medical Writing**
Deadline: February 1, 2008

The Eric W. Martin Award is presented in honor of Eric W. Martin, PhD, 1971 AMWA president and author of AMWA’s Code of Ethics. An award is given in 3 categories: Monographs, Articles (print and electronic) Intended for a Lay Audience, and Articles (print and electronic) Intended for a Professional (Medical) Audience. The criteria for the award include the following:

- Author must be an AMWA member
- Name of author must be in the byline of the monograph or article
- Monograph or article must have been published during the 2007 calendar year
- Article must be at least 500 words

Brochures and self-published electronic articles are not eligible. Entries are limited to 1 per person per category. An entry fee of $20 and a completed entry form must be submitted with each article or monograph. (Entry forms are available on [www.amwa.org](http://www.amwa.org).) Four copies of each entry are required.

Mail entries to
American Medical Writers Association
Eric W. Martin Award
40 West Gude Drive, #101
Rockville, MD 20850-1192
(301) 294-5303
E-mail: slynn@amwa.org

See page 161 to read about this year’s winners of the Eric W. Martin Award.

**AMWA’s 2008 Medical Book Awards**
Deadline: February 29, 2008

AMWA invites entries for the 2008 Medical Book Awards competition. The competition recognizes authors of nonfiction and fiction medical writing, and awards are presented to the author(s) of the best English-language medical books in each of 3 categories: Books for Health Care Professionals—Physicians, Books for Health Care Professionals—Nonphysicians (formerly called Allied Health Professionals), and Books for Public or Health Care Consumers (formerly called Trade). Only first editions (or significantly revised subsequent editions) released in 2007 are eligible.

Authors may submit more than 1 title in each category. Entries are limited to 1 per person per category. An entry fee of $50 (per entry) and a completed entry form must be submitted with the book. (Entry forms are available at [www.amwa.org](http://www.amwa.org).) Two copies of each entered book are required.

Mail entries to
American Medical Writers Association
Book Awards Committee
40 West Gude Drive, #101
Rockville, MD 20850-1192
(301) 294-5303
E-mail: slynn@amwa.org

See page 201 to read reviews of the books written by this year’s Medical Book Awards recipients.

Visit the AMWA Web site ([www.amwa.org](http://www.amwa.org)) to find up-to-date details on various writing competitions.
By Faith Reidenbach, ELS

❖ **STROBE Statement** - A European group of methodologists, researchers, and editors has developed recommendations to improve the quality of reporting of observational studies. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement includes a checklist of 22 items, 18 of them common to cohort studies, case-control studies, and cross-sectional studies, and 4 of them specific to each of the 3 study designs.

Three journals provided free access to the full, approximately 30-page document and to an introductory capsule article: Annals of Internal Medicine (October 16 issue), Epidemiology (November issue), and PLoS Medicine (October 16 issue). Perhaps the best way to explore the new recommendations is to visit the Web site (www.strobe-statement.org), which has links to the published versions, as well as editorials and commentaries about the new statement.

❖ **NLM Style Guide** - The second edition of Citing Medicine, the National Library of Medicine style guide, is free online at http://tinyurl.com/3xkmsw. One of the principal aims of the revision was to provide authoritative guidance for citing Internet resources, including blogs, wikis, and multiple versions of online journal articles. The guide also addresses how to cite audiocassettes, videocassettes, slides, photographs, CD-ROMs, and DVDs, as well as print documents. It was first published in HTML, but should now be available as a PDF file.

❖ **The Food and Drug Administration Revitalization Act** signed into law on September 27, 2007, sets precedent by requiring clinical trials registration. Sponsors of clinically directive therapeutic trials, phase II and higher, must register them upon inception in a public database sponsored by the National Library of Medicine, in a specified table format. The new law thus bolsters the position of the International Committee of Medical Journal Editors, which since 2005 has required registration of trials before patient enrollment begins if the results are to be considered for publication (see AMWA Journal 2007;22:132-133).

The massive Act has a number of other provisions. It allows the FDA to require label changes to reflect new information about drug safety and efficacy and to require postmarketing safety studies and fine companies that fail to comply. New requirements for the FDA are to publish its rationale for approving new drugs, along with dissenting opinions, and to reduce the number of conflict-of-interest waivers it grants to members of its advisory boards. In addition, the new law encourages manufacturers to conduct pediatric clinical trials by extending the period of marketing exclusivity if the drug is approved. Implementation of these provisions will depend in part on government rulemaking and is expected to take months.

❖ **The newest(?) medical specialty** - In October, the University of Southern California brought together physicians, CEOs of biotechnology companies, scholars, and others for a conference on “body computing.” This recently coined term refers to the use of implanted, wireless cardiac devices to transmit up-to-the-second physiologic data. One application might be to alert family members, for example via cell phone, to changes in a person’s health that require emergency assistance. Another could be to provide emergency physicians with vital signs before a patient even arrives at the emergency room. Applications outside patient care are also conceivable. Athletes might someday swallow “smart pills” that provide information of value to their trainers, and healthy people could use cardiac monitors to get feedback on the effects of their lifestyle choices.
<table>
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<tr>
<th>Event</th>
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<tr>
<td>American Medical Writers Association</td>
<td>October 23-25, 2008 Louisville, KY</td>
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<tr>
<td>American Academy for the Advancement of Science</td>
<td>February 14-18, 2008 Boston, MA</td>
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<tr>
<td>American Chemical Society</td>
<td>239th National Meeting and Exposition</td>
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<tr>
<td>American College of Clinical Pharmacy</td>
<td>October 19-22, 2008 Louisville, KY</td>
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<td>American Pharmacists Association</td>
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<td>American Public Health Association</td>
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<td>American Association of Dental Editors</td>
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<td>American Society of Indexers</td>
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<td>American Society of Journalists and Authors</td>
<td>Writers Conference</td>
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<td>Phone: (212) 997-0947; Fax: (212) 937-2315</td>
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<td>Association of Health Care Journalians</td>
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<td>Canadian Science Writers Association</td>
<td>37th Annual Conference</td>
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<td>Council of Science Editors</td>
<td>CSE Annual Meeting</td>
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<td>Drug Information Association</td>
<td>44th Annual Meeting</td>
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<tr>
<td>Health Academy, Public Relations Society of America</td>
<td>19th Annual Conference: “Health Care Communications Strategies: Boomers, Xers, and Nexters”</td>
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<td>Health and Science Communications Association</td>
<td>49th International Conference: “Riding the Creative Wave in Technology”</td>
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<tr>
<td>The Institute for Healthcare Advancement</td>
<td>7th Annual Health Literacy Conference: “Health Literacy in Primary Care: Best Practices and Skill Building”</td>
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<td>International Society for Medical Publications Professionals</td>
<td>4th Annual Meeting</td>
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<td>National Association of Science Writers Workshops/Council for the</td>
<td>49th International Conference</td>
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<td>Organization of Science Writers</td>
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<td>Regulatory Affairs Professionals Society</td>
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This is for wordsmiths—and there are hundreds of you in AMWA who are interested in words. Here is one game to challenge you.

It begins with a simple question: What 2-letter combination is used most frequently to form 3-letter words? I played with this for a while and found a couple of interesting things. First, you have to know your alphabet. (Everyone will mentally try the diad while reciting the alphabet—that’s the best way to do it.) Then, you will find that you are questioning yourself about some words—and run to the dictionary for verification. How about cay? tor? cox? I know I ran for the books.

A little bit of time spent playing this fun game brought me to the conclusion that the 2-letter combination “co” produces the most words of 3 letters, but not by much. I found 12 derivatives.

\[
\begin{align*}
\text{cob} & \\
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\text{coo} & \\
\text{cop} & \\
\text{cor} & \\
\text{cot} & \\
\text{cow} & \\
\text{cox} & \\
\text{coy} & \\
\text{coz} & \\
\end{align*}
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I eliminated one word—coq, mainly because it is a French word only, even though used familiarly by millions of Americans in “coq au vin.”

The closest I could come to that was 10 words for each of the following “prefixes”

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Pretty close race, with 9 words associated with another 2-letter combination.

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\begin{align*}
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\text{cam} & \\
\text{can} & \\
\text{cap} & \\
\text{car} & \\
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\text{caw} & \\
\text{cay} & \\
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My spell checker challenged several of these words: “cor,” “cox,” “tau,” “tod,” and “tor.” But my Merriam-Webster’s Collegiate Dictionary says “cox” means coxswain and “tor” is a high, craggy hill. (Can you imagine Kate Smith singing “When the Moon Comes over the Tor”? For the others—

- cor – an ancient measure of capacity
- tau – an elementary particle in physics (I would have eliminated it if its only status was as a Greek letter.)
- tod – a unit of weight for wood or a bushy clump (as ivy)

I didn’t want to go further because I wanted to challenge you, my readers, and here it is: Can you find any 2-letter pairs with more than a dozen 3-letter derivatives?

Oh, yes, I learned one additional thing. It’s more fun doing the exercise than just reading about it. So go to it, I’m challenging you. Bombard me with your answers. And mostly have fun!

Challengers are invited to reach Dr Melnick at 3675 N. Country Club Drive, Apt. 2206, Aventura, FL 33180, or at amelnick@nova.edu.
In medical writing, there is no danger in being too precise—only in being imprecise.

Institutional affiliations are given for information and convenience only. The views expressed, being solely those of the correspondents, do not represent those of any institution named or of the American Medical Writers Association. All queries, unless otherwise specified, were received and replied to by e-mail.

DEAR EDIE: One of our colleagues is pushing toward the use of “email” instead of “e-mail” because that is the preference of our marketing department. Is there any strong reason I could give for retaining the hyphen?

DEBRA SHARE
Merck & Co., Inc.
Gwynedd, Pa.

DEAR DEBRA: I would definitely keep the hyphen in “e-mail.” There are reasons for my preference, even though it may be a lost cause (L.C.). In time to come, if the hyphen is not used, ordinary people (those millions who don’t have computers) won’t know that it stands for “electronic.” That should be reason enough to retain the hyphen. If not, listen to this: The New York Times Manual of Style and Usage mandates the hyphen. For the icing on the cake, the AMA Manual of Style (10th ed.) uses the hyphen throughout. I rest my case.

DEAR EDIE: I have often seen a construction such as “The director spoke about his having finished the job.” This sounds correct, as opposed, for instance, to “The director spoke about him having finished the job.” However, I have usually seen this sentence, in which a [proper] noun is used in place of a pronoun, “The director spoke about John having finished the job.” Would the possessive of “John” be the correct way to say this?

Here is a more complicated example: “The final result will consist of students having completed a field experience and a follow-up seminar during which they will develop a research protocol for future investigations.” In this case, should “students” be a plural possessive?

SUSAN MALONE BACK, PhD
Research Consultants
Denver, Col.

DEAR SUSAN: Yes. The possessive is certainly required before what is called a substantive participle (having, for example). Otherwise, the meaning can be misconstrued. Here is an excerpt from my favorite grammar book, Harper’s English Grammar, by John B. Opdycke:

We approve his coming and Bill’s playing is hopeless. Him in the first and Bill in the second would be wrong, because it is the coming that is approved in the one and it is the playing that is hopeless in the other. If you say We approve him coming, you must mean that you approved him under the circumstances of coming, and that would be unusual if not absurd. Similarly, if you say Bill playing is hopeless, you must mean that Bill is hopeless while he is playing, and this would also be absurd under normal circumstances. In other words, the leading word in the sense of the sentence should govern the construction (and the possessive).

Sad to say, many writers don’t have a clue (I speak from long reading experience) as to when to use this possessive apostrophe. And as for knowing what a participle is, forget it. My advice to those writers: Get thee to a grammar and punctuation workshop.

DEAR EDIE: When did “went (or go) missing” enter our language? It sounds awful. Is it correct? Everyone is saying it—newscasters and characters in television shows such as CSI: Crime Scene Investigation, as in “John went missing last Thursday.” I know that we say John went shopping last Thursday,” or “John went hiking last Thursday.” That sounds okay, but “went missing” hurts my ears.

Didn’t we used to say this?: “John is missing. I haven’t seen him since last Thursday.” “John has been missing since last Thursday.” “John disappeared last Thursday.”

CHERYL LATHROP
Walpole, Mass.
DEAR CHERYL: Poor John! Despite his having gone missing, he seems a rather busy guy.

It's a question not of correctness but of idiom and dialect. In addition, these terms, such as "went missing," are a mite briefer than "John has been missing since last Thursday." (Not that brevity is always preferable.) This oxymoron is in the same class as incongruous terms such as "Money is no object" (what in the world does this mean?) and "He drug the perp out of the house by the legs." I s'pose this verbal kind of drug is substandard in your region, but may be quite acceptable (derigueur, in fact) in others.

I s'peck we'll just have to grin and bear these regional or dialectal terms. Some people use them to show that they're jus' folks. Some don't know they're using oxymora in conversation, but would be delighted to know it and would ask what "oxymoron" means. And some use them because they think these phrases are cute (not that there's anything wrong with that).

One mostly hears such terms in conversation, but these vulgate phrases are used by good fiction writers, so as to place their characters in a particular setting, era, or social stratum. I cite Mark Twain, whose Huck Finn, being unschooled, spoke regional language. Sam Clemens knew what he was doing, and he made a huge difference in writing style in his time.

DEAR EDIE: Which is correct?: "The cells stained positive for . . ." or "The cells stained positively for . . ." Or maybe we shouldn't be saying it that way at all? On the face of it, it looks as if it should be "positively"—an adverb modifying the verb "stained." Or should it be "The cells were positive for . . ."? That would call for the adjective.

MICHÉLE VIVIRITO
Amgen
Thousand Oaks, Calif.

MICHÉLE, MA BELLE: It should be "positive." "He looks badly" means that he doesn't see well or that he is unorganized and can't find the right folder. "He looks bad" means that he seems ill or out of sorts. "She does good" means that she is a humanitarian. "She looks well" means that she seems to be in robust health.

In your example, "positive" is a predicate adjective, one that modifies the subject noun. Predicate adverbs are used to modify action expressed as a verb.

Did anyone say that grammar is simple?

DEAR EDIE: Is it correct to use "one-half" or "half," or are both okay? We have run into this question lately, in the following instances:

1. Approximately 25% of adult Canadians have allergies, and about one-half are allergic to grass pollen. (Should this be "about half"?)

2. This would reduce the annual cost of sensors by about half. (Should this be "by about one-half"?)

LEIGH-ANN TOPFER
Canadian Agency for Drugs and Technologies in Health (CADTH)
Edmonton, Alberta, Canada

DEAR LEIGH-ANN: Fractions and percentages should not be mixed in the same sentence. You could say "Approximately 25% of adult Canadians . . ., and about one-quarter of adult Canadians . . ." Alternatively, you could use all words: "Approximately one-quarter [much better than 'a quarter'] of adult Canadians . . ., and about one-half [better than 'a half'] . . ."

"This would reduce the annual cost of sensors by about half [or a half, or one-half]."

DEAR EDIE: Would you please explain the differences between special issues and journal supplements? What are the pros and cons of each? Is one sponsored by the content providers and the other solicited by and paid for by the

ROBERT N. YOUNG, MD
Victoria, British Columbia, Canada

LEIGH-ANN TOPFER
Canadian Agency for Drugs and Technologies in Health (CADTH)
Edmonton, Alberta, Canada

DEAR BOB: Of course, you're right about "of" after the noun "couple." However, you probably aren't aware that "couple" is also an adjective. Here's what Merriam-Webster's Third has to say: "Used with 'a.' A couple nights ago."

How else would one say "a couple more"? I guess you and I will continue to use "of" when it's appropriate, while the rest of the population won't.

DEAR EDIE: Maybe I blinked, but I have noticed what appears to be an increasing incidence of the absence of the word "of" between "couple" and whatever there are two of. "A couple cars crashed"; "a couple people on the train"; "I saw a couple movies last week," as examples.

I am uneasy (and gulp) when I read that sort of thing. I've noted it in everything from newspapers to novels. Is it due to laziness in the writer, mere keystroke saving, or is such usage now correct?

I await your reply with a couple bated breaths.

ROBERT N. YOUNG, MD
Victoria, British Columbia, Canada

DEAR LEIGH-ANN: Fractions and percentages should not be mixed in the same sentence. You could say "Approximately 25% of adult Canadians . . ., and about 50% . . ." Alternatively, you could use all words: "Approximately one-quarter [much better than 'a quarter'] of adult Canadians . . ., and about one-half [better than 'a half'] . . ."

"This would reduce the annual cost of sensors by about half [or a half, or one-half]."
journal? Are both peer-reviewed? And does the journal decide who the peer reviewers will be? Does one carry more scientific weight than the other?

I’d be grateful for any guidance you can provide. I’m unclear on even the basic definitions and requirements of each, and this information has been difficult to find so far.

DENISE BUCKLEY
National Cancer Institute
Bethesda, Md.

DEAR DENISE: The information you need is set forth in glorious detail in the AMA Manual of Style (known fondly by me as AMAMS). This monumentally scholarly publication has anticipated your need. I speak of the new, tenth-edition tome (books are not always heavy; tomes usually are). If you can lift it, refer to the following sections:

Special or Theme Issue. Page 49, section 3.11.7
Sponsored Supplements. Pages 283 et seq., section 5.12.4
Peer Review. Page 304, section 6.1.3

I found this information through the index, which is superb, although I couldn’t find entries for superscripts or ZIP codes.

Edie Schwager, a freelance writer, medical editor, and workshop teacher, lives in Philadelphia. She is the author of Medical English Usage and Abusage and of Better Vocabulary in 30 Minutes a Day. Queries and comments, which will be edited, should be sent directly to her in publishable form and preferably by e-mail. Edie answers queries as soon as possible.

To avoid back-and-forth, time-consuming messages, please include permission to publish with the questions or comments. For verification, correspondents must provide all addresses, especially the city and state, of the correspondent or the affiliate. The name of the affiliate and other data may be published unless Edie is otherwise directed. Edie’s e-mail address, not surprisingly, is deaddedie@verizon.net.

NOMINATIONS for AMWA Honorary Awards

AMWA members may now nominate qualified individuals for AMWA’s honorary awards to be presented at the 2008 AMWA Annual Conference in Louisville, KY. These awards include AMWA fellowship and the Harold Swanberg Distinguished Service Award. The deadline for submission of nominations is February 15, 2008.

AMWA active fellowship recognizes members who have made substantial contributions to the goals and activities of AMWA and professional accomplishments acknowledged by their peers. Candidates must have been active members in good standing for at least 5 consecutive years immediately before nomination, and members may nominate themselves.

Honorary fellowship is designed to recognize persons who are not members of AMWA for distinguished contributions to any area of communication in the medical or allied professions and sciences. The award confers nonvoting AMWA membership privileges for 1 year.

The Harold Swanberg Award, named for the physician who founded AMWA, is the association’s highest honor. It is presented to an active member of AMWA who has made distinguished contributions to medical communication or rendered unusual and distinguished services to the medical profession. The recipient is invited to speak at the Sablack Networking and Recognition Dinner at the AMWA Annual Conference.

The Fellowship Committee will consider all eligible candidates nominated for either active or honorary fellowship and will recommend the recipients to the AMWA Board of Directors for approval. Similarly, the Swanberg Award Committee will consider candidates nominated for the Harold Swanberg Distinguished Service Award and will recommend a recipient to the Board of Directors for approval. Send nominations and substantiating documentation directly to AMWA headquarters, attention Awards Committee, 40 West Gude Drive, Suite 101, Rockville, MD 20850. Visit the AMWA Web site (www.amwa.org) for more information.
The reviews included here are of 5 books that were honored in the 2007 AMWA Medical Book Awards. Two books received a First Place award and 2 received an Honorable Mention award. An additional book was given a Special Recognition award for “timely treatment of a global issue.” (See page 194 for information on the 2008 Book Awards.)

**First Place, Physicians Category**

**Mayo Clinic Cardiology, Concise Textbook, 3rd ed.**
Joseph G. Murphy, MD, and Margaret A. Lloyd, MD, Editors

The book is an outgrowth of the Mayo Clinic Cardiology Review and is intended, according to the authors, for use in Board certification by cardiology fellows, for use in recertification by practicing cardiologists, and for use as a reference by anesthesiologists, nursing, and internal medicine specialists.

One of the larger problems with the explosion of medical information in recent years has been to direct both student and resident reading. Faculty have found it difficult to identify single-volume resources suitable for both students and residents. The Mayo Clinic Cardiology, Concise Textbook solves this problem for both house officers and faculty by covering comprehensive, up-to-date information in the subspecialty of cardiology.

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**First Place, Trade Category**

**Unplugged: Reclaiming Our Right to Die in America**
William H. Colby

“What do you think was ‘right’ for Terri Schiavo? What would you want if you were in her shoes?” William Colby poses these questions in the introduction of Unplugged and implores readers to answer them, to discuss their views with loved ones, and to encourage family members and friends to make their end-of-life wishes public.

Colby begins with a well-balanced, thoroughly researched, and meticulously detailed account of the Schiavo case to illustrate the complexity of such cases and the human anguish that results when family members radically disagree about the wishes of a dying person. This case then becomes the haunting background for a reflection on the impact of medical technology on the process of dying.

Here, too, Colby uses stories: Dr Bernard Lown’s invention of the DC defibrillator in the early 1960s, the development of the first coronary ICU at Bethany Medical Center in Kansas City in the 1960s, and the growing awareness among physicians that failed attempts at recovery resulted in patients described as being in a “persistent vegetative state.” Karen Ann Quinlan became the first highly public case in which parents, physicians, and the court system wrestled with whether parents had the right to instruct the medical system to turn off a respirator and allow their child to die.

Colby details how the Quinlan case and that of Nancy Cruzan became the impetus for legislation regarding the right to die. He begins by explaining how the advent of respirators and feeding tubes clouded the definition of death and then illustrates how this influenced the right of Cruzan’s parents to request removal of a feeding tube. This issue, debated in the courts for 2 years in the Cruzan case, led to a federal law requiring all entering patients to be counseled regarding living wills and other health care...
planning. Unfortunately, the limitations of that law became seared in all of our memories as the Schiavo case played out in the courts, the media, and the halls of Congress.

Because the effect of any medical intervention on a patient’s quality of life is not guaranteed, physicians rely on patients and families to help make decisions about treatment. Throughout the book, Colby builds an argument intended to convince readers that decisions regarding health care should reflect their wishes and that medical technology has made these decisions exceedingly complex. Ultimately, this is the message of Colby’s book:

Fill out a health care power of attorney. Talk to the person you name as your agent about Terri Schiavo…and the other end-of-life stories that come up in your discussion. Tell your family and anyone else who might be in the room when health care decisions are made for you, about your conversation. Give copies of the document to your agent, other family members, and your doctor. Go live. Writing in an eminently readable style, Colby provides an authoritative discussion of an important and timely topic. If readers heed his advice to address these end-of-life issues—no matter their age or the state of their health—they could save their families some of the emotional heartache that rests at the core of any end-of-life decision.

— Helen E. Hodgson, PhD

Helen directs the Master of Professional Communication program at Westminster College in Salt Lake City, UT, and is a freelance medical editor.

Heart Care for Life: Developing the Program that Works for You
Barry L. Zaret, MD, and Genell J. Subak-Sharpe, MS

The heart, the ceaseless beating machine driven by electrical impulse to provide oxygenated blood and life, is, for over 70 million Americans also the seat of disease. In this hard cover reference book Heart Care for Life: Developing the Program that Works for You, Dr Zaret and Ms. Subak-Sharpe present information “intended to broaden [the readers’] understanding of the nature of heart disease, its causes, potential for prevention, and approaches for treatment.” To do so, the authors first describe why a personalized health care plan is the key to sustaining a healthier life—a person with heart disease may have inborn or genetic risk factors or lifestyle risk factors, or need specialized care because he or she is a member of a group that requires different care based on gender or ethnic background.

This is an incredibly comprehensive book, from how to select a doctor to what the types of heart disease actually are (from high blood pressure to the many varieties of heart arrhythmias, to coronary artery disease and heart failure). The heart of the book is divided into 4 sections: one about lifestyle choices and how they can affect heart health; the basics of lifelong treatment; heart care for populations with special concerns; and recent advances in treating heart disease and how hope for the future can influence one’s health.

The strength of Heart Care for Life is its breadth. Heart disease was once thought to be a danger only for men and not for women. Similarly, it was assumed “that as the minority groups assimilated into the majority population, their risks and disease profiles would mirror those of other Americans. But this is not the case…” Beyond its breadth is the authors’ focus on encouraging individuals to make small changes in their own lives that will contribute to better heart health.

Tables and boxes of additional information add to the text throughout the book. Considering the number of Americans at risk for heart disease, the audience is everyone interested in participating in his or her own care or that of a loved one.

My largest concern about this book is that it may be written in a manner that many readers will not find approachable. While putting a list of all the abbreviations that will be used in the text at the front of the book could be a useful place for attaching a sticky note, it could just as easily turn the faint-hearted away at the door. I found that Part IV, particularly, used advanced terminology and may be of use only to heart patients or their family members when facing a choice about a new type of treatment. Throughout, a greater number of graphics and more labels on the graphics that are included would make the book stronger.

Heart Care for Life has 2 tremendous positives working for it: nearly everyone can find themselves in these pages, and it is organized to make information easy to find so that any individual can begin to develop the program that works best for him or her.

— Christine Theisen, MTSC

Christine is President of Easterly Health Communications and is a freelance editor and writer in Vacaville, CA.
Honorable Mention, Trade Category

**Hot Flashes, Hormones, & Your Health**
JoAnn E. Manson, MD, with Shari S. Bassuk, ScD

Most women who live long enough eventually encounter menopause and the quandary regarding hormone therapy. Hot Flashes, Hormones, & Your Health offers expert guidance to these women. Dr. Manson is a professor of medicine at Harvard Medical School, chief of preventive medicine at Brigham and Women’s Hospitals, and co-director of the Connors Center for Women’s Health and Gender Biology. She holds the distinction of being the only person to serve as a lead investigator on both the Women’s Health Initiative (which studied 27,000 women over 5 to 7 years) and the Nurses’ Health Study (which has been observing more than 121,000 female nurses for more than 3 decades). She and her collaborator have produced an authoritative and timely guide to cut through the confusion surrounding the use of hormone therapy.

In the Preface, the authors state that “Only in the past year have we come to a ‘unifying theory’ that can explain the apparent discrepancies in the research . . . .” The key concept of this theory “is that hormone therapy tends to be beneficial when started early after menopause . . . . and harmful when started late after menopause . . . .” The book, however, goes on to delve much more deeply into the many variables that enter into the decision each woman must make, based on her unique situation. In the first couple of chapters, the explanation of perimenopause and menopause is followed by a discussion of their symptoms and how to treat them. The next three chapters deal specifically with all aspects of hormone therapy, its history, what studies tell us, whether it’s safe, how to evaluate the benefits and the risks, and the range of hormone options from which therapeutic choices can be made.

A generous sprinkling of informative tables, graphs, and figures add to the wealth of evidence-based data presented. The valuable penultimate chapter becomes more personal, showing the reader how to calculate her own risk of developing “the five common aging-related health outcomes that have been linked . . . to hormone therapy”: coronary heart disease, stroke, venous thromboembolism, breast cancer, and osteoporotic fracture. As in the rest of the book, the scope of data presented here is comprehensive, covering such factors as weight, vitamin supplementation, lifestyle, and diet. Specific aids for measuring risk enhance this chapter. The final chapter, “Putting It All Together” does just that, by answering the questions of whether to start and whether to stop hormone therapy and by discussing seven relevant case studies. Current references in the Chapter Notes and the Index further enrich this well-written book.

— Lynn M. Alperin

Lynn Alperin is a freelance editor and writer in Galveston, TX.

Special Recognition, Trade Category

**The Flu Pandemic and You: A Canadian Guide**
Vincent Lam, MD and Colin Lee, MD

The Flu Pandemic and You: A Canadian Guide by Vincent Lam, MD, and Colin Lee, MD, is a tall but nearly pocket-sized book that is written to address the many fears general audiences have about flu pandemics. The guide, written primarily in a question and answer format, gives basic scientific information about previous influenza epidemics in chapters such as “Phases of a Pandemic: How a Pandemic Comes to Be,” and, in the wake of the outbreak of avian influenza virus, covers what living through a pandemic might require in “Making Preparations for Surviving a Pandemic.” The authors also describe what public health officials will be struggling with in the case of a pandemic, particularly limited access to health care, vaccines, and information that may occur in “It’s Not So Simple: Ethical Dilemmas During an Influenza Pandemic.”

Both Dr Lam and Dr Lee worked in Toronto, Canada, emergency rooms during the Severe Acute Respiratory Syndrome (SARS) outbreak there in 2003. Because SARS, unlike the much more common influenza, was a new infection but had also spread from a single origin point to places around the world, it highlighted for the authors the need to provide readers with an accurate scientific background to which readers could go if, in the more likely scenario, another influenza pandemic occurred.

The strengths of this book are multiple. Each chapter is previewed with a single-page bulleted list of sentences that give the reader “This Chapter in One Page.” Overall, the writing is accessible (a foreword by Margaret Atwood adds
to the personal, open feel of the writing), and frequent section headers help orient readers within the text. Special information, such as current World Health Organization guidelines and the story of how avian flu was successfully controlled in Hong Kong, are set off from the text in grey boxes.

Because the guide was written specifically for a Canadian audience, readers in the United States and elsewhere may be unfamiliar with metric measurements and some Canada-only drug names, making it a challenge to interpret a few of the tables.

As a technical writer, I am very impressed with the clarity of this book, both in its design and its content. I plan to add it to my library of resources.

— Christine Theisen, MTSC
Christine is President of Easterly Health Communications and is a freelance editor and writer in Vacaville, CA.

New Books by AMWA Members

**Win without Competing! Career Success the Right Fit Way**
Arlene R. Barro, PhD

Arlene Barro begins Win Without Competing! with a quote from Confucius, “Choose a job you love, and you will never have to work a day in your life.” This quote captures the spirit of her book on how to find the job that is the right fit just for you.

To win without competing, Barro begins by advising people to stop competing with others but to set a standard against which no one can compete. Making assumptions are like making one’s own prison; they create negative consequences and stop action. Using specific work plans, the individual discovers his or her Core Identity, the professional competencies, personality, and goals by which one defines and creates a career path. Finding one’s identity becomes the right fit for the individual. Then the individual can proceed to defining one’s personal brand or “package to pitch,” and managing a calculated close.

Barro, an educational psychologist, is a recognized search consultant and career coach. Win Without Competing! is an excellent book for medical writers, who may be searching for their own core identity and the right fit in the profession.

**Clinical Trial Registries: A Practical Guide for Sponsors and Researchers of Medicinal Products**
MaryAnn Foote, editor

The International Committee of Medical Journal Editors (ICMJE) and other editors recognizing the need for transparency require registration of clinical trial information on publicly available Web sites before enrollment of subjects. Some countries and regions also require this information. In Clinical Trial Registries: A Practical Guide for Sponsors and Researchers of Medicinal Products, Foote has collected essays from experts who discuss the origin of these regulations, practical information for researchers on how to establish a workflow for a clinical registry product, and how to post results.

More than 25 current Web addresses for registries are provided, as well as a comprehensive annotated bibliography of papers on the topic.

This book is a valuable source of information for all sponsors of medicinal products.

**Der Artz: The Physician**
Mary Nagle Wessling
North Charleston, SC, BookSurge, 2007

Der Artz: The Physician is a historical book translated by AMWA member Mary Wessling. This German to English side-by-side translation helps those interested in the history of medicine have access to the works of Wilhelm Gottfried Ploucquet, a little known 18th century writer. Ploucquet struggled with such questions as: What personal qualities are necessary for aspiring physicians? What is a proper medical education? How can a young physician gain trust of the patient? What ethical standards should the physician maintain? He used as the base source many of the works of ethics from the Hippocratic Corpus, as well as from literature and poetry of his day.

Although his work is specific to time and place, some of the comments and issues are timely for the 21st century.
About the Freelance Directory
AMWA's Freelance Directory lists members of the association who make their services available on a freelance basis and have paid to list their name in the Directory. The purpose of the Directory is to help establish contact between those who need and those who offer freelance services. AMWA members have free access to the Directory, and potential clients may pay for access to locate freelance help. Potential clients can search the Directory by last name, geographic area, service, subject, media, or any keyword, helping them to find the right person for the job. Multi-category searching for services and media, which are listed alphabetically on the “Search the Directory” page, further refines the search. Users may specify multiple search parameters in their search.

Listing in the Freelance Directory is a members-only benefit of AMWA. Any individual freelance member may place a listing in the Freelance Directory for $75 for 1 year. Access to the Freelance Directory is free with AMWA membership. Clients who are AMWA members can search the Directory for free; nonmembers may purchase a subscription to the Directory for $75 for 6 months or $135 for 1 year. Currently, the AMWA Freelance Directory provides access to almost 400 AMWA members who make their services available on a freelance basis.

About the New “Freelance Opportunities” Listserve
AMWA recently added a new benefit for members who list their services in the Freelance Directory—an optional subscription to the new “Freelance Opportunities” Listserve. This new listserve is dedicated to postings from members listed in the Directory who are seeking freelance help or offering freelance services. Only members with a listing in the Freelance Directory may post or receive messages on this new listserve. The postings to this listserve are restricted to information about freelance opportunities; postings about full-time or part-time employment are not permitted. (Employment information should be communicated through AMWA’s Jobs Online service.) The “Freelance Opportunities” Listserve is for announcements only. All communications subsequent to the initial post should be communicated privately between the person who posted the notice and individual respondents.

Making the Most of Your Listing
Take full advantage of the features offered in the Freelance Directory. You can enter information at any time by visiting the “Post Your Listing” or “Update Your Listing” page and filling in the boxes. Clicking on “Description Entry Editor” allows you to type in a description of your services and qualifications. You may also create your description in another document and then cut and paste it into the “Description Entry Editor.” Your description can include your education and experience, awards and certifications, and any other information you might include on your resume. You can also add services and media options not included in the keyword lists to the “Description Entry” area of your listing. Norine Downs from AMWA Headquarters has provided many helpful suggestions for posting an effective listing (click on “Tips for Posting a Listing” in the Freelance Directory menu at www.amwa.org). She suggests listing your areas of expertise (such as immunology, biology, liver disease, clinical medicine, or cardiology) because many prospecting clients begin their search with keywords.
When you have finished creating or modifying your entry, be sure to save it by clicking on the “save” icon at the lower right-hand corner of the “Description Entry Editor” page. This will bring you back to the Freelance Directory Subscription or Signup page. To update your listing with the changes you have made, scroll down and click on “Update Your Record” (you will lose your changes if you don’t do this!). You will then be given the opportunity to check your changes.

It’s a good idea to check your listing several times a year to make sure it is current. You can do this simply by visiting the “Update Your Listing” page of AMWA’s Web site and making and saving your changes.

Acknowledgments
I am grateful to Ronnie Streff, Candice Hughes, and Sara Lou O’Connor for reviewing the manuscript and for their many excellent suggestions.
I am honored to be standing before you as president of the American Medical Writers Association, and I thank you for your vote of confidence. This is going to be an exciting year.

A recurring theme in presidents' inaugural speeches is that they had no idea they would end up here, and I'm no exception. I always knew I wanted to be a writer. I started out with a degree in journalism, then worked for 25 years as a technical writer and manager in software and electronics companies. In 1995, I started working with my husband Jim in his freelance business. Suddenly I was a freelance medical writer, writing and editing manuals for medical devices. Since then, I've expanded into writing medical manuscripts, meeting support materials, and training programs for clients all over the world. I can't imagine doing anything else.

I joined AMWA in 1997, and discovered more smart, interesting, fun people than any group I've ever been involved with. I was recruited in 1999 to help with the Asilomar conference, and I've been volunteering for the Pacific Southwest Chapter and for the national association ever since. It's been a lot of fun working with so many creative volunteers.

Speaking of creative volunteers—I'd like to introduce the new 2007-2008 executive committee (EC). These are the people who lead the efforts of the various departments in AMWA and the Board of Directors to make things happen.

**Immediate past president Jim Cozzarin** is Lead Editor in Scientific Services at Pro ED COMMUNICATIONS, INC., in Beachwood, OH. A member since 1995 and an AMWA fellow, Jim served in numerous positions on the EC and in the Ohio Valley Chapter before becoming AMWA president. He is also a veteran workshop leader and a former junior high and high school English teacher. He enjoys cooking and motorcycling on a Harley-Davidson Fat Boy. His daughter, Susan, who recently turned 13, delights in giving him a countdown in the number of weeks left before she can get her driver's license.

**Cindy Hamilton**, who just completed her fourth term as AMWA's treasurer and is now president-elect, used to work for her grandfather and uncle, who were pharmacists. They taught her to organize pill bottles alphabetically by generic name, decipher doctors' handwriting, count pills into properly sized bottles, and type instructions and labels on a manual typewriter. Cindy went on to earn her bachelor of science degree in pharmacy from the University of North Carolina at Chapel Hill and a doctor of pharmacy degree from the University of the Sciences in Philadelphia. Since 1990, she has been principal of Hamilton House, a medical writing and editing firm in Virginia Beach. She joined AMWA in 1984 and was recruited to the AMWA EC in 2000. She coordinated the 2003 Annual Conference in Miami, and then kept track of AMWA's money as treasurer for 4 years. She leads workshops and several task forces, including one that developed the AMWA position statement on the contributions of medical writers to scientific publications. Cindy also dreams about AMWA's future role. Recently, she organized a task force to explore opportunities for partnering with institutions of higher education; the goal is to increase awareness of and respect for the profession of medical communication.

**Tom Gegeny**, a member since 1998, is starting his second term as secretary after serving in several other positions on the EC and on numerous AMWA committees. Tom has been a workshop leader since 1999 and has been a plenary speaker, breakfast roundtable coordinator, and open session presenter at AMWA annual conferences. Tom was also active in the Southwest Chapter before moving to New England, where he now works at Envision Pharma in Southport, CT. He holds a master's degree in biomedical sciences from the University of Texas–Houston Health Science Center.

**Treasurer Judi Pepin** has served as administrator of development for the past year. She has also been a member of the Budget and Finance Committee for 3 years and treasurer of the Ohio Valley Chapter for 7 years, proving that she's a natural for treasurer. Judi is a senior writer in the Department of Scientific Writing and Editing at Procter & Gamble Pharmaceuticals, Mason, OH. She received her PhD degree in pharmacology and toxicology from the University of Connecticut. Judi loves to garden; she created a decorative trellis from copper pipe at the entry of her
flower and vegetable beds. She has also been quilting for about 25 years and confesses an addiction to new fabric. She shares her home with 2 tabby cats, Norman and Fiona, and the pug puppy Bella.

Robert J. Bonk, an AMWA member since 1986, is the coordinator of the 2008 Annual Conference to be held in Louisville, KY. Bob has been an annual conference speaker and committee member. He has also served the Delaware Valley Chapter in several roles, including president. Bob is an Associate Professor of Professional Writing at Widener University in Chester, PA. After completing a BS with Highest Honors in biology and chemistry from the University of Delaware and an MS in technical and science communication at Drexel University, Bob earned a PhD in health studies from the University of the Sciences in Philadelphia. Bob is the author of several books—his first book on medical writing was honored by Doody's Rating Service as one of the “250 Best Health Sciences Books” for 1999. He has since published a pharmacoeconomics book and is at work on a new book on audience analysis in medical and health care writing. When he is not working, Bob's interests include ice dancing, watercolor painting, and saltwater aquariums. A member of the United States Figure Skating Association, Bob hopes to complete his adult gold-medal status in ice dancing before the Louisville Annual Conference.

Susan Aiello returns to the EC this year as workshop coordinator. An AMWA member “since 1988 or so,” Susan has been administrator of awards twice, is a fellow of AMWA, and has served on too many AMWA committees to remember. She enjoys leading several AMWA workshops and won the Golden Apple award for excellence in teaching in 2005. She also teaches in several other venues, including at Harvard’s continuing medical education course on publishing for physicians and other health professionals. Susan and her husband, John Bukowski, run WordsWorld Consulting, a freelance medical writing and editing business. Susan particularly likes working on books and, in the last few years, has expanded her business to include trade nonfiction works such as memoirs and self-help books. If you’ve known Susan for longer than 3 or 4 nanoseconds, you know that she loves all animals and is ready to talk about them at length at any time. Since moving to Ohio about 3 years ago, Susan has also become an avid bowler, and bowled her first over-200 game last season—a personal record unlikely to be broken soon, or possibly ever.

This year’s administrator of awards is Karen Klein, who was this year’s annual conference workshop coordinator and has previously served as administrator of publications and public relations. Karen lives in Winston-Salem, NC, which is also home to Sara Lee, RJ Reynolds Tobacco, and Krispy Kreme Donuts. On a healthier note (physically if not mentally), she directs the Research Support Core at Wake Forest University Health Sciences, where she is the grant and manuscript editor for all faculty at the institution. In another role where patience is also required, she and her husband Scott have a son, Ben, who is applying to college in a few months. Karen’s most rewarding experience this year (outside of AMWA) was teaming up with Ben so that her twice-monthly radio news show for the blind is now a mother-and-son event.

Michele Vivirito, the administrator of chapters and membership, taught special education for 7 years before beginning her medical writing career more than 25 years ago. Michele is currently a medical writing director in the Global Medical Writing Department at Amgen Inc., in Thousand Oaks, CA. A member of AMWA since 1981, Michele has served on the EC as administrator for this year’s annual conference and workshops administrator (twice); she has also been secretary at the national level. Michele is both a past president and past treasurer of the Pacific Southwest Chapter. She has also led roundtable discussions, coordinated the roundtable sessions, chaired the pharmaceutical plenary session, spoken in numerous open meetings, and conducted an arms race out of her office in the middle of the night.
sessions, and served as creative readings chair. The love of her life is her 4 1/2-pound Chihuahua named Peanut. In her spare time, Michele is a literacy tutor at the local juvenile detention center, continuing her long-standing interest in education.

The administrator of development, Barbara Snyder, is Director of Scientific Writing & Editing at Procter & Gamble, with 26 years of experience in medical writing for the pharmaceutical industry. She just finished a year as administrator of education. Barbara joined AMWA in 1981 and served in numerous roles in the Ohio Valley Chapter. She has also done many different jobs for AMWA annual conferences and committees, including the Budget and Finance Committee. She lives in Mason, OH, with her partner Yvon Lauren (who has been to every AMWA annual conference since 1984) and their 3 dogs (Clapton, Joplin, and Hendrix). They collect Volkswagens (current tally is 12), and spend all their free time and money renovating rental houses in Yvon's hometown in Indiana. Barbara recently purchased a cement mixer so she could pour her own sidewalks.

This year's administrator of education is Larry Liberti, who is Vice President and General Manager of Thomson Pharmaceutical Services in Horsham, PA. A fellow of AMWA, Larry has served as president of the Delaware Valley Chapter. Larry is excited about returning to support AMWA at the national level after a hiatus of more than a decade, during which he focused his time on teaching courses for AMWA. His job has kept him busy traveling (visiting more than a dozen countries in the past few years). Larry is an avid outdoorsman. He's hiked 186 of the 301 miles of the Appalachian Trail crossing PA and NJ and trekked for 10 days thru New Mexico's Cibola National Forest. Trained in wilderness survival, Larry can fry up a yummy fricassee of grubs and ants!

Melanie Fridl Ross, administrator of publications, is Associate Director and Senior Medical Writer/Editor at the University of Florida (UF) Health Science Center's Office of News and Communications. She also is an adjunct faculty member at UF's College of Journalism and Communications, where she teaches news reporting. In addition, she serves as senior producer for the consumer health series "Health in a Heartbeat," which airs on public radio in 16 states and Washington, DC. Melanie holds a master's degree in journalism and a bachelor's degree in American culture from Northwestern University. She is a past president of AMWA's Florida Chapter and has been a member of the EC since 2003; she was administrator of the annual conference in Albuquerque in 2006. She has also served on several task forces and committees. If we find ourselves in need of help with crisis communications, Melanie is ready—she teaches a public relations workshop and leads a roundtable discussion on that topic. In her spare time, Melanie studies piano; her musical pursuits have twice taken her to Prague for the Prague International Piano Masterclasses, which she both participated in and managed. She lives with her husband Jim, 3 children, and 2 cats.

Mary Royer, administrator of Web and Internet technology (WIT), is a freelance medical writer in Ithaca, NY. A long-time member of AMWA, she has served as secretary of the Delaware Valley Chapter, workshop leader, and administrator of publications. This year, she will serve her second term as administrator of the WIT committee. Her son Alex is a student at Cornell. Mary is an avid gardener and cross country skier and is a member of her local bridge and choral groups. Mary earned her MS degree in technical communication from Rensselaer Polytechnic Institute.

These talented, generous people—the leaders of AMWA—are a big reason why this association is so good. Along with your chapter leaders and Board of Directors delegates, the EC members work all day for their employers or clients, and then spend countless additional hours working for AMWA—for you. Along with the headquarters staff, these volunteers are the face of AMWA, which is the face of our profession. It's one that you can be proud of, as I am.

My message today is a simple one—just 3 points: First of all, think about the fact that we are all part of something very important. Medical communicators are in a powerful position, with enormous potential to be agents of change—to make the world a better place. AMWA is helping to make sure we're up to the challenge.

Second, I want to make sure you know that you are members of a great association. AMWA is doing good work, we're in sound financial condition, and our membership is growing as people recognize the value that we bring to the profession.

And third, we should have confidence that AMWA is continuing to grow and improve, to keep up with the needs of our profession, our employers and clients, and the society in which we all live.

**The Power of Our Profession**

We chose medical writing or editing because it offers an interesting career that allows us to exercise our love of science and our skills in communication, and because the job market is generally pretty good. But good medical and scientific communication can be so much more. Look at the impact a person like Rachel Carson can have. Her work explaining the effects of the overuse of pesticides persuaded the nation to start protecting our natural environment. Dr Nanette Wenger, who spoke in an open session this afternoon, has been a major force in calling attention to the prevalence and impact of heart disease in women. And many members of our own organization have made a major impact—for example, Barbara Gastel and Elliott Churchill have helped improve the health of people in developing countries, and Yvon Liberti has worked hard to bring attention to the prevalence and impact of heart disease in women.

If you search for the term "medical writer" on Google, you'll find that AMWA comes up first.
countries by teaching scientists, doctors, and nurses to communicate better. Darryl Gosset and Poly Potter, who are also chairing open sessions at this conference, worked with teams at the American Cancer Society and the Centers for Disease Control and Prevention to improve those organizations’ tools for increasing health literacy. And every time you or I write clearly and accurately about science or health, our readers learn and understand something new that can improve health. They make decisions based on what we write. That’s power.

AMWA’s Pivotal Role

AMWA plays a key role in all of this. By helping us improve our skills and expand our knowledge, AMWA helps us rise to the challenges we face. AMWA also increases our awareness and understanding of the ethical responsibilities inherent in our work. If you want to feel good about your profession, take a look at the program for this conference. You and your peers are leading more than 200 different workshops, open sessions, and round tables, all designed to improve our ability to make a difference. Thank you all for participating in this effort. AMWA now has about 5,600 members and is growing at a steady rate. If you search for the term “medical writer” on Google, you’ll find that AMWA comes up first (without even paying for a sponsored link). More than 1,000 people have come to the annual conference, the number of people who attend chapter conferences increases every year, and we now have 3 self-study workshops to help people improve their skills. Not bad.

Looking Ahead

AMWA is keenly aware of the need to grow and change to meet the needs of our profession. We’ve done several things recently to ensure that we can do that. For example, the AMWA Endowment Fund now has more than $100,000, and the interest from the fund will be used to develop new programs chosen by the Board of Directors. The science fundamentals certificate, a new program launched at this conference, will help members educated in the liberal arts to improve their ability to learn and write about science. In the last year, the listserves have facilitated the exchange of nearly 4,000 messages from 1,500 different authors about 1,100 different topics. And the AMWA Web site has grown and expanded to become the communication hub for the association.

A member needs assessment scheduled for next year will help us to plan for the future. The assessment that was done in 2005 revealed that 44% of respondents wanted more educational programs in clinical science. The new science fundamentals certificate program is a direct result of that information. So when the assessment comes out, I hope you’ll respond.

In another initiative to help us look ahead, Jim Cozzarin has agreed to create and lead a long-range planning committee this year. The members of this committee will try to answer the questions, “What do our colleagues and clients need from us, as writers and editors? How can we prepare ourselves to provide it?” One of the major tasks of the long-range planning committee will be to look outside of AMWA at the forces that shape our industry—what are the things that will affect the work we do and the environment in which we do it? Issues might include things like initiatives to outsource medical writing, university programs that offer degrees and certificates in medical communication, and the growth of electronically based learning. The committee’s charter is to identify important trends, to assess their effects on our work, and then recommend actions that AMWA should take to prepare us to deal with those trends.

In summary, my goal for the coming year is to help AMWA become stronger in its role as a leader of our profession, recognized as the foremost resource for medical communicators. It’s been my experience in AMWA that if you see a need and have some ideas about how to meet it, you have an opportunity to make a real difference. I thank you for the opportunity to lead you and your colleagues in our continuing efforts to develop our association and our profession.

AMWA is saddened to note that Robert (Bob) Iles, died on November 25, 2007. A long-time AMWA member, Bob was the author of Guidebook to Better Medical Writing, as well as many mystery novels. The March 2008 issue of the AMWA Journal will include a tribute to Bob.
Are you good at writing and thinking in pictures? If so, you may have a future as a medical scriptwriter in the burgeoning fields of video production and interactive media. Thea Chalow, of TLC & Company, is one of the fortunate few who knew her calling from an early age and went on to become a producer of live TV programs and an award-winning writer/producer of documentaries. Now a freelance consultant, she shared her experiences, insights, and some practical tips on how to write for visual media in an entertaining and highly interactive workshop at the 7th annual New England Chapter conference held in Sturbridge, MA, in May. Chalow focused the workshop on the preproduction phase of video production and on the art of interviewing, because the writer plays a key role in these activities.

Design Report
The medical scriptwriter contributes to preproduction by developing the design report, a sort of road map for the work to come, said Chalow. One major element of the design report is the content outline, which describes how information will be “chunked” into digestible bits and ordered (e.g., from simple to complex or general to specific). Once the content outline has taken shape, the production team decides what media, production style, content, organization, tone, and language level best suit the audience and the message.

During the discussion of production styles, Chalow made it clear that it isn’t necessary to reinvent the wheel every time. The medical scriptwriter’s toolbox contains a number of approaches, such as the illustrated lecture format (e.g., a “talking head” with pictures), that are tried and true. The creative concept part of the design report describes the structure and organization of the “storyline.” Here again, Chalow noted that effective patterns for communicating to different target audiences have evolved over time. A presentation for sales representatives might describe the disease and discuss current treatment options, then switch focus to the new medicine, and end with points of differentiation between the new medicine and existing therapies. A video for patients might also begin with a description of the disease, then switch to a discussion of outcomes and how the patient can choose the best treatment option.

Interviews
Among the tools in the medical scriptwriter’s toolbox, the interview (and associated “B roll” sequences, to be described) ranks near the top as a highly effective way of engaging the audience’s interest. Chalow delighted her audience by sprinkling her presentation with anecdotes and stories from her years working for local Boston TV stations. Using these examples, she pointed out that a great deal of preparation is necessary for a good interview. She also discussed how asking focused (rather than open ended) questions ensures that the answer will be predictable and will advance the storyline in the desired manner.

In providing some tips on how to achieve the best result, Chalow noted that interviewers should ask the interviewee to use full sentences, incorporate the question into the answer for context, and keep it brief. She emphasized the importance of using good opening and closing quotes in documentary-style productions. She also explained how the scriptwriter selects the interview “sound bites” then proceeds to assemble the story using the interview segments and what the film business commonly calls “B roll,” the pictures that are interspersed among the “talking head” segments to provide visual interest, background, and context.

Interactive Media
Chalow ended the workshop with some thoughts on writing for interactive media. She noted that experiential learning has the advantage of promoting faster learning and better retention than words and pictures alone. Writing for interactive media requires many of the same skills as writing for linear media—but there are also a few new wrinkles. For example, the writer must coordinate with the production team to learn how the programming software and hardware platform will impact content design. Once the appropriate tools are selected from the media toolbox, the team typically designs screen templates that create a unified look and feel for the program.

Chalow noted that the navigational aspect of interactive media can help or hinder learning, depending on how the Web pages and links are designed. Because navigation is so important, the scriptwriter adds signposts (“And in this chapter you will learn....”) that help users know where they are at all times.

continued on page 213
Save the Date

**February 29–March 2, 2008**

**Florida Chapter Conference**
Embassy Suites Orlando Hotel, Orlando, FL

- Essentials of Copyediting (EW) [204]
  Susan Aiello
- Tables and Graphs (G) [111]
  Susan Aiello
- Writing Abstracts (EW/PH) [221]
  Flo Witte
- Microediting (ADV) [717]
  Flo Witte

**Contact:** Lori Alexander
lori@editorialrx.com

A registration brochure is available through the chapter Web site (www.amwa-florida.org).

*The Florida Chapter will host the BELS exam on Friday, February 29, 1-4 PM.*

**March 1, 2008**

**Rocky Mountain Chapter**
AMWA Pacific Coast Conference
University Guest House & Conference Center, Salt Lake City, UT

- Organizing the Biomedical Paper (EW/FL) [213]
  Marianne Mallia
- Advanced Writing (ADV) [706]
  Marianne Mallia

**Contact:** Karen Schliep
karen.schliep@gmail.com

**March 30–April 2, 2008**

**Northern California Chapter**
AMWA Pacific Coast Conference
Asilomar Conference Grounds, Pacific Grove, CA

- Writing the Final Report of a Clinical Trial (PH) [414]
  Lawrence Liberti
- The Internet: Where and How to Find the Information You Seek (EW/FL) [232]
  Thomas Gegeny

**April (date to be determined)**

**Delaware Valley Chapter**
Sixth Annual Freelance Workshop
Normandy Farm, Blue Bell, PA

Workshops TBD

**Contact:** Lori De Milto
loriwrites@comcast.net

**April 25, 2008**

**AMWA-Canada Chapter Symposium**
University of Ottawa Heart Institute
Ottawa, Ontario, Canada

Workshops TBD

**Contact:** Isabella Steffensen
isteffensen@metabusiness.com

**May 1–2, 2008**

**Carolinas Chapter Conference**
Friday Center, University of North Carolina, Chapel Hill, NC

- Pre-conference social event
- BELS examination
  - 4 workshops TBD
  - 2 open sessions TBD

**Contact:** Carol Bader
(919) 469-2476
cab1016@mindspring.com

Check the Chapter Conferences section of the AMWA Web site (www.amwa.org) often for updated details on these conferences and others currently in the early planning stages.
Scriptwriters for interactive media often use case studies as instructional tools. These can be written in the form of little dramas, complete with plot, theme, character, dialogue, music, and background or scenery and can be used both to teach and test against learning objectives. Chalow ended her presentation with tips on writing continuing medical education questions and some thoughts on plain language. On the latter topic, Chalow emphasized the importance of keeping language simple, good advice for any media.

Susan F. Gonsalves is a medical writer at Pfizer Global R&D in New London, CT, and vice president of the AMWA Connecticut Chapter.

OUTSTANDING VOLUNTEER

SANDY EVANS
Northwest Chapter

The Northwest chapter of AMWA is very fortunate to have had Sandy Evans as a member for many years. She is tireless in her support of our chapter, comes to almost every meeting, offers her retreat-like home for the Executive Committee’s annual planning session, and helps out at our Spring Symposium by updating the job board and serving at the registration table. Although Sandy shies away from formal positions, she is always willing to lend a helping hand. In addition, she hosted a Coffee Klatch session on Volunteerism at the AMWA annual conference in Pittsburgh, and in 2003 and 2006, she served on the judging committee for the Medical Book Awards (Allied Health category). She has also been a conference coach for several years.

Sandy is an RN who currently works as a medical writer and technical production lead with SHPS, Inc., a consumer health management company. Her work includes researching, creating, and maintaining clinical information for multiple consumer resources including books, pamphlets, brochures, demand management (nurse line), disease management (counseling for chronic illness), and utilization review (insurance authorization), in addition to maintaining several databases and the production schedule for the nurse line.

Sandy not only volunteers with AMWA but also constructs and maintains hiking trails in Western Washington through Volunteers for Outdoor Washington (VOW). For the last 17 years, she has worked on the Iron Goat Trail, a mostly barrier-free Rails-to-Trails conversion in the Stevens Pass Historical District of Washington State. In 1995, she and fellow trail volunteer Dennis Evans were married on the trail where they met. Sometimes you can even see them on public television in the documentary about the Iron Goat Trail, “Back to Life.”

In addition to her volunteer work with AMWA and for hiking trails, through the years Sandy has served on several boards including community education, VOW and the local food bank. She is also an ordained youth minister (retired).

Sandy is the mother of 3 married daughters and grandmother to 2 grandchildren. Her other activities include bicycling, hiking, snowshoeing, and cross-country skiing (and sometimes quilting).

On top of all that, she’s a damn nice person!

For these reasons and more, we in the Northwest Chapter are happy to take this opportunity to publicly express our appreciation for our own Sandy Evans.

Do you have someone in your chapter who deserves to be recognized for going above and beyond the call of duty? Send an e-mail to the Chapter Corner Editor, Tracey Fine (finemedpubs@earthlink.net). Look for another outstanding volunteer in the March 2008 issue, when the Carolinas Chapter profiles its own Outstanding Volunteer.
Elizabeth Smith got into medical writing by a somewhat unconventional route. She married into it. Prior to, and immediately after, her marriage to medical writer Richard Smith, Elizabeth Simon worked in the airline and travel industry. In 1979, after living in Hawaii for a year, the Smiths returned to the mainland—he to resume a career in pharmaceuticals and she, in travel.

“When Richard got to Philadelphia, all of his pharmaceutical contacts told him to stay freelance,” Smith says. “I had taken our son to Ohio to start school, and when I returned to Philadelphia, Richard told me we had our own company, Smith Simon Company. I had been doing some editing for him on the side, so it wasn't as if I was totally unprepared. Soon, we were overloaded with projects and I began to take on some of the research and writing. Anyway, we started the company in 1979 and are still doing it.”

Educational programs are a major part of their business. Elizabeth has worked on projects for pharmaceutical and medical communication companies and major medical associations, including continuing medical education (CME) programs for health care professionals and educational programs for pharmaceutical representatives. She received the 2000 APEX Grand Award and the 2000 National Health Information Gold Award for the grief counseling program, Renewing Life, produced for the American Red Cross.

Smith joined the Delaware Valley Chapter of AMWA in 1980. She held a number of leadership positions in the chapter, culminating in her election as president in 1988. She was the chapter delegate to the AMWA Board of Directors in 1984 and was appointed Department Administrator for Sections in 1987.

In 1988, Smith was awarded an AMWA Fellowship. Other milestones in her AMWA career included election to the Five Member Club, the Annual Conference Workshop Leaders’ Honor Roll, Secretary, Constitution and By-Laws Committee Chair, President-Elect, and Nominating Committee Chair and, in 1991-1992, she served as AMWA President. For the past 2 years, she has served as a member of the AMWA Journal Freelance Forum panel, sharing her expertise on freelance issues with readers.

Smith considers the creation of the FDA Task Force a significant achievement of her presidency. “I was president the year that the Food and Drug Administration came out with its controversial concept paper about the role of medical writers in preparing INDs, NDAs, and similar materials,” she explains. “I decided that AMWA needed to take action, so I put together a task force of AMWA members to address this issue.

“We went to the FDA and presented a complete overview on what AMWA was, what kind of projects we undertook, and how the writing process evolves. We stressed that a medical writer is only one part of the team that gets scientific information out to the medical community and the public. The FDA accepted a lot of our recommendations. Also, as a result of the meeting we refined and tailored the AMWA Code of Ethics to include specific standards that ensure balance, scientific rigor, and objectivity in the writing of all scientific materials.”

A project dear to Smith’s heart is the Rose Kushner Awards for excellence in writing on breast cancer. Smith had worked with fellow AMWA member Joel Tau to promote
AMWA Members Earning BELS Certificates in 2007

The Board of Editors in the Life Sciences (BELS) offered its certification examination at several locations over the past year. The following 37 AMWA members passed the examination and earned the BELS certificate. (See page 192 for a profile of the BELS association.)

Jodi Braunton, MA, ELS
Toronto, ON, Canada

Jean S. Cain, ELS
Roselle, IL

Lyn Camire, MA, ELS
Baltimore, MD

Samantha Cappuccino, ELS
Summit, NJ

Barclay Cunningham, ELS
Lansdale, PA

Svetlana Dominguez, ELS
Indianapolis, IN

Adi Ferrara, ELS
Bellevue, WA

Jennifer Fosmire, MD, ELS
Portland, OR

Michael W. Friedman, MS, RAC, ELS
Chapel Hill, NC

Anita F. W. Frijhoff, PhD, ELS
Austin, TX

Ann Ryan Griswold, PhD, ELS
Gainesville, FL

Kelley L. Hill, MS, ELS
Boxford, MA

Alexis Khalil, MPH, ELS
Cambridge, MA

Jennifer Lyon, PhD, ELS
Austin, TX

Monica McGee, MS, PPD, ELS
Wilmington, NC

Kimberly McGhee, PhD, ELS
Rochester, MN

Karen C. Moreau, MS, MD, PPD, ELS
Cary, NC

Sharon Muldoon, PhD, ELS
Bozeman, MT

Hilary Selby Polk, MA, ELS
Reading, MA

David L. Primm, MA, ELS
Dallas, TX

April Reynolds, MS, ELS
Philadelphia, PA

Kathleen Richter, MFA, MS, ELS
Allen, TX

Joanne Rosenberg, MS, ELS
Highland Park, NJ

Trudy Schlumberger Stewart, DDS, ELS
Bellevue, WA

Devon Schuyler, MA, ELS
Portland, OR

Susan C. Short, ELS
Drexel Hill, PA

Laura Singer, MS, ELS
Sunnysvale, CA

Carol J. Sonderman, MA, ELS
Fiorissant, MO

Peter D. Spain, ELS
Fairfield, CT

Kelli A. Miller Stacy, ELS
Canton, GA

Michelle A. Steigerwald, ELS
West Chester, PA

Leslie Orfuss Tepper, ELS
New York, NY

Jeannette Tomanka, MS, NP-C, ELS
Mill Creek, WA

Wendell Valdecantos, MD, ELS
Arlington Heights, IL

Jane Warren, MTPW, ELS
Largo, FL

Catherine M. Wernette, PhD, ELS
Auburn, AL

Anne Wolka, RPh, PhD, ELS
Indianapolis, IN

National Breast Cancer Awareness Month,
and when he proposed establishing the Rose Kushner Award within AMWA, she became involved in it. In 1995-1996, she served as Rose Kushner Award Chair and Judge, even though she was also Chair of the Annual Conference, held in Philadelphia that year.

“Elizabeth has always been an unwavering supporter of AMWA, its mission, and its growth as an organization representing professional medical writing and editing,” says Joel Tau. “She preceded me as president of the Delaware Chapter and [at the] national [level] and was a most helpful mentor to me as I went through the chairs of the organization.

“For many years after her term as president, Elizabeth continued to serve AMWA in many different capacities, most notably as its liaison to the Accreditation Council on Continuing Medical Education (ACCMC). Her contributions in this capacity include ensuring that the role of medical writers received positive acknowledgment by ACCME and the organizers of CME events and publications, and that the AMWA members were viewed as dedicated to the highest standards of professionalism and ethical behavior.

“I first met Elizabeth Smith, at an AMWA meeting early in our respective careers. I remember her generosity and openness in sharing her experiences in developing audiovisual educational materials,” says past AMWA President Max Losi. “She has it all: talent, energy, and creativity in a wide array of medical writing fields, entrepreneurial courage and competence in establishing and growing her highly respected medical writing business, and dedication, altruism, and great productivity in her many roles in the organization and governance of AMWA. For me, Elizabeth has always represented the best of our organization.”

“For years, AMWA was America’s best kept secret,” says Smith. “Until we received national recognition from the FDA and the AMA [American Medical Association], a lot of people didn’t know what AMWA was. Some still don’t, but the people involved in AMWA who give so generously of their time, get back much more from it. It’s a real win-win, give-and-take situation.”
Sound familiar? This timely quote from Oliver Wendell Holmes—the noted scholar, physician, and writer from the 19th century—speaks directly to members of AMWA as we embark on the journey of our profession into the 21st century. If you attended our 2007 Annual Conference this past October in Atlanta, then you have a copy of Holmes’ quote on the bookmark for our next annual conference.

The 2008 Annual Conference of AMWA will be held October 23-25, 2008, in Louisville, KY. While playing off this location’s horse-racing history, the selected theme of “Setting the Pace” more importantly reflects the need of professional communicators in medical and health care fields to assess, contemplate, and establish both direction and velocity for our own future. All too often, we medical communicators find ourselves in a time-crunch: when time slips earlier in the process, certainly we can make up that time at the end by speeding up our writing and editing. But is that the best role for us? Perhaps we need to find time for ourselves as a profession to chart our own future.

Let’s use the 2008 Annual Conference to set aside that time. Our 2008 Annual Conference Committee is well along the journey in developing an event to help us decide how we should be “setting the pace” for our future. We’re bringing together a coterie of strong presenters and leaders—both members and nonmembers—to provide structure as we examine where we are now, where we want to be, and how to get there efficiently and effectively. Please take the time to respond to the calls to contribute your ideas for open sessions, breakfast roundtables, and coffee and dessert klatches. To design a conference program that meets your needs, we first need to hear from you!

If you have ideas for sessions and especially if you wish to participate as a leader, speaker, or presenter, please get in touch with our Annual Conference Committee or an AMWA officer. If you contact me, I’ll forward your ideas to the appropriate committee members; you may also want to directly contact the appropriate committee member (see below).

Oliver Wendell Holmes recognized that the United States during his time couldn’t rest on its laurels. The country needed to know where it was heading and why, as well as to know how to get there. And so do we at AMWA. Join us in the journey of our profession into a successful future. Find the time.

“Greatness is not where we stand but in what direction we are moving.”

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Setting the PACE for 2008

By Robert J. Bonk, PhD
Coordinator of the 2008 AMWA Annual Conference

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Special Interest Sessions Coordinator: Mary Knatterud
Open Sessions Coordinator: Steve Casto
Short Sessions Coordinator: Anita Frijhoff
Poster Sessions Coordinator: Steve Palmer
Breakfast Roundtables Coordinators: Dan Fernandez and Lori Alexander
Coffee & Dessert Klatches Coordinator: Charlene Tucker
Creative Readings Coordinator: Donna Miceli
Workshops Coordinator: Susan Aiello
Local Arrangements Coordinator: Janine Mura
Alvarez Award Coordinator: Robert Bonk
McGovern Award Coordinator: Sue Hudson (President)
Keynote Address Coordinator: Jim Cozzarin (Immediate Past President)
Call for Posters for the 2008 Annual Conference

It’s time to start thinking about posters for the 2008 Annual Conference! This year, we want to do something new and different—we’re interested not only in posters related to medical writing but also in posters on empirical research that might interest your fellow AMWA members.

If you think you would like to present a poster at this year’s Annual Conference, please submit an abstract of your poster by Wednesday, March 5, 2008. (Visit http://www.amwa.org/default/Conference/2008/PosterCall.pdf for details.) If accepted, your abstract will be published in the September 2008 issue of the AMWA Journal, before you present your poster at the conference.

Come help us set the pace!

SUSTAINING THE DIGNITY AND NOBILITY OF MEDICAL CARE
A Collection of Essays

By Joseph V. Simone, MD
With a Foreword by Robert C. Young, MD

Sustaining the Dignity and Nobility of Medical Care is for practicing physicians and others interested in today’s healthcare environment.

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Unlike other non-fiction books that are about being a care provider, Dr. Simone’s is to-the-point, easy to access and reference throughout a busy day, and speaks to the hard truths of professional medical life.

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The chipmunk crouched on the counter between the stovetop and the flour canister. I suppose he only wanted a few
peanuts or some graham crackers, but he sat there like an accusation. I had failed to fully close the screen door to our
cottage, and there he was, more evidence of my failures in managing a vacation with a toddler.

We were at a family cottage on a lake in Maine, where I grew up. To me, the cottage is a second home. But to my
son, Erik, it is a place far away from North Carolina, where he has his friends and toys and a routine that helps him
make sense of the world. The lack of a firm routine derailed his sleep schedule and made it difficult to get him down at
all. The chipmunk had been allowed entry as a result of my haste to get Erik outside and into a jogger stroller that I
hoped would jostle him into a nap.

Unfortunately, my plan did not work—the boy not only stayed awake, he decided to ride standing up. The jostling
on the dirt road did not faze him, but I struggled to avoid large rocks and potholes while he teetered back and forth. I
could have tried to get him to sit, but I had decided to brave the potholes rather than risk a meltdown from a 2-year-
old. Prior upsets on the dirt road resulted in me carrying him home while pushing the stroller. If I stopped carrying
him, he would grab hold of my legs. When I broke free and ran for it, he ran behind me while screaming and crying.
Sound carries easily across the lake, and it was mortifying to have him broadcast his angst—and my lack of parenting
skills—for everyone on vacation to hear.

With the help of a portable DVD player and a bottle, I later managed to get Erik to lie down in his room. I went back
out into the kitchen, only to see the chipmunk perched on the counter at the sink. I screamed. Fortunately Erik stayed
in his room, probably because he was used to my shrieks by now: we'd already seen 3 mice in the cottage that week.
The chipmunk scurried about the counter and took his place next to the stovetop. I had no idea what to do. We had
put traps out for the mice, but the chipmunk was hulky in comparison. I wondered whether chipmunks carry rabies. I
was having a hard enough time going for a stroll with my son—taking him to the hospital to get shots would have us
both in tears.

Erik was not the only one who was homesick. I didn't miss our house so much; I missed my routine of spending a
few hours a day moving words around a page. I missed the satisfaction of taking a manuscript and putting it in order—
making a neat title page, trimming an abstract, formatting references. I can make a manuscript flow from one idea to
the next. With my son, there are days when nothing seems linear.

And when faced with the chipmunk, I had no reference book or style guide with a rule on convincing a rodent to go
outside. Before I took any action, the chipmunk scampered down behind the drape under the sink. I screamed. Fortunately Erik stayed
in his room, probably because he was used to my shrieks by now: we'd already seen 3 mice in the cottage that week.
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outside. Before I took any action, the chipmunk scampered down behind the drape under the sink. I finally decided I
would appeal to his initial motivation. I took a handful of Erik's animal crackers, broke them into small pieces, and laid
a trail going from the base of the sink, around the counter, and out the door. I waited. No chipmunk.

To speed matters, I took a whole peanut butter cracker and put it at the start of the trail. I figured the peanut butter
would have a stronger smell than the animal crackers. I got a book, sat down where I had a view of the sink, and
waited again.

This time, the chipmunk emerged! To my despair, he grabbed the peanut butter cracker and went
back under the sink. I was sure he would become engorged and pass out. But after several minutes of
nibbling, he reemerged. This time, he followed the trail. His cheeks got bigger and bigger with the lion
heads and elephant feet. I prayed that Erik would not suddenly break out of his room, where I could
hear toy cars knocking about.

The chipmunk got halfway around the counter, heard a loud thump, and ran out the door. I closed it
while he dashed beneath the deck. And as I was basking in my victory over one unruly critter, Erik came out
of his room, saw the cracker trail on the floor, and started eating where the chipmunk left off.
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The AMWA Journal encourages the submission of manuscripts and suggestions for content for its recurring sections.

**Feature Articles**: Original compositions that are timely and relevant for medical writers and editors (approximately 3,000 words).

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Send suggestions for content to the Editor at amwajournaleditor@hotmail.com.

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**Chapter Corner**: Forum for chapters to share experiences and expertise. Send suggestions for content to Chapter Corner Editor, Tracey Fine, MS, ELS, at finemedpubs@earthlink.net.

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Hard copies of figures, if necessary, should be sent (with complete documentation of the manuscript they accompany) by postal mail to:

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