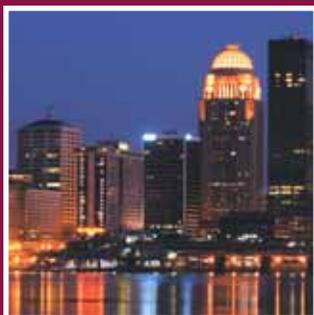


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The Resource for Medical Communicators

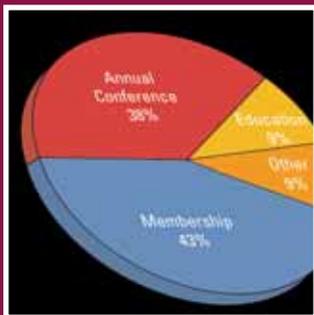


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MISSION STATEMENT

The *AMWA Journal* expresses the interests, concerns, and expertise of members. Its purpose is to inspire, motivate, inform, and educate them. The Journal furthers dialog 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 52.

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American Medical Writers Association

40 West Gude Drive, #101
Rockville, MD 20850-1192
Phone: (301) 294-5303; Fax: (301) 294-9006
amwa@amwa.org

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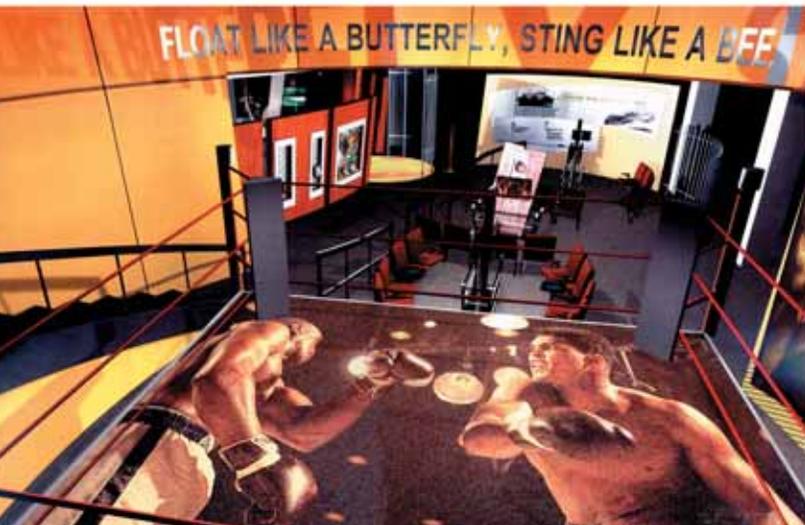
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Setting the
PACE
AMWA's 68th
Annual Conference



October 23-25, 2008
Louisville, KY



Do Something Original

By Robert J. Bonk, PhD, 2008 Annual Conference Administrator

Are you ready to do something original?

Then plan now to attend AMWA's 68th Annual Conference, to be held October 23–25, 2008, in fabulous Louisville! This city offers so much more than the famed Kentucky Derby. Find out yourself while reconnecting with your AMWA colleagues, honing your professional skills, networking with other writers and editors, and perhaps just relaxing by the mighty Ohio River.

In fact, our conference venue is Louisville's Galt House & Suites, overlooking the Ohio River. You'll be within easy walking distance of the following attractions:

- Actors Theatre of Louisville – across the street
- Louisville Orchestra – 1 block
- Belle of Louisville – 1 block
- Kentucky Center For The Arts – 1 block
- 4th Street Live! – 3 blocks
- Muhammad Ali Center – 1 block
- Louisville Slugger Museum & Factory – 4 blocks

→ Find out more about our conference hotel at its Web site (www.galthouse.com).

But Louisville is more than just a convenient site for a conference; this city boasts many attractions for all visitors. Check out these “fun facts” from the Web site of the Louisville Visitors Bureau (www.gotolouisville.com):

- Over 1 million people reside in the 386 square miles of the Louisville Metro area.
- The Louisville Zoo houses 1,300 animals in its grounds of 134 acres.
- Old Louisville features the largest collection of Victorian homes in the United States and the third-largest historically preserved district in the United States.
- The Belle of Louisville is the oldest operating Mississippi-style sternwheeler steamboat in existence.
- The Louisville Slugger Museum houses a steel replica of Babe Ruth's 34-inch Louisville Slugger bat that weighs 68,000 pounds and stands 120 feet tall.
- The American Printing House for the Blind, located in downtown Louisville, is the largest printer of Braille material in the world.
- Louisville has 2,500 restaurants, catering to all sorts of tastes and cuisines.

So come join your AMWA colleagues in Louisville!

As the Visitors Bureau tells us about visiting Louisville:

Do Something Original!

Let's not forget the 2008 AMWA Annual Conference itself! Future editions of the *AMWA Journal* and updates at the AMWA Web site (www.amwa.org) will provide details as they are finalized. For now, rest assured that our time-tested recipe for the conference remains much the same, encompassing credit workshops, open sessions, special-interest speakers, and so much more. One exciting change for 2008 is a new session dedicated to ethics—a critical topic for all of us communicating in the medical and health sciences. We're also shifting one day of the breakfast roundtables from Friday to Saturday so that we can offer functions with meals on all conference days. Tours of key spots of interest in Louisville are being planned, too. Below are program highlights for our exciting 2008 AMWA Annual Conference.

Wednesday, October 22

- 4:15–5:00 PM New Member Orientation
- 5:00–6:00 PM Conference Coach Connection
- 6:00–8:00 PM Welcome Reception sponsored by RPS
- 8:15–9:30 PM Creative Readings

Thursday, October 23

- 7:30–8:45 AM Breakfast Roundtables
- 9:00–10:30 AM Keynote Address
- 10:45 AM–12:00 PM Open Sessions
- 12:15–1:30 PM John P. McGovern Award Luncheon
- 2:00–5:15 PM Open Sessions/Workshops
- 5:30–6:15 PM Chapter Greet & Go
- 8:00–9:00 PM Coffee and Dessert Klatches

Friday, October 24

- 7:45–8:45 AM Poster Presentations: Visit with the Presenters
- 8:00–9:00 AM Breakfast with the Exhibitors
- 9:00 AM–12:00 PM Open Sessions/Workshops
- 12:15–1:30 PM Walter C. Alvarez Award Luncheon
- 2:00–5:15 PM Open Sessions/Workshops
- 5:30–6:30 PM Annual Business Meeting
- 7:00–9:00 PM Swanberg Award Dinner

Saturday, October 25

- 7:45–8:45 AM Breakfast Roundtables
- 7:45 AM–3:30 PM Posters
- 9:00 AM–12:00 PM Open Sessions/Workshops
- 2:00–5:15 PM Open Sessions/Workshops
- 5:30–6:45 PM President's Reception/Dallas Kickoff

FINDINGS FROM THE 2007 AMWA SALARY SURVEY

By Tinker Gray, MA, ELS, and Cindy W. Hamilton, PharmD, ELS

The American Medical Writers Association (AMWA) conducted 5 salary surveys between 1989 and 2007.¹⁻⁴ With each new survey, AMWA used previous experience to make improvements. For example, questions were added to provide more information as requested by AMWA members, such as the new questions on freelance writing and editing in the 2007 survey. At the same time, valuable questions were retained to allow comparisons of results across surveys.

This report has been redesigned to provide an overview in a format that will be useful to AMWA members, employers, and others interested in medical communication. Important data are conveyed in a series of tables and a figure, intended for use without the text. The first table has been expanded to summarize the most important information from the 2007 survey and to facilitate comparison of this information with data from previous surveys. Whenever possible, we rigorously edited the text for brevity. The text now conveys qualitative details that complement tabular and other less important data, such as findings based on a limited number of responses; it also includes survey methods and a very brief discussion of the findings. Additional details can be found in the slides available in the members-only section of the AMWA Web site (www.amwa.org).

METHODS

A committee of AMWA members (see Acknowledgment) met to make revisions and additions to the 2004 survey.⁴ The final version of the questionnaire was amended and approved by the Executive Committee. In addition to requesting salary data (to the nearest \$1,000), the questionnaire elicited information about variables believed to affect income, including sex, age, educational level, field of highest academic degree, geographic location (AMWA chapter and regional affiliation established by the 1994 survey³), work status (full-time or part-time; employee or freelance), primary employer, employment level, years of experience in the field of medical communication, and satisfaction with work and salary.

To obtain precise responses, we specified the following definitions for employment and income:

- Employed by a company, institution, or individual: You are employed part-time or full-time by a company, institution, or individual; either hourly, salaried, or by contract. The employer pays Social Security taxes and deducts state and federal taxes from your pay.
- Freelance work: You do work for hire by a company or individual (client). You pay all of your own Social Security taxes, and state and federal taxes are not deducted from the pay you receive from your client.

- Full-time employment: You work 32 or more hours per week.
- Part-time employment: You work less than 32 hours per week.
- Total income: For employees working for a company, institution, or individual, the total income before taxes are deducted.
- Gross income: For freelance work, the total amount of money collected from clients.
- Net income: For freelance work, the amount of income after deduction of expenses (such as insurance, subcontracting, and equipment) but before deduction of taxes and retirement contributions.

Distribution of the questionnaire and tabulation of the results were performed with SurveyMonkey software (SurveyMonkey.com LLC, Portland, OR). Approximately 1 month before the survey was conducted, the questionnaire was described in the *AMWA Journal*⁵ and in an e-mail message sent to all of AMWA's approximately 5,370 members. A second e-mail was sent when the survey was opened, and a reminder e-mail was sent 10 days later. Both of these latter messages contained an introduction that provided the reasons for conducting a new survey, instructions for completing the questionnaire, and a link to the Web site where the electronic questionnaire could be found. The survey was open to AMWA members between April 18



and May 12, 2007; respondents were asked to report their salaries for calendar year 2006. Responses were required for every question; however, if a respondent exited the survey instrument before answering all questions, the remaining responses were left blank. Therefore, the number of responses differed for each item.

The software allowed conversion of the data tables to a relational database structure. A statistician was consulted for data sorting and analysis; SAS software (SAS Institute, Cary, NC) was used to obtain descriptive statistics for different factors and groups. A regression analysis with interaction was performed to determine factors predictive of salary for respondents who worked full-time for a company. The variables considered in the regression were educational level, sex, age, years of experience in medical communication, and primary employer in 1 of 3 groups (group 1, pharmaceutical or biotechnology company; group 2, medical device, communication, or advertising company; group 3, all other employers). A Pearson correlation coefficient was used to correlate mean hours worked per week with income and satisfaction of work with pay.

RESULTS

Demographic factors describing respondents

Eighty-three percent of the respondents to the 2007 survey were women (Table 1), nearly identical to the percentage of women in AMWA's overall membership. The mean age of respondents was 46.8 ± 11.5 years for men and 45.1 ± 10.3 years for women. Respondents had an average of 10.5 ± 8.3 years of experience in medical communication.

Most respondents (97%) had a bachelor's degree or higher and were fairly evenly divided by educational level (Table 2). Approximately half had earned their highest degree in science (39.7%) or health care, including pharmacy (4.8%), medicine (4.1%), public health (3.3%), or nursing (1.8%).

Table 1. Comparison of Data Obtained by AMWA Surveys Conducted in 1989, 1994, 2002, 2004, and 2007

Parameter	Year of Survey*				
	1989	1994	2002	2004	2007
Number of AMWA members	~2,700	~3,900	~4,800	~4,800	~5,400
Respondents (%)	886 (33)	1,822 (47)	1,320 (39)	1,811 (38)	1,704 (32)
Sex of respondents					
Men (%)	251 (28)	(~25)	242 (18)	298 (17)	281 (17)
Women (%)	635 (72)	(~75)	1,069 (82)	1,476 (83)	1,383 (83)
Years in the field (%)					
<2	10	10	6	13	14
2-5	21	28	31	22	20
6-10	29	25	22	25	28
>10	40	38	41	40	38
Median full-time salary (US \$)	36,000	45,000	64,000	70,000	76,000
Mean full-time salary (US \$)	38,887	49,967	67,351	74,016	82,232
Men	46,865	N/A	78,733	84,259	93,677
Women	36,135	N/A	64,556	71,775	79,609
Excess of men's over women's income (%)	30	27	18	17	18
Inflation rate over period since last survey (%)	N/A	20.5	20.2	4.1	9.3
Gain over inflation (%)	N/A	8.5	14.6	5.8	1.8
Hourly rate for full-time freelancers (US \$)					
Mean	N/A	50	74	72	90
Mode	N/A	20-29	100	100	100

*Year of survey refers to the year in which the survey was conducted, not to the year in which income was earned. For example, the 2007 survey refers to income earned in 2006. N/A = not applicable or not available.

Approximately one-fourth had earned their highest degree in the humanities, including liberal arts (11.4%), journalism (4.9%), communication (3.8%), technical writing (3.2%), or medical writing (1.0%). Approximately one-third of the respondents belonged to the Delaware Valley (14.4%), New York (10.1%), or New England (9.5%) chapter, a distribution consistent with the overall AMWA membership and with the concentration of pharmaceutical companies in the northeastern region of the United States.

Respondents who worked full-time for a company or an individual

Two-thirds of 1,704 respondents (1,107) reported that they worked full-

time for a company or organization; women worked a mean of 43.2 ± 6.5 hours per week and men a mean of 43.6 ± 5.6 . The most common benefits received were health insurance (96%) and retirement savings plans (91%).

The mean salary of respondents who were full-time employees was \$82,232 (range, \$21,000 to \$450,000). Income reflected educational level and was highest for respondents with an advanced degree (Table 2); however, mean income was consistently higher for men than for women, even when their educational levels were similar. Mean income was higher for respondents employed by biotechnology and pharmaceutical companies than respondents employed by other types

of companies, for those who primarily wrote than those who primarily edited, and for those who held senior-level or supervisory positions. Interestingly, respondents who reported being senior-level employees may not have had more advanced educational degrees (Table 3). Nearly half of the respondents who reported being an entry-level employee (43%) had an advanced degree, but 90% of the respondents with an advanced degree had less than 5 years of experience in medical communication.

The highest mean income by region was reported by respondents from the West Coast (including Western Canada) and the Northeast (including Eastern Canada; range of means, \$84,000 to \$91,000), followed by those from the Midwest and South (range of means, \$72,000 to \$78,000). The lowest mean income was reported by respondents from the Mountain region (range of means, \$61,000 to \$66,000).

AMWA certificate and company size also affected income. The mean income of respondents without an AMWA certificate (\$79,917) was statistically significantly lower than that of respondents with a core certificate (\$85,432) or an advanced certificate (\$99,897; certificate versus no certificate, $p < 0.01$). The mean income was \$75,972 for respondents in a company with fewer than 50 employees and \$87,061 for those in a company with more than 500 employees, a difference of approximately \$11,000.

Regression analysis with interaction included only the 1,059 respondents who provided complete data for each of the variables considered in the model. Because of the high correlation between age and years of experience, years of experience was used in the model. Otherwise, each factor

Table 2. Income Data for Full-time Employees Based on Educational Level, Sex, Years of Experience, Primary Employer, and Employment Level

Grouping	n	Salary (US \$)				
		Mean	25th quartile	50th quartile	75th quartile	90th quartile
Education level						
Associate's and below						
Men	2	71,500	69,000	71,500	74,000	74,000
Women	13	68,769	50,000	64,000	70,000	99,000
Bachelor's						
Men	53	90,640	57,000	80,000	102,000	141,000
Women	322	73,522	52,000	70,000	90,000	110,000
Master's						
Men	60	86,240	57,000	81,950	100,000	134,000
Women	300	77,339	57,000	74,000	92,000	110,000
Advanced						
Men	83	101,872	73,000	90,000	112,000	158,000
Women	226	91,797	68,000	85,500	110,000	136,500
Years of experience in medical communications						
<2	172	62,030	46,000	60,000	77,500	90,000
2-5	253	71,184	52,000	65,000	88,000	105,000
6-10	313	86,348	66,000	80,000	100,000	121,000
11-15	135	91,773	68,000	88,000	106,000	135,000
16-20	86	103,705	72,000	91,000	123,000	165,000
>20	108	99,335	72,000	90,500	114,500	158,000
Primary employer						
Biotechnology company	102	102,297	78,000	94,500	116,000	145,000
Pharmaceutical company	286	97,807	77,532	93,000	110,000	140,000
Medical device company	35	85,451	63,000	86,000	106,000	123,000
Communications/advertising	95	83,338	60,000	70,000	95,000	135,000
Clinical research organization	87	76,620	55,000	72,600	88,000	120,000
Medical education company	96	77,088	60,000	75,000	95,000	105,000
Web/medical company	10	73,500	45,000	76,000	99,000	107,500
Government	22	71,014	51,000	75,600	90,000	100,000
Other	63	76,295	53,000	73,000	97,000	135,000
Association/professional society	36	68,574	51,590	64,000	85,500	105,000
Health care organization	66	65,637	52,000	63,000	75,000	97,000
Research/education organization	46	63,433	50,000	61,000	75,000	93,000
University or medical school	85	64,438	52,000	60,000	72,000	90,000
Publishing, including journalism	38	58,692	45,000	55,500	72,000	80,000
Employment level						
Entry	76	60,167	56,500	59,000	74,500	90,000
Mid-level, non-supervisory	425	69,340	52,000	65,000	83,000	100,000
Mid-level, supervision	167	90,275	65,500	90,000	109,000	130,000
Senior level, no management	236	85,950	70,000	84,000	100,000	115,000
Senior level, management	148	116,208	79,000	105,000	140,250	185,000



significantly affected income ($R^2 = 0.5210$; $p < 0.001$ for each factor); the model explained 52% of the variance in income. The dominant factors having a positive effect on income were being employed by a biotechnology or pharmaceutical company, having an advanced educational degree, and being a man. A predictive algorithm based on the regression model can be used to determine a mean salary based on the factors included in the analysis (Figure 1).

Respondents who worked as freelance medical communicators

One-third of 1,704 respondents (568) reported that they worked as freelance medical communicators and 36% (206) reported that they worked full-time; this percentage is lower than the percentage of respondents who reported working full-time freelance in 2004 (46%).⁴ Women worked a mean of 44.0 ± 9.4 hours per week and men, a mean of 42.8 ± 7.0 hours per week. Freelancers had a mean of 12.9 years of experience in medical communication, which differs substantially from the mean of 9.2 years for respondents employed by a company. Freelance respondents reported that they billed by the hour (64%); by the job (25%); by the unit of work (7%); and in other ways, usually a combination of hourly and by-the-job rates (4.5%). Respondents billed for revisions mostly by the hour (55%) or as included in a job fee (30%).

For the first time, freelance respondents were asked when they had last given themselves a raise, for what reason they might reduce their rates, and what type of operating expenses they incurred. Approximately half stated that they had given themselves a raise in 2006 (37%) or 2005 (17%). Some common reasons stated for reducing rates were that the respondent believed in or cared for a cause (24%), wanted to expand his or her portfolio (20%), or wanted to provide a get-acquainted rate (18%) or volume discount (17%). Thirty-four percent said

Table 3. Percentage of Respondents at Each Educational Level for Each Employment Level^a

Education Level	Entry	Mid-no supervision	Mid-supervision	Senior-no management	Senior-management
Bachelor's	34	37	32	33	39
Master's	22	34	37	39	28
Advanced	43	26	28	26	32

^aSome percentages may not add up to 100% because some people had "other" as the educational level.

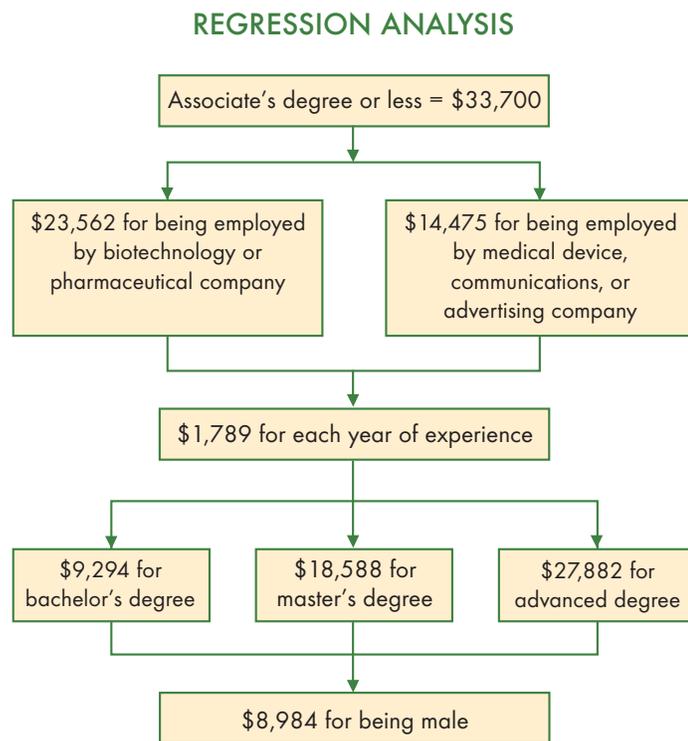


Figure 1. This formula can be used to estimate salary for a full-time employee at a company or organization. Begin at the top of the algorithm with a salary of \$33,700, which represents the salary for a medical writer or editor who has 1 year of experience and has an associate's degree or less. Add the indicated amounts according to type of employer (if applicable), experience, the highest educational degree you have obtained, and sex.

that they never reduced their rates for any reason. The most common operating expenses incurred were health insurance (36%) and licensing (29%).

The mean gross income for freelancers in the 2007 survey was \$119,295 and the mean net income was \$93,306, representing 78% of the gross income. Both net income (Table 4) and gross income (not shown) varied depending

on the job category and were higher for freelance writers than for freelance editors.

The mean gross and net income were also higher for freelancers who had more education (Table 5), and freelancers with an advanced degree charged higher hourly rates for writing and editing than did freelancers with less education (Table 6).



There was a positive correlation between mean hours worked per week and both gross income ($R^2 = 0.2569$; $p < 0.001$) and net income ($R^2 = 0.180$; $p = 0.012$).

Satisfaction with work and pay

Only 6% of all respondents reported that they were dissatisfied with their work, and only 18% said that they were dissatisfied with their pay, identical to what was reported in 2004. Satisfaction with work and satisfaction with pay correlated significantly and positively ($R^2 = 0.4373$; $p < 0.001$).

DISCUSSION

The results of the 2007 AMWA Salary Survey confirmed many of the trends seen in previous surveys and added new information. For example, the survey findings confirmed that salary gains continued to outpace inflation, but they peaked at approximately 15% in 2002 and were 2% in 2007. The range of salaries continued to be variable, depending on place of employment, educational level, and sex. These variables, including similarities compared with other female-dominated professions, were addressed in the 2004 survey.⁴ Furthermore, obtaining an AMWA core or advanced certificate continued to have a positive impact on income. The regression analysis showed that other factors not included in this analysis continued to be related to salaries because nearly half of the variance in salaries remained unexplained.

The primary limitation of the 2007 survey was the low response rate, which was 32%. On the other hand, we found no evidence that the sample was not representative, because demographic characteristics of the 2007 respondents were generally similar to those of the 2004 respondents and to those of the overall AMWA membership.

We welcome comments and suggestions from AMWA members about the survey and its findings. For more information, we encourage members to view the slide presentation in the

Table 4. Net Income by Job Category as Reported by Respondents Who Worked as Full-time Freelances

Job Category	Number of Respondents	Income (US \$)	
		Mean	Median
Any category	196	93,306	87,000
Writing (primarily)	93	110,232	93,000
Writing and editing (equal mixture)	63	75,891	65,000
Research and writing	15	76,620	65,000
Other	11	97,181	58,000
Editing (primarily)	14	46,071	43,000

Table 5. Mean Income Based on Educational Level and Sex for Respondents Who Worked as Full-time Freelances

Highest Educational Degree	Income for Women (US \$)		Income for Men (US \$)	
	Gross	Net	Gross	Net
Any degree	115,292	86,508	145,743	115,897
Bachelor's	84,864	66,971	146,198	106,181
Master's	117,384	85,406	143,888	107,444
Advanced	148,253	114,692	146,642	131,143

Table 6. Hourly Rates as Reported by Respondents Who Did Any Kind of Freelance Work Based on Highest Educational Degree

Highest Educational Degree	Hourly Rates (US \$)			
	Writing		Editing	
	Full-time	Part-time	Full-time	Part-time
Any degree	97	84	80	64
Bachelor's	85	78	71	62
Master's	98	80	79	64
Advanced	112	96	98	69

members-only section of the AMWA Web site, such as data specific to members employed by pharmaceutical companies and biotechnology companies and expanded algorithms for determining salary based on education, experience, actual job duties, and level of employment. We also encourage AMWA members to look for the next salary survey, to respond to it, and to encourage their co-workers and colleagues to respond.

Acknowledgment

We thank Kanitha Andersen, MS, for statistical consultation on this project; the following AMWA members for serving on the survey committee: Lori Alexander,

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References

1. Robie P. AMWA members respond to salary survey. *AMWA J.* 1990;5:28-29.
2. Hermes KE. 1994 AMWA Salary Survey: a brief report. *AMWA J.* 1995; 10:88-92
3. Gray T, Witte FM. 2002 Salary Survey. *AMWA J.* 2002;17(4):41-47.
4. Gray T, Hamilton CW. Findings from the 2004 AMWA Salary Survey. *AMWA J.* 2004;19(4):145-51
5. Invitation to take part in AMWA Salary Survey. *AMWA J.* 2007;22(1):5.

IN CME, THE ONLY CONSTANT IS CHANGE

By Karen M. Overstreet, EdD, RPh, FACME, ELS

Indicia Medical Education, LLC, North Wales, PA

SHIFT HAPPENS

In April 2007, after a 2-year investigation, the Senate Finance Committee (SFC) issued its report on *The Use of Educational Grants by Pharmaceutical Manufacturers*. The report concluded that oversight of continuing medical education (CME) providers by the Accreditation Council for CME (ACCME) is “insufficient to guarantee the required independence” and that risks still exist for kickbacks, veiled advertising of drugs, and off-label promotion. To that end, the Committee faulted the ACCME in that:

- Its compliance standards still allow drug companies to influence CME providers
- Its monitoring system does not evaluate accuracy, fair balance, or commercial bias
- It does not identify CME activities that disproportionately favor the commercial supporter’s products

The Office of the Inspector General (OIG) of the Department of Health and Human Services and the Department of Justice have brought and continue to bring numerous cases against pharmaceutical and device companies related to the areas outlined by the SFC. In addition, individual states now have their own fraud and abuse legislation and successfully prosecute such actions at the state level.

Perhaps as a result of the ongoing government and public scrutiny of commercially supported medical education, the ACCME has again revised its policies. Most notable of the new requirements:

- Most medical education and communication companies (MECCs) are now defined as “commercial interests” and thus cannot be accredited to provide CME activities or serve as joint sponsors;

organizations have until August 2009 to revise their structure to one that is appropriately independent from marketing activities

- Grantors can no longer suggest faculty
- Grantors can no longer provide review of CME content for scientific accuracy

To address some of these issues, the North American Association of Medical Education and Communication Companies (NAAMECC), a non-profit association dedicated to promoting best practices in CME, hosted a roundtable discussion and published a proceedings monograph that summarized the meeting. A panel of experts was convened in May 2007 in Georgetown, Washington, DC. The participants—6 attorneys and 1 physician—had extensive experience as federal and state prosecutors and officials for government agencies including the US Food and Drug Administration, OIG, and Center for Medicare and Medicaid Services.

The conversation among the panelists covered topics ranging from solicited versus unsolicited grants to the relative risk associated with various types of providers. The monograph—*Industry Funding of CME Under Attack: Enhancing Compliance and Mitigating Risk*—summarizes activities that can mitigate risk and those that have not been shown to affect risk, as well as recommendations for handling investigations. The participants also made innovative recommendations for ensuring that whistleblower cases and investigations do not adversely affect public health (Table 1). (Go to www.naamecc.org to request a hard copy of the monograph or to download a PDF file of the monograph.)

2008 AND BEYOND

AMWA members—regardless of practice setting—should stay apprised of the ongoing government investigation of commercial support of medical education and its continually changing regulations. Writers and editors should be able to capitalize on the need for

Table 1. Summary of Monograph, *Industry Funding of CME Under Attack: Enhancing Compliance and Mitigating Risk*

The type of provider (medical education and communication company [MECC], medical school, hospital, etc.) has little bearing on risk.

There is no difference in risk between solicited and unsolicited grants for activities related to disease states. Firewall requirements should be established for all providers to ensure independence.

Disseminating off-label information has important public health consequences, and enforcement actions should not be undertaken unless the public health implications of such actions are first evaluated by government medical or scientific personnel.

The recent proposal by ACCME to treat MECCs as “commercial interests” is anticompetitive and an extreme overreaction to current issues.

Ongoing training is needed for providers and supporters to create a culture of compliance.

enhanced content validation as a result of the updated standards.

Over the next 12 to 18 months, we are likely to see ongoing evolution in the regulation of biopharmaceutical company funding of medical education. Many CME leaders will work to ensure the continued availability of industry support, demonstrate the valuable role of MECCs within the medical education enterprise, and enhance the integrity of commercially supported education. I look forward to continued dialogue as all of us involved in educating health care professionals strive to enhance our effectiveness, and ultimately, patient care.

Karen Overstreet is a founder and Past President of NAAMECC and currently serves as president-elect of the National Commission for Certification of CME Professionals.

Suggested Reading

The Use of Educational Grants by Pharmaceutical Manufacturers. Senate Finance Committee Report, April 2006. Available at www.finance.senate.gov/press/Bpress/2007press/prb042507a.pdf. Accessed January 7, 2008.

ACCME Web site (www.acme.org): Standards for Commercial Support, ACCME Annual Report Data, and Content validation Value Statements.

Ruppenkamp JM. *Do you peer review? Medical Meetings.* June 2006. (This publication is available online [<http://meetingsnet.com/medicalmeetings/>] and by subscription at no cost; each issue has several articles related to CME.)

Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, Blumenthal D. A national survey of physician-industry relationships. *N Engl J Med.* 2007; 356(17):1742-175.

Missing a link in your chain of health expert sources?



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.

Child Health
Expert Link
A MEDIA RESOURCE



NACHRI
National Association of
Children's Hospitals
and Related Institutions

2007 ANNUAL CONFERENCE COVERAGE

OPEN SESSIONS

COMPLEXITIES OF CONDUCTING INTERNATIONAL CLINICAL STUDIES

Moderator

Barbara Snyder, MA

*Director, Scientific Writing & Editing,
Procter & Gamble Pharmaceuticals,
Mason, OH*

Speakers

Elizabeth Bookland, PhD

*Section Head, Clinical Operations,
Procter & Gamble Pharmaceuticals*

Lynn B. Sutton, RN, MSN, ANP

*Strategic Operation Development
Liaison, RPS, Boulder, CO*

By Barbara Snyder, MA

As medical writers, we often do not think about the difficulties involved with setting up and running clinical studies outside the United States, and yet the added complexity of these studies may have a significant impact on the documents we write.

The pharmaceutical industry is changing as industry globalizes, geographic boundaries change, and electronic communication puts information literally at our fingertips. In particular, domestic markets in Latin America, China, and India have grown, and placing clinical studies in one of these large, potentially global markets means we can reach a diverse population of untreated patients with a spectrum of diseases and medical conditions. In addition, it is often considerably less expensive to place studies there than in North America or western Europe.

Sounds good, but Elizabeth Bookland, PhD, and Lynn Sutton, RN,

MSN, ANP, gave examples of many factors to consider before a company places a study internationally:

- Civil and political stability
- Culture: Social norms and taboos, interpretation of laws, and understanding of what constitutes a concomitant medication; potential of patients not wanting to disappoint the investigator or study personnel; close family units, requiring that everyone in the family agree to the terms of the study
- Time: For regulatory and ethical approvals, letters of delegation, import/export license approval, contract development and finalization
- Ethical considerations: Are the patients, investigator, or institution being exploited in any way? How will you ensure patient safety? Who will ultimately benefit from this study? Will this medicinal product be available in this country? Will some patients receive placebo?
- Religious considerations: Requirements for birth control and routine pregnancy testing; specimen collection of blood, bone, tissue, etc; requirements associated with obtaining blood or with travel that conflict with dietary changes (eg, fasting) associated with religious holidays
- Standards of care: These may not be well established from region to region or well documented in the medical record. What drugs and treatments are currently available? How might the patients' ability to receive the standard of care impact their willingness to participate in the study?
- Economic conditions and access to basic necessities
- Language: Variances in dialect within countries or regions, despite a common language; interpretation variances due to lack of literal translations; getting translations of study documents such as informed consent forms, assessments, and dosing instructions; validation of translated assessments
- Confounding habits (eg, a patient may not consider an herbal product to be medication and not list it as a concomitant medication)
- Availability of physicians, hospitals, and trained health care workers (eg, investigators, study coordinators, and site staff trained in Good Clinical Practices)
- Logistics: Transportation from rural areas may be inconsistent or unavailable; may not have a dedicated study coordinator or person to facilitate study management; longer visits may require more than 1 day away from home or work and require accommodations; facilities may not have all the equipment required for testing or screening and may require patients to travel to ancillary facilities; contract and budget negotiations, regulatory review and submissions, study drug management, and study conduct and oversight require that the sponsor have someone on the ground in that region
- Cost: Insurance, country-specific equipment, labor, operating overhead, liabilities, and risks; reliability of equipment (may have to buy

initially and then pay to have serviced, calibrated, or replaced); patient transportation; fluctuating value of the US dollar, converting invoices into US dollars

- Regulations: Drug and device application and approval process, Boards of Health and clinical study regulations, controls on study site selection, shipment of samples and equipment across borders
- Intellectual property and patent protection (or lack thereof)

If your head isn't already spinning, consider the impact that all of this might have on the medical writer:

- Country- and site-specific protocol amendments
- Potentially more protocol deviations
- Free-text or comments fields on case report forms may not have literal translations
- Potentially more analyses and statistical interaction
- Logistical difficulty of obtaining investigator signatures
- Questions from the US Food and Drug Administration regarding applicability of foreign data to the US population
- Responding to site audits conducted by regulatory authorities

In summary, the advantages of conducting clinical trials abroad generally outweigh the disadvantages and include rapid enrollment and access to large patient populations at a relatively low cost. Sponsors who are willing to take the time to understand and adapt to country and regional differences can successfully conduct clinical trials globally and either avoid the pitfalls or develop strategies to deal with them when they arise.

Barbara Snyder is the Director of Scientific Writing & Editing at Procter & Gamble, Mason, OH.

HEALTH MARKETING AND COMMUNICATION AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Moderator

Polixeni Potter, MA, ELS

Managing Senior Editor, Emerging Infectious Diseases, CDC, Atlanta, GA

Speakers

Jay Bernhardt, PhD, MPH

Director, National Center for Health Marketing (NCHM), CDC

Janice Nall

Acting Director, Division E-Health Marketing, NCHM, CDC

Katherine Lyon-Daniel

Deputy Director, NCHM, CDC

Cynthia Baur

Director, Division Health Communication and Marketing Strategy, NCHM, CDC

By Kathleen Kite-Powell

Jay Bernhardt, PhD, MPH, opened the session by describing communications at the Centers for Disease Control and Prevention (CDC). With a staff of about 15,000 serving the public as part of the US Department of Health

and Human Services, CDC performs health-related research, public health policy, and international outreach services. Communication is core to accomplishing the CDC vision: "Healthy people in a healthy world through prevention."

There are 2 main groups of communicators at CDC. Enterprise Communication handles internal communications, the intranet, media relations, and public and community affairs. Dr. Bernhardt's center, the National Center for Health Marketing (NCHM), "delivers value to customers and manages customer relationships in ways that protect public health." It integrates marketing, communications, informational, behavioral, social, health, and public health sciences. The goal is to get customers to "buy" the products that the center develops. CDC products are its research, science, and related evidence-based advice. Customers are health professionals, partners, and the public. The buy-in has to do with the basic question, "How do we disseminate knowledge and turn it into action?"

"The NCHM has a strategic plan" to communicate science, Dr. Bernhardt

said. Instead of getting stuck in old ways, the center aims to be forward-looking and create high impact. The center's leadership has an activist vision: people will be actively using accessible, accurate, relevant, and timely health information and interventions. Recently, the CDC Web site (www.cdc.gov) was improved, increasing its popularity among site visitors searching for health information. The center installed broadcast studios to have "CDC TV" delivered by streaming video on the Web. Other products include a hotline for responding to health questions. Dr. Bernhardt even has a Health Marketing Musings blog. He enthusiastically invited AMWA members to attend the center's second conference on health communication and medicine, to be held in Atlanta, August 12-14, 2008.

Janice Nall, an expert on e-health and electronic tools, said it is "not good enough anymore to just have a Web site or print [document]." She said that the previous CDC Web site was based on the organization of the CDC, and usability tests showed that users had only 54% success in finding information. These results proved the need for

a complete change. The redesigned Web site is organized by subject and user needs and will be research-based, user-centered, performance-driven, and collaboration-rich. The cdc.gov audience is composed of public health professionals, researchers, health care providers, the public, teachers, and students. Prelaunch usability testing results indicate the new site should focus on data and statistics because these are used across all user types. Ms. Nall said of the cdc.gov redesign, “before and after is like a glamour makeover.” Searches of the site are more successful, showing 22% improvement. Importantly, there was a 70% increase in user satisfaction.

Ms. Nall and her colleagues are also researching new technologies: user-generated tags, e-games, and podcasts (Table 1). CDC’s Health-e-Cards generate many downloads. Ms. Nall stated that CDC must move toward Web 2.0 to further increase dissemination and potential impact. For example, the

NCHM tried influencing health bloggers by sending them materials on the flu, so they might write about it. The center has created a virtual world for tweens (children between 8 and 12 years old) called Whyville and expects to establish a solid presence for CDC on MySpace as well.

Katherine Lyon-Daniel provided other examples of health marketing in action. She said all CDC departments require communicators for outreach activities. The ongoing need for updating seasonal influenza campaigns is an example. For the promotion of World Rabies Day, information on rabies was disseminated throughout many countries through clinics and awareness campaigns. For the campaign designed to inform people about the importance of eating more fruits and vegetables, the old “5 a day” logo was modernized to reflect new expectations of action: “More Matters.” A final example is the marketing communicators’ work on the Autism Awareness Campaign. As

many children’s parents knew the physical but not cognitive signs of autism, the “Learn the signs, act early” campaign was launched. Following this, surveys were done to see how the information was searched, how well it was liked, and what actions people took as a result. The NCHM plans to develop more communications products as feedback from customer research is received.

Cynthia Baur spoke on the need for improving health literacy. Health literacy is the degree to which individuals are able to obtain, process, and act on health-related information. It depends on factors like the knowledge and communication skills of lay people and professionals, cultural factors, and the demands of the situation (what is required of them). Why is health literacy important? An informed public should become a healthier public. A 2003 health literacy study found that about 12% of the US population cannot reliably use what they get from a site providing clinical information and prevention strategies and cannot navigate the health care system. The people who are most at risk are the old, poor, minorities, and persons with limited education and/or limited English. Some do not use the Internet. Ms. Baur asked the audience to think about how medical writers can demonstrate leadership in health literacy, not just use plain language and improve readability. Perhaps we can contribute more toward improving health literacy.

Kathleen Kite-Powell is a medical writer and editor based in Atlanta, GA.

Table 1. CDC-related Resources for Health Communicators and the Public

Most health-related information Also, subscribe to e-mail updates on topics	www.cdc.gov
Podcasts	www.cdc.gov/podcasts
Health marketing (the speakers’ center)	www.cdc.gov/healthmarketing
Public health emergency preparedness	emergency.cdc.gov
Hazardous substances	atsdr.cdc.gov
Public health image library	phil.cdc.gov
Health-e-Cards	www2a.cdc.gov/eCards/index.asp
Media relations	www.cdc.gov/od/oc/media Phone: (404) 639-3286

INTERVIEWING FOR A FREELANCE JOB

Speaker

Brian Bass

President, Bass Advertising and Marketing, Inc., Robbinsville, NJ

By Kristina Wasson-Blader, PhD

You've hung up your virtual shingle, made appropriate contacts, and are now ready to go on your first interview for a freelance writing assignment, but how do you give yourself the best chance of getting the job? Most anxiety about interviewing is related to the fear of the unknown. Brian Bass demystified the process of interviewing by relating it to a basic anatomy lesson, explaining that everything you need to know to give an effective interview is already inside you.

According to Mr. Bass, your skills, knowledge, credentials, and experience reside in your brain. By focusing on these during the interview, you will be in control and the freelance, not the client, should control the interview. He noted that to be in control of the interview, a freelance must:

- Know who the client is
- Know what the client wants
- Know what every client wants
- Know what the freelance wants

Treating the interview as a “performance” about you—emphasizing your skills and knowledge—will help to relieve the anxiety associated with the whole process, he added.

Knowing what is in your heart—your strengths and weakness—as well as what your client wants, is crucially important. You should provide your

client with an accurate assessment of your strengths and weakness; “Nothing will kill a relationship more assuredly than overselling yourself,” according to Mr. Bass. Also, knowing your true preferences and desires is vitally important. Do you want to work half-days or 60-hour weeks? Will you be incommunicado at certain times of the day, or will you provide your clients with the ability for constant contact?

Mr. Bass said that a freelance should look at the interview from the perspective of what the freelance can do for the client instead of what the client will do for the freelance. For

example, you may need the client's job to help pay the mortgage or eat for the month, but concentrating on this will put you in the position of *needing* the job and perhaps coming across as desperate. Even though you do need the job, changing your perspective to what you can do for the client, said Mr. Bass, will help instill confidence in your potential client that you will get the job done on time, on target, and on budget.

Mr. Bass pointed out that gut feeling is very important to a successful interview. “At the end of the day, what you are feeling in your gut—good or bad—is probably right,” he said, which leads to the final part of the anatomy lesson: the extremities. A handshake can help you seal the deal and your legs can help you run away if your gut feeling is negative.

Two other topics that Mr. Bass discussed were writing samples and finances. He suggested that writing samples be used only when a client asks for them or when it will truly enhance your presentation. He recommended bringing no more than 6 samples that tell the story of the depth and breadth of your skills. As for the money issue, he indicated that a freelance should never discuss money on the first interview. Instead, ask your potential client enough questions about the project to enable you to provide an accurate estimate after you have had time to properly think about the project.

One of the most important questions you can ask during the interview is for the job.

Lastly, one of the most important questions you can ask during the interview is for the job. Does the potential client have an immediate need for your services or will there be specific projects in the future for which you can be of service? “Asking for the job is the best way to get it,” said Mr. Bass.

Kristina Wasson-Blader is a freelance writer and editor in Edmond, OK.

PREDICTIVE HEALTH—A NOVEL PARADIGM FOR DISEASE PREVENTION

Moderator

Emma J. Hitt, PhD

*Emma Hitt Medical Writing LLC,
Marietta, GA*

Speakers

Kenneth L. Brigham, MD

Associate Vice President, Predictive Health, Emory University, Atlanta, GA

Marta Gwinn, MD, MPH

Director of Epidemiology, Centers for Disease Control and Prevention, Atlanta, GA

Eberhard O. Voit, PhD

Professor and Georgia Research Alliance Eminent Scholar, Georgia Institute of Technology, Atlanta, GA

By Donna L. Miceli

Drivers of Change in Health Care and the Predictive Health Initiative

Kenneth Brigham, MD, began his presentation by pointing out that it is going to be essential that we all understand at least the fundamentals of predictive health, which he defined as “finding the causes of disease and treating [the disease] before it happens.” He emphasized that the health care system in the United States must, and will, change for a variety of both negative and positive reasons. On the negative side, the rate of increase in the cost of health care is not sustainable; we don’t get as much for our dollar as other developed countries; and some 50 million Americans do not have health insurance and have no access to the health care system until they are desperately ill. “Looking at it by almost any normalizing variable, we spend more on health care in this country than virtually any other developed country,” Dr. Brigham said.

On the positive side, Dr. Brigham noted that new developments in science and technology, such as compu-

tational biology, molecular imaging, and stem cell research, are making it possible for us to understand human biology at a depth that has not been possible before and to provide practical tools for measuring health and maintaining it. The technology for obtaining large amounts of information in a variety of areas—genomics, metabolomics, proteomics—and the development of computational systems that are able to handle large amounts of data are also making it possible for the health care system to change. In addition, there is a great deal of social and political interest in the health care system and a pervading understanding that something needs to change. “Academic health centers have a special opportunity and, in my view, a moral obligation to get involved in this transition and to lead it,” Dr. Brigham said.

Speaking of the Emory-Georgia Tech Predictive Health Institute, Dr. Brigham explained that the idea of predictive health is to define health in a positive way by moving away from traditional medicine’s focus on disease to a focus on maintaining health. He outlined the following future promises of predictive health:

- Tools to define health in a positive way
- New information that will allow us to maintain health
- Integration of research and health care in a way that allows new discovery to move in a very facile way into application
- Education of the next generation of biomedical professionals, at least a large segment of whom will be very different from current health care professionals

Translating Genetic Discoveries into Health Promotion and Disease Prevention

Characterizing the future of health care as “predictive, personalized, and pre-

emptive,” Marta Gwinn, MD, focused her discussion on what she referred to as the “translation gap.” She pointed out that once a genetic variance associated with a disease has been identified, it is a relatively simple matter to produce a genetic test for that variant. The difficulty comes in understanding how that information might be used to help individuals maintain their health. She explained that the model for closing the translation gap is to integrate information on the individual in the aggregate to get population-level predictions.

According to Dr. Gwinn, the following population-level questions are important in developing genomic applications:

- How many people have the genetic variance?
- Is the prevalence different in different segments of the population?
- How much of the population burden of the disease does it explain?
- Is it important?
- Does the variant interact with other genes or modifiable risk factors?
- Can we construct a risk profile related to the combination of environmental and genetic factors that are important in predicting an individual’s future health?

Noting that the traditional translation paradigm is “bench to bedside,” meaning from the laboratory to the human trial, Dr. Gwinn explained that the genomic medicine paradigm would involve gene discovery, maybe molecular, functional, and animal studies, maybe some observational studies, and, ideally, some systematic reviews. “This is still going to be far short of the preventive medicine paradigm that we’re all aiming for,” she said. She reported that 2 additional phases of translational medicine have been suggested: clinical practice, which involves both translation to patients and translation into practice through dissemina-

tion and implementation of practice guidelines; and practice to health impact. "I think it's worth noting that, based on the literature scanning that we do, at this point, fewer than 3% of published genomics articles refer to anything beyond phase 1, which is still the most basic research category," she added.

Dr. Gwinn reported that the time between discovery and licensing of a genetic test for the detection of the BRCA1 and BRCA2 genes took more than 10 years. In contrast, the time from discovery to licensing a genetic test for a variance in 2 genes associated with suicidal ideation in young people starting antidepressant therapy was just a matter of days. "We are going to have to seek new paradigms that provide alternative routes for acquiring evidence, including postmarketing evidence, for some of these genomic innovations, because they may actually end up in the practice setting before they are fully evaluated," Dr. Gwinn concluded. "There are no shortcuts on the translation highway. We have to be careful that commercial pressures don't force things out before they're ready and before the necessary intervening research has been done."

Managing the Data: Quantitative Information and Computational Modeling for Predictive Health

Eberhard Voit, PhD, began his presentation by reviewing the following issues related to quantifying health and disease:

- Comprehensive research, which has been ongoing for many years
- Targeted biologic research, which involves learning everything possible about 1 gene
- Exploratory research, which involves looking at all the genes that are upregulated under the same conditions and all the genes that are downregulated under the same conditions and seeing whether we can learn something
- Data management and bioinformatics
- Computational systems models

According to Dr. Voit, the goal of predictive medicine is to acquire specific information that can be used to develop predictions to inform individuals or a target group that they are specifically at risk for the development of a particular disease. In the future, this predictive information may also be used to individualize treatment.

The challenge is to get the data, extract information from the data, and analyze the data and information with innovative methods to develop health predictions. There are also significant technical, logistic, and ethical challenges associated with acquiring, storing, and making the data accessible to predetermined groups.

Dr. Voit explained that the ultimate goal is to find efficacious predictive rules for health and disease in individuals or specified populations. Finding those rules requires integration of knowledge and tools from biology, chemistry, physics, mathematics, engineering, and computing. In an attempt to bring all of these elements together, the Georgia Institute of Technology plans to launch an Integrative Bio-Systems Institute in February 2008. Dr. Voit concluded, "The challenges are great. The rewards are great. We will all benefit from this once it works."

Donna Miceli is a freelance writer, editor, and public relations consultant specializing in health care communication, based in Ft. Myers, FL.

VACCINE SAFETY: DEALING WITH UNCERTAINTY

Moderator

Diego Pineda, MS

Science Writer, Immunizations for Public Health, Galveston, TX

Speakers

Martin Myers, MD

Executive Director, National Network for Immunization Information, Galveston, TX

Walter Orenstein, MD

Professor of Medicine and Pediatrics, Emory University, Atlanta, GA

By Kathleen Kite-Powell

Vaccines prevent illness, deformity, and death. Interestingly, throughout the years, many conditions, including asthma, diabetes, sudden infant death syndrome, cancer, multiple sclerosis, and autism, have been blamed on vaccines. Until each investigation of a suspect condition concludes, all related communications and public health policy decisions about vaccines occur in a climate of uncertainty.

Martin Myers, MD, explained how misinformation on vaccines can evolve: First, a safety concern is suggested, then the media announces there may be a problem, and then the public gets

agitated searching for answers. Unintentional or intentional misinformers can mislead some parents into nonsocially protective behaviors, such as refusing to vaccinate their children. In countries where immunization rates are not as high as they should be, outbreaks occur. These outbreaks occur because the immunity threshold has not been reached. This threshold is the point at which the percentage of immunized people helps contain outbreaks. For measles, which is highly contagious, greater than 94% of the population needs to be vaccinated. Dr. Myers emphasized, "It matters what proportion of the population is immune."

Vaccines have a substantial impact on population health. Lamentably, due to a loss of disease visibility, people without memory of the harm these diseases caused to former generations may not fear the disease. When the appropriate percentage of a population is not immunized, disease spreads, affecting immunosuppressed individuals, children younger than immunization age, and nonimmunized individuals. Even individuals who were vaccinated are at risk; it has been reported that about 5% of people vaccinated for measles will not become immune. People who refuse vaccines put all children, including their own, at risk. Dr. Myers affirmed, "The immunity of my neighbors determines the safety of my grandchild."

People who refuse vaccines put all children, including their own, at risk.

There are benefits and risks to making health policy decisions about vaccines. There must be a balance of risk, as vaccinations cannot be stopped without consequence. Headlines linking vaccines to autism have decreased the percentage of vaccine coverage. When this happened in the UK, the number of measles cases increased. International problems may develop: An outbreak of mumps in Iowa was tracked to cases in the UK.

Dr. Myers told the audience that every time there is media activity on thimerosal and vaccine safety, his Web site statistics show a large "blip" in the number of inquiries. Although research has disproved any link, the issue lives on. Walter Orenstein, MD, related the history: A preservative to prevent bacterial growth in vaccines, thimerosal, contains ethyl mercury. Concerns that

infant vaccines create harmful mercury exposure surfaced. Fears rose when the rates of mercury exposure and autism in California seemed to follow similar curves over time. Dr. Orenstein firmly noted that ecologic epidemiology studies are weak and there are better types of studies. In the end, the findings of in-depth studies to evaluate neurologic disorders or autism have shown that there is no link with intravenous thimerosal. Still, because fears were so huge, the government called for removal of thimerosal from vaccines. Multidose influenza shots still contain the agent, but more expensive single doses without it are available. Not surprisingly, after the meningitis vaccine had thimerosal eliminated, Canadian autism rates continued to climb. Dr.

Orenstein said autism also continues to rise in California.

Dr. Orenstein also spoke of a pediatric rotavirus vaccine to protect children from diarrhea. Following problems with fever and intussusception, doctors were asked to report adverse events and the Centers for Disease Control and Prevention recommended postponing vaccination with the initial Rhesus form of the vaccine. After the identification of true risks, vaccination stopped. Consequently, the current vaccine required more rigorous scrutiny. Dr. Orenstein stated, "Vaccine safety is taken very seriously in policy-making."

How can writers, who often sit between scientific experts and the public, communicate uncertainty? Mr. Pineda advised, "Use risk communication." If the writer compares the risk of

an adverse event against the risk of disease, parents should make better decisions. According to Mr. Pineda, the public is frightened by many situations, such as when things are involuntary or inescapable, are man-made, or are potentially damaging to children and when contradictory statements are issued. The writer must educate the public and address these factors. "What if my child is one in a million?" is a real concern. Writers should communicate with compassion and empathy toward people's beliefs. He also said that to build trust, writers should announce problems early, explain both potential and actual risks, and include any contrary information instead of withholding it. However, Pineda stated, "Risk communication is not risk free." The public can respond in unforeseen or negative ways to what is communicated.

As a final comment, Dr. Myers restated one of the key messages of the talk, "Many people are not worrying about the diseases." There is a need to responsibly communicate real risk, not misinformation. Dr. Orenstein added that "free ride" parents who don't want to risk their child depend on others to keep the population disease-free. He warned the audience again that if too many people in a population refuse to be vaccinated, the risk for outbreaks increases.

The nonprofit National Network for Immunization Information (NNii) hosts a Web site (www.immunizationinfo.org) that can be used as a resource for obtaining science-based information about vaccines and immunizations. The target audience includes health care professionals, the media, and the public.

Kathleen Kite-Powell is a medical writer and editor based in Atlanta, GA.



Making Microsoft Word Work for You*

By Margaret Carbaugh

Department of Epidemiology, St. Jude Children's Research Hospital, Memphis, TN

With the launch of the Microsoft Windows operating system (Microsoft Corp, Redmond, WA) more than 2 decades ago, personal computer users gained access to many features of the graphical user interface that helped popularize Macintosh computers (Apple Inc, Cupertino, CA). Among these are the now-familiar pulldown menus of related functions that can be selected with the click of a mouse, a welcome alternative to having to remember and correctly type various lengthy commands. After becoming familiar with the commands in the menus, many users are eager to use built-in shortcuts to open menus or perform certain functions more quickly and smoothly by making a couple of keystrokes instead of moving the cursor and clicking the mouse.

Shortcuts to Pulldown Menus

To open the pulldown menus with keystrokes, simply press the Alt key and the key for the letter that is underlined in the name of the menu. For example, to open the Edit menu, press the Alt key and the E key (this action is represented in instructions as Alt+E).

Shortcuts to Commonly Used Functions

With a menu pulled down, 2 additional types of shortcuts are shown. Shortcuts with the Ctrl key, such as Ctrl+P (print), are displayed to the right of the Print command. These shortcuts are available even when the menus are not open. Several shortcuts of this type are listed in the text box to the right. A second type of shortcut, which does not involve the Ctrl key, is not available unless the menus are open. These shortcuts are activated by pressing hot keys. For example, when the Edit menu is open, the contents of the clipboard can be displayed by pressing the B key, which is the hot key for that command, as indicated in the menu by the underlined *b* in *Clipboard*.

You can print a list of all your computer's currently assigned shortcuts for functions. This list is especially useful if you want to reassign shortcut keys to the functions you use most often. For specific instructions, refer to the Microsoft Office Word Help feature under the topic "Print a list of shortcut keys."

Shortcuts to Special Characters

Medical writers and editors use the symbols and special characters available from the Insert Symbol dialog box so often that these shortcuts are especially helpful. To identify these shortcuts, scroll through the list to the desired symbol

Function	Shortcut keys*
Copy	Ctrl+C
Paste	Ctrl+V
Undo	Ctrl+Z
Print	Ctrl+P
Save file	Ctrl+S
Bold	Ctrl+B
Italics	Ctrl+I
Underline	Ctrl+U
Right-align	Ctrl+R
Left-align	Ctrl+L

*For tips on selecting text, refer to the Help topics "Select text and graphics by using the mouse" and "Select text by using the keyboard."

Special character	Shortcut keys
Em dash	Alt+Ctrl+Num Lock+hyphen in number keypad
En dash	Ctrl+Num Lock+hyphen in number keypad
Required space	Ctrl+Shift+spacebar
Ellipsis	Alt+Ctrl+period

Shortcut keys	Action
Ctrl+End	Go to end of document*
Ctrl+Home	Go to start of document*
Ctrl+ →	Move cursor forward 1 word*
Ctrl+ ←	Move cursor back 1 word*
Ctrl+Delete	Delete word to right of cursor
Ctrl+Backspace	Delete word to left of cursor

*The tips provided here are designed only for Microsoft Word for personal computers; they do not apply for Microsoft Word for Macintosh computers.

*Pressing the Shift key with these shortcut keys selects text before or after the cursor.

and then highlight it. An existing shortcut key for that symbol will be indicated to the right of the Shortcut Key button. To close this and other dialog boxes, simply press the Esc key.

Navigational Shortcuts

Navigational shortcuts are available by pressing 1 or more main keys while pressing a direction key (to the right of the main keys) or 1 of the 12 function keys (in the row above the main keys). One of my favorite navigational shortcuts (Shift+F5, for "go back") helps me find my previous location in the text.

Additional Resources

1. Microsoft Office Online

From the Help menu, select "Microsoft Office Online" for the product's home page. Click on "Products," click on "Word," and look under "Help and How-to" for your version of Word.

2. The Editorium (<http://www.editorium.com/>)

At this Web site, which provides fabulous help for Word, you may sign up to receive the newsletter, read previous issues of the newsletter, and download free software.

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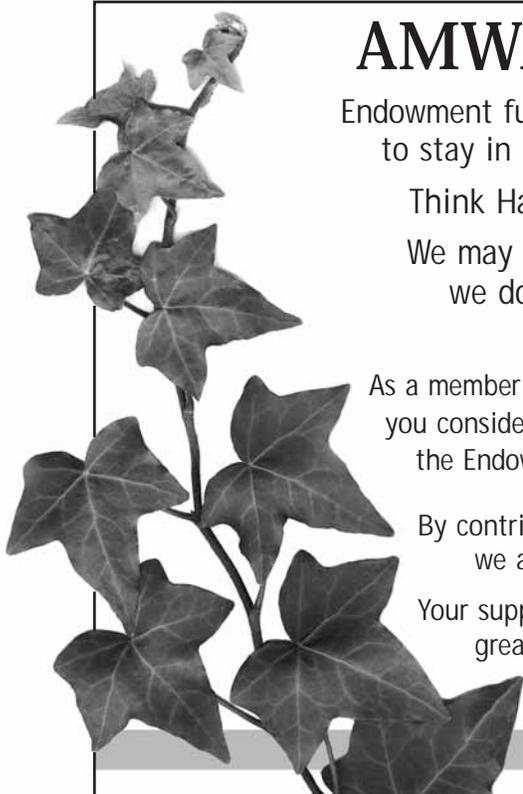
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How many projects do you work on at the same time (average) and what tips do you have for managing them effectively?

To address this question fully and provide more information than just my personal method for managing multiple projects, I queried the active members of the AMWA freelance listserve. This must be a “hot topic” because within 4 hours, I received detailed replies from 20 different freelancers. Over the course of 2 days, more than 30 had responded. My answer here is a summary of their responses.

Most freelancers seem to juggle, as I do, up to 8 different projects at a time. I and others count as a different project each manuscript for a journal supplement, each section of a Web site, each module of a sales training program, or each chapter in a book. Responders fell into 2 major groups: those who use electronic forms of organizational tools and those who rely on paper systems.

Kevin Kehres finds project management software extremely cumbersome. Such software, in his opinion, is designed for people who track the progress of projects rather than those who *implement* projects. He creates a simple Excel spreadsheet with project milestones across the top (Outline to Author, Outline from Author, First Draft, etc) and individual project components (Title/Author) on the side axis. When one of the milestones is completed, the appropriate box is dated, thus producing a completed project grid.

Judith Hurley, MS, RD, puts ongoing projects in bold font on her Excel tracking system. For articles, she has a separate column to record if and when she receives a copy of the published piece. Because she writes for several quarterly and monthly publications, she color-codes the rows to quickly identify when she last wrote for the particular publication and to anticipate when the next project will be coming in. She states that this approach enables her to plan roughly 75% of her time in 2-to-4 week intervals. The color-coding also allows her to quickly see which editors need a reminder to assign future work. The spreadsheet enables her to total income from each client and total income both monthly and yearly. She also notes that this spreadsheet gives detailed information on each project, helps her plan her time across several projects, and reveals patterns to help plan her business.

A project sheet also helps Debra Estrella, a freelance editor, organize her workload. Items such as title, company, project manager, contact information, project number, and

due date are listed. She creates checklists for type of edit requested, type of material (Word document, PDF, PowerPoint slides), draft and number of pages, method to return edits (track changes, clean copy, scans/fax, overnight hard copy, etc), style sheets, and specified style guides. This system enables her to have all information in one place for working and when a client calls with a new project.

Although she is an admitted “paper and pencil person,” Kristina Anderson implemented suggestions from the book *Getting Things Done* by David Allen, which suggests writing everything down on either paper or an electronic file. This system, in her opinion, frees the mind to focus on the important activities of the day.



Molly G. Opferman, MS, uses an electronic calendar to see where projects overlap and has reminders set so she receives notification prior to deliverable dates. This enables her to check-in with clients to make sure key information-gathering of tables, figures, and listings is still on track. Jayne Ritz, PharmD, uses the electronic monitoring system through the Calendar and Task section of MS Outlook and sets up 24-hour reminders prior to a deadline.

As do most freelancers who responded, I sort my individual project files under a client folder in Word. For example, under “XYZ Pharmaceuticals” would be a folder titled

"ABC journal supplement June 08" and under that would be a separate folder for each manuscript in the supplement with abbreviated title and author name (ie, Acute Bronchospasm, Johnston SE). The folder contains all of the drafts pertaining to that manuscript only, with titles and dates such as Draft 1, 03.14.08 or Author comments Draft 1 03.22.08. I also keep the most recent drafts in a paper folder (different colors for each manuscript if possible) on a long table near my desk, enabling me to quickly ensure that the client, author, or I have addressed previous queries.

Freelance Kurt Ullman follows the same approach for managing projects. He creates an 8"x 10" label for the front of the paper file folder that lists each step in the process to check off as each step is completed. He also uses a monthly calendar for all projects with project due dates, people to contact, etc., and checks off each activity as it is completed. When an interview is scheduled, he puts the phone number on the calendar of the scheduled day and uses a Yahoo calendar system to send e-mail reminders to himself.

Dvora Konstant, an editor with multiple projects ongoing from several clients, has a similar process and keeps track of "what's where" on an Excel spreadsheet with a calendar page for due dates and an "in hand" page for all current clients with the current status of each project. Mary K. Stern uses a paper calendar to schedule work hours on multiple projects within each day. She notes that while wonderful computer tools exist to accomplish the same goal and she "has vowed to switch over someday to a computer-based calendar and reminder system," the paper system works well. Other respondents use a large desk blotter or calendar to record important project notes, deadlines, schedules, etc.

Two other manual tracking systems were presented. Zoe Agnidis, MSc, places the key steps for each project with dates on a large white board using different colored markers on a wall in her office, enabling her to visually separate different projects. She erases the line when a key step is finished. Marijke Durning uses a cork strip on the computer monitor stand, attaching a small piece of paper (2" x1") with the name of the current project and, in red, the deadline. Projects are lined up along the strip. She also uses a program called Folder Marker, which allows her to change colors on computer folders to denote active projects (bright red folders), waiting projects (light pink), and paperwork (invoices, etc) files in green to stand out.

A definitely low-tech approach to managing files is used by Linda Felcone. Using 3-ring binders, she stores all documents pertaining to each project. She can refer to each project several years later since they are not electronic and do not get deleted. She also uses the Franklin Planner custom pages for contact information for each project, project management, business card sleeves, and calendars.

Brian Bass reports that most scheduling is done in his head, but when more than 5 or 6 projects are in the air at the same time, he creates a running list of all projects

inhouse, grouped by client, with a notation of what needs to be done and when. Projects are crossed off the list when completed and new ones are manually added.

To track project time, Leslie Charles uses the time-tracking component in QuickBooks accounting software. Each project has a manually recorded worksheet for stop and start times daily, which are recorded at the end of the day on the software. Leslie also uses a Rolodex with contact information rather than an electronic system, as she thinks it is "faster to just flip to the person rather than click around in the computer."

Lana Christian, MA, is totally digital and schedules *everything* in Outlook (interviews, project due dates, and projections of writing time on a short deadline-driven project but not for multi-month projects). When juggling more than 5 or 6 projects at one time, she creates a simple Word table that can be sorted by date, or other criteria. Line items are deleted from the table when finished and the entire table is re-sorted. She still prints drafts as needed (as it seems most do) but does not retain paper drafts. She sweeps her computer daily for viruses and spyware and performs a daily backup of files.

Many freelance writers have created time-saving templates for invoices, monthly statements, project specification sheets, and timesheets. Most save them in the digital project folder (some also keep a hard copy in a paper file folder).

Several freelances have a system for numbering their projects, most using the year as part of the number. My partner Richard and I use SS020508, which stands for Smith Simon Company, our company, and the date the project was initially assigned. Lana Christian uses additional codes ("I" for invoice; "P" for progressive billing, and "R" for retainer) on her invoices.

I and others keep hard copies of all invoices and attach the check stub to the invoice as payment is received or if no stub is available, photocopy the check onto the invoice. Several freelance responders track invoices on an Excel spreadsheet with active projects at the top of the sheet and completed or closed jobs below. Kevin Kehres says this system helps enormously at tax time.

When a particular project is completed, most responding freelances say they purge paper files within a few weeks or months after publication, but there is a wide range in the length of time freelances keep files before purging. Karen Harrop, MPH, routinely purged project folders shortly after publication as a journalist but now finds herself holding onto too much paper. Bill Thomasson keeps files indefinitely, having background material from 30 years ago. When his file cabinets fill up, he stores older files in boxes in the attic. In contrast, Brian Bass sends hard copy to the shredder 6 to 9 months (sometimes longer) after completion of a project. Caitlin Rothermel, MA, MPHc, is in the habit of holding hard copy for 1 to 2 years. That habit paid off for her this

year when a client revived an old project for which they had lost all paperwork during a move and rehired her to re-create the history of the document.

Although many freelancers purge paper files, they often keep the project information on their computer systems. Flora Krasnoshtein has a novel approach to the inevitable "paper and file trail." She burns all information pertaining to each project (files, folders, e-mail communications, invoices, etc.) onto a CD and then purges the actual files from her computer. To quickly identify and access the content of a CD, she prints the screen shot of all files on that CD, sizing it to use as the CD case cover. Caitlin Rothermel backs up all files on a removable hard drive (as I do when I remember). Frank Blackwell uses two 500 GB removable hard drives and stores everything in its own folder within a higher level folder named "Client History." With this system, he never has paper copies cluttering his house and office. Michael J. Stillman, PhD, scans handwritten notes and hard copies of marked-up references and other documents and saves the PDFs. Acknowledging that scanning takes time (especially without a document feeder), this system works well to reduce paper clutter.

Charles Stewart, MD, is much more extreme in file backup, noting that the most popular and useless piece of furniture in an office is a file cabinet. He purchased a 400+ page per minute Panasonic scanner and by using three 500 MB USB hard drives, he has stored files that formerly filled 10 file cabinets! All incoming files are converted to PDF and fed into the scanner, making his small office much roomier. One hard drive is stored in a downtown office, one is in secure storage, and one is onsite. A portable 100 MB USB hard drive allows him to propagate new files to the offsite storage drives.

From using low-tech solutions to high-tech gadgets, many freelancers effectively manage multiple projects efficiently. Thank you to all the freelancers on the AMWA freelance listserv who responded in such a timely manner to my request for information for managing multiple projects.

— Elizabeth L. Smith

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Voices of Experience

By Heather Haley, MS

Haley Writing Solutions, Cincinnati, OH

➤ Interviewee: Lawrence Giraudi, MSc

Medical Writer, Allied Research International-Cetero Research
Toronto, Ontario

What surprised you most when you first started in the field?

Glazed looks at cocktail parties. I had great difficulty in explaining the field of medical writing without having people completely zone out and start looking for the pretzel bowl. Now I hook them by giving commonplace examples of products from our craft, like the insert in a bottle of acetaminophen, and follow up with woeful tales from the world of human drug trials. Now, the pretzels are stale before they even think of nibbling.

What was your first medical writing position and how did you find it?

To be honest, I never imagined that medical writing was a potential career; I knew only that I loved writing and I had a curious science degree behind me. To celebrate graduation, I traveled to Italy for a few weeks and hoped to find inspiration for a fulfilling and rewarding career path. Little did I know that an innocent-looking newspaper clipping was waiting for me at home, advertising a writing position at a medical device company that was developing an HIV genotyping platform. Without any experience, I beat out 7 other applicants based solely on the strength of my writing samples, one of which was a fictional piece with which the lab director tearfully connected. I joined AMWA as quickly as possible to begin some formal professional development and have thoroughly relished every moment of my career since.

Is there anything you wish you had known starting out that you know now?

Everything! You start out, hopefully, with at least a little specific knowledge and thinking you can write well. Then you realize you don't really know all that much, and there's always room for improvement in your writing. After a few years, you get to a tenuous steady state where you balance what you know with an increasing confidence in how you can write about it.



What is your education and work background? How long have you worked in medical writing?

I have an MSc in molecular biology, and I've been a medical writer for 9 years. I'm currently

working at a contract research organization, where I help to develop clinical protocols and reports, informed consent forms, presentations, and manuscripts.

How does your current job differ from your first job?

I've always contended that an adept medical writer should be able to make the switch from one position to another without missing a beat; skill with words and conveying messages will trump knowledge of a therapeutic area every time. So that means I am the biggest difference between my current job and my first job. Interaction with a variety of people and functions, from scientific experts, regulatory authorities, sponsors, patients, physicians, and even other medical writers, has given me a better understanding of my role as a medical writer, and how I might affect the "big picture." As you progress in your career, you gain insight into your own abilities but, more importantly, you can also use your experiences to further refine your own identity and, ultimately, deliver a better product.

What is a typical workday like for you?

Because I am handling from 5 to 8 writing projects at any given time, a typical workday consists of perusing the latest project timelines, prioritizing the day's tasks and liaising with the relevant internal and external functions to keep the projects moving. Plus, I do some actual writing! Thankfully, I work with an amazing group of people who realize the importance of enjoying your working hours, so there is never a dull moment.

What do you find most rewarding/challenging?

The challenges and rewards of this job go hand in hand; you cannot avoid the challenge if you're expecting any

reward. I was once tasked with developing a product summary from a disorganized and incomplete array of original research findings, draft abstracts and posters, and even some archived lab books. Two comments from the executive-level review of that product summary have stayed with me my entire career. The first, stated with raised eyebrows, was “No one in this company could have written this thing,” and the second, once they knew I had produced it, was “That kid can turn sow’s ears into silk purses.” The reward for the days I spent scouring through paper and electronic records and talking to scientific and regulatory experts was a validation that I was on the right track, in the right field, and that I knew what I was doing.

Is there anything that surprises you now?

There is no piece of biomedical communication, however cunningly written, superbly designed, or fantastically crafted, that cannot be obliterated by a 3-year-old taking a stegosaurus for a walk across your keyboard.

Can you elaborate on the stegosaurus incident?

I had spent the day preparing a final draft of a protocol, addressing various sets of reviewer comments from previous drafts, a few e-mails, and even a faxed copy of an investigator’s scribbles. My son had come up to my office to see me, bringing his favourite dinosaur, Steggy, along for the ride. I swear I left him alone for less than a minute, as I had to answer a phone call in the next room. But a victorious “Rrrraawwwrrr” brought me rushing back in to find a blank screen with strange raspberry smudges and a field of vanquished paper clips jammed in my keyboard. Did you know they can double for microraptors? An elated Steggy was surveying the carnage from his perch atop my monitor. My work was gone, the file somehow deleted during the dino rampage and not a back-up to be found anywhere. Six tedious hours of painstaking document re-creation lay ahead of me, but at least I had a smiling child to get me through it. I don’t take any chances now; whenever I am interrupted, be it by my director, a colleague, or even an inquisitive throwback to the Mesozoic, I ask for a moment of patience and take the time to properly save my work. I know it all seems to be common sense, but you won’t appreciate the impact of losing a file until it happens to you. It will one day, likely when you can ill afford the time. Consider yourselves warned.

When you hire a newer medical writer, what qualities and skills do you look for?

A genuine interest in writing is likely the most important factor. If they can’t demonstrate a working knowledge of sentence structure and patterns, they’ll be hard pressed to convince me they can produce clear and concise copy. It is relatively easy to teach someone about Good Clinical Practices and the International Conference on Harmonisation guidelines, but teaching that same person to care about writing is a whole other issue. I also look for

someone who can quickly adapt to the new role without simply accepting the status quo as gospel. Finally, the personal fit of the candidate within the existing team must always be considered.

What are the best ways for a newcomer to establish himself or herself as a medical writer?

I often say that I stumbled into the field by accident, but I realize that, perhaps unknowingly, I was eminently prepared for it. I had a collection of writing samples to showcase how a complex subject could be described in clear and concise language. Remember that writing samples can come from anywhere, and my portfolio at that time consisted of a draft manuscript, excerpts from my thesis, a couple of essays from my graduate courses, an article published in the campus newspaper, and a few pieces of award-winning fiction. Any writing that has been through some sort of peer-review process will carry additional weight. I also paid attention to the physical construction of sentences and paragraphs, both my own and those of others, which helped develop the critical skill of self-editing. Early in my post-graduate studies, I established a network of contacts across several therapeutic areas, which was of great utility during my studies and in the early phase of my career. Above all, you need to know yourself and understand the tremendous weight that your words can carry.

Do you keep samples of your writing work? You’ve worked for a couple of companies over the years, how do you handle the samples issue as you progress in your career?

Just as a ball player’s current salary is based at least in part on past performance, a medical writer must be able to prove his or her ability through published writing samples. Confidentiality is always the biggest stumbling block to ensuring that you maintain a healthy portfolio from job to job, and there are a few ways you can deal with it. If it’s in the public domain, it’s absolutely fair game. The obvious example is published manuscripts, but what about that informational patient brochure you produced, or maybe that press release that contains your brief summary of efficacy from a clinical trial? Even within confidential documents you can find tracts of acceptable material (eg, a review of relevant literature for a therapeutic area). It’s always best to clear these types of samples with your legal or regulatory affairs department, hopefully before you leave your current position. Still need to beef up your portfolio? You can produce a short review (500 to 1,000 words) on a relevant topic that is current and maybe getting some coverage in the general press. It won’t be peer-reviewed, but at least it will showcase your research and writing skills. I always provide full transparency as to the source of all my writing samples. Giving details as to the context within which the piece was created will provide your interviewer with the right framework to review your work.

I've always admired your impressive network of contacts. Since personal contact often falls on the back burner with our demanding jobs, do you have any tips or tricks for maintaining a network?

Networking is a significant part of this profession. While you steadily add to your network throughout your career (through Internet networking tools, professional associations, attending AMWA events, etc.), there should always be a spike in network size whenever you leave one position for another. Be sure you give your contact details to everyone you used to work with, because they will eventually move on, as well, and suddenly you might have contacts in 50 different companies. And, assuming you have a stellar reputation, this provides incredible flexibility in terms of future career opportunities. Maintaining your network can be as easy as a quarterly review and periodic e-mails to reinforce connections. Finally, please don't develop an elitist network. While it is important to keep in touch with directors and vice presidents, don't forget people like administrative assistants, information technology professionals, and human resources representatives who do much of the 'real' work. In the end, you never know who will be in a position to help you when you might need it.

AMWA: What resources do you recommend for a writer in his or her first position?

AMWA, without hesitation.

Any last advice for people just starting out or looking to transition into medical writing?

It is an incredibly diverse field with unending possibilities for gainful employment. If you can marry that with a passion for communicating biomedical issues to a range of audiences, you'll never regret your career choice.

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My Graduate School Experience: Master of Science in Biomedical Writing

By Deana G. Betterton-Lewis, BA

Research Triangle Park, NC

After 12 years as a technical writer in the computer industry, I transitioned to medical writing and editing. As part of that transition, I earned my AMWA core certificate and took college-level courses in pharmacology, anatomy and physiology, statistics, clinical research, regulations, and protocol design.

When I decided to pursue a master's degree, I considered several schools with degrees in clinical research, medical journalism, or scientific and technical writing. Only the

Taking courses online does require the ability to work independently and you have to be self-motivated.

University of the Sciences in Philadelphia (USP) offered a master's degree in biomedical writing with courses such as writing clinical study reports, information strategies, and statistics for biomedical writers. These courses would enable me to apply the knowledge and experience gained from the coursework to the work that I was currently doing on the job and that I wanted to be doing in the future.

My medical writing experience so far has been primarily focused on publications—writing manuscripts, review articles, and abstracts based on the results of clinical trials. As a result, I have become very familiar with the structure and content of clinical study reports, investigator's brochures, and summary documents. Coursework at USP has given me a chance to actually write regulatory documents, such as narratives and clinical study reports.

The field of medical communication is diverse and so are those who choose to pursue a career in this field. My instructors and classmates at USP enrich the program through their diversity. Instructors come from academia as well as industry. Some of my classmates are already working in the pharmaceutical industry whereas others are still gaining the experience needed to get their first medical writing job. Their backgrounds range from science and nursing to journalism and marketing.

The courses in the Master of Science in Biomedical Writing Program are offered as online courses. Although most of the coursework consists of reading assigned course materials and writing assignments, contact with instructors and classmates is through e-mail, online discussion boards, and webinars with slide presentations and teleconferencing.

Taking courses online does require the ability to work independently, and you have to be self-motivated. It is also essential to be enthusiastic about writing assignments. Unlike other courses involving quizzes, midterms, and finals, most of the USP courses involve lots of writing assignments, ranging from 250-word abstracts to research papers or presentations.

Because I had taken online courses previously, I knew that they were a good fit for my schedule and my learning style. With a full-time job, taking online courses allowed me the flexibility to spend time on coursework when it was convenient for me—in the evenings and on the weekends. Also, it was a good fit for my personality. As a writer, I'm used to working independently on focused projects. Most of the course assignments in this program are essays, summaries, or research papers, which are a good fit for my work style.

REQUIREMENTS FOR ENROLLMENT

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- Bachelor's degree (or higher) from an accredited university or college
- Completed application for graduate studies form
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For more information visit the Biomedical Writing Program Overview on the USP Web site at www.gradschool.usip.edu/programs/biomedical_writing

My favorite assignments have included developing a PowerPoint presentation on heart failure for an educated but nonscientific audience; developing a patient education brochure on impetigo; conducting an ethnographic assessment of the bridge of death scene in "Monty Python and the Holy Grail" and writing up the results; writing a scientific

journal article on malarial parasites; and creating a clinical study report template and then using information from the study protocol to create the clinical study report shell.

Although it is possible to take most of the courses remotely, I found it enlightening to travel to Philadelphia for face-to-face workshops for some of my courses. Because the final assignment for one course involved giving a PowerPoint presentation, I felt that I would be more comfortable with a live audience rather than a speakerphone. Also, because it was my first semester in the program, I thought it would be a good opportunity to meet some of the instructors, the director of the program, and some of my classmates. The only course that I've taken that required being on-site for workshops was the Information Strategies for Biomedical Writers course, which involved 4 half-day hands-on workshops over the course of the semester. However, even those workshops are now being offered remotely. My husband and I chose to treat my trips to Philadelphia like weekend getaways. After the Saturday morning workshop, we would go to a museum, see a play, or explore ethnic restaurants not found in North Carolina.

Averaging 2 courses per semester, including summers, it will only take me 2 years to complete the program. I expect to receive my master's degree in August 2008.

REQUIRED COURSES

- Professional Writing in Science
- Stylistics and Editing
- Information Strategies for Biomedical Writers
- Regulatory Documentation Process
- Biostatistics for Biomedical Writers
- Ethical and Legal Issues in Biomedical Communication
- Regulatory Writing: New Drug Applications
- Research in Biomedical Communication
- Graduate Research Project I
- Graduate Research Project II

ELECTIVE COURSES

A minimum of 6 elective course credits is required.

- Regulatory Writing: Medical Device Submissions
- Promotion of Biomedical Products: Regulatory Considerations
- Regulatory Writing: GxP Documentation
- Regulatory Writing: Biologics
- Regulatory Writing: Dietary Supplements
- Anatomy and Physiology Documentation
- Cardiovascular Disease Documentation
- Health Articles Seminar
- Continuing Medical Education
- Entrepreneurship in Biomedical Communication
- Social History of Therapeutics
- Special Topics in Biomedical Communication
- Independent Study in Biomedical Communication
- Globalization and International Health

Call for Entries

2008 FRANCES LARSON MEMORIAL AWARD For Excellence in Writing a Medical Article Published in 2007

The annual Frances Larson Memorial Award, sponsored by the Pacific Southwest Chapter, was established to recognize medical writing of the quality represented by Ms. Larson's work. A long-time member of AMWA, Ms. Larson held many positions in the AMWA Pacific Southwest Chapter, including president. She served as managing editor of *Hospital Topics* magazine and as medical editor of *Audio-Digest*.

Articles submitted for consideration must be received by May 1, 2008, and must adhere to several submission criteria (see below). The recipient of the award will be announced on the Pacific Southwest Chapter's Web site (www.amwa-pacsw.org). The winner receives a \$100 honorarium and a plaque.

Please download the entry form at www.amwa-pacsw.org

Questions about the award may be sent to Heather S. Oliff, PhD, at holiff@scicongroup.com.

Submission Criteria

- The competition is open to all members of AMWA.
- The entry must be written by an AMWA member.
- Entries must be a medical article or essay written for either a lay or a professional audience. Research articles (journal format) will **not** be considered.
- Entries must have been published during 2007.
- Submissions are limited to 1 entry (article or essay) per writer.
- **Four** copies of each entry must be submitted.
- Entries must be postmarked by May 1, 2008.
- The submission fee is \$20. Checks should be made payable to "AMWA Pacific Southwest Chapter."



By Faith Reidenbach, ELS

Caley-Reidenbach Consulting LLP, Corvallis, OR

❖ **Two new CME webinars**, archived for free, on-demand viewing, discuss how to create accredited materials. “**Identifying Professional Practice Gaps**,” jointly hosted by the Accreditation Council of Continuing Medical Education (ACCME) and the Illinois State Medical Society, demonstrates how to apply the ACCME’s Updated Accreditation Criteria to a current patient care need. It uses the example of diagnosing and treating breast cancer in black women in Chicago. To read the press release and get a link to the webinar, go to <http://tinyurl.com/2nypwa>. “**Eye on Outcomes: Creating Quality-Driven CME**” addresses outcomes measurement in CME. Sponsored by Pri-Med and produced by Medical Marketing and Media, it’s available at www.mmm-online.com/Webcasts/section/76. See also “Is Live CME Still Effective?” at the same URL.

❖ **Guidelines about fair use** – Academics and scholars may quote less than 100 words from a journal article or a series of text extracts totaling less than 300 words without obtaining explicit permission, according to guidelines from the International Association of Scientific, Technical & Medical Publishers and the Professional Scholarly & Publishing division of the Association of American Publishers. The guidelines also allow authors to reproduce a limited number of figures/tables from a journal issue or journal volume without obtaining permission. Caution: Certain conditions apply to the use of either text or figures/tables, and only 12 publishers and scientific societies have explicitly endorsed the document. See www.stm-assoc.org/documents-statements-public-co and click on “2007.11 Scholarly Publisher Guidelines for Quotation and Other Academic Uses of Excerpts.”

❖ **Reporting observational studies** – 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. Visit www.strobe-statement.org, which has links to the new statement as well as editorials and commentaries about it.

❖ **Nature Precedings** (<http://precedings.nature.com>), a free online service, enables researchers to share, discuss, and cite their early findings prior to publication. “It is a place for researchers to share documents, including presentations, posters, white papers, technical papers, supplementary findings, and non-peer-reviewed manuscripts,” says its management, Nature Publishing Group. “It provides a rapid way to disseminate emerging results and new theories, solicit opinions, and record the provenance of ideas. It also makes such material easy to archive, share and cite.” In a post to the Board of Editors in the Life Sciences (BELS) listserv, AMWA member Karen Hellekson, PhD, ELS, coeditor of the journal *Transformative Works and Cultures*, called Precedings “a shot over the bow of increasingly irrelevant copyright rules.”

US FOOD AND DRUG ADMINISTRATION NEWS

❖ **“Behind-the-counter” (BTC) drugs** – For the fourth time since the 1970s, the FDA is considering creating a class of medications that would be available without a physician’s prescription but only after the patient is counseled by a pharmacist. This category exists in several other countries in various forms, and some drugs in the United States are already handled this way, such as emergency contraception and cold remedies containing pseudoephedrine. Proponents say the move would improve access to medications and improve continuity of care. Opponents cite safety concerns, including the possibility that individuals would skip routine checkups, and say the change might actually limit access if BTC drugs are sold in a limited number of stores, curbing competition and increasing prices. Whether insurers would reimburse BTC drugs is an open question. The FDA held a November 14 hearing but has not set a deadline for deciding.

❖ **Using journal articles to promote off-label uses** of a drug or medical device would be acceptable in certain circumstances, under draft guidance prepared by the FDA (<http://oversight.house.gov/documents/20071130103225.pdf>) that was leaked in November to Rep. Henry Waxman (D-CA). In a letter to the FDA commissioner (<http://oversight.house.gov/documents/20071130102744.pdf>), Waxman, who chairs the House Committee on Oversight and Government Reform, asked for information justifying the guidance, setting a deadline of December 21. He argued that the guidance could “create a disincentive for drug and device manufacturers to seek approval for unapproved uses.”

Items in Briefly Noted appear earlier on AMWA’s Editing-Writing, Freelance, and Pharma listserves. To subscribe to one or more of these listserves, go to www.amwa.org and click on Members Only>Networking>Listserves.



CALENDAR OF MEETINGS

American Medical Writers Association

68th Annual Conference
October 23-25, 2008
Louisville, KY

American Academy for the Advancement of Science

February 12-16, 2009
Chicago, IL
Phone: (202) 326-6400
E-mail: aaasmeeting@aaas.org
Web site: www.aaas.org

American Chemical Society

235th National Meeting and Exposition
April 6-10, 2008
New Orleans, LA
Phone: (800) 227-5558 (US only)
(202) 872-4600 (outside the US)
Fax: (202) 776-8258
E-mail: natlmtgs@acs.org
Web site: www.acs.org

American College of Clinical Pharmacy

Annual Meeting
October 19-22, 2008
Louisville, KY
Phone: (816) 531-2177; Fax: (816) 531-4990
E-mail: accp@accp.com
Web site: www.accp.com

American Public Health Association

Annual Meeting: "Public Health Without Borders"
October 25-29, 2008
San Diego, CA
Phone: (202) 777-2742; Fax: (202) 777-2534
E-mail: comments@apha.org
Web site: www.apha.org/meetings

American Association of Dental Editors

Annual Conference
October 14-15, 2008
San Antonio, TX
Phone: (414) 272-2759; Fax: (414) 272-2754
E-mail: aade@dentaeditors.org
Web site: www.dentaeditors.org

American Society of Indexers

Annual Conference
May 21-25, 2008
Denver, CO
Phone: (303) 463-2887; Fax: (303) 422-8894
E-mail: info@asindexing.org
Web site: www.asindexing.org

American Society of Journalists and Authors

Writers Conference
April 12-13, 2008
New York, NY
Phone: (212) 997-0947; Fax: (212) 937-2315
E-mail: director@asja.org (Alexandra Owens)
Web site: www.asja.org

Association for Business Communication

Annual Meeting
October 30-November 1, 2008
Lake Tahoe, NV
Phone: (936) 468-6280; Fax: (936) 468-6281
E-mail: abcjohnson@sfasu.edu (Dr. Betty S. Johnson)
Web site: www.businesscommunication.org

Association of Health Care Journalists

March 27-30, 2008
Washington, DC
Phone: (573) 884-5606; Fax: (573) 884-5609
E-mail: info@healthjournalism.org
Web site: www.healthjournalism.org

Canadian Science Writers Association

37th Annual Conference
May 24-27, 2008
Whitehorse, Yukon, Canada
Phone: (800) 796-8595
E-mail: office@sciencewriters.ca
Web site: www.sciencewriters.ca

Council of Science Editors

Annual Meeting
May 16-20, 2008
Vancouver, British Columbia, Canada
Phone: (703) 437-4377; Fax: (703) 435-4390
E-mail: cse@councilscienceeditors.org
Web site: www.councilscienceeditors.org

Drug Information Association

44th Annual Meeting
June 22-26, 2008
Boston, MA

18th Annual EuroMeeting

March 3-5, 2008
Barcelona, Spain
Phone: (215) 442-6194; Fax: (215) 442-6199
E-mail: Cheryl.Buckage@diahome.org
Web site: www.diahome.org

Equator (Enhancing the Quality and Transparency of Health Research) Network

First Meeting: Good Reporting: An Essential Component of Good Research
June 26, 2008
Royal Society of Medicine
London, UK
E-mail: iveta.simera@cancer.org.uk
Web site: www.equator-network.org

Health Academy, Public Relations Society of America

19th Annual Conference: "Health Care Communications Strategies: Boomers, Xers, and Nexters"
April 2-4, 2008
Chicago, IL
Phone: (212) 460-1456
E-mail: don.bill@prsa.org (Don Bill)
Web site: www.healthacademy.prsa.org

Health and Science Communications Association

49th International Conference: "Riding the Creative Wave in Technology"
June 18-21, 2008
New Haven, CT
Phone: (860) 376-5915
Web site: www.hesca.org

The Institute for Healthcare Advancement

7th Annual Health Literacy Conference: "Health Literacy in Primary Care: Best Practices and Skill Building"
May 1-2, 2008
Irvine, CA
Phone: (800) 434-4633; Fax: (562) 690-8988
E-mail: info@ina4health.org
Web site: www.ina4health.org

International Society for Medical Publications Professionals

4th Annual Meeting
April 28-30, 2008
Philadelphia, PA
Phone: (914) 945-0507; Fax: (914) 945-0307
E-mail: kgoldin@ismpp.org (Kimberly Goldin)
Web site: www.ismpp.org

National Association of Science Writers Workshops/Council for the Advancement of Science Writing New Horizons in Science Briefing

October 24-28, 2008
Stanford, CA
Phone: (304) 754-5077
E-mail: diane@nasw.org (Diane McGurgan)
Web site: www.casw.org

Public Relations Society of America

International Conference
October 25-28, 2008
Detroit, MI
Contact: PRSA
Phone: (212) 995-2230; Fax: (212) 995-0757
Web site: www.prsa.org

Regulatory Affairs Professionals Society

Annual Conference & Exhibition
September 14-17, 2008
Boston, MA
Phone: (301) 770-2920; Fax: (301) 770-2924
E-mail: rap@raps.org
Web site: www.raps.org

Society for Scholarly Publishing

29th Annual Meeting
May 26-June 1, 2008
Boston, MA
Phone: (303) 422-3914; Fax: (303) 422-8894
Web site: www.sspnet.org



Writing with Suspenders

This: (), That: — —, and The Other Things: , ,

By Arnold Melnick, DO

Now I've never heard of This: (), That: — —, and The Other Things: , , referred to as suspenders, but that's what they are. No, these suspenders don't hold up anybody's pants. Rather, as punctuation, they literally suspend (or hold up) a preceding thought (noun, verb, adjective) in order for a writer to interject a related idea or statement. These comments are called parenthetical, and all are set off by punctuation—the suspenders. All 3 suspenders are used for almost similar purposes, and often the choice is optional. Let's look at each suspender and see what it does.

This: ()

Parentheses are used to add material that is nonessential and subordinate to the main text, so the first sight of a left parenthesis is a signal to the reader that something is coming that is different, an interruption of thought, an aside from the writer to the reader, or an interjection.

That: — —

Paired dashes—a dash is a double hyphen—are used to set off an added point or to provide an explanatory comment (as in this sentence). They indicate an abrupt change of thought, are less formal and are generally less subordinate (ie, more removed) than material usually placed in parentheses. Paired dashes often provide a vehicle to create emphasis or a dramatic effect.

The Other Things: , ,

Paired commas are used for transitional or parenthetical-like expressions that interrupt the sentence. Usually, they are dependent phrases and are closely related to the antecedent thought.

Usage

Not having found any authoritative rules or universal standards—nonexistent, actually—for the proper use of each of these suspenders, I am brave enough to offer my own guidelines, many of which I do not think about while writing. Instead, I sort of depend on that old debatable writing-by-ear approach.

I tend to classify the 3 suspenders by their strength and digressiveness.

I use paired commas for straightforward, explanatory

material, integrally related to the rest of the text, and I utilize them for the least digressive material.

Urinary tract infection, so common in females, is difficult to treat.

Just visualize “so common in females” in parentheses or between paired dashes. Not in my book! I feel that the clause is too closely related to the rest of the sentence to use them.

I include in parentheses more digressive material—important or explanatory—that is related to the antecedent.

Urinary tract infection (E. coli or Klebsiella) is difficult to treat.

Note that this example represents the middle of the road. You might easily use paired commas or even paired dashes. There are no absolutes, but I like the parentheses.

I reserve paired dashes for the strongest interjection, the ones that mark a definite departure from the text, yet add to the meaning—or perhaps create greater emphasis.

Urinary tract infection—how devastating!—is difficult to treat.

Thus, if I want strong emphasis, startling opinion, comic relief, or similar interlude, I use paired dashes. I put smooth transitions, explanatory material, and descriptions between commas. And for those in-between, added commentary, additional facts or brief explanations, I use parentheses.

Is this system foolproof? Do I get it right every time? Of course not. But it does serve to give me some insight into which one to choose.

Since there are no rigid rules for these 3 suspenders, the reasons overlap and, most of the time, which one you use is a matter of personal preference.

SO,

if someone ever tries to sell you a pair of suspenders, tell him (or her), “No, thanks. I already have 3 suspenders—very good ones—at my disposal and available to me, on my command, any time I want them.”



By Edie Schwager

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: Something has been bothering me no end. I remember the verb form for the word “atrophy” being pronounced a-tra-fie. (this is from the Internet). Then some decades ago I remember the verb form changing to the same pronunciation as the noun (a-tra-fee). Do you remember this? I know I did not dream it. I have a good ear. Maybe that’s the way Shakespeare pronounced it?

I have been trying to find similar-sounding verbs—mollify, indemnify, petrify, electrify. But they all end in “-fy.”

I also think there is a word for this—when a verb takes on the same pronunciation as its noun (or vice versa), but I can’t remember it. Maybe I am on info overload.

BARBARA C. GOOD, PhD
National Surgical Adjuvant
Breast and Bowel Project
Pittsburgh, Pa.

DEAR BARBARA the Good: No one now living has a clue as to how Shakespeare would have pronounced that word. Christopher Marlowe suggested that if we might judge from Will’s strange-sounding words, we could say that his accent was more Australian than English. I once read that the Bard coined more new words than any other writer in English.

Webster’s Third New Dictionary of the English Language (Webster’s Third) gives atrofie for the noun (but not atrofie), and atrofie or atrofie for the verb, so you can have your choice. I usually pronounce both noun and verb atrofie. No one has ever complained.

I can think of many nouns that end in -phy (photography, orthography, cryptography, calligraphy, and all the other “writing” nouns, and hypertrophy), but not other verbs. Frankly, I don’t know the name for the phenomenon you mention. Pronunciation varies with education, audience, and regions (provincialisms), not to mention gradual changes in meaning, thus in pronunciation, over time.

DEAR EDIE: As a translator in German-English-French, I am always trying to improve my language skills. I of course agree that medical knowledge does play a role in medical writing and translation, but so does language. The linguistic aspect of medical writing and translation is frequently disregarded.

I have seen such sentences in the medical literature as “the patient underwent a heart transplant.” It seems to me that patients undergo heart transplantation (the procedure), and that they receive heart transplants (the organs).

Could you discuss these differences and nuances? As always, I would appreciate reading your opinion.

ASTRID KAESER-FROELICH
Baden, Austria

DEAR ASTRID: I agree with you that a patient receives a heart transplant (the organ) but undergoes heart transplantation. However, through usage, it would also be correct to say that he or she undergoes a heart transplant. One criterion is whether a particular usage is ambiguous or could be misinterpreted. In this case, there is no possibility of misunderstanding if one writes that the patient underwent a heart transplant. *Webster’s Third* defines “transplant” as both noun and verb.

What is meant in either usage is that the patient receives a donor heart through transplantation. That’s just a longer way of saying the same thing (begging the question). It would be awkward and un-English to write, for example, that the patient received a heart transplantation. So the two words are not necessarily interchangeable.

It is important to note that in the context of well-edited medical literature, there is a differentiation. A good medical writer would know that the procedure itself is almost invariably described as transplantation. It is always “bone marrow transplantation” to describe the procedure, not “bone marrow transplant.”

The alternative version is not inaccurate, just not very precise. Usage is what is used. Good usage is as precise as possible within reason.



DEAR EDIE: I've been trying to figure out what "passim" means in an NLM [National Library of Medicine] citation. The citation reads "2004:303-5, 317-8 passim." Can you shed any light on this term? What does it mean in a citation? Is it an abbreviation, and should it be included in a reference list?

When I consulted the NLM, they told me that passim is a Latin adverb meaning here and there, and that it is "used in bibliographic references to indicate that the writer has drawn upon material scattered throughout the source cited." That definition, they said, is from the **dictionary.com** Web site [based on the *Random House Unabridged Dictionary*, 2006].

Thanks for your help.

BARBARA RINEHART
Newtown Square, Pa.

DEAR BARB: "Passim" is not an abbreviation. Here's the definition from *Webster's Third*: "From *passus*, spread about, scattered. Past participle of *pandere*, to spread out, unfold; here and there, throughout, used especially with the name of a book or writer to indicate that something (as a word, phrase, or idea) is to be found at many places in the same book or writer's work."

I see no reason to include this word in a list of references. Note that the Web definition says "bibliographic references." Right away, that takes it out of the realm of reference lists in medical literature, since they are not ordinarily bibliographic. I can't resist noting also that it's "bibliographic," not "bibliographical" (see my previous writings on the "vestigial tail").

Professional indexers avoid this word, because a good index would give each page anyway. Furthermore, what would be the phrase or word or idea in the reference that would appear throughout that particular cited article, which is only 15 pages to begin with?

The editors at the journal of the Cleveland Clinic didn't catch the initial mistake: The abbreviation in that article should have been Cleve Clin J Med, not Cleve Clin Med. That's because the accuracy of the reference list is the responsibility of the article's authors. From experience I can tell you that it takes many days, not hours, to check every reference against the reprint of each cited article. That is not the charge of the journal's editors. Although it was not required, as the executive editor in the Department of Medicine at Hahnemann Medical College and as a freelance, I was conscientious (compulsive?) enough to do this arduous task literally thousands of times.

The Chicago Manual of Style (14th ed., pp. 564-5) says this: "The term *passim* (*here and there*) should be used sparingly,

and only after inclusive page numbers indicating a reasonable stretch of text or after reference to a whole section such as a chapter or a part. Passim, being a complete word, is not followed by a period unless it falls at the end of a citation. Note also that passim is no longer italicized [Ed. note: unless it is used as a word per se, as in this quotation]." Note also that Chicago does not cover medical text, only other scholarly works. See the correspondence with Dan Liberthson in this column.

The reason that italic is used more often than quotation marks, although both are correct to indicate words *qua* words, is that quotation marks give the impression of peppering the text, and they quickly weary the eye. Italics are easier on the eyesight.



DEAR EDIE: I get confused about the verb "comprise." For example, I've seen the following: "The suggested reference list is comprised of . . ." Just to confuse things more, I found this sentence in *The New York Times*: "Chronic obstructive pulmonary disease [COPD] actually comprises two illnesses: one, emphysema, destroys air sacs deep in the lungs; the other, chronic bronchitis, causes inflammation, congestion and scarring in the airways."

My writing staff tells me that "comprised of" is always incorrect. Can you help me with this? Has usage changed? This question really annoys me whenever it comes up, so any help is greatly appreciated.

DANA LEIDIG
Texas Medical Liability Trust
Austin, Texas

DEAR DANA: This interesting question pops up frequently. *The New York Times* and your writing staff are right. "Is comprised of" is thought by most purists and many grammarians to be always incorrect. Being a semipurist by predilection, I never use "is comprised of," although many other writers (also of good repute, if I may say so) do. Permit me to quote from my "red book," *Medical English Usage and Abusage* (p 110):

In one sense, to compose is to put things together—musical compositions, essays, galleys, pages. This verb is often used in the passive voice. /A culture is composed of diverse elements. ¶ *Comprise* is never used correctly in the passive voice. / The National Institutes of Health complex comprises [*not is comprised of*] 13 institutes and several other divisions. ¶ To put it succinctly, the parts compose the whole; the whole *comprises* the parts. ¶ To *comprise* is to enclose, include, or embrace. However, although one may be embraced, one cannot be comprised.

Just for the record: The NIH by now undoubtedly comprises many more institutes and divisions. *Sidebar:* The plural “Institutes” doesn’t change the fact that NIH is a single entity and thus takes a singular verb. The same goes for the Centers for Disease Control and Prevention (CDC), which is also a single entity.

“Compose” can be used in both the active voice and the passive voice: “Fifty states compose (make up, constitute) the United States.” Most people seem to be more comfortable with the passive in both speech and writing.



DEAR EDIE: When one uses the signs for greater than, less than, greater than or equal to, less than or equal to, plus or minus, not equal to, etc., should there be a space between the sign (symbol) and the number or not? Some statistician types have told me that not using a space is incorrect, others that using a space is incorrect. The *AMA Manual of Style* says that in mathematical composition there should be a “thin space,” but then proceeds to violate this recommendation in its own text by using no space (in a nonmathematical context). I can’t find this issue addressed in *The Chicago Manual of Style*.

The debate about this can get quite heated. I usually go for the no-space approach, but some people just insist on their spaces; for these, I give in but insist at least on consistency. Thanks!

DAN LIBERTHSON, PhD
San Francisco, Calif.

DEAR DAN: Since I’ve addressed this question several times before, I’m taking the liberthson of giving you my opinion. I speak as a long-time editor; I am certainly no mathematician or statistician. There should be a space (a thin space is impossible on my computer, but not in actual photsetting or typesetting, where that still exists) before and after the symbols you cite. Not only does this practice make text more readable, but it obviates slight errors (is there ever a slight error in statistics?). If one is editing for publication, he or she can indicate in the margin that there is a thin space in those particular terms by using an octothorp and the word “thin.”

In principle, I’m firmly and strongly against what I call jamming things together, as in the foolish and unintelligible zero gram (0g) term, often seen in a trans fat context. That goes especially for statistical and mathematical terms. I believe in space. But I digress.

As for *The Chicago Manual of Style*, there’s no wonder you couldn’t find anything about this topic. *Chicago* has nothing whatsoever about medical material, although it has a great deal to say about mathematics. I suppose the editors figure there is a plethora of reference works on medicine and science.

P.S.: I’m also firmly and strongly in favor of consistency, and certainly the consistency of dark chocolate.

TONGUE-IN-CHEEK DEPARTMENT (From the Schwager archive; no kidding)

Yale-New Haven Hospital
September 11, 1987

DEAR EDIE: Thank you for coming to Yale-New Haven to teach us all to write rite. It was really affective and all the cohorts in the room got some good learning by you. No one seemed disinterested, we all enjoyed what you said verbally. I can’t weight to put all that new found learning into practice. It was a real pleasure to have you visit with New Haven. The staff honed in on your messages and incidently, we are putting them into active practice, as you can see. Please let us know when you bring yourself to New Haven, we would feel fortuitous to see you again.

Best wishes and thanx for the seminar.

YOUR STUDENTS

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 **dearedie@verizon.net**.



BOOK

Images of Memorable Cases. 50 Years at the Bedside

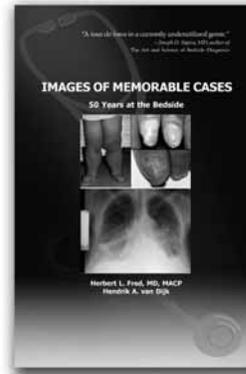
Herbert L. Fred, MD, MACP; Hendrik A. van Dijk (photographs)
Long Tail Press/Rice University Press, Houston; 2007, 183 pp

Herbert L. Fred, MD, Professor in the Department of Internal Medicine, The University of Texas Health Science Center, Houston, dedicates his book *Images of Memorable Cases* to the resurrection and preservation of bedside medicine and to his patients who made the book possible. In the preface, he acknowledges that sophisticated medical advances, which became available beginning in the 1970s, have led to diagnoses with unprecedented speed and accuracy, but he decries the fact that bedside skills have deteriorated.

According to Dr. Fred, such advances have shifted the focus from these important skills. As a result, the physician's mind and sensory faculties to make a diagnosis have become a lost art. In his volume, Fred seeks to restore these skills as he takes the reader through a journey at the bedside of a variety of patients.

His book is organized this way: Rare and extraordinary images are presented on one page. The practitioner studies the image and is asked to draw on his or her background to make a diagnosis in each case. The actual diagnosis is given on the next page. The images are of patients he has seen in 53 years of practice and as a full-time medical educator. One can imagine this is the way the people would typically show up in the emergency room, clinic, or doctor's office.

The book includes more than 200 color photographs by Hendrik van Dijk, a photographer and book illustrator. These rare and extraordinary photos drive home the many



conditions that a current physician may encounter in a practice when so many people are coming from countries that have endemic diseases. Other physicians have commented that this is one of the best medical books available and should be in the library of every hospital, department of medicine, and teacher of internal medicine.

Many of these cases are rare and are ones that few people may see. For example, pictures of patients with amebiasis, babesiosis, Chagas disease, as well as different phases of syphilis are included. An extensive index leads the reader to view the pages of specific interest.

I have written extensively about genetic diseases and disorders, but I have never known or seen anyone with alcaptonuria or amyloidosis. Dr. Fred has examples of these conditions in his book. My great-grandmother died of a nutritional deficiency condition called pellagra. I was able to read a case about an actual person with the condition.

As one evaluator stated, "This collection is sometimes straightforward and sometimes challenging, but always interesting." I agree and think that medical writers could greatly benefit from having this well-written, exciting book in their medical libraries.

— Evelyn B. Kelly, PhD

Evelyn Kelly is a freelance writer residing in Ocala, FL.

Tax Tips for Small Businesses: Savvy Ways for Writers, Photographers, Artists and Other Freelancers to Trim Taxes to the Legal Minimum

Julian Block

Available at www.julianblocktaxexpert.com

Julian Block, a nationally recognized attorney, has written extensively on personal finance. His book *Tax Tips for Small Businesses* may just be what the medical writer needs for answers to problem questions about taxes and finance. Block is not only a lawyer, an accountant, and a former Internal Revenue Service (IRS) special agent, he is also a freelance writer, and he provides invaluable hints that your accountant may not know.

The book includes chapters on small business depreciation, deductions for health insurance and vehicles for self-employed individuals, home office deductions, self-employment taxes, net operating losses, and section 1244 stock. He explains the intricacies of situations. For example, freelance writers have choices on how to claim expenses for furniture, computers, and so on, but the rules take some twists and turns. He explores the circumstances for which it is advantageous to employ children in a parent's business (and those for which it is not).

In his book, Block answers questions. He answers what he says is the most frequently asked question: "How long should I hang on to records?" and gives exceptions to the "3-year rule." He also recounts more complex questions

from writers, such as the following: “For the past few years, my writing income has been meager. But this year’s income will soar because of a 6-figure book advance. According to a fellow writer, income averaging will lower my tax tab by many thousands of dollars. When I file next spring, do I need to complete some form for averaging that has to accompany the 1040 form?” Block’s response: “Your friend’s advice might have been helpful when the Oval Office was occupied by Ronald Reagan. But the rules now on the books provide no break for someone whose income jumps. A top-to-bottom overhaul of the IRS code, the Tax Reform Act of 1986, included a provision that abolished averaging for nearly everybody, although there continues to be limited exception for farmers. My advice is to focus instead on easy and perfectly legal ways for writers to trim taxes. A standard tactic is to stash some of the advance money into one of those retirement plans for self-employed persons.”

Block addresses some unique situations, such as that of a full-time literature professor who deducted the cost of preparing a taped lecture series on Shakespeare for radio broadcasts. The IRS nixed all of the deductions, asserting that the professor lacked a profit motive for preparing the lectures because he had not been paid for them. But the Tax Court held in 1995 that the IRS should limit its application of the profit-motive requirement to sideline businesses and investments that could serve as tax shelters. The court found that the professor had taped the lectures for an entirely different reason—namely, to further his main

career as a professor. That being so, the law did not require him to establish a profit motive.

The book also includes several chapters on practical advice, including tips about making payments at the end of the year, keeping records, sending checks to the IRS, extensions of time to file, and making refund claims. In addition, Block provides a list of helpful booklets from the IRS such as Pub.463 Travel, Entertainment, Gift and Car expenses.

Block has humorous quotations at the beginning of each chapter. For the chapter “Big Breaks for ‘Small’ Freelancers,” he includes a quote from President Ronald Reagan: “If our current tax structure were a TV show, it would either be ‘Foul-ups, Bleeps and Blunders’...or if it were a movie, it would be ‘Take the Money and Run’...and if the IRS ever wanted a theme song, maybe they’ll get Sting to do ‘Every breath you take, every move you make, I’ll be watching you.’” In the “Get Car Smart” chapter, he includes the bumper sticker quote: “IRS: We’ve got what it takes to take what you’ve got.”

Block’s unique blend of tax savvy and background in freelancing, the IRS, and the law, make his book very valuable to writers and photographers.

— Ruth Winter, MS

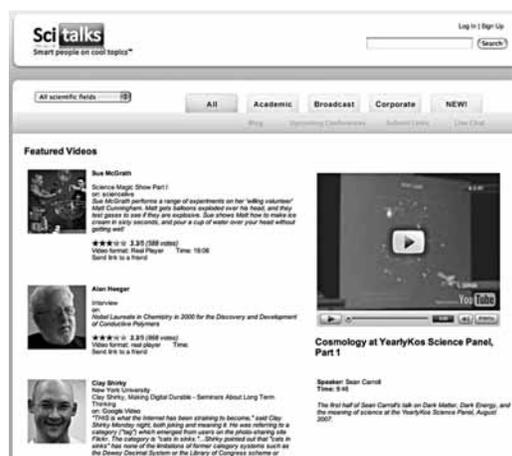
Ruth Winter is an award-winning science writer residing in Short Hills, NJ. She and her husband developed www.brainbody.com, an online resource for information regarding food additives, cosmetic ingredients, nutrition, medicines, and health news.

Scitalks.com

Imagine that you’ve received 1,000 invitations to more than 1,000 lectures by the world’s top scientists in more than 30 specialty areas, from astrophysics to space science. Where would you begin? **Scitalks.com**, a Web site launched in June 2007, features a vast collection of science lectures in video or audio format. Scitalks.com acts as a sort of targeted search engine that links the user to existing online sources; thus, universities and other copyright holders can control the content. Scientists and lecturers can upload their own videos on the system, which uses SeeFile 3 technology (Seafire Software, Boston, MA). The site also offers linked sites for lectures in the humanities (www.humtalks.com), government (www.govtalks.com), and business (www.busitalks.com), as well as a Scitalks blog.

This many-faceted site has a great deal to offer, from informational and educational lectures—for example, updates on HIV/AIDS treatment and updates in genetics—to interviews with physicians and scientists such as Richard Feynman and the late Max Perutz, who unlocked the structure of hemoglobin. One of the few disadvantages is that you must scroll through each of the specialties (33 are currently listed) to find specific lectures. A search box will lead you to specific institutions or speakers, however. The length

WEB SITE



of each video and a rating are given. Video quality varies widely—some segments were filmed in less than perfectly lit classrooms, whereas others were captured in full professional broadcasting lighting. My best advice is to jump online and see where the current takes you.

— Mary K. Stein

Mary Stein is a freelance writer, editor, and photographer and owner of MD Communications, Inc., in Tucson, AZ.

eMedicine (www.emedicine.com)

Most medical writers experience both enjoyment and apprehension when writing about an unfamiliar medical condition. Emedicine.com is a web site hosted by WebMD that offers a plethora of continuing education/medical education (CE/CME) on more than 7,000 diseases and disorders. These materials are excellent resources for medical writers, who can access information such as clinical background, clinical presentation, differential diagnoses, work-up and evaluation, current therapies (eg, medications, surgical procedures), potential complications, inpatient and outpatient care, and ethical, legal, and practice implications. All content is written by academic physicians, and is peer reviewed by other physicians and a pharmacist. Content is evidence-based, and the time of last update is specified for each article.

Clearly the Web site's forte is CE/CME for health care professionals, but it also provides other helpful items such as news headlines, recalls, alerts, recent journal updates, patient education, practice guidelines, multimedia images, and industry promotional articles. Viewers navigate to CE/CME or promotional materials through different tabs, and materials are labeled as CE/CME or promotional with small text at the top of each article. Continuing education is reasonably priced (\$7.50 per 1.5 hours), may be completed entirely online, and is accredited by the University of Nebraska Medical Center, Center for Continuing Education, the University of Nebraska College of Nursing, and the University of Missouri St. Louis College of Optometry.

The site also has several shortcomings. While articles provide general background information, statements are not individually referenced to original articles. To verify or cite a statement from an eMedicine article, the reader must determine its source among all items in the article's bibliography list. In addition, a click on the Medline link in the reference list brings the navigator to the Medscape summary of the article, not the original article. Lastly, the site excludes original scientific research publications and materials authored by nonphysician experts (eg, biostatisticians, dentists, epidemiologists, nutritionists, nurses, optometrists, pharmacists, physical therapists, scientists, speech pathologists). Overall, the Web site is useful, with limitations.

— Jeannette Tomanka, MS, NP-C, ELS

Jeannette Tomanka is a Senior Scientist at Alcon Laboratories, Inc, in Fort Worth, TX.

The screenshot shows the eMedicine website interface. At the top, there is a search bar and navigation tabs for HOME, SPECIALTIES, and REFERENCE CENTERS. The main content area is divided into several sections:

- Featured Reference Centers:** Lists various medical conditions such as Attention Deficit Hyperactivity Disorder, Breast Cancer, Dementia, Depression and Anxiety, GERD, Herpes Zoster, HPV and Cervical Cancer, Lipid, and Migraine.
- InfoCenters:** Provides information from industry, including articles on An Effective Treatment Option for Migraine Prevention, BYETTA (exenatide) injection, Vyvanse (lisdexamfetamine dimesylate) capsules, AROMASIN (exemestane tablets), CAMPTOSAR (irinotecan HCl injection) InfoSite, PROTONIX (pantoprazole sodium) 40 mg Delayed-Release Tablets, ANGELIQ (0.5 mg drospirenone/1 mg estradiol), and DAYTRANA (methylphenidate transdermal system).
- eMedicine Tools:** Includes links for eMedicine CME, Contributor Log-in, Image Search, and Case Studies Submissions.
- Welcome to eMedicine:** A banner stating it is the original open access comprehensive medical textbook for all clinical fields, with 10,000 contributors and 6,500 articles.
- Browse by Specialty:** A grid of specialty categories including Allergy and Immunology, Cardiology, Clinical Procedures, Critical Care, Dermatology, Emergency Medicine, Endocrinology, Gastroenterology, Hematology, Infectious Diseases, Nephrology, Neurology, Obstetrics/Gynecology, Oncology, Perioperative Care, Physical Medicine and Rehabilitation, Psychiatry, Pulmonology, Radiology, Rheumatology, and Sports Medicine.
- Free CME and CE:** A list of topics for continuing education, such as Acquired Hemophilia, Antimicrobial Resistance, Antithrombotic Therapy in Peripheral Arterial Disease, Blood Pressure, CML Molecular Therapy, CVD and Metabolic Risk Factors, Deep Vein Thrombosis, Diabetes and Insulin Therapy, The Endocannabinoid System, Intracerebral Hemorrhage, Joint Reconstruction, Manage CVD Risk, MRSA Management, MS Therapies, Multiple Sclerosis, Optimal Asthma Control, PAD CV and Outcomes, Parkinson Disease, Peripheral Arterial Disease, Psoriatic Arthritis, Rheumatoid Arthritis, Stroke Management, and Terrorism and Disaster.

ERRATUM

In a media review in the December 2007 issue of the *AMWA Journal* (page 204), the title of the book by M. N. Wessling is spelled incorrectly. The correct title is *Der Arzt*.



AMWA Listserves Engage Members in a Variety of Topics

By Mary Royer, MS, ELS,

2007-2008 Web and Internet Technology Administrator

AMWA's listserves are continually abuzz with messages to and from subscribers on myriad topics—2,966 of AMWA's 5,468 members subscribe to one or more of the listserves. Topics vary from thorny grammar and usage problems to tips for shortening abstracts to comparative information on various educational programs for medical communication. Every AMWA member is welcome to participate in the AMWA listserves. If you have not yet subscribed to the listserves, consider jumping onboard. They offer a wealth of information and an invaluable networking opportunity.

To ensure that subscribers have the best possible experience, the Web and Internet Technology (WIT) Committee developed "AMWA Listserve Rules and Guidelines," which were approved by the AMWA Executive Committee (EC) last spring. This policy includes rules for use of the listserves and an explanation of the action taken if rules are violated, as well as guidelines for listserv etiquette.

AMWA LISTSERVE RULES AND GUIDELINES*

RULES

- Don't challenge or attack others. The discussions on the lists are meant to stimulate conversation, not create contention. Let others have their say, just as you may.
- All defamatory, abusive, profane, threatening, offensive, or illegal materials are strictly prohibited. Do not post anything in a listserv message that you would not want the world to see or that you would not want anyone to know came from you. Remember that every message posted will be received as an e-mail by every subscriber to the list; this could include your clients and employers! Once sent, messages cannot be recalled. All posts will be permanently archived.
- Don't post commercial messages on any listserv. Contact people directly with product and service information if you believe it would help them.
- Restrict messages to subjects related to the list topic.
- Use caution when discussing products. Information posted on the lists is available for all to see, and comments are subject to libel, slander, and antitrust laws.
- Note carefully all items listed in the disclaimers and legal rules below, particularly regarding copyright ownership of information posted to the list.
- Remember that AMWA and other e-mail list participants have the right to reproduce postings to this listserv.
- Send your message only to the most appropriate list(s). Do not send the same message to several lists.
- Remember that the AMWA listserves are for AMWA members only; therefore, do not cross-post messages from the AMWA listserves to other lists.

POLICY ON VIOLATION OF LISTSERVE RULES

AMWA reserves the right to suspend or terminate membership on all lists for members who violate the listserv rules. When violations of the listserv rules are brought to the attention of the administrator of the Web and Internet Technology (WIT) Committee or the technical specialist at AMWA headquarters, the WIT administrator will send an e-mail to the member in violation reminding him or her of the listserv rules and warning that future violation will lead to suspension from all AMWA lists. Violators who have been removed from the listserv may appeal in writing to the AMWA executive committee (EC) to be reinstated. Appeals must be made within 30 days before the next regularly scheduled meeting of the committee. The EC will consider the appeal and make a recommendation regarding reinstatement to the listserv. Decisions of the EC will be final.

* These rules and guidelines are based, with permission, on those of ASAE and the Center for Association Leadership, May 2007.

LISTSERVE ETIQUETTE

- Be courteous.
- Include a signature tag on all messages. Include your name, affiliation, location, and e-mail address.
- State concisely and clearly the topic of your comments in the subject line. This allows members to respond more appropriately to your posting and enables members to search the archives by subject.
- Include only the relevant portions of the original message in your reply. Delete any header information, and put your response before the original posting.
- Send a message to the entire list only when it contains information from which everyone can benefit. The default for AMWA's lists is to reply to the sender only. If you wish to reply to the list, re-address your e-mail to the list (the list address can be cut and pasted from the original message).
- Send messages such as "thanks for the information" or "me, too" to individuals—not to the entire list.
- Do not send administrative messages, such as "remove me from the list," through the listserv. To unsubscribe, send an e-mail requesting to be unsubscribed to unsubscribe@amwa.org or follow the instructions on the listserv page of the AMWA Web site. Be sure to indicate from which list you wish to unsubscribe (there are multiple lists). If you are changing e-mail addresses, you do not need to remove yourself from the list and rejoin under your new e-mail address. Simply change your member profile.
- Warn other list subscribers of lengthy messages either in the subject line or at the beginning of the message body with a line that says, "Long Message."
- Warn other list subscribers of "water-cooler" type postings in the subject line with a line that says, "chatter."
- When generating a reply to a personal response, do not forward the personal response to the list without first obtaining permission from the sender.
- Do not use automatic e-mail reply programs. If you must use these programs, please unsubscribe from the list while you are away and resubscribe when you return.

DISCLAIMERS AND LEGAL RULES

- These listservs are provided as a service of AMWA. AMWA is not responsible for the opinions and information posted on this site by others; postings represent the viewpoint of the writer and are not endorsed by AMWA. AMWA disclaims all warranties with regard to information posted on this site, whether posted by AMWA or any third party; this disclaimer includes all implied warranties of merchantability and fitness. In no event shall AMWA be liable for any special, indirect, or consequential damages or any damages whatsoever resulting from loss of use, data, or profits, arising out of or in connection with the use or performance of any information posted on this site.
- Do not post any information or other material protected by copyright without the permission of the copyright owner. By posting material, the posting party warrants and represents that he or she owns the copyright with respect to such material or has received permission from the copyright owner. In addition, the posting party grants AMWA and users of this list the nonexclusive right and license to display, copy, publish, distribute, transmit, print, and use such information or other material.
- Messages should not be posted if they encourage or facilitate members to arrive at any agreement that either implies or expressly or implicitly leads to price fixing, a boycott of another's business, or other conduct intended to illegally restrict free trade. Messages that encourage or facilitate an agreement about the following subjects are inappropriate: prices, discounts, or terms or conditions of sale; salaries; profits, profit margins, or cost data; market shares, sales territories, or markets; allocation of customers or territories; or selection, rejection, or termination of customers or suppliers.
- AMWA does not actively monitor the site for inappropriate postings and does not on its own undertake editorial control of postings. However, in the event that any inappropriate posting is brought to AMWA's attention, AMWA will take all appropriate action.
- AMWA reserves the right to terminate access to any user who does not abide by these guidelines.

For more information and to subscribe to or change your subscription to AMWA's listservs, go to www.amwa.org and click on Membership and then AMWA Listservs. If you have questions about the AMWA listservs, contact Ronnie Streff, Communications & Technology Specialist, at Ronnie@amwa.org.



President's Note

by Sue Hudson

In its winter meeting in San Diego, CA, January 18-19, the AMWA Executive Committee (EC) discussed ideas for future AMWA programs, including annual conference activities and new initiatives in education, research, and public relations. Many of the ideas reviewed at the January meeting will be discussed by the AMWA Board of Directors (BOD) at its meeting April 4-5 in Gaithersburg, MD.

EC meetings are organized around reports of activities and issues in each office, department, or task force represented by an EC member.¹ The AMWA Executive Director also reports on headquarters staff activities in each area. The meeting usually includes a discussion to update AMWA's strategic plan, which is a dynamic document that lays out the EC's goals and the steps for meeting them. In addition, EC members brainstorm on specific topics selected for each meeting.

A key topic in the January meeting was the 2008 AMWA Annual Conference, to be held October 23-25 in Louisville, KY. The Annual Conference Committee, led by Robert J. Bonk, has enlisted 3 leaders in cardiovascular health communication as major speakers for the 2008 conference. (Look for details on the AMWA Web site at www.amwa.org.) The committee has also chosen topics and recruited speakers for open sessions, breakfast roundtables, and coffee klatches. EC members suggested other potential speakers and topics and proposed ideas for annual conference activities that would support the conference theme of "Setting the Pace."

AMWA's ethics initiatives were another important subject for EC consideration. We discussed potential approaches for helping medical writers to evaluate and respond to the ethical issues inherent in our work. The EC agreed that we need to help AMWA members improve their awareness and understanding of the AMWA Code of Ethics and that knowledge of ethics should be an important component of AMWA's educational program. A task force led by President-elect Cindy Hamilton is working to develop specific recommendations. (The AMWA Code of Ethics can be viewed on the Web site under About AMWA: AMWA Guidelines/Ethics.)

We also considered ideas for conducting external research to characterize the global and US medical communication communities. This research would help us identify the potential needs of all medical communicators (including those who do not currently belong to AMWA) and the ways that AMWA might be able to serve the needs of future medical writers and editors. Some aspects of this research are already underway, under the auspices of the Long-range



Planning Committee, led by Immediate Past President Jim Cozzarin. Other research ideas are still in the early conception stages.

Another discussion centered around a report presented by Melanie Ross, Administrator of Publications and Public Relations, concerning AMWA's potential role as an advocate for the medical communication community. The EC agreed that AMWA should try to increase its visibility as a resource for medical communicators.

We discussed ways we could ratchet up our activities in this area, within the limits of our status as a tax-exempt nonprofit organization.

New communications tools are an important part of AMWA's future. EC brainstorming yielded numerous ideas for new Webinars (seminars delivered on the Web) that could be of value to AMWA members; plans for new offerings are in process. Potential new self-study workshops were also discussed. Web and Internet Technology Administrator Mary Royer outlined planned improvements to the AMWA Web site and listserves.

The EC also discussed an important event scheduled for this spring: the AMWA member survey. This survey, conducted via an electronic questionnaire sent to all members, will profile members' interests and priorities and identify unmet needs. The results will guide the development of new programs and services. AMWA's leadership takes the results of the member survey very seriously. In reviewing results of the 2005 survey, we noted a significant unmet need for more educational offerings in basic and clinical sciences for medical communicators. The result was the science fundamentals certificate program launched at the 2007 Annual Conference. The bottom line for members? When the member survey arrives in your e-mail box, please take the time to respond. Your voice will be heard!

The next step for many of the items discussed by the EC is further development, then discussion at the spring meeting of the AMWA BOD. At this meeting, EC members and delegates from every chapter will set the pace for AMWA's activities in the months ahead. Watch this space for an update!

Reference

1. AMWA's departments currently include Annual Conference, Awards, Chapters and Membership, Development, Education, Annual Conference Workshops, Publications, and Web and Internet Technology. For more information on the structure of AMWA and the role of the executive committee, refer to: Klein KP and Cozzarin JR. Pathways to the presidency—Part I: charting the course. *AMWA J.* 2004; 19:(4)167-170. This article is available in the members-only area of the AMWA Web site.

AMWA Financial Report, 2006–2007

By **Cindy W. Hamilton, PharmD, ELS,^{a,b}** and **Anne K. Derbes, BA^b**

^aAMWA Treasurer, 2003–2007, and ^bHamilton House, Virginia Beach, VA

The American Medical Writers Association (AMWA) is in a strong financial position. At the end of the fiscal year (July 1, 2006, through June 30, 2007), income exceeded expenses by \$128,151. This excess is attributable to the record attendance at the 2006 Annual Conference in Albuquerque and growth in membership.

How Should This Report Be Interpreted?

This financial report provides a snapshot of the financial status of a dynamic organization. AMWA's fiscal year begins on July 1 so that income from the annual conference, which accounts for about one third of AMWA's total income, is realized in the first half of the fiscal year. Because many sources of income have associated expenses, differences between income and expenses (eg, excess of income over expenses) should be considered as well as variances from the budget and changes from the previous year. When differences between income and expenses are compared with differences from the previous fiscal year, the change is reported as net gain over (or loss from) the previous fiscal year.

What Are AMWA's Sources of Income?

AMWA's main sources of income are membership dues and the annual conference, accounting for 81% of the income for fiscal year 2006–2007 (Fig. 1). Membership grew and, after subtracting related expenses, AMWA realized a net gain of \$51,011 over last year. In addition, the annual conference provided a net gain of \$126,924.

Other potential sources of income realized net losses from last year. For example, education income was lower because of fewer on-site workshops.

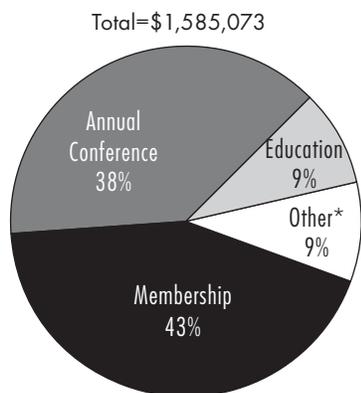
What Are AMWA's Expenses?

Staff salaries and associated expenses such as payroll taxes and benefits accounted for approximately the same proportion of expenses (36%, Fig. 2) as in fiscal year 2005–2006 (34%) but increased \$78,119 from last year. Importantly, these expenses exceeded the budgeted amount by only 6% or approximately \$27,000.¹ Most of the excess was attributable to a staff bonus approved by the Board of Directors (BOD). Part of the excess occurred because of the conversion of 2 positions from part-time to full-time. AMWA now has a staff of 8 full-time employees. Two staff members work exclusively on educational programs. Other staff members support membership services; maintain the Web site, including the Freelance Directory and Jobs Online listing; market AMWA; coordinate meetings; and perform bookkeeping.

Annual conference expenses were the second-highest expense category (19%). The largest expense was meal functions, which are subsidized by AMWA. Other conference expenses, listed in descending order, were associated with printing, workshops, nonworkshop audiovisual support, bank charges for credit card use, and exhibits.

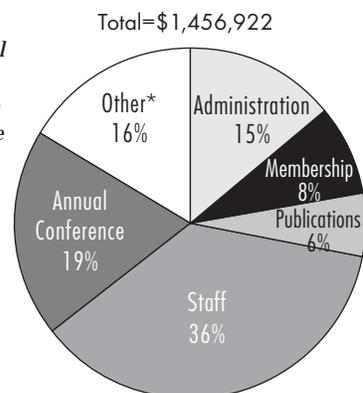
Other expenses (16%), in descending order, were related to insurance for staff and officers; BOD and Executive Committee (EC) activities; Web site and Internet Technology

Figure 1. Sources of AMWA's income during fiscal year 2006–2007 (July 2006–June 2007). The amounts are from the financial report for June 2007. The numbers in the graph total less than 100 because of rounding.



*Other = Jobs Online Ads (5%), Freelance Directory (2%), Publications (1%), Awards (<1%), Development (<1%), Label Sales (<1%), Member Contributions (<1%), Web and Internet (<1%), Interest (<1%)

Figure 2. AMWA's expenses during fiscal year 2006–2007 (July 2006–June 2007). The amounts are from the financial report for June 2007.



*Other = Insurance (4%), Executive Committee/Board of Directors (3%), Web and Internet (2%), Education (2%), Jobs Online Ads (1%), Development (1%), Taxes (1%), Awards (1%), Freelance Directory (<1%), Investments Fees (<1%), Label Sales (<1%)

(WIT) programs; and educational resources. BOD expenses were for meeting space for 3 meetings, one held at the end of the annual conference, one in the spring, and one at the beginning of the subsequent annual conference. Also included in this subcategory were travel-related expenses for the EC to attend these meetings plus 2 additional meetings, one in January and one in July. The highest single WIT expense was for the Webinar on the new *AMA Manual of Style* and was approved by the BOD. Education expenses were mainly for on-site workshops and the distance-learning modules.

Administration expenses (15%) increased \$8,491 from last year. Rent was the largest subcategory, but this expense was within the budgeted amount. Other administration expenses, each exceeding \$10,000, were for depreciation, computer services and supplies, and bank charges for credit card use. The remaining expenses were for membership (8%) and publications (6%).

What Lies Ahead in the Current Fiscal Year?

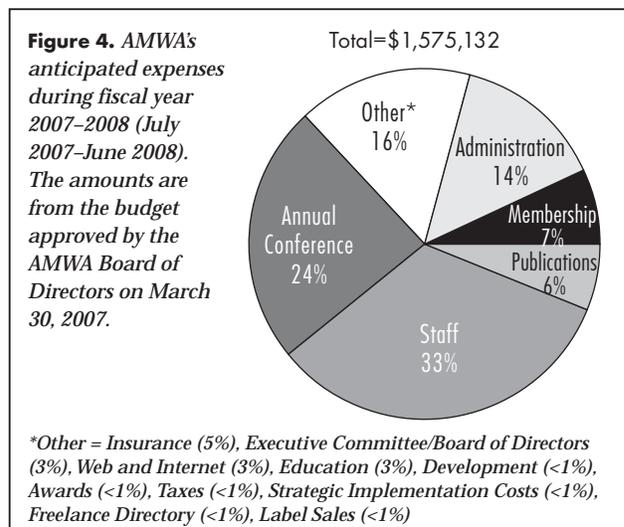
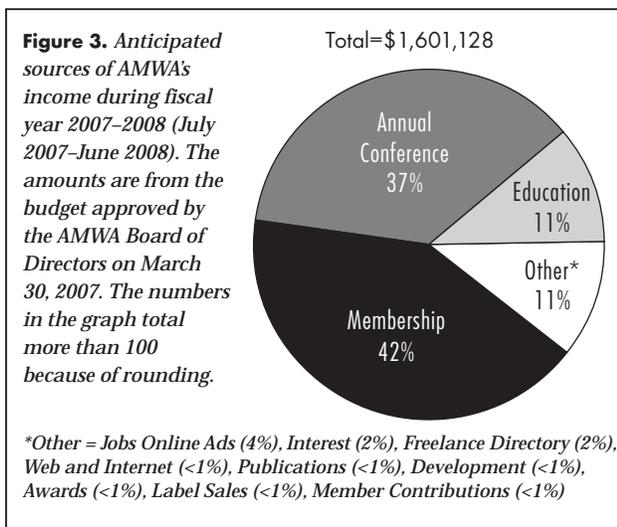
AMWA Executive Director Donna Munari, then-President Jim Cozzarin, then-President-elect Sue Hudson, and one of the authors (CWH) prepared the 2007–2008 AMWA budget in January 2007. On the basis of experience available at that time, we budgeted \$1,601,128 in income (Fig. 3) and \$1,575,132 in expenses (Fig. 4), for a projected excess of \$25,996. The budget included additional income from the new science certificate program, additional expenses for Webinars, the high cost of meal functions at the 2007 Annual Conference, and maintaining 8 full-time staff members.

Although it is too early to predict the outcome for the 2007–2008 fiscal year, the largest categories of income received since the budget was prepared indicates that the

current fiscal year is likely to be slightly better than budgeted but not as good as the 2006–2007 fiscal year. Registrations for the 2007 Annual Conference in Atlanta exceeded expectations, with approximately 1,000 registrants, many of whom are new members. In addition, membership-related income at the end of fiscal year 2006–2007 (\$689,079) was higher than expected (\$611,500 budgeted) and is likely to continue to grow.

Table 1. AMWA Balance Sheet

Assets	
Cash and cash equivalents	\$ 299,365
Short-term funds (maturity 1 to 5 yrs)	271,844
Accrued interest on short-term investments	5,662
Long-term investments	775,000
Accounts receivable	7,278
Prepaid expenses and supplies inventory	38,721
Fixed assets (furniture, equipment)	74,634
Other assets (McGovern fund, Endowment Fund, deposits)	248,178
Total assets	\$ 1,720,682
Liabilities and Net Assets	
Accounts payable and accrued expenses	\$ 54,767
Unearned (deferred) income	341,846
Total liabilities	\$ 396,613
Total net assets	1,050,794
Net income	273,275
Total liabilities and net assets	\$1,720,682



What About the Long-Term?

As a general rule, nonprofit organizations should have operating funds of 25% to 33% of annual expenses (for AMWA, \$345,733 to \$456,367 for fiscal year 2006–2007). As of June 30, 2007, our operating funds (cash and cash equivalents, Table 1) were slightly below target, which often occurs at the end of the fiscal year. AMWA's executive director is comfortable with allowing operating funds to fall below target for a brief period each year. This allows AMWA to allocate a larger percentage of its assets to short-term investments in certificates of deposit (CDs), which pay higher interest rates than checking or savings accounts. Nonprofit organizations should also have reserves of 6 to 12 months of annual operating expenses (for AMWA, \$691,465 to \$1,382,930 for fiscal year 2006–2007). AMWA's reserves are defined as its short-term investments in CDs that mature after 1 year and long-term investments in mutual funds. As of June 30, 2007, our short-term and long-term reserves amounted to \$1,046,844, up from \$846,022 on June 30, 2006, and were within the target range. AMWA's long-term investments comprise a diversified portfolio (60% various stocks and 40% bonds) and are managed by Smith Barney. With the income received since the June 30 cutoff for this report (including substantial income from the 2007 Annual Conference), AMWA has purchased CDs earning approximately 5%.

The BOD determines how to allocate the excess of income over expenses at the end of each fiscal year. At its fall meeting, the BOD approved a motion to place one third of the excess into long-term reserves and one third into the AMWA Endowment Fund; according to AMWA policy, the last third automatically remains in operating funds and short-term reserves. The Endowment Fund reached its target in January 2007, so AMWA can soon begin to spend the interest from the fund on special projects consistent with its mission statement and as determined by the BOD.

AMWA has enjoyed another year of increased net assets and continued financial health. If current trends continue and the stock market does not adversely affect our long-term reserves, it is reasonable to expect another financially healthy year.

Acknowledgments

We thank the members of the AMWA Budget and Finance Committee—Linda Kester, Judi Pepin, Lillian Poltorack, Peggy Robinson, and Barbara Snyder—for their hard work throughout the fiscal year and for reviewing this manuscript.

Reference

1. Hamilton, CW. AMWA financial report, 2005–2006. *AMWA J.* 2006;21(3):179–81.

In Memoriam

Sharron Endriss, 66, of Kure Beach, NC, died in her sleep December 21, 2007. She was an employee of AMWA from 1987 to 1999, where she devoted her time and talents to the Membership Department. Sharron worked closely and effectively with AMWA officers and members during her tenure. She was a mainstay at the annual conferences, where she managed the registration desk and greeted all of her AMWA friends, as well as new members, with good will and graciousness. Survivors include her daughter Kay of Winston-Salem and son Richard of New Orleans.

OUTSTANDING VOLUNTEER
JENNY WALKER**Volunteer Serves AMWA Carolinas Chapter with Dedication****By Tara Hun-Dorris***Immediate Past President, Carolinas Chapter*

Medical writers tend to be a busy bunch. Most of us work full-time and juggle numerous personal obligations. That's why it's such a delightful surprise when an AMWA volunteer steps forward and shows a long-term commitment to volunteering at the local level.

Jenny Walker is one such volunteer. A senior medical writer in Regulatory Services at Duke Clinical Research Institute in Durham, NC, Jenny juggles multiple responsibilities, including an elderly mother; a 150-lb, very friendly Great Pyrenees rescue dog; and an active presence in the obituary writing community. However, she still consistently finds time for the AMWA Carolinas chapter.

I first met Jenny in 2003 through AMWA. I was newsletter editor; Jenny was president-elect—a huge responsibility. She was a delight to work with from the start, telling hilarious stories about the odd world of obituary writing and meeting newsletter deadlines and providing valuable feedback.

Starting out as president-elect, Jenny was a devoted chapter officer, according to Terry Paul, chapter president at the time. "During my tenure with Jenny, I found her to be a good listener, ready and willing to offer her help whenever needed," he says. "She had plenty of ideas to share with the executive committee and was easy to talk to and work with. She has been a very valuable asset to the Carolinas Chapter."

Jenny volunteered for the chapter because she said she gets a lot more out of a professional organization when taking an active part—especially organizations like the local AMWA chapters, which are run by volunteers. "It benefits me and, I hope, the organization," she says. "It's also fun."

Jenny served as president-elect and then as president. She also suggested the executive committee amend the bylaws to add a past president position and served as our chapter's first active past president. This worked out very well as she was able to provide invaluable advice to the next president, Jennifer King.

"Jenny's leadership has helped the Carolinas Chapter thrive during the past few years," Jennifer says. "As president, Jenny worked tirelessly to help active medical writers and those looking to break into the field. She not only organized events such as our spring conference, she personally met with several people who were interested in learning more

about how to become a medical writer."

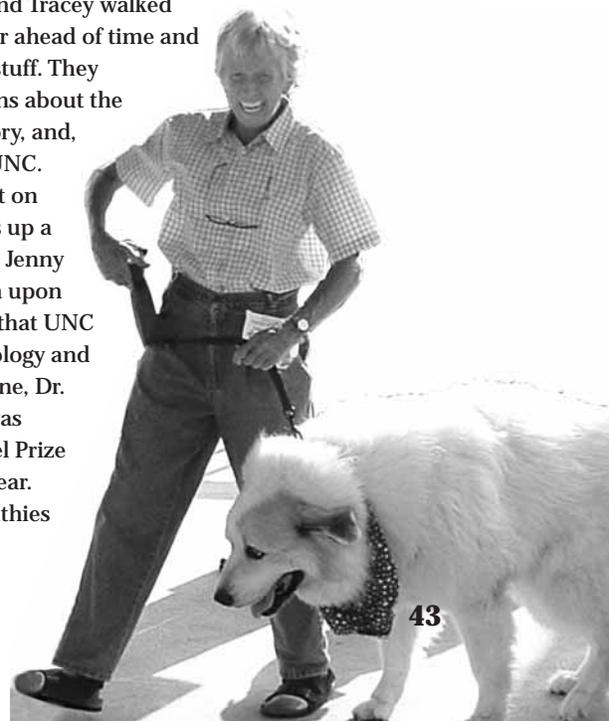
Jenny has continued to contribute past her presidency, a time when many chapter officers feel a touch of burnout. Jenny has participated in numerous chapter events, arranged meeting venues, and organized noteworthy new events.

In 2006, Jenny and AMWA Carolinas Treasurer Tracey Fine started the OTC Readers Group, a book club for AMWA members. No, they don't sit around discussing the latest version of the *AMA Manual of Style* (at least during book club time!)—instead they operate as a traditional book club, giving chapter members a chance to interact in an informal setting.

Jenny also organized a trip to the North Carolina Medical Examiner's Office in 2006. "Setting up [the tour] with the medical examiner was an experience and fun in itself. The actual tour and 'lecture' were a blast and incredibly informative. It's very interesting to see how the other half dies," she says.

Jenny's capacity for organizing tours is not limited to the dead. This year, along with Tracey, she organized a walking tour of her alma mater, the University of North Carolina (UNC) at Chapel Hill, the night before the chapter's spring conference. She and Tracey walked and timed the tour ahead of time and really knew their stuff. They answered questions about the architecture, history, and, yes, cemetery at UNC.

Not one to rest on her laurels or pass up a good opportunity, Jenny sprang into action upon hearing the news that UNC professor of pathology and laboratory medicine, Dr. Oliver Smithies, was awarded the Nobel Prize in Medicine last year. Recalling that Smithies was an excellent



AMWA CHAPTER CONFERENCES 2008

<p>Canada Chapter April 25, 2008 University of Ottawa Heart Institute Ottawa, Ontario Contact: Kevin Holmes kholmes@ottawaheart.ca</p>	<p>Southwest Chapter June 6, 2008 Tulane University Health Sciences Center School of Medicine New Orleans, LA</p>
<p>Carolinas Chapter May 2, 2008 University of North Carolina at Chapel Hill Friday Center Chapel Hill, NC Contact: Carol Bader Carol.Bader@UCB-Group.com</p>	<p>Basic Grammar 1 (G) [112] <i>Jude Richard</i> Punctuation for Clarity and Style (G) [106] <i>Lynn Alperin</i> Advanced Writing (ADV) [706] <i>Marianne Mallia</i> Contact: Angela Lorio loriocom@cox.net</p>
<p>Mid-America Chapter May 2-3, 2008 Harry S. Truman Library and Museum Independence, MO Statistics for Medical Writers and Editors (G/SG) [110] <i>Bart Harvey</i> Understanding Sample Size and Study Power (ADV) [729] <i>Bart Harvey</i> Contact: Donna Coffman donrcoffman@earthlink.com</p>	<p>Mid-Atlantic Chapter June 21, 2008 Location: TBD</p> <p>Effective Paragraphing (G) [103] <i>Helen Hodgson</i> Advanced Writing (ADV) [706] <i>Helen Hodgson</i> Writing About Health and Medicine for Consumer Publications (EW/FL) [222] <i>Jill Shuman</i> Tables and Graphs (G) [111] <i>Howard M. Smith</i> Contact: Amy Hereford ahereford@gmail.com</p>
<p>Delaware Valley Chapter May 17, 2008 Lakeside Conference Center & Hotel Plainsboro, NJ Contact: Brian Bass bam509@optonline.net</p>	

2009

<p>New England Chapter March 28, 2009 Sturbridge Host Hotel & Conference Center Sturbridge, MA Contact: TBD</p>
<p>Pacific Southwest Chapter April 26-29, 2009 Asilomar Conference Grounds Pacific Grove, CA Contact: TBD</p>



Check the Chapter Conferences section of the AMWA Web site (www.amwa.org) for updated details on these conferences and others currently in the early planning stages.

Outstanding Volunteer continued from page 43

lecturer, Jenny immediately sent an e-mail to him and asked if he would address the Carolinas chapter at a chapter meeting. Dr. Smithies graciously agreed to do so, asking Jenny if the chapter could wait until after he collected his award in Stockholm. (*A report on Dr. Smithies' address will be included in the June issue of the AMWA Journal.*)

Jenny gives so much time because she says it's an opportunity to take part and get to know other chapter members. "It's also important for networking, whether you're interested in employment opportunities or learning from your peers," she says. "When I first joined AMWA, I was very impressed with the Carolinas Chapter programs.

I think it's important to offer programs locally, since not everyone can go to the annual meetings. It keeps AMWA on people's minds—not just something that rolls around annually. The more people are involved, the more likely they are to remain that way, and that can only benefit the organization and members in the long run."

Jenny was impressed by the chapter's programs, which have only improved due to her commitment and service. It is only fair to say that the chapter is equally impressed by her dedication.

Tara Hun-Dorris is president of THD Editorial Inc., in Raleigh, NC.

MEMBER MUSINGS

Stumbling Upon Medical Writing as a Career Alternative

By Andrea Bradford, MA

Department of Psychology, University of Texas at Austin, Austin, TX

When graduate students in the social sciences and humanities discuss careers, the mood is often somber. In view of the perennially tough academic job market, I jokingly refer to writing as “my one marketable skill.” Truthfully, my training within a highly regarded clinical psychology program has prepared me well for several possible career paths. Who says “no thanks” to that?

Although I didn’t seriously consider a medical writing career until 2005, in retrospect I can see the groundwork being laid from a very early age. By the time I could write complete sentences, I was creating illustrated “storybooks” using plain paper and staples. On my own volition, I asked permission from my fifth-grade teacher to distribute a semiweekly newsletter and recruited classmates as contributors. I won writing competitions in high school and aced the SAT subject test in writing (10 points shy of a perfect score). In the meantime, I was a strong science student, and throughout my childhood and adolescence, I aspired to several science-related careers, such as becoming a physician or an astronaut. However, until recently, I never considered combining my talents for writing and science.

I developed a strong interest in medicine and the health care system while working in hospitals during and after college. Two years after college graduation, I eagerly accepted the opportunity to pursue my mental health interests in a clinical psychology doctoral program. Not until graduate school did I fully realize the value of good writing skills. Thanks to my mentor’s guidance and support, within just a couple of years, several book chapters and peer-reviewed articles that I had written were published.

By 2005, sensing that the traditional career paths available to someone with my training weren’t a perfect fit with my skills and interests, I began to focus more intensively on career planning. Serendipitously, I discovered an article about becoming a science writer on the American Psychological Association’s Web site that was written by a recent graduate who pursued a writing career after receiving a doctorate in social psychology. This article prompted my “aha!” moment. I joined AMWA and began to seek feed-

back from trusted friends about a career in writing. With a master’s degree and a few publications under my belt by that time, I also felt qualified to start looking for a little side work as a way to test the waters.

Taking what can be described generously as a long shot, I applied for a part-time medical writing position in Houston despite being a full-time graduate student 200 miles away with an already busy schedule. I wasn’t hired for that job. However, some weeks later, I was invited to interview for a similar writing position that required only occasional travel. Not only did I get the contract, but my starting hourly rate was the highest I’d ever been paid! I was thrilled to begin and reprioritized my graduate school schedule to accommodate 20 dedicated hours each week to my new job. The work involved researching and writing summaries of measurement methods for a variety of health-related areas such as hypertension, anxiety, and quality of life. It was a perfect fit with my writing interests and research training, and I was encouraged by early feedback from my supervisors.

Unfortunately, the competing demands of graduate school, outside work, and married life gave way to many a late night staring at a computer screen wondering whether I could do it all. By the summer of 2006, I decided that I had to scale back on my writing work to make progress on my dissertation. Coincidentally, the center that had employed me lost its funding. When an affiliated research center contacted me about working as a medical writer, I was conflicted about committing to another writing contract; however, I found the offer too tempting to turn down. My duties shifted from writing to editing as I began my work helping a team of researchers prepare grants and journal manuscripts. To this day, I continue to work for this client, and I have no regrets. My experience with this wonderful group of investigators has been more valuable than I could have anticipated.

Although I remain intrigued by the idea of an independent research career, I am no longer afraid to declare a serious interest in professional writing. Even my research advisor has been supportive, identifying writing opportunities

for me and helping to educate me about the editorial management of peer-reviewed journals. As I progress toward my doctorate, I am preparing to make a writing career a viable option. In 2007, I attended my first Council of Science Editors (CSE) meeting, and I hope to attend the next AMWA annual conference (my schedule did not allow me to attend the 2007 conference). I'm looking forward to expanding my network of writing contacts and learning from others' experiences breaking into the profession. Most importantly, I look forward to the prospect of potentially finding a professional home.

I sense that many medical writers have taken the long way, so to speak, in the process of shaping their careers. Although this can be frustrating personally, I like to think that there are a number of people like me who enrich and diversify the field by virtue of having gained significant professional experience and training by the time they decide to write as a profession. Finding my way here has taught me a lot about the value of sticking my neck out, and it has greatly enriched my professional identity as a writer. Regardless of my ultimate career direction, I am certain that I will continue to write in some capacity, and I see many advantages in remaining affiliated with AMWA for years to come.

In Memoriam

Robert L. "Bob" Iles 1934-2007

A long-time member of the AMWA Mid-America Chapter, Bob Iles, age 73, passed away on November 25, 2007, at home in Olathe, KS. Bob was a medical writer for more than 30 years and drew from his experience to lead workshops and presentations in medical writing and to write the popular reference, *Guidebook to Medical Writing*, which was published in 1997. His passion later in life became fiction writing, and he penned 3 mystery novels as well as several short stories and plays.

Bob was born September 26, 1934, in Logan, OH, and attended St. Clairsville High School. He went on to earn an undergraduate degree and a Master's degree in English Literature at Bowling Green State University. Bob's career began as pharmaceutical representative, and he and his family moved to Kansas when he accepted a position from Ewing Kauffman and Marion Laboratories.

Bob joined AMWA in 1969 and was awarded AMWA fellowship in 1982. As a medical writer, he was the author or coauthor of hundreds of journal articles, chapters, and texts on a variety of topics, including heart disease, wound care, infectious disease, and autoimmune disease. In addition, he led seminars for AMWA as well as for other professional associations and medical institutions, where he taught residents, practitioners, and researchers about the art of medical writing.

In 1999, Bob published his first mystery book, *Dead Wrong*, a story, he said, that grew from a murder case in his own hometown many years previously. He followed that book with *Burning Woman* and *Other Cases from the Files of Peter B. Bruck, Private Investigator*, a collection of 13 interconnected stories. In June 2007, his third mystery novel, *Incidental Death*, was published. Bob also wrote short stories, and his short novel, "The Ten-Spot Murders" appears in *Blood, Threat & Fears*, the 2002 Eppie-award winning anthology. Other short stories: "Christmas Comes to Criminal Courts" and "How I Learned to Play the Harmon Con" earned him honors in short story competitions.

In commenting about his transition from medical writer to mystery writer, Bob is quoted as saying, "Writing about medicine is a slow-motion adventure. Medical research goes at a snail's pace as studies are planned, funds are obtained, patients are treated and examined, and data are scrutinized and interpreted. It isn't unusual for three or four years to pass between planning a study and getting the results published in a journal. Switching to fiction is like hopping in a Corvette and flooring it."

Bob is survived by his wife Phyllis and their children: Sarah Johnston, of Westerville, OH; Christina Robson, of Olathe, KS; Bob Iles, of Walnut Creek, CA; and James Iles, of Denver, CO, as well as 6 grandchildren. His memorial service was held on November 20, 2007, in Olathe, KS. The family suggested that contributions in Bob's name be made to the Salvation Army (420 E. Sante Fe, Olathe, KS 66061), and the Mid-America Chapter made a donation in his memory.



AMWA Certificates Earned in 2007

The following AMWA members completed the requirements for an advanced or a core certificate in 2007.

■ Advanced Certificates

Lori Alexander, MTPW, ELS
Donna Angus, BEd, MSA
Amy Burdan
Dawn Chalaire, BA
Toniann Derion, PhD, ELS
Sandy Evans, RN, BA
Jeanine Halva-Neubauer, MA
Cindy Hamilton, PharmD, ELS
Devora Krischer, ELS
Beth Mescolotto, MS, ELS
Laura Ninger, ELS
Jane Neff Rollins, MSPH
Barbara Schwedel, MS, ELS
Sharon Tellyer, DVM, ELS
Susan Thomas, ELS
Mindy Widman, DSW

■ Core Certificates

Editing/Writing

Michele Arduengo, PhD, ELS
Susan Beaton
Deana Betterton-Lewis
Alyssa Biorn, PhD
Fiona Birch, BHSci
Jennifer Bridgers, MS
Jason Bruen
Jeannene Butler, BS
Joyce Campanile, MS
Margaret Elizabeth Carbaugh
Stacy Christiansen, MA
Penny Clowe, RN, MS
Allison Coppola
Susan Cuozzo, MA
Susan D'Alessandro, MS
Maryellen Daston, PhD
Fiori Diamanti
William Dolman
Charyl Dutton Gibbs, BS, MA
Elizabeth Endres, BA, ELS
Katie Faguy, MA, ELS
Elaine Gangel
Sallie Gatlin, MA
Natasha Goins, MD
Jane Holeman, RN
Christine Holzmueller, BLA
Laura Howson, MS, MBA
Brenda Hughes
Bethanie Hull, BA
Andrea Johnson
Roberta Keith, BSN
Deanna Kinney, BS
Meera Kodukulla, PhD

Carol Koman, RN, MED
Lisa Koon
Hope Lafferty, AM, ELS
Dorothy Lamkin
Lisa Lines, BS, ELS
Helen Lysicatos
Catherine Magill, PhD
Janet Manfre, RD
Pam McClelland, PhD
Catherine McCoy, MD
Natalie McGauran
Daryl McGrath, MA
Christine McMorrow, BA
Maureen Metzgar, BS
Sharon Muldoon, PhD, ELS
Julie Munden
Elizabeth Nacar, MPH
Margaret Newell, BA
Janet Novak, PhD
Pamela Oestreicher, PhD
Barbara Olson
Holly Pavliscsak, BS, MHSA
Rhonda Porterfield, MD
Kathleen Richter, MS, ELS
Cheryl Riel
Gloria Ann Ringel, BA
Scott Silbiger, AB
Michael Paul Smith, LCSW, MPH
Melissa Stauffer, PhD
Peter Steinberg
Sussan Sutphen, MD, MEd
Scott Thompson, BSc
Susan Ullmann, MA, BS
Jennifer Walker, MA

Freelance

Janice Berkebile, MA
Melinda Tanzola, PhD

Multidisciplinary

Catherine Allison, BSc, MJ
Phyllis Britnell, BS, MBA
Jane Carver, PhD, MS
Mary Evering, MS
David Hartree, PhD
Sietske Heyn, PhD
Nenette Jessup, BS, MPH
Anneke Jonker
Tracy Lisinski, PhD
Sejal Patel, PharmD
Elizabeth Van Pelt, MA
Donnelle Walker, BS
Kathi Whitman, MA

Pharmaceutical

Peter Aitken, PhD
Maureen Albano, RN, BS
Hiroyuki Aoki
Gretchen Blanchard
Amy Brown
Amy Burdan
Heidi Chapman, MS
Cynthia Colyer, BSN, MSHL
Karen Driver, MS
Karen Dutka, BS
Hiroko Ebina, BA
Patricia Edkins, MD
Michael Fu, MD
Theodorus Geurts, BSc
Rahat Glass-Husain
Cynthia Sally Haggard, PhD
Laura Howson, MS, MBA
Amy Knipstein
Lori Koschak
Michelle LaMontagne, BS
Elizabeth Manning, PhD
Bradford Martin, MD
Tonya Mead
Susan Hazels Mitmesser, PhD
David Perkins, RPh
Richard Pistolese
Tiina Pohjalainen, PhD
Molly Roberts, MPH, ELS
Tegra Rosera, MA, MS
Thomas Schindler, PhD, MA
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Kimberley Severin, BS
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Yanni Wang, PhD
Sharad Wankhade, PhD
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The High Cost of Caring

By Eleanor Vincent, MFA

Elder care is a booming business. Perhaps you know the statistics. Population experts estimate that more than 50 million Americans—about 17% of the population—will be 65 years or older in 2020. As one friend of mine says about the wave of retiring Baby Boomers: “Geezerhood is right around the corner.”

Here in the year 2008, we rapidly aging boomers are taking care of *actual* geezers—our frail, elderly parents. Nearly 22 million American workers are caregivers for their parents or loved ones. I’m too busy keeping up with the latest fall, flu, or fever to worry much about my own old age. My 87-year-old father keeps me as watchful, heedful, and worried as I was when I was a single parent of 2 daughters. But unlike raising kids, there’s no bright future to look forward to.

The American Association of Retired Persons says that informal caregivers are the backbone of the nation’s long-term care system, contributing an estimated \$350 billion in 2006. That’s almost as much as the total spending for the Medicare program (\$342 billion) in 2005. The personal cost to caregivers is high. A recent study by the Family Caregiver Alliance found that family caregivers are at risk for many physical and mental health challenges, including higher levels of stress, frustration, and depression compared with the general population. In addition, informal caregivers exhibit harmful behaviors, from increased use of alcohol or other substances to higher than normal levels of hostility. They are also in worse physical health than noncaregivers, with chronic conditions such as heart disease, high blood pressure, diabetes, and arthritis occurring more frequently.

How can we take care of those we love without losing track of ourselves? I asked this question repeatedly when my brother, sister, and I found ourselves hovering over my father’s hospital bed as he was recovering from cancer surgery late in 2007. Dad lives in an assisted living facility in northern New Jersey, while I live in California and my brother and sister live near Cleveland, Ohio. From a financial standpoint, none of us could afford to pay New York metropolitan area hotel bills for more than a week. But the workings of the human heart can’t be tallied on a spreadsheet.

My frail elf of a father still has a booming voice and a hearty laugh, yet weighs less than half what he did in his prime. A strong wind could blow him over. Dad gave us our baths on Saturday nights, singing his own special version of “Oh say can you see any bedbugs on me?” He made us search for the hidden “Nina” in the Sunday *New York Times* Hirschfeld cartoons. He challenged us to excel and berated us when we fell short. One Christmas he took us in search of a tree to cut down ourselves, 3 little kids breaking through snow crust up to our waists, laughing the whole way, our father in the lead with a saw in his hand. How do you turn your back on the one who made you who you are? Who shared his passions, his workaholic dedication to the arts, his love of chocolate and Broadway musicals, and his quirky sense of humor? The short answer is, none of his kids ever would.

So there we stood at his bedside, cranky and sleep-deprived, giving him ginger ale through a straw, reading the latest Harry Potter book to entertain him, feeding him hospital Jell-O and chicken broth. And somehow still laughing. Well, except when we weren’t. When he was having a bad day or the nursing staff refused to answer the call button, we had to become hard-nosed advocates, demanding that our father get the care he so desperately needed. I survived by knitting like a maniac and taking frequent walks in the surrounding neighborhood, shuffling the bright gold leaves underfoot. I don’t have any answers. You find balance where and when you can.

I’m very lucky. I work for a company that has a generous family leave policy. Three of the days I was with Dad were paid for by my employer. Two were vacation days. Different states have different rules, but California’s are quite generous, although most of what you get is partially paid time. Some of us can’t afford to take it. So we suck it up and do a double shift – caring deeply for our work, and taking care of the ones we love. If that describes you, find a way to keep your health and your sanity. Keep daily pleasures in your life. And know that there are a lot of us out there, caring.

Eleanor Vincent is the author of the memoir Swimming with Maya: A Mother’s Story (Capital Books, 2004). She lives and writes in Oakland, CA.

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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).

Practical Matters: Articles that provide advice to medical writers and editors at all levels of experience and in all types of practice settings (approximately 700-1,000 words).

Science Series: Articles that provide an overview of a specific anatomical or physiologic topic or of a particular disease (approximately 3,000 words). Send manuscripts (and suggestions for content) to the Science Series Editor, Jeremy Dugosh, at jdugosh@abim.

Sounding Board: Forum for members' opinions on topics relevant to medical writing and editing (approximately 1,000 words).

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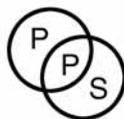
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