IN THIS ISSUE

Setting the Pace in Louisville at AMWA’s 68th Annual Conference

Understanding Asthma and the Scope of the New NAEPP Guidelines

Results of the 2008 Membership Survey
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 216.

Subscription to the Journal is included with AMWA membership. Nonmember subscriptions cost $75 per year. For inquiries regarding subscriptions, please contact AMWA headquarters.

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

The AMWA Journal is indexed in the MLA International Bibliography and selectively indexed in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) print index, the CINAHL database, and the Cumulative Index of Journals in Education (CIJE).

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

158 Setting the Pace in Louisville at AMWA’s 68th Annual Conference
By Mary G. Royer, MS, ELS

166 A Life in the Day of a Manuscript Editor
Harold Swanberg Distinguished Service Award Address
By Norman Grossblatt, ELS

171 Understanding Asthma and the Scope of the New NAEPP Guidelines
By Tara Hun-Dorris

177 AMWA Code of Ethics Added to Membership Application and Renewal Forms
By Cindy W. Hamilton, PharmD, ELS, Sue Hudson, and Thomas Gegeny, MS, ELS

DEPARTMENTS

180 PRACTICAL MATTERS
183 BRIEFLY NOTED
184 PROFESSIONAL DEVELOPMENT
192 MEDIA REVIEWS
197 CALENDAR OF MEETINGS

COLUMNS

188 MELNICK ON WRITING
189 DEAR EDIE
215 PAGE BREAK

AMWA MATTERS

195 WEB WATCH
198 NATIONAL NEWS
205 CHAPTER CORNER
207 MEMBER MUSINGS
216 INSTRUCTIONS FOR CONTRIBUTORS

All photos on pages 158, 159, 163, 166, 167, 201, 203, 210, and 212 by Constance Jackson (www.cjacksonphotography.com).
Setting the Pace in Louisville at AMWA’s 68th Annual Conference

By Mary G. Royer, MS, ELS

Louisville, Kentucky, was the destination for the 937 AMWA members who converged for AMWA’s 68th Annual Conference. The Galt House, our conference hotel, offered spectacular views of the Ohio River, as well as periodic calliope concerts heralding departures of the steamboat Belle of Louisville from her mooring just in front of the hotel. This colorful tableau was a perfect setting for the many educational, networking, and social events enjoyed by conference attendees. Nanette K. Wenger, MD, Professor of Medicine in the Division of Cardiology at Emory University School of Medicine, and Chief of Cardiology at Grady Memorial Hospital in Atlanta, GA, jump-started the conference with her provocative keynote address on women’s heart health. Roundtable breakfasts and evening coffee and dessert klatches offered opportunities for informal discussions on a myriad of topics, and the awards luncheons and dinner featured outstanding presentations by Alvarez Award recipient T.L. (Tedd) Mitchell, MD, President and Medical Director at The Cooper Clinic in Dallas, TX; McGovern Medal winner, Kerri S. Remmel, MD, PhD, Interim Chair of the Department of Neurology, Associate Professor in Neurology, and Director of the Stroke Center at the University of Louisville in Louisville, KY; and Swanberg Distinguished Service Award recipient Norman Grossblatt, ELS (D).

AMWA’s workshops are the jewels in the crown of the annual conference, and this year’s record-breaking 97 workshops—including 63 general, specialty, or science fundamentals workshops, 19 advanced workshops, and 15 noncredit workshops—offered unparalleled value. Whether you were hoping to brush up on your science or communication skills, educational opportunities were diverse and plentiful. Thirty-eight open sessions rounded out the program, presenting insights and information on topics ranging from Adobe Acrobat to updates on new drugs to troubleshooting and maintenance for personal computers.
This conference summary would not be complete without a mention of this year’s emphasis on personal health and the environment. The AMWA Pavilion featured interactive health awareness booths with free chair massages, blood pressure checks, body-mass index tests, and bone density screening. Recycling boxes were placed at various places around the hotel to collect paper and conference badges, and print-on-demand stations were available for attendees to print handouts for open sessions. Attendees had no need to phone home—they could be in constant touch via AMWA’s Cybercafé, which provided free wireless Internet access throughout the conference.

Together, the AMWA Journal and the AMWA Web site (www.amwa.org) bring highlights of the conference to members who were unable to attend the conference. Brief summaries of many open sessions have been prepared by AMWA members, with 4 reports included here and several more planned for the March issue. You can read a description of a lively Coffee and Dessert Klatch on page 165 and a transcript of Norman Grossblatt’s Swanberg Award lecture on page 166. Articles about other AMWA award recipients can be found in the Member Musings section, which begins on page 207. You can also enjoy photo highlights of the conference throughout the issue. Lastly, videos of the lectures given by Drs. Wenger, Mitchell, and Remmel are available on the AMWA Web site.

As the sun sets on AMWA’s 68th Annual Conference, we are already gearing up for a stellar conference in 2009 in the Lone Star State.

Join us next year as we blaze the trail in Dallas!
Respectful language as defined by Mary Knatterud, PhD, is the elimination of unethical and unjust word choices that show disrespect for both the patient and the reader. Her first recommendation was to get patients into the picture. For example, she said, one treats the patient with a tumor, not the tumor. Patients should be mentioned in the first sentence of each section of a scientific paper to keep the reader focused on the real subject. Her second recommendation was to characterize patients sparingly but with respect. “Patients who came” is preferable to “patients that came.” Patients are not “risk factors” nor are they simply body parts such as “the pancreatic cancer in Room 3.” They are “people with diabetes,” not “diabetics.” Patients don’t “fail,” the treatment does. Protective or “gallows” humor is not appropriate in journal articles.

Nancy Buermeyer is a public policy lobbyist for Compassion and Choices, whose mission is to support, educate, and advocate for choice and care at the end of life. As a case study to show why language matters, she advocates for the phrase “death with dignity” rather than “physician-assisted suicide,” which she claims is biased, inaccurate, and inappropriate. She cited an Oregon statute that allows self-administration of a lethal dose of medication by a terminally ill, mentally competent patient. This represents empowerment, independence, and self-control and should not be confused with the despair, futility, self-destructiveness, and hopelessness of suicide. Patients and their families appreciate a less value-laden phrase and she believes that society is more accepting of the behavior, as indicated by surveys of the level of advocacy and support for “death with dignity.” In response to a question from the audience, Buermeyer noted that only approximately 36 people per year avail themselves of Oregon’s death with dignity option, but simply having the medicine on hand is a great comfort to many more terminally ill patients.

Other questioners from the audience addressed several disrespectful terms. Language determined by regulatory guidance such as “screen failure” was cited. Art Gertel noted that he was part of a task force charged with developing a glossary of better regulatory terms.

Many terms derive from the “top down” attitude in medicine—a hierarchical relationship that ranks health professionals above patients and maintains an objective distance from people with problems. Participants cited several examples of preferred terms:

“patient care” rather than “case management”
“patients who did not follow the regimen” rather than “non-compliant”
“advanced maternal age” rather than “elderly primagravida”
“report a symptom” rather than “complain”
“miscarriage” rather than “spontaneous abortion”

Other usage advice included using the term “homosexual” only if the term “heterosexual” would be equally appropriate. The term “study” is preferable to “trial,” but whether the individuals in the study are “subjects” or “patients” depends on the circumstances of the study. “Deceased donors” is probably a better term than “brain-dead patients” in terms of organ transplantation, but the article should focus on context rather than the origin of the material.

A careful choice of words enhances respect for both patients and their caregivers. Dr Knatterud suggested that a good rule to follow is to put “people first” and then write around the situation.

By Edward L. Rowan, MD

Resources

Dr Rowan is a freelance writer and editor in Exeter, NH.
The moderator and 4 speakers at this session were well-equipped to discuss high-performance freelancing. Each had 5 to 9 years of freelancing experience, had ongoing relationships with multiple clients, routinely acquired new clients, had their choice of freelancing jobs, and contributed regularly to the AMWA freelance listserv. Each speaker offered his or her expertise in a particular aspect of freelancing.

Debra Gordon began the discussion by posing essential questions: Why do you freelance? How much income do you want? How fast do you work? How many hours do you need per project? How much do you want to work? She indicated that the answers to these questions should guide your everyday decisions. Gordon’s mantra is “The universe will provide.”

Gordon shared several practical tips for power freelancing:
- Multitask productively
- Turn off e-mail during working hours
- Avoid computer games
- Screen calls by using caller ID
- Use a smartphone to keep in touch with the office
- Treat your business as a business, not a hobby
- Trust your gut; walk away from bad jobs
- Work hard!
- Nap daily!
- Post current projects on a whiteboard and cross off finished projects
- Print “to-do” lists on colored paper to find easily on your desk
- Spend money to make money—purchase tools to automate as many tasks as possible
- Back-up data daily
- Diversify into consumer and professional markets
- Trust your gut; walk away from bad jobs
- Work hard!
- Nap daily!
- Post current projects on a whiteboard and cross off finished projects
- Print “to-do” lists on colored paper to find easily on your desk
- Spend money to make money—purchase tools to automate as many tasks as possible
- Back-up data daily
- Diversify into consumer and professional markets
- Treat your business as a business, not a hobby
- Trust your gut; walk away from bad jobs
- Work hard!
- Nap daily!
- Post current projects on a whiteboard and cross off finished projects
- Print “to-do” lists on colored paper to find easily on your desk
- Spend money to make money—purchase tools to automate as many tasks as possible
- Back-up data daily
- Diversify into consumer and professional markets
- Treat your business as a business, not a hobby
- Trust your gut; walk away from bad jobs
- Work hard!
- Nap daily!
- Post current projects on a whiteboard and cross off finished projects
- Print “to-do” lists on colored paper to find easily on your desk
- Spend money to make money—purchase tools to automate as many tasks as possible
- Back-up data daily
- Diversify into consumer and professional markets

By Linda A. Landon, PhD

Peter G. Aitken, PhD, offered advice about fixed-priced bids.
- Bid on what you know: Be sensitive to your client’s budget. Do not give “under-the-gun” estimates.
- Be specific about details: List each party’s responsibilities and avoid assumptions.
- Plan for revisions: Specify integrated and consolidated requests for revision.
- Develop a timetable: Base completion of your work on receipt of materials from the client; avoid specific dates but be flexible to meet the client’s needs.
- Clarify the payment process: Specify that payment will be due upon delivery and not contingent upon completion of the project by the client or upon payment by the study sponsor.

Lori Keys Pender, MPH, BCOP, discussed contracts as risk management tools to protect the interests of both parties. She made several key points.
- Payment terms should specify:
  - A retainer
  - The cost of services
  - The invoicing schedule
  - The schedule of payment for completed services
  - When and how late fees will be applied
- Noncompete clauses: A contract should not impinge on the freelance’s business.
- Indemnification (hold harmless) clauses: Demand reciprocal indemnification clauses incorporating a “best-of-knowledge standard” specifically limited to the contract price and the final product given by the freelance to the client.
- Default, breach, and termination: Define applicable state laws, the venue for resolution, obligations of each party, and the consequences of early termination.
- Dispute resolution: Specify a venue for arbitration and that the decision of the arbiter will be binding.
- Force majeure clauses excuse a party from liability if unforeseen events prevent completion of the contract obligations.

Caitlin Rothermel, MA, MPH, discussed effective marketing tools for freelancers, focusing on
- Networking
- Referrals
- Direct mail to “microtarget” prospective clients
- Cold sales calls
- AMWA freelance listserv
- Public relations firm to develop a formal marketing strategy

In addition, Rothermel addressed the topic of peripheral marketing tools, which can be implemented stepwise over the years. These tools include the following.
- A meaningful business name
- A 30-second elevator speech
- A professional-looking business card
- A professionally designed Web site
- High-quality printed documents
- Promotional materials, such as a descriptive brochure
- 2 current resumes: A timeline of your accomplishments and a list of individual projects. Each should include a 1-sentence biography, client names, thera-
How do employers know you can write? How can you demonstrate your writing skills to prospective employers? The answers to these questions were discussed by Tracy Bunting-Early, PhD, and Jeremy W. Dugosh, PhD. Dr Bunting-Early presented results from surveys she conducted of medical writers and employers about writing tests, the frustration that writers feel about having to take tests, and the subjective nature of tests; and Dr Dugosh discussed effective, objective, validated tests that employers could use to test editing skills.

Dr Bunting-Early became interested in the question of assessment through online discussions among members of the National Association of Science Writers and AMWA, which focused on how to avoid being assessed in writing skills. She noted that anger, resentment, and frustration seeped through these discussions and she began to wonder how common writing tests are, what they consist of, and how writers and employers feel about them.

She conducted 2 polls of AMWA members, using www.wufoo.com for one and polling AMWA 2007 conference attendees for the other. Approximately 60% of the respondents said they had been offered or had taken writing tests, such as creating abstracts or review pieces from materials provided by the employer. Although about 45% of those polled thought that such tests were reasonable, two-thirds were frustrated by the lack of feedback and one-quarter suspected that prospective employers were actually using the tests to get work done for free.

Employers offered a different perspective and Dr Bunting-Early’s research suggested that employers use writing tests to determine whether writers can think on their feet, meet a deadline, and use their skills creatively. Sometimes they felt “burned” by potential employees and freelancers because writers

- provided samples that are unrepresentative of their work
- overpromised what they can deliver
- were unable to write to deadline or to self-edit

Although writers generally feel despair about tests, tests can be useful if they are objective, standardized, and validated, according to Dr Dugosh. As an assessor for the American Board of Internal Medicine, Dr Dugosh helps to create measures for assessing knowledge acquisition among practitioners, and he is currently developing a methodology for testing editing skills.

Many current editing tests rely on subjective measures that can be influenced by external factors, such as personality, or are just poorly defined. In contrast, objective tests have the advantage of allowing employers to

- acquire more precise information about knowledge and skills
- make comparisons across candidates
- limit the intrusion of interpersonal factors

Objective tests work well with codified knowledge that can be tested by true-false questions or selection from a list of potentially correct answers. The most validated test currently available is the multiple-choice question (MCQ), which has the advantage of being familiar to most employment candidates because it is the format of college admission tests. Moreover, MCQs can be written in ways that simulate on-the-job decision-making.

The disadvantage of MCQs is that writing them is a highly refined skill that few employers are likely to have cultivated, said Dr Dugosh. The process demands awareness of need (What is it that an employer really needs an editor to be able to do?) and awareness of the kind of question that will provide evidence that an editor has the identified skill or knowledge (Is recall enough or does the editor need to demonstrate that he or she can apply knowledge to a particular task?). In fact, the best MCQ is one that requires the test taker to apply judgment—to recall and interpret.
information and to make a decision based on this process—and does not provide clues about the answer or encourage guessing.

One can see how objective tests such as MCQs or true/false questions might be applied to copyediting or manuscript editing in the life sciences, such as by the Board of Editors in the Life Sciences (www.bels.org), where rules of grammar and punctuation are evident. However, some audience members felt that MCQs might not work effectively with forms of editing that rely on tacit knowledge and for which rules are hard to pin down, such as substantive editing, which relies on skill sets that require intuition or “feel” as much as codified knowledge.

The following can narrow the gap between the expectations of writers and potential employers.

**Writers can avoid misleading employers by**

- Assessing their abilities and preferences
- Improving their skills by taking courses such as those provided by AMWA
- Prompting employers to assess their own need before they require a test
- Turning down work if it is not a good fit or requires a test

**Employers can avoid frustrating writers by**

- Assessing what they need from writers
- Considering what skills they require from their writers
- Requesting unedited samples from writers
- Using tests only as a last resort

Alexandra Howson is a freelance writer and editor through Thistle Editorial, LLC in Snoqualmie, WA.

Moderator
Erinn H. Goldman, PhD
Freelance Medical Writer, Atlanta, GA

Panelists
Carolyn A. Berg, MBA
Marketing Consultant, Miami Beach, FL
David Lacy, MS
Marketing Director, North American GI Products Division, Procter & Gamble Co., Mason, OH

By Edward L. Rowan, MD

Carolyn Berg, MBA, began the session by drawing on her experience in both large and medium-sized pharmaceutical companies to discuss a variety of marketing strategies. She noted that the steps to successfully marketing a product were the following.

- Understand the market thoroughly.
- Develop marketing objectives and strategies.
- Design and implement an integrated campaign.
- Track sales and carefully re-evaluate the strategy.

Berg also explained that pharmaceutical companies convene advisory boards to receive input from and to influence key physician opinion leaders and, not incidentally, find out how their competitors are pitching these individuals. These physicians often become part of speakers’ bureaus that provide continuing medical education (CME) to other physicians. CME also provides an opportunity to discuss off-label uses and to preview other products before they are on the market. Company booths at medical events such as national conferences appear mandatory (“You can’t not go,” said Berg) but are not particularly effective.

Patients and potential patients are also targeted as part of an integrated campaign. Direct-to-consumer advertising is all around us, noted Berg. Brochures, books, CDs, coupon programs, newsletters, and direct mailings supplement the media blitz. In addition, pharmacists receive trade materials, newsletters, and continuing education opportunities, as do managed care administrators who control access to their formulary.

David Lacy, MS, addressed new marketing strategies, using a Procter & Gamble drug for ulcerative colitis as an example. He pointed out a number of emerging challenges.

- Representative access to physicians may be limited or blocked.
- Managed care formularies are limited.
- Pharmaceutical Research and Manufacturers of America (PhRMA) regulations are tightening, eg, branded premiums such as pens and notepads must end by January 1, 2009.
- The FDA’s Division of Drug Marketing, Advertising, and Communication monitors content and delivery.
- States may impose additional regulations.
- There are competitive products and pressures.

Personal promotion is still important to present the message of product efficacy, safety, cost, and convenience, said Lacy. Representatives can now use digital sales aids in which laptops can be used to highlight specific promotions and references and other products can be showcased as well. Patient feedback programs about physicians and drugs reinforce positive aspects of the relationship and the product, especially when coupons are involved. Teleconferences, Podcasts, and Webcast speaker programs are now available for additional educational opportunities.

Lacy indicated that the ideal point of market entry for a patient is at the time of first diagnosis. Starter kits and educational materials are critical at that time. Follow-up compliance programs provide continuity. Branded programming is also important, not only on Web sites such as WebMD but also on paid search engines that enhance the probability of natural searches hitting on the product. A noted personality or celebrity as spokesperson is another effective strategy.

Procter & Gamble partners with pharmacies to reach out to patients who require prescription refills and also provides inservice training and recognition events for nurses, physician assistants, nurse practitioners, and assistants. The goal of all these approaches is that when a physician or patient thinks of a particular disease or disorder, such as ulcerative colitis, he or she thinks of the company’s drug for that condition.

Edwin Rowan is a freelance writer and editor in Exeter, NH.
Gutsy Travelers Get Inspired to See the World

By LJ Anderson, MPH, RN

It was 1997, and the company that Julie Martin worked for was being bought and her job was coming to an end. It would be a perfect time to travel, she thought. Both excited and hesitant at the prospect of traveling the world on her own, she expressed her initial fears to those around her. A counselor suggested “Why not?” and her boss at the time responded to her plan with “That’s really gutsy.” Ultimately, Martin’s natural curiosity overcame her fears, and she decided, “I’m just going to go!”

In her second year of conducting the Gutsy Travelers: Going Solo Around the World Coffee and Dessert Klatch, Julie Martin conveys an enthusiastic and contagious passion for world travel. This year’s AMWA Coffee and Dessert Klatches, coordinated by Charlene Tucker, drew 187 AMWA members to 23 sessions. Leaders like Julie Martin led discussions on topics as diverse as raising chickens, making jewelry, and quilting, while AMWA members, as in the gutsy traveler klatch, shared experiences, learned something entirely new, or simply got inspired.

Once Julie Martin decided to travel the world alone, she spent 18 months in preparation for it. She saved money, read travel books, planned her route, took a self-defense class, and convinced her parents of the trip’s merits. Martin intended to be gone for 9 months, but ended up being a “traveler” for 16 months, spending much of her time in Asia and Africa. Along the way, she taught monks how to speak English, boated on the Mekong River, took a Buddhist meditation course in which she was silent for 10 days, and went steamboating down Lake Malawi.

On her travels, Martin expected to be alone 90% of the time and with people 10% of the time. In reality, it turned out to be the opposite. She found that traveling alone was an asset, making her more approachable to other travelers also on “reduced funds.” She enjoyed making her own decisions and experiencing the world through her own eyes and never tired of her traveling partner, herself.

Unexpected change is an inevitable part of traveling abroad, said Martin, who encourages travelers to be curious, to resist having expectations, to be flexible at a deep level, and to remember that a smile can bridge many a cultural divide. She found that making a wrong turn, literally, can point you in the right direction and bring an unexpected and rich experience.

Although Martin recommends travel within the vast United States as well, the benefits of travel to cultures unlike the United States are transformative, she said, and include becoming less judgmental and more tolerant and slowing one down time-wise. Above all, she carries a profound respect for those she meets and their cultures. Martin found locals to be welcoming and curious about our culture as well. She was asked by several people, “What’s it like to live in all concrete?”

In the intervening 10 years since her extended trip, Julie Martin, MS, now a communications manager at Massachusetts General Hospital in Boston, MA, savors the memories, has since traveled abroad on shorter trips, and receives e-mails from her klatch participants sharing their journeys. Her take-away advice to would-be travelers is to dream of the possibilities and to just go. “Nothing ever goes the way you think it’s going to, but that is not a reason not to go.”

LJ Anderson is a health and medical writer in the San Francisco Bay Area (www.ljanderson.com).
A Life in the Day of a Manuscript Editor

By Norman Grossblatt, ELS

Well!

Who would have thought, when I volunteered—to make that, when I got volunteered—to serve on an AMWA chapter committee over 30 years ago, that I’d be standing here in connection with a Swanberg award, of all things? I had gone to a dinner meeting of the chapter—possibly because it was in a restaurant only a few blocks from my house—at which the draft of a new chapter constitution was to be discussed. No one there much liked the draft, but only 2 of us actually stood up to say why. Naturally, the 2 of us became the committee to draft the new constitution. That process probably sounds familiar to a few of you out there. And now, in what seems like the blink of an eye—this.

To say that I’m grateful and amazed would be an enormous understatement. I know about the accomplishments of former Swanberg recipients. Some of them are in this room, and I’ve heard the recitations of their accomplishments. Believe me, it feels very strange to find myself in something like that. Of course, with computers, we used symbols, like the dollar sign or an asterisk. The “at” sign was available, but it didn’t mean what we use it for so much in these days of e-mail. (And the “cents” symbol [as in dollars and cents] was there, but it seems to be missing from today’s computer keyboards.)

THE MANUSCRIPT: What I usually do when I get to my office in the morning is look at the manuscript I have to work on, which, thank goodness, someone else has created. In the old days, it was on paper. We still call it typing, but back then it meant using what was called a typewriter, which made it fairly easy to place letters and numerals on paper mechanically. But with a typewriter it was hard to put anything on paper that wasn’t an ordinary letter, numeral, or punctuation mark or one of a few commonly used symbols, like the dollar sign or an asterisk. The “at” sign was available, but it didn’t mean what we use it for so much in these days of e-mail. (And the “cents” symbol [as in dollars and cents] was there, but it seems to be missing from today’s computer keyboards.) On my typewriter (and maybe on all typewriters), if I wanted to use an exclamation point, I first typed a period, then backspaced one space (by hand), then typed an apostrophe in the same space in which I had just typed the period. Voila! An exclamation point! Typically, the typewriter keyboard had no numeral “1,” either; you just used a lowercase “L.” Of course, with computers, we can bring up just about any symbol we’ve ever seen (and many I’ve never seen) just by touching a few keys. And today’s keyboards have the numeral “1” and the exclamation point on the same key. Apparently, they were the last 2 characters to become standard.

It used to be that if you wanted to type, say, a superscript number (for example, as an exponent), you had to turn the roller a half-line’s worth (hoping that it would stay where you put it), type the numeral, and then return the roller to its proper position; today, you click on something like “format,” then “font,” and then “superscript”—and it all comes out right. In fact, today, you sometimes have to go out of your way to remove a symbol—as in the infernal superscript “th” after a numeral, which some system designer decided should be a superscript but really shouldn’t be.

The 1960s saw the beginning of what started out being called “text editing” although it wasn’t editing. It was really the origin of so-called wordprocessing. IBM was making a magnetic-card machine, which was followed by a magnetic-tape machine. Those let you store what you were typing in a magnetic medium. You typed on what looked more or less like a regular typewriter keyboard, and the machine recorded magnetically what you had typed. The system let you revise your material without having to retype all of it. It was a boon to people who had to prepare manuscripts, but even better things came out soon after: in the 1970s, we got a Lexitron machine. It had a video display (to us, it was quite a novelty), and it stored your material on a tape cassette. You could make changes right on the screen, just like today, and save your material, just like today. And you didn’t have to print out anything until you were satisfied with it.
MARKING COPY: So I’m in my office, and my manuscript is in front of me, ready to be attacked. The biggest change in my workaday life has been in how I put editorial changes, questions, and comments on a manuscript. I know that many of you manuscript editors out there have never put pencil to paper in your work; you’ve always made changes on a computer screen, sent a file to someone by e-mail or on a floppy disk (I suppose that to some of you even that is just too old-fashioned)—and that was the last time you ever saw it or thought about it. But here’s a thumbnail sketch of how we used to do it.

I started with a manuscript on paper—often several hundred pages long. With a pencil, I put whatever marks on it that I thought were appropriate—small changes, rewritten whole sentences, crossing-out of words or whole lines, comments or questions in the margins or between lines, circles around words or passages with arrows pointing to where I thought they should be moved to—whatever I wanted. Sometimes, my questions or comments were short—like, “Is this OK?” But sometimes, they were fairly long—like, “I’m not sure, but I think in Chapters 1 and 2 you used a different name for this compound from the one you’ve used here, and in Chapter 5 possibly still another name (but I can’t seem to find that one and I might be wrong); I looked it up in Such-and-Such, and I called Dr. Whosis, and I think maybe it should be So-and-So.” It took a while to write all that, and it took up a lot of space; sometimes, what I thought would be only a few words long ended up being—well, in this case, 65 words long. Even if I had nice handwriting, that comment—which amounts to maybe one-fifth or even one-fourth of a double-spaced typewritten page long—would be close to illegible by the time I squeezed it into the margin and/or between lines; I never knew just how long a note would be until I wrote it. I write a lot of questions and comments on almost every page, so imagine what a page looked like when I got finished.

Anyway, when I finished going over the manuscript, I’d give it to someone to review, someone who I hoped would look at my changes, answer my questions, and respond to my comments. Often, it didn’t work out that way. That person might actually read what I’d done and respond to my comments, answering them right on the page, crossing them out, or maybe circling them in the hope that someone else would respond to them. Eventually, the now even more heavily marked-up and reviewed—or not so reviewed—draft would go to a different person, who would have to incorporate my changes and maybe other people’s changes into a new draft. I can’t tell you the sympathy that I had for that person. She (usually a she) would have to decipher my chicken-scratches, all crammed together, on a subject that she probably knew even less about than I did, and produce a clean draft—preferably one that could be used to make a mat to put on a printing press. But of course, that new, clean draft would have to be proofread, and it always had new errors in it. Has the person ever been born who could type, say, 200 pages of technical or scientific material without making any errors—not to mention misreading my scribbles? We always hoped that the next clean draft could be prepared by just retyping a page here or there or using correction tape or correction fluid or Wite-Out.

After a while, we had what we considered a perfect final draft—camera-ready copy—that could go to the printer, who would make mats and print the book. After a while, someone would get a set of proofs to go over (we might be given a couple of days to do it) and then another set (less time), and some time after that—a real book.

Sometimes, what I’d been working on was considered important enough—or salable enough—to get the full treatment. That meant that the final manuscript would go to
a compositor, who would produce galley proofs. Galley proofs were long sheets of paper—often of a consistency that reminded you of medium-grade toilet paper. Each sheet had several pages of copy on it, and we or the printer or both had to proofread every word, marking errors (or, God forbid, new material or revisions) as we went. The marked-up galley proofs would go back to the printer, who would then produce page proofs, which looked pretty much like what the final book would look like. They, too, had to be gone over to ensure that everything marked on the galley proofs had been fixed properly.

You know how all those things are done today. Someone sends you an e-mail message with one or more files attached. You save the file on your computer, bring it up on your screen, and start pecking away at the keyboard. You ask questions with Track Changes or the equivalent. You move passages around by highlighting them, “copying,” and “pasting.” You change fonts and type sizes without ever touching type—without even using a pencil to tell a compositor how to style the copy. You send the manuscript (actually a file) back to the author by attaching it to a new e-mail message. The author goes over what you’ve done and maybe sends it to a few other people to go over, and everyone who looks at it can enter changes or comments in his or her own color. You can even send it to a publisher the same way.

What a difference! Before the electric typewriter came along, to get from one line to the next in typing, I’d reach up to the left side of the roller, where there was a long lever sticking out toward me, and push the lever to the right; that would move the roller over to the right so that the next letter typed would appear at the left side of the paper to begin a new line. The electric typewriter did that for me—at the touch of a key. We thought that was wonderful. Working on a manual typewriter all day could be hard work—even typing just a single letter or number took some force. The electric typewriter took the physical work out of typing. Today, no one even has to put paper into the so-called typewriter (I say “so-called” because the typewriter itself has disappeared from many or most offices)!

LOOKING THINGS UP: Now in my typical day of being a manuscript editor, I have my manuscript, I’ve started to mark it up—and pretty soon I come to something that stops me cold, something that I have to check. You know how common it is to encounter something in a manuscript that just doesn’t sound right—I mean substantively, not editorially. A quotation sounds funny? (And we all know that most quoted material is quoted incorrectly.) Look in Bartlett’s or the Oxford Dictionary of Quotations. A chemical name seems to be spelled wrong? Check the CRC Handbook of Chemistry and Physics. An organization that you’ve never heard of and that has a long, maybe strange-looking name is referred to? Try the Foundation Directory or a list of colleges and universities or even the Yellow Pages. And on and on.

Not any more. One of the biggest and best parts of the Internet Age is the ability to find—right at your desk—information that’s anywhere in the world. It is truly amazing. Information of all those kinds and many, many more—actually, the history of the world and almost everything and everyone in it—is available almost instantly at your fingertips. When I’m working, a day—an hour—doesn’t go by without at least one reference to Google.com. (There are other ways of searching, but I’m partial to Google.) Access to billions of Web pages in a moment—it’s almost the only reference source anyone needs.

Except for some more down-to-earth editor’s questions: “What does this word mean?” Or, “I know this word, but I’ve never seen it used this way; what does it mean in this context, and is it OK to use it in this context?” “Someone has used a Latin expression that I’m unfamiliar with; what does it mean in English?” I love dictionaries. I have 5 so-called unabridged dictionaries in my office—from the 1889 1-volume edition of the Century Dictionary (which includes the thousand-page supplement and is the closest that the United States has ever come to the Oxford English Dictionary) to the 1-volume, photographically reduced second edition of the Oxford English Dictionary—and several more at home. And I have a slew of specialized dictionaries—medicine, psychology, geology, foreign languages, and others. I love to look up words; playing with words was what drew me into this profession in the first place. In the early days of working as an editor, I was forever going to dictionaries.

Today, for ordinary, work-related needs, I almost never go to the books. I go mainly to OneLook.com, one of the best and for some reason least heard-of Web references. OneLook almost instantly searches more than 1,100 dictionaries for more than 13,000,000 words, presents the findings just as they appear in the dictionaries, arranged in an easy-to-use format—and works at least as fast as Google.

ILLUSTRATIONS: Sooner or later, as I go through the text of my manuscript, I come to some tables or figures. We used to get 2 main kinds of illustrations: half-tones and line drawings. Often, someone in the printing office redrew the line drawings to make them suitable for reproduction. The half-tones presented various problems in reproduction—size, contrast, overall quality, marks or sometimes rust from paper clips on the edges, or indentations from writing on the backs of them.

Today? Someone creates an illustration, scans it, and sends it to me electronically. Sometimes, the illustration is created directly on the computer and doesn’t even have
Tables come in all shapes and sizes—a couple or a dozen columns, filled with text or only numbers, a few lines long or 15 pages long, laid out in portrait or landscape, with or without footnotes, and so on. I remember watching our typist try to get control of multipage tables that had to be printed sideways and that had Greek letters and numbers that ranged from thousandths to thousands of some unit or other. One small error and the whole thing might have to be redone from scratch—often, correction fluid couldn’t be used, because the spacing had been messed up.

and names a journal, and it turns out that it’s really Brown and Jones, or 2004, or a different journal, it’s much harder or impossible to track down the reference and see whether it supports what the manuscript says it supports. Authors are notoriously bad at copying things down accurately—or at finding other people to copy them down accurately. Many years ago, I handled a spot check of references in a book that consisted of 35 papers (by different authors). When we checked the first 10 references in each paper against original sources in libraries, we found that about half had errors that would make a difference! From then on, we knew that we couldn’t trust our authors, all of whom were important enough—which means

It was actually a lot of fun—about one-third of the time, I got a nice electric shock during some part of the process.

I didn’t last long on that job.

Today, the computer does much of the work for you. Tell it how many columns you want and a few other things like that, plug in the entries, and the machine creates a table that you can then monkey around with until it suits you. Best of all, I don’t have to squeeze my editorial marks into tiny spaces; I can just insert comments wherever I want to on the screen.

REFERENCES: Now I’m well into the editing of the text of my manuscript, and I’m faced with the references. To me, references are the most annoying and time-consuming part of a manuscript—especially a long manuscript, of the type that I usually work on, say, 300 double-spaced pages. A manuscript like that can have several hundred references. I’ve worked on books that had over 2,000! Why worry about references? Well, science is supposedly built on—science. If a reference citation says “Jones and Brown 2003” and that’s really Brown and Jones, or 2004, or a different journal, it’s much harder or impossible to track down the reference and see whether it supports what the manuscript says it supports. Authors are notoriously bad at copying things down accurately—or at finding other people to copy them down accurately. Many years ago, I handled a spot check of references in a book that consisted of 35 papers (by different authors). When we checked the first 10 references in each paper against original sources in libraries, we found that about half had errors that would make a difference! From then on, we knew that we couldn’t trust our authors, all of whom were important enough—which means

published enough—to have been asked to present new work on thrombosis at a 3-day conference. We knew that things had to be checked.

In my division, we used to go to the library and use Index Medicus (generally speaking, an index to the world’s English-language medical journals) to check references. Index Medicus was published from 1879 to 2004. It was started by John Shaw Billings, head of the Library of the Surgeon General’s Office in the US Army, which became the National Library of Medicine (NLM). It was published monthly through 1926 (with a hiatus in 1899–1902). In 1927, it was amalgamated with AMA’s Quarterly Cumulative Index to Current Literature as the Quarterly Cumulative Index Medicus, which AMA continued to publish until 1959. From 1960 to 2004, it was published by NLM under the name Index Medicus/Cumulated Index Medicus. The last issue was published in December 2004; the stated reason for discontinuing the printed publication was that online resources, such as PubMed, had supplanted it.

Anyway, we used to go to the library where I work and pull down what seemed to be the appropriate issue to look up each reference. We also used Current Contents, which reproduced the contents pages of more and more journals over the years. In a few projects, we tried asking our authors to just give us the reference information on a card—we mailed them batches of cards—with the promise that we would format them. It didn’t work. They wouldn’t or couldn’t even enter the material on cards that we provided!

But we used cards. Often, we’d type or tape each reference on a file card to make it easier to carry them around to libraries and what-not and check them in indexes or against the originals. Then they had to be arranged—and retyped. And, because we usually numbered our references, if we forgot one and had to insert it, they might have to be retyped.

Today, it’s a breeze. Anyone can go online and find almost anything in one form or another—seeing a facsimile right on the screen is the best. Want to know exactly who the authors are and exactly what the title of a paper is? It’s right in front of you. You don’t need a telephone, a visit to a library, or anything.

Then there’s the business of arranging the references and styling or formatting them. In the old days, we had to select a style and apply it. We quickly gave up on asking authors to follow a format. As I said, they couldn’t seem to copy the names of a paper’s authors right. Imagine what they would do with a detailed reference format.

Today? Nothing to it. Pick a computer reference program, enter the parts of each reference in boxes on the screen, and presto!—they come out the way you want them.
Making copies: As long as people have been writing, there has been a need to make copies. I don’t go as far back as chiseling things in stone, but I do remember the Mimeograph, which came around in the 19th century. Some of the earliest patents went to Thomas Edison for what was called “Autographic Printing.” The image transfer medium was a flexible waxed paper that was backed by a sheet of stiff card stock; the sheets were bound at the top. This was referred to as a stencil, and it was placed in a typewriter to create an original, but the typewriter ribbon had to be disabled so that the bare type elements could strike the stencil directly. The impact of the type elements displaced the wax, and that made the paper permeable to oil-based ink. That operation was called “cutting a stencil”—that might sound familiar to some of you. If you struck the typewriter keys too hard, parts of some letters, such as “o” and “b,” would be cut out, and that left solid black blobs instead of loops with white space in the center. The stencil was wrapped around the drum of a machine that was filled with powdered carbon. When a blank sheet of paper was drawn between the rotating drum and a pressure roller, ink was forced through some part of the process. I then carefully put the paper into a little oven, where heat fused the carbon to the paper. The result was a lithographic mat that could go right on the drum of a printing press. It was actually a lot of fun—about one-third of the time, I got a nice electric shock during some part of the process. I didn’t last long on that job. By 1959, the Haloid Xerox people had a plain-paper copier that did all that stuff by itself. Too late for me—I was gone by 1958, but in any case I had been working for my uncle, and before the new machine came along it was easy for him to find other things for me to do.

The Haloid Co. was formed in 1906. You know it as Xerox, which has been its name since 1961. In the early 1940s, the company patented a bunch of equipment that was the beginning of the Xerox revolution. My first job out of college involved using that equipment. Part of it looked like a large photographic enlarger. You put the page to be copied vertically on a background. I think light went through it and onto a blank sheet of some sort of paper. Where the image to be copied showed on the second sheet, the light imparted a negative electric charge. That sheet was put into a little box-like machine, where positively charged powdered carbon was shaken onto it. The carbon stayed where the charge was. I then carefully put the paper into a little oven, where heat fused the carbon to the paper. The result was a lithographic mat that could go right on the drum of a printing press. It was actually a lot of fun—about one-third of the time, I got a nice electric shock during some part of the process. I didn’t last long on that job. By 1959, the Haloid Xerox people had a plain-paper copier that did all that stuff by itself. Too late for me—I was gone by 1958, but in any case I had been working for my uncle, and before the new machine came along it was easy for him to find other things for me to do.

The Thermo-Fax machine, made by 3M in the 1950s, was much easier to make copies with. I don’t remember exactly what it looked like, but it was easier and faster than the old Haloid method. It had at least one serious drawback: if you left a copy in the light for a while, it turned black, and that made it sort of hard to read. It also tended to become brittle, so sometimes your copies, instead of getting wrinkled orcoffee-stained, just, well, broke!

Eastman Kodak made something called Verifax, which made wet copies. You’d put the material in a box, and a wet copy would come out. It was quite usable, but the copies were sort of blue, and they took a while to dry before you could do anything with them.

Today? Today, you can make thousands of perfect copies of anything on paper in an hour by pushing a few buttons. Without getting your hands dirty—or wet. And the copies last as long as the original. And they don’t turn black, and they don’t break. But best of all, you don’t get a shock.

And so, there it is: a half-century of change in the working life of a manuscript editor, represented in a day’s work. It seems that everything involved in it has changed, mostly because of the advent and ubiquity of the computer—manuscript preparation, copy-marking, checking information, fixing tables and figures, managing references, making copies—everything except the use of the human editor’s knowledge and judgment. And the computer will never replace the human editor—will it?

In case I didn’t mention it earlier, I do want to thank the Swanberg Committee for bestowing this overwhelming honor on me. But now I think it’s time to quote from a cocktail napkin—yes, a cocktail napkin—that I saw a few months ago—one that I should probably quote from more often than I do—“Help me! I’m talking and I can’t shut up!”

Thank you, all.
Understanding Asthma and the Scope of the New NAEPP Guidelines

By Tara Hun-Dorris

President, THD Editorial, Inc., Raleigh, NC

Abstract:
The National Heart Lung and Blood Institute and National Institutes of Health released the first expert panel report (EPR) of the National Asthma Education and Prevention Program (NAEPP) in 1991. The EPR provided guidelines for treating children and adults with asthma and has been widely regarded as a tool for clinicians who treat individuals with asthma. In 2007, NAEPP released new guidelines that shift the focus of asthma treatment from disease-severity based to risk and impairment-based, recognizing that asthma is a heterogeneous disease that requires management tailored to the individual. These new guidelines still suggest that asthma be managed in terms of patient education, environmental control, and appropriate pharmacotherapy using a stepwise approach. This article defines asthma and provides an overview of the new guidelines and a brief look at the maintenance therapies commonly prescribed to treat individuals with asthma. An overview of the NAEPP guidelines for managing common but dangerous asthma exacerbations is also included.

Asthma is a chronic inflammatory disorder of the airways that is associated with tremendous morbidity and mortality. Signs of asthma include wheeze, cough, shortness of breath, chest pain, and diurnal variation. Wheeze, or “high-pitched whistling sounds when breathing in and out,” is the most common sign of asthma in young children. The disease affects more than 20 million Americans, and its prevalence increased 75% from 1980 to 1994. Specifically, asthma is responsible for 13.6 million physician office visits, 1 million outpatient department visits, and 25% of all emergency department visits each year. Asthma is responsible for 5,000 deaths per year in the United States. Asthma is also very costly, accounting for more than $11.5 billion in direct health care costs, $4.6 billion in indirect health care costs (eg, missed work due to a child who has asthma), and $5 billion in prescription drug costs.

Although asthma also affects adults, it has long been recognized as a pediatric health problem. Nine million US children have been diagnosed with asthma, and the prevalence may be increasing. Between 1980 and 1994, asthma rates in children younger than 5 years increased by more than 160%.

With so many people affected by asthma, effective medical communication about the disease has become imperative. It is critical that medical writers who work in continuing medical education and on manuscripts understand how the disease works and how it is commonly treated in clinical practice so they can convey safe, accurate, and timely information, as more clinicians are seeing the disease in family practice and other nonspecialist settings. Asthma and other respiratory problems have received increased media attention in the wake of the air pollution created by the September 11 attacks, suggested links between inner-city living and asthma, and increasing carbon dioxide emissions and “ozone alert” days. It is also important for communicators who write for lay audiences to understand the disease and its treatment. Patients who have asthma (and the parents of children with asthma) need clearly articulated, up-to-date information about the disease and its treatment. The guidelines discussed here provide medical communicators an important starting point for understanding asthma.

Clinical Features of Asthma
Asthma impairs lung function by causing the airway smooth muscle to constrict (Figure 1). “Airway remodeling” is the term widely used to describe the irreversible lung damage caused by asthma, such as smooth muscle and mucous gland hypertrophy and hyperplasia, airway wall thickening and narrowing, loss of tethering and airways closure, hypervascularity and neural proliferation, all of which may have some irreversible characteristics in individuals with asthma. Fortunately, appropriate treatment can reverse some characteristics of asthma, such as bronchoconstriction, excess mucous secretion, tissue edema, inflammatory infiltrate and exudates, airway lining damage, and bronchial hyperresponsiveness.

Risk factors for asthma include age; environmental stressors such as allergens, microbes, and pollutants; biologic and genetic risk factors; airway injury; and aberrant repair. From a practical standpoint, asthma is diagnosed when
• A cough or wheeze becomes recurrent
• Other coughing/wheezing conditions have been excluded
• Risk factors for asthma are present
An individual responds to asthma therapy

Asthma is generally assessed by obtaining a detailed medical history; performing a physical examination that focuses on the upper respiratory tract, chest, and skin; conducting spirometry tests to demonstrate obstruction and determine reversibility; and performing additional studies (e.g., chest x-ray) as necessary.1

Guidelines for Managing Asthma

Treating asthma has always been a challenge for physicians. Since the early 1990s, 2 sets of guidelines have been available to help physicians diagnose, manage, and treat individuals with asthma. The Global Initiative for Asthma (GINA) released its first report in 1993, and, more relevant to US practitioners, the National Heart Lung and Blood Institute and National Institutes of Health released the first expert panel report (EPR) of the National Asthma Education and Prevention Program (NAEPP) in 1991. Both reports provided asthma management guidelines for children and adults, with a focus on treating individuals through education, environmental control, and pharmacotherapy as appropriate according to the severity of their disease (e.g., intermittent, mild, moderate, or severe). The EPR was updated largely to account for changes in prescription medications available to treat asthma in 1997 and 2002, but the basic focus of treatment remained the same. Then, in late 2006 and the third quarter of 2007, respectively, GINA and NAEPP released new guidelines that shifted the focus of asthma treatment to recognize that asthma is a heterogeneous disease that requires management tailored to the individual.

The new NAEPP and GINA guidelines emphasize asthma control. The NAEPP guidelines are available online (www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf); the GINA guidelines are also available online (www.ginasthma.org). The focus here is on the NAEPP guidelines, which are more widely used in the United States; however, medical writers who work on asthma-related projects should take the time to familiarize themselves with both sets of guidelines.1

The NAEPP guidelines feature 4 components of asthma management:1

- Measures of assessment and monitoring obtained by objective tests, physical examination, patient history, and patient report, with the goal of diagnosing and assessing the characteristics and severity of asthma and monitoring whether asthma control is achieved and maintained
- Education for a partnership in asthma care
- Control of environmental factors and comorbid conditions that affect asthma
- Pharmacologic therapy

During the initial patient assessment, the NAEPP guidelines still recommend classifying disease severity, but only as a means of initiating therapy using a stepwise approach. After the initial diagnosis, asthma control should be evaluated through routine monitoring so that therapy can be adjusted as appropriate. Instead of the previous way of classifying patients with “mild,” “moderate,” and “severe” asthma, after the initial visit, patients should now be evaluated in terms of “well-controlled,” “not well-controlled,” and “very poorly controlled” asthma, regardless of initial disease severity.

The guidelines present a detailed table of asthma severity for initial diagnosis in patients birth to 4 years old, 5 to 11 years old, and 12 years old or more (Figure 2). The tables define normal forced expiratory volume in 1 second (FEV1)/forced vital capacity (FVC) ratio by age group:

- 5 to 11 years of age, >85% (FEV1, cannot be assessed in children <5 years of age)
- 8 to 19 years of age, 85%
- 20 to 39 years of age, 80%
- 40 to 59 years of age, 75%
- 60 to 80 years of age, 70%
The guidelines also identify patients for whom disease should be initially classified as intermittent, mild persistent, moderate persistent, and severe persistent. For example, a 16-year-old patient with mild persistent asthma at initial assessment would have symptoms for more than 2 days per week but not daily, have nighttime awakenings 3 or 4 times per month, use a short-acting beta agonist for symptom control more than 2 days per week but not daily, have minor interference with activities of daily living (ADL), and have an FEV\textsubscript{1}\textgreater 80% of predicted with a normal FEV\textsubscript{1}/FVC ratio (Figure 2). This severity assessment should also include evaluation of asthma in terms of risk. For patients with persistent asthma, regardless of severity, attention should be paid to those who have had 2 or more exacerbations requiring oral systemic corticosteroids in the past year.

The guidelines also provide tables for assessing control (well-controlled, not well-controlled, and very poorly controlled) in the same population (Figure 3). As with the asthma severity assessment, it is important in all instances to consider the severity and interval since the last exacerbation. NAEPP also encourages clinicians to assess patients for long-term loss of lung function and treatment-related adverse effects.

With the new focus, the question becomes how should asthma control best be measured? There are several validated measures clinicians can use to assess asthma control. These include the Asthma Control Questionnaire,\textsuperscript{4} the Asthma Therapy Assessment Questionnaire,\textsuperscript{5} and the Asthma Control Test,\textsuperscript{6} and the Asthma Control score.\textsuperscript{7}

NAEPP recommends that clinicians discuss asthma control so that patients have a better understanding of their disease. Clinicians and patients can work together to develop a written asthma action plan, which can be updated as needed. The plan can include all the components of asthma management: education, environmental controls, and pharmacotherapy as appropriate.

Asthma education should be included in all aspects of asthma care and should be reinforced as often as possible beginning at diagnosis and continuing through follow-up visits. According to NAEPP, the following are key components of asthma management through education:

- Involvement of all members of the health care team
- Introduction of the key educational messages by the principal clinician, and negotiate agreements about the goals of treatment, specific medications, and the actions patients will take to reach the agreed-upon goals to control asthma
- Reinforcement and expansion of key messages (eg, the patient’s level of asthma control, inhaler techniques, self-monitoring, and use of a written asthma action plan) by all members of the health care team
- Implementation at all points of care where health professionals interact with patients who have asthma, including clinics, medical offices, emergency departments and hospitals, pharmacies, homes, and community sites (eg, schools and community centers)

Because asthma can be precipitated or worsened by exposure to environmental allergens/pollutants, environmental control is a key part of any asthma treatment plan. According to NAEPP, the following are a few key components of environmental control as part of an asthma management plan:

- Determine patients’ exposure to allergens or irritants, as these may precipitate exacerbations (acute episodes of shortness of breath, which may be life-threatening and can occur regardless of asthma severity or perceived disease control)

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interruption</strong></td>
<td>Symptomatics</td>
</tr>
<tr>
<td></td>
<td>&lt;2 days/week</td>
</tr>
<tr>
<td></td>
<td>&gt;2 days/week but not daily</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤2x/month</td>
</tr>
<tr>
<td></td>
<td>3-4x/month</td>
</tr>
<tr>
<td></td>
<td>&gt;1x/week but not nightly</td>
</tr>
<tr>
<td>Short-acting beta agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td></td>
<td>&gt;2 days/week but not &gt;1x/day</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Minor limitation</td>
</tr>
<tr>
<td>Lung function</td>
<td>Normal FEV\textsubscript{1} between exacerbations</td>
</tr>
<tr>
<td></td>
<td>&gt; FEV\textsubscript{1} &gt; 80% predicted</td>
</tr>
<tr>
<td></td>
<td>FEV\textsubscript{1}/FVC normal</td>
</tr>
<tr>
<td>Exacerbations requiring oral systemic corticosteroids</td>
<td>0 or 1/year</td>
</tr>
<tr>
<td></td>
<td>2 or more/year</td>
</tr>
</tbody>
</table>

**Figure 2.** Classifying asthma severity in individuals 12 years and older. EIB = exercise-induced bronchospasm, FEV\textsubscript{1} = forced expiratory volume in 1 second, FVC = forced vital capacity. Modified from National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007:73.
Inhaled corticosteroids are a controller medication designed to achieve and maintain control of asthma on a long-term basis; quick relief medications (e.g., albuterol) are used to treat acute episodes of asthma and should be used in addition to, rather than in place of, controller therapies for individuals with persistent asthma. Several mainstay controller therapies are available to treat asthma.

Overview of NAEPP-recommended Asthma Therapies

Asthma therapy can be used to obtain and maintain asthma control. Controller medications are used to achieve and maintain control of asthma on a long-term daily basis; quick relief medications (e.g., albuterol) are used to treat acute episodes of asthma and should be used in addition to, rather than in place of, controller therapies for individuals with persistent asthma. Several mainstay controller therapies are available to treat asthma.

Inhaled corticosteroids are a controller medication and remain the preferred asthma therapy. They have proven efficacy in the treatment of asthma as measured by symptom improvement, quality of life, lung function, and morbidity and mortality. There are concerns with side effects, particularly at higher doses, and they do not affect long-term airway remodeling (there had been some hope that these medications could reverse some changes associated with airway remodeling, but unfortunately, that does not appear to be the case). Oral corticosteroids are also an asthma therapy option, but should be used only as long-term therapy for individuals with the most severe, difficult-to-control disease because of the numerous side effects associated with these medications.

Leukotriene modifiers now have a more prominent role as a controller treatment in asthma, particularly for adults. They are an alternative treatment to inhaled corticosteroids. Leukotriene modifiers traditionally have had an excellent safety profile. However, the US Food and Drug Administration is investigating a possible association between behavioral/mood changes, suicidality, and suicide and treatment with montelukast, a leukotriene modifier. These medications are most effective for individuals with an initial diagnosis of mild persistent asthma.

Long-acting beta-agonists have proven efficacy when used with an appropriate dose of inhaled corticosteroids; however, their package insert contains a black-box warning for an increased risk of asthma-related exacerbations and deaths. Therefore, long-acting beta-agonists should not be prescribed as monotherapy for individuals with asthma. This class of drugs is appropriate for individuals who have disease that is not adequately controlled with other medications or who have disease severe enough to require additional therapy.

In addition to controller therapies, other therapies are available. For example, long-acting beta-agonists have demonstrated efficacy when used in combination with inhaled corticosteroids. However, their package insert contains a black-box warning for an increased risk of asthma-related exacerbations and deaths. Therefore, long-acting beta-agonists should not be prescribed as monotherapy for individuals with asthma. This class of drugs is appropriate for individuals who have disease that is not adequately controlled with other medications or who have disease severe enough to require additional therapy.

Asthma therapy can be used to obtain and maintain asthma control. Controller medications are used to achieve and maintain control of asthma on a long-term basis; quick relief medications (e.g., albuterol) are used to treat acute episodes of asthma and should be used in addition to, rather than in place of, controller therapies for individuals with persistent asthma. Several mainstay controller therapies are available to treat asthma.

Inhaled corticosteroids are a controller medication designed to achieve and maintain control of asthma on a long-term basis; quick relief medications (e.g., albuterol) are used to treat acute episodes of asthma and should be used in addition to, rather than in place of, controller therapies for individuals with persistent asthma. Several mainstay controller therapies are available to treat asthma.

Overview of NAEPP-recommended Asthma Therapies

Asthma therapy can be used to obtain and maintain asthma control. Controller medications are used to achieve and maintain control of asthma on a long-term daily basis; quick relief medications (e.g., albuterol) are used to treat acute episodes of asthma and should be used in addition to, rather than in place of, controller therapies for individuals with persistent asthma. Several mainstay controller therapies are available to treat asthma.

Inhaled corticosteroids are a controller medication and remain the preferred asthma therapy. They have proven efficacy in the treatment of asthma as measured by symptom improvement, quality of life, lung function, and morbidity and mortality. There are concerns with side effects, particularly at higher doses, and they do not affect long-term airway remodeling (there had been some hope that these medications could reverse some changes associated with airway remodeling, but unfortunately, that does not appear to be the case). Oral corticosteroids are also an asthma therapy option, but should be used only as long-term therapy for individuals with the most severe, difficult-to-control disease because of the numerous side effects associated with these medications.

Leukotriene modifiers now have a more prominent role as a controller treatment in asthma, particularly for adults. They are an alternative treatment to inhaled corticosteroids. Leukotriene modifiers traditionally have had an excellent safety profile. However, the US Food and Drug Administration is investigating a possible association between behavioral/mood changes, suicidality, and suicide and treatment with montelukast, a leukotriene modifier. These medications are most effective for individuals with an initial diagnosis of mild persistent asthma.

Long-acting beta-agonists have proven efficacy when used with an appropriate dose of inhaled corticosteroids; however, their package insert contains a black-box warning for an increased risk of asthma-related exacerbations and deaths. Therefore, long-acting beta-agonists should not be prescribed as monotherapy for individuals with asthma. This class of drugs is appropriate for individuals who have disease that is not adequately controlled with other medications or who have disease severe enough to require additional therapy.

In addition to controller therapies, other therapies are available. For example, long-acting beta-agonists have demonstrated efficacy when used in combination with inhaled corticosteroids. However, their package insert contains a black-box warning for an increased risk of asthma-related exacerbations and deaths. Therefore, long-acting beta-agonists should not be prescribed as monotherapy for individuals with asthma. This class of drugs is appropriate for individuals who have disease that is not adequately controlled with other medications or who have disease severe enough to require additional therapy.
warrant initiation of treatment with 2 maintenance therapies.

Cromolyn and nedocromil are also NAEPP alternative treatments to inhaled corticosteroids.1 However, GINA no longer recommends them for the treatment of asthma.1

The NAEPP guidelines have also added immunomodulators as a treatment option.1 Immunomodulators should be prescribed with caution and under the supervision of an asthma specialist, as they have a black-box warning for the risk of anaphylaxis.

The NAEPP guidelines suggest using a stepwise approach to tailor therapy to patient needs along with appropriate environmental controls (Figure 4). Patients with intermittent asthma symptoms should be started on a short-acting beta-agonist at step 1. Patients should be started on daily controller therapy in addition to an as-needed short-acting beta-agonist at step 2. According to the Rules of TwoTM, maintenance therapy should be started when a patient

- Uses a quick-relief inhaler more than 2 times per week
- Awakens because of asthma symptoms more than 2 times per month
- Needs the following more than 2 times per year:
  - Refills of a quick-relief inhaler
  - A burst of oral corticosteroids
  - Unscheduled acute asthma care (eg, an emergency department visit)

The recommended step 2 maintenance therapy for patients who are at least 12 years old is low-dose inhaled corticosteroids (Figure 4).1 Alternative step 2 therapies for patients in this age category are cromolyn, leukotriene receptor antagonists, nedocromil, and theophylline.1 The guidelines recommend assessing control at each visit, even after a patient has been following a stable treatment regimen. If asthma is uncontrolled or partially controlled, the guidelines suggest stepping up therapy as necessary, but only after checking patient adherence to medication, medication use technique (eg, inhaler technique), environmental controls, and comorbidities. The guidelines also recommend stepping down treatment when asthma has been well-controlled for 3 months or longer.

The guidelines provide a starting point for determining appropriate pharmacotherapy, but the decision about which treatment is appropriate should be based on an understanding of each patient’s medical history and disease

---

**Figure 4.** Stepwise approach for managing asthma in individuals 12 years of age and older. Treatment options (either preferred or alternative) are given in alphabetic order. Modified from National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007:343.
state. With so many treatment options, determining the appropriate treatment for a patient at any given timepoint involves an ongoing assessment of the patient’s response to treatment. Factors to consider when selecting appropriate asthma therapy include asthma control and disease severity, the guidelines,1,11 response to therapy (assessed through medical history, if available), natural history of disease, relationship among features of disease, relationship between outcomes, comorbidities, genetic factors, and individual disease.13 Each patient must be assessed in terms of disease control, impairment, and risk in order to identify an appropriate asthma treatment plan.

Asthma Exacerbations
Another potential complication in individuals with asthma are exacerbations. Exacerbations are defined as acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness or some combination of symptoms.1 NAEPP also provides guidelines for managing exacerbations by severity, which often occurs in the emergency department or urgent care rather than the clinician’s office. The primary therapies for managing exacerbations are short-acting beta agonists, oral corticosteroids, and oxygen; however, early treatment is the best management strategy.1 It is important for health care providers to educate their patients about when to seek emergency medical care for asthma exacerbations.

Exacerbations can be fatal. In addition to helping patients achieve and maintain asthma control and educating them about when to seek medical treatment in an exacerbation, it is important to identify patients who are at higher risk of death due to asthma. The following risk factors have been identified:1

- Previous severe exacerbations
- 2 or more hospitalizations in the past year
- 3 or more emergency department visits or hospitalizations in the past year
- Hospitalization or emergency department visit in the past month
- Using more than 2 canisters of short-acting beta agonists per month
- Difficulty perceiving asthma symptoms of severity and exacerbation
- Lack of a written asthma plan
- Sensitivity to Alternaria
- Low socioeconomic status
- Inner-city residence
- Illicit drug use
- Major psychosocial problems
- Cardiovascular disease
- Other chronic lung disease
- Chronic psychiatric disease

Education and Assessment
To reduce impairment and risk due to asthma, NAEPP recommends assessing patients at 1 to 6-month intervals.1 Clinician assessment and patient self-assessment are the primary methods for monitoring asthma—hence the importance of patient education in the new guidelines. Evidence suggests that asthma education programs based in the emergency department, pharmacy, home, and school may be effective, along with computer-based programs.1

References

Author disclosure: The author notes no commercial associations (eg, consultancies, stock ownership, equity interests, or patent-licensing arrangements) that may pose a conflict of interest in relation to this article.
To increase awareness of work-related ethical standards among medical communicators, the American Medical Writers Association (AMWA) will add its Code of Ethics to membership application and renewal forms beginning January 1, 2009. Prospective and renewing members will be asked to indicate that they have read and agree with the Code of Ethics. This article explains the reasons for this change and potential implications for AMWA members.

Q: What does the AMWA Code of Ethics say?
A: The entire Code is on the next page and is available on AMWA’s Web site at www.amwa.org/default.asp?Mode=DirectoryDisplay&id=114. The Code is intentionally brief and includes a preamble and 8 principles of conduct. The preamble describes AMWA as an educational organization that promotes excellence in medical communication and recommends principles of conduct. The first principle indicates that medical communicators should recognize and observe pertinent statutes and regulations. Subsequent principles expand on appropriate conduct for medical communicators, covering such areas as adherence to professional standards, acknowledgement of services, and refusal to participate in unethical practices.

Q: What is the history of the AMWA Code of Ethics?
A: AMWA member and past president Eric W. Martin, PhD, is credited with developing the Code of Ethics in 1973; the Code was revised in 1989. In response to a 1991 US Food and Drug Administration guideline that posed severe restrictions on industry-sponsored medical writers,1 AMWA strengthened the Code by adding “scientific rigor” and “fair balance” to Principle 2 in 1994. Minor editorial changes were made in 2008.

Q: What text will be added to the membership application and renewal forms?
A: The entire Code and following statement will be added to the application and renewal forms. “I consider membership in AMWA to be an honor and a trust. I have read the AMWA Code of Ethics and agree to conduct myself accordingly in my professional interactions.”

Q: What prompted the addition of the Code to the membership form?
A: AMWA has been working to increase awareness of its Code of Ethics. In 2001, then-President Helen Hodgson appointed a task force to develop a position statement for AMWA on publications and medical writing.2-3 The task force also recommended a campaign to increase awareness of work-related ethical standards among AMWA members. Subsequent task forces have encouraged the inclusion of articles about ethics in the AMWA Journal,4-5 written letters to editors of other publications,6-12 and organized open sessions on ethics at annual conferences. In 2008, the AMWA Executive Committee (EC) recommended that at least 1 open session on an ethics-related topic be planned for each future annual conference and asked workshop leaders to integrate discussions of ethical standards into workshops. The EC believes that putting the Code of Ethics on the member-ship application and renewal forms will focus attention on the Code and encourage people to become familiar with it.

The results of a 2005 survey14 of AMWA members suggested that increasing awareness will have a favorable outcome. The survey was repeated in November 2008, but the results were not yet available at press time. The 2005 survey14 revealed that familiarity with relevant guidelines was associated with compliance with those guidelines, such as disclosing substantial contributions to manuscripts intended for submission to medical journals. Therefore, promoting awareness of the Code of Ethics may encourage AMWA members to apply it to their own work, thereby increasing respect for professional medical communicators.

The results of the 2008 AMWA membership survey (see page 198) confirmed that AMWA members are concerned about ethics. When asked to rate the importance of the Code of Ethics, 77% of 1,118 survey participants rated it as being very or somewhat important; 11% were not familiar with the Code. When asked to rank issues, survey participants rated ethics in medical communication as being of greater concern than other issues, such as outsourcing, globalization in medical communication, and clinical trial registry requirements. Specifically, 65% of participants rated ethics as a 5 or 6 on a 6-point scale, with 6 representing serious concern.

Q: What was the process for adding the Code of Ethics to the membership application and renewal forms?
A: The change required an amendment to the AMWA Bylaws, which was
discussed and approved by the Board of Directors (BOD) at its October 2008 meeting in Louisville. The BOD is the official voting body of AMWA and comprises the EC and at least 1 delegate from each chapter. Specifically, the BOD approved the following changes to ARTICLE I—Membership: “Active membership is available to persons engaged or interested in any aspect of communication in the medical or allied professions and sciences. Membership is subject to application and approval requirements specified by the Board of Directors, including acceptance of the AMWA Code of Ethics.”

Q: What are the implications for medical communicators?
A: The new language on the membership application and renewal forms asks members to agree with the Code of Ethics because membership in AMWA is an honor and a trust. In addition, AMWA members may wish to promote awareness of and adherence to the Code. For example, they might ask their employers to address workplace ethical standards through educational programs. Chapter officers could plan chapter meetings that include discussions of ethical issues and the AMWA Code of Ethics. Freelance medical communicators could indicate in their contracts that they follow appropriate guidelines including, but not limited to, those of the American Medical Writers Association (www.amwa.org).

Q: Will AMWA enforce adherence to the Code of Ethics?
A: No, AMWA will not monitor or enforce adherence to its Code of Ethics, and does not want its members to appoint themselves “ethics police.” AMWA’s mission is to promote excellence in medical communication and to provide educational resources in support of that goal. By adding the Code of Ethics to the membership application and renewal forms, AMWA aims to increase the awareness of

---

**AMWA CODE OF ETHICS**

**Preamble**
The American Medical Writers Association (AMWA) is an educational organization that promotes excellence in medical communication and recommends principles of conduct for its members. These principles take into account the important role of medical communicators in writing, editing, and developing materials in various media and the potential of the products of their efforts to inform, educate, and influence audiences. To uphold the dignity and honor of their profession and of AMWA, medical communicators should accept these ethical principles and engage only in activities that bring credit to their profession, to AMWA, and to themselves.

**Principle 1.** Medical communicators should recognize and observe statutes and regulations pertaining to the materials they write, edit, or otherwise develop.

**Principle 2.** Medical communicators should apply objectivity, scientific accuracy and rigor, and fair balance while conveying pertinent information in all media.

**Principle 3.** Medical communicators should write, edit, or participate in the development of information that meets the highest professional standards, whether or not such materials come under the purview of any regulatory agency. They should attempt to prevent the perpetuation of incorrect information. Medical communicators should accept assignments only when working in collaboration with a qualified specialist in the area, or when they are adequately prepared to undertake the assignments by training, experience, or ongoing study.

**Principle 4.** Medical communicators should work only under conditions or terms that allow proper application of their judgment and skills. They should refuse to participate in assignments that require unethical or questionable practices.

**Principle 5.** Medical communicators should expand and perfect their professional knowledge and communications skills.

**Principle 6.** Medical communicators should respect the confidential nature of materials provided to them. They should not divulge, without permission, any patent, proprietary, patient, or otherwise confidential information.

**Principle 7.** Medical communicators should expect and accept fair and reasonable remuneration and acknowledgment for their services. They should honor the terms of any contract or agreements into which they enter.

**Principle 8.** Medical communicators should consider their membership in AMWA an honor and a trust. They should conduct themselves accordingly in their professional interactions.

Original: Eric W. Martin, PhD 1973
First revision: June 1989
Second revision: April 1994
Third revision: June 2008
work-related ethical standards among medical communicators.

Q: Where can readers get more information?
A: In addition to the Code of Ethics, AMWA’s Web site has the association’s position statement on the contribution of medical writers to scientific publications, information on the position statement, and links to ethical guidelines and statements from other organizations (http://www.amwa.org/default.asp?id=223). This page is undergoing expansion to include a bibliography of relevant publications, such as articles published in JAMA about ghostwriting\(^6,17\) and AMWA’s response\(^5\) to those articles.

Acknowledgment
We thank the following people for serving on the 2007-2008 Ethics Task Force: Tad Coles, MaryAnn Foote, Art Gertel, Cindy Hamilton (chair), Sue Hudson (ex officio), Marianne Mallia, Donna Munari (ex officio), and Mary Whitman.

References
1. Food and Drug Administration. Regulation of drug-company-sponsored activities in scientific or educational contexts (draft proposed policy, October 8, 1991). Division of Drug Marketing, Advertising, and Communications (HFD-240), Rockville, Md.

AMWA Members: Save the Date!
Mark your calendars for the first Webinar of 2009.

Thursday, February 5, 2009 2:00-3:00 PM
"Surviving and Thriving in a Flat World," presented by JoAnn Hackos, PhD

Join this important discussion for only $50!

Dr Hackos will discuss how medical communicators can meet the challenges of the current economy and adapt as budgets tighten and expectations change.
You work hard as a freelance, but are you “minding your business” by taking stock at year-end? Do you know how to track long-term trends and verify that your business is growing? This article suggests several types of reviews to help you evaluate your earnings, clients, projects, and marketing, both at the end of a single year and from year to year.

**Record Keeping**

Table 1 lists various topics for year-end and year-to-year reviews and the rationale behind them. The most important prerequisite for a useful year-end review is to keep good records all year. You already keep basic records on clients and earnings per year, if only for tax purposes (e.g., from IRS 1099 forms). If you file Schedule C, you also compile a list of business expenses for the year.

In addition to tax information, you should track your earnings and hours during and immediately after each project. Freelances who bill by the hour already know the hourly rate, the number of hours for each project, and the associated earnings. If you bill with project rates instead, you should track hours per project as well as earnings so that you can calculate the hourly rate after the project is completed. This rate may or may not be what you had intended to earn. Table 1 also suggests several types of reviews of your client base, project types, and marketing strategies, although the following discussion focuses on profitability.

**Year-End Profitability**

If you have collected data on earnings and hours for each project and each client during the year, you can calculate the aggregate “effective hourly rate” at year-end. This formula is simply the total dollars earned from the client divided by the total hours worked for that client during the year. This calculation allows you to compare profitability among clients.

Suppose that you reviewed your earnings as a percentage by client for all clients during a given year (Table 2). Client A represents 20% of your total earnings, which is the highest percentage in your table. You would assume that this is your best client, but is this really true? You would need to know how hard you actually worked to earn that money. Table 2 shows that in fact, the effective hourly rate for Client A was only $62—the lowest figure in the table. Client E, on the other hand, accounted for less in total earnings but an hourly rate of $209, so this might be the “best” client. The average rate for Client A was also lower, and that for Client E was higher, than the overall effective hourly rate for the whole year ($83).

The most important prerequisite for a useful year-end review is to keep good records all year.

Note also that Client A paid by the hour, whereas Client E paid by the project. It appears that you were able to complete project(s) for Client E efficiently, making the project rate profitable. To make Client A more profitable, you would have to increase your hourly rate.

**Year-to-Year Reviews**

All 4 of the categories mentioned in Table 1 (earnings, clients, projects, and marketing) can be reviewed from year to year to gain better insight into your business trends. The most interesting year-to-year analysis concerns efficiency: whether you have been working harder over the years for more (or less) money or working fewer hours for less (or more) money.

Suppose that you used your tax records to analyze your earnings over 5 years and found that they increased fairly steadily. This is a gratifying result, but you should explore what caused the increase so that you can sustain it. Were you working harder all the time? Did you raise your rates? Recall that Table 2 shows the total earnings for an entire year ($100,000), the hours worked for the entire year (1,200), and therefore the effective hourly rate for that year ($83). If you have gathered these figures for multiple
### Table 1. Year-End and Year-to-Year Reviews: Suggested Topics and Rationale

<table>
<thead>
<tr>
<th>Review Category</th>
<th>Type of Review</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YEAR-END</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Basic bookkeeping** | Full client list for year | • Number of old/new clients  
   • Success of marketing |
|                  | Total earnings on 1099s | • Earnings by client  
   • Tax prep |
|                  | Expenses by year | • Investing in the business?  
   • Tax prep |
|                  | Hours for each project | • Needed for hourly billing  
   • Calculate effective hourly rate |
| **Earnings**     | Yearly total earnings | • Achieved your goal?  
   • Tax prep |
|                  | Earnings by client (%) | • Which earned you the most/least? |
|                  | Hourly rate by client | • What are you charging for each? |
|                  | Effective hourly rates* | • What do you really earn?  
   • Should you use project or hourly rates? |
| **Clients**      | List of new clients | • Are you adding clients/marketing? |
|                  | Clients by earnings | • Is a client more/less profitable? |
|                  | List of best clients | • Year-end thank-you or holiday card? |
| **Projects**     | List of project types | • Are you editing, writing, other?  
   • What subject matter/project formats? |
|                  | Projects by earnings | • Which jobs earn more? |
|                  | Job satisfaction | • Variety; intellectual interest? |
| **Marketing**    | Marketing efforts | • Are you marketing?  
   • IRS regulations—multiple clients† |
|                  | New clients by source | • Best source for new clients? |
|                  | New clients by # contacted | • Marketing response rate |
|                  | Web site stats [periodic review] | • Who visits? What pages do they view?  
   • Visit duration? How did they find your site? |
| **YEAR-TO-YEAR** |                |           |
| **Earnings**     | Yearly total earnings | • Higher than previous years? |
|                  | Earnings by hours worked | • Working harder with more/less profit?  
   • Working less with more/less profit |
|                  | Effective hourly rates | • Rising/declining over time?  
   • Which pricing method is best? |
| **Clients**      | Rate history by client | • Time to ask for a raise?  
   • Drop low-paying clients? |
| **Projects**     | Type of projects | • Enough variability?  
   • Using or expanding your skills? |
| **Marketing**    | Marketing results | • Higher/lower response rate?  
   • More/fewer new clients? |

*For more information, see: Lewis L. What to Charge: Pricing Strategies for Freelancers and Consultants.  

years, you can evaluate long-term trends to explain the increase in your earnings.

Suppose you plotted the total number of hours worked for each of those 5 years and found a decline. How could earnings increase while you worked fewer hours? The answer is the hourly rate. A plot of overall dollars per hour by year would show a steadily increasing effective hourly rate over the 5-year interval. These are the ideal outcomes of a year-to-year review—an increase in earnings, a decrease in hours worked, and therefore (the only logical explanation) an increase in your effective hourly rate over time.

Summary
The results discussed here are necessarily hypothetical, as well as profit-oriented. Many other types of business analyses are possible, and only you can decide which reviews are appropriate for your business and how you define success.

Remember to keep records on every paying project during the year. Some people like to use bookkeeping software, but you can also take notes the old-fashioned way (with paper and pencil). At the end of the year, you may want to create simple graphics such as tables and figures (e.g., pie charts, bar charts). Basic software programs such as PowerPoint, Word, and Excel are sufficient. (For examples of these graphics and more detailed information about this topic, see the full PDF version of an AMWA open session on this topic at www.ningermedcom.com.)

However you choose to do it, mind your business. Review the books yearly and year to year to maximize earnings, decide on hourly versus project rates, discover your best clients and favorite projects, make sure you’re marketing, work more profitably in fewer hours, maintain intellectual interest in your work, make changes where necessary, and capitalize on your successes.

Laura J. Ninger, ELS, is a freelance medical editor and writer at Ninger Medical Communications, LLC, in Rutherford, New Jersey.

### Table 2. Earnings Breakdown for Hypothetical Year X

<table>
<thead>
<tr>
<th>Client</th>
<th>Total $</th>
<th>% of Total $</th>
<th>Total hrs</th>
<th>$/hr*</th>
<th>Pay method</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>20,000</td>
<td>20</td>
<td>321</td>
<td>62</td>
<td>Hour</td>
</tr>
<tr>
<td>B</td>
<td>17,000</td>
<td>17</td>
<td>262</td>
<td>65</td>
<td>Abstract</td>
</tr>
<tr>
<td>C</td>
<td>16,000</td>
<td>16</td>
<td>218</td>
<td>73</td>
<td>Project</td>
</tr>
<tr>
<td>D</td>
<td>11,000</td>
<td>11</td>
<td>86</td>
<td>128</td>
<td>Hour</td>
</tr>
<tr>
<td>E</td>
<td>9,000</td>
<td>9</td>
<td>43</td>
<td>209</td>
<td>Project</td>
</tr>
<tr>
<td>F</td>
<td>7,000</td>
<td>7</td>
<td>60</td>
<td>117</td>
<td>Abstract</td>
</tr>
<tr>
<td>G</td>
<td>7,000</td>
<td>7</td>
<td>54</td>
<td>130</td>
<td>Hour</td>
</tr>
<tr>
<td>H</td>
<td>5,000</td>
<td>5</td>
<td>63</td>
<td>79</td>
<td>Hour</td>
</tr>
<tr>
<td>I</td>
<td>4,000</td>
<td>4</td>
<td>59</td>
<td>68</td>
<td>Pages/hour</td>
</tr>
<tr>
<td>J</td>
<td>4,000</td>
<td>4</td>
<td>34</td>
<td>118</td>
<td>Hour</td>
</tr>
<tr>
<td>Total</td>
<td>100,000</td>
<td>100</td>
<td>1,200</td>
<td>83*</td>
<td></td>
</tr>
</tbody>
</table>

*Effective hourly rate, or the total dollars earned from a client divided by the total hours worked for that client during the year; $83 is the average effective hourly rate.
PubMed has undergone an overhaul. There are 2 new features: a beta version of an Advanced Search option (the link is at the far right under the toolbar), and Citation Sensor, which recognizes combinations of search terms from citations (eg, volume/issue numbers, author names, journal titles, and publication dates). Citation Sensor is activated automatically when the user types such terms in the main search box. The most controversial change affects a feature called automatic term mapping, which is causing some users to get an unworkable number of hits (including irrelevant hits) during subject matter searches. The workaround is to use Advanced Search or to type “[tiab]” (without the quotation marks) after a subject search term in order to limit the hits to those where the search term is used in the title or abstract of the paper. For details about the changes see http://tinyurl.com/66kww2.

LinkedIn versus Facebook—which is better for professional use? An article in Computer World (http://tinyurl.com/269kxz) explores the differences between these social networking sites. Even Fortune magazine (http://tinyurl.com/4rt5on) has mentioned LinkedIn and Facebook, along with Twitter (a means for a network of people to exchange short messages), Dopplr (for sharing travel itineraries), and other Web 2.0 applications.

Web 2.0 for medical writers—still unconvinced of the benefits? Check out the April 5, 2008, entry at http://tinyurl.com/3wrzlb. It provides medicine-specific information about how to stay current or conduct research via Web feeds (really simple syndication, better known as RSS), Podcasts, blogs, and wikis. There is also information about custom search engines, which hospitals and other organizations could use to steer patients toward reliable medical information.

The National Commission for Certification of CME Professionals has launched its certification examination. According to one of the professionals who has already passed it, the exam “requires a broad base of knowledge relating to theories, issues, and policies needed to understand and support CME.” The program is designed to help organizations verify the knowledge and skills of CME staff and demonstrate the integrity of their educational initiatives to the public and government. Candidates must demonstrate eligibility and submit a formal application before registering for the exam. See www.NC-CME.org.

Ghostwriting policies—The Institute on Medicine as a Profession (IMAP) captured media attention in January 2006 when it and the American Board of Internal Medicine Foundation published joint policy recommendations for preventing conflicts of interest in physician-industry relationships. Now IMAP has launched an online database (http://www.imapny.org/coi_database) of conflict-of-interest policies, including policies on ghostwriting, for 90 of the 125 academic medical centers in the United States. IMAP defines ghostwriting as “any written work published under the name of health care personnel that was written in part or in full by pharmaceutical industry staff or paid writers.”

An advance in the open-science movement—The Journal of Visualized Experiments (JoVE) has become the first video journal to be indexed in PubMed. The goal of this peer-reviewed, open-access, online journal (www.jove.com) is to reduce the time and resources that researchers must devote to learning experimental techniques in the life sciences. “Written word and static picture-based traditional print journals are no longer sufficient to accurately transmit the intricacies of modern research,” JoVE’s Web site claims. Less than 2 years old, JoVE is part of the nascent open-science movement, in which researchers are sharing techniques and even data online long before they’re ready to present or publish conclusions. Other examples are OpenWetWare.org, where more than 4,000 biologists and bioengineers across the globe are sharing information, and ScienceCommons.org, a nonprofit group based at the Massachusetts Institute of Technology, which is working to develop an open-source online management system for biomedical research. The Boston Globe recently called such efforts “a peaceful insurgency in science.”

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.
How did you find out about medical writing as a career?

For as long as I can remember, I have been interested in medicine and writing. Medical writing as a career was unknown to me until I attended an Emerging Leaders Network event in Atlanta called “Small Group Dinner Series” and met a fellow medical writer, was introduced to AMWA, and immediately knew it was a perfect fit.

What is the Emerging Leaders Network?

The Atlanta Emerging Leaders Network (ELN) is a networking group of Georgia Bio that promotes the interaction between emerging and established professionals in the Georgia life sciences community. Georgia Bio is a nonprofit organization that aims to promote interest and growth in the life science industry within the state. ELN has several networking events each month that provide opportunities to develop contacts in the industry, such as happy hour events, breakfast lectures, small group dinner events, and tours of life science industries.

What is your education and work background?

I have a BS in biology and nutritional science (with honors in research) from the University of Wisconsin-Madison, and I have an MPH in epidemiology from Emory University’s Rollins School of Public Health.

My first full-time position was as a medical writer at Envision Communications, LLC, a small medical education company based in Atlanta, GA. I started work in August of 2007 and left in June of 2008 to pursue my PhD in epidemiology, which I had deferred for a year.

Prior to my full-time job, I had several medically related internships and part-time jobs:

• Editor at my college newspaper, The Badger Herald
• Harvard Medical School science journalism internship
• Coconino County Health Department pandemic influenza preparedness intern (Flagstaff, AZ)
• Office of the Surgeon General: Public Health Reports peer-reviewed journal intern
• Freelance writing

Currently, I am freelance writing for a variety of clients while simultaneously pursuing my doctoral degree at Emory University.

Your collection of internships is interesting. What advice would you give to readers about finding internships?

I did a lot of Internet searches and made a lot of phone calls. It’s easy to get internships if you are willing to work for little money! For example, the Harvard Medical School internship paid meager hourly wages and was only part-time, and yet I still picked up and moved to Boston for the summer. I definitely spent more than I made that summer, but the Harvard name on my resume has been invaluable.

For my public health internships, membership in publichealthjobs.net has been extremely helpful. I typically apply to several internships per summer and several times have had my choice between 2. Again, I find you have to be willing to work for less pay than you may be used to, but the learning experience has always been worth it, and I always have found time to freelance on the side.

Tell us more about your freelance work as a less-experienced medical writer.

I actually did freelance writing work for a medical writer who I met at the ELN Small Group Dinner Series event, which helped me tremendously! The opportunity led to several different projects in different therapeutic areas. The most valuable lesson I learned is that medical writing has to be thoroughly referenced and annotated to absolute flawlessness. Whereas in science writing the audience took my articles or features as “fact” before, in medical writing my words could no longer stand alone without referencing line by line! I try to remember to reference everything this way, regardless of whether a client requires it, so I can always go back if needed.
How did you job search for your first position?
All networking! After joining the AMWA listserv, I polled members on whether they had advanced degrees as well as about their opinions on the correlation of doctoral or medical degrees and their success in the field. I ended up meeting with a couple of fellow AMWA members based in Atlanta who gave me great advice: “Work for 10 months to a year for a medical education company, and this will be enough work experience to either begin a freelance career or to determine the next steps in your education.” I was advised to contact several companies located in Atlanta, so I phoned the companies the next day and submitted my resume.

How long did it take you to find this position?
I was really lucky—it took me only a couple of weeks to find the job. The company, Envision Communications, had not had an inhouse writer before but had been thinking about hiring one for several months. They called me back within a few days after receiving my resume and offered me an interview the following week. After I submitted my writing test, I got the job offer within a few days. At that time, I was still considering starting the epidemiology PhD program that August, but the job offer came within 2 weeks of when I needed to make the decision. I accepted the job and deferred my admission at Emory.

Describe your typical work day.
I could be working on anything from a simple physician’s biography for a speakers bureau meeting to planning the editorial side of an upcoming advisory board meeting or creating an interactive case study for physicians. I also do some freelance writing and editing, usually in the evenings, and I have been working on publishing manuscripts of my own research, which usually involves a lot of statistical programming and analysis as well as writing and rewriting manuscript drafts for the specific peer-reviewed journal I am currently targeting.

What surprised you most when you first started working?
The variable pace of the job. At first, I was eased into the position because there was little work to do. Suddenly, the projects started piling on and I was extraordinarily busy and had to manage my time well to meet deadlines. Lunch away from my desk became a rare event. While I sometimes miss that relaxed pace, I find that boredom is much, much worse than a full day of work.

What do you find most rewarding and most challenging?
Applying my knowledge in clinical epidemiology and knowing how a particular research study or clinical trial was conducted and knowing with confidence when the statistical analyses and subsequent conclusions and implications are correct. It’s no longer “blind faith” by the authors; my knowledge in epidemiology helps me to make my own conclusion based on the data.

The most challenging part of my job is working diligently on a project and finding that its production, printing, and so on is stalled somewhere with the client or with the legal and regulatory department for so long that by the time the final draft is approved, it needs to be updated!

Medical Communications & Financial Analysis
Paul Keough, PhD, MBA

Medical Communications
Antibodies, Infectious Disease, Medical Devices, Oncology, Radiology, Specialty Drugs

Financial Analysis
Pipeline Assessment, Health Economics, Market Research

paul.keough@gmail.com
708 345-0542 (tel)

Accurate, clear, diligent
Medical writers always have creative new ideas. These ideas often become newspaper, magazine, or trade journal articles. Some even become books. If you are one of the lucky few, a publisher comes looking for you. But for most authors this is not the case. Like writing, publishing is not as effortless as it might seem. Bringing the gleam of an idea to printed fruition requires a good deal of research, networking, patience, and persistence. Attending a publishing course or workshop that initiates you into the world of publishing can be an invaluable tool toward achieving your writing career goals.

“Publishing Books, Memoirs, and Other Creative Non-Fiction” ([www.HarvardWriters.com](http://www.HarvardWriters.com)), offered by Harvard Medical School’s Department of Continuing Medical Education, is one such course. The brainchild of Dr. Julie K. Silver, an award-winning author of more than a dozen books, including her latest, *What Helped Get Me Through: Cancer Survivors Share Wisdom and Hope* for the American Cancer Society, this 3-day course thoroughly prepares potential authors to succeed in the publishing world. I attended this course in 2005, and from the first day, I learned how to navigate the inner labyrinth of the book publishing industry. Day 1 focuses on how to write book proposals and successfully pitch your book or magazine article idea to literary agents and editors; day 2 addresses how to create an amazing manuscript, and day 3 is all about successful marketing and public relations of your soon-to-be bestseller.

Publishing houses receive numerous inquiries and book proposals on a daily basis. Learning to write query letters and book proposals that stand out from the rest are only some of the useful in-depth discussions presented throughout this course. Other topics include honing your writing skills, learning about literary agents, getting started as a writer for hire or collaborator, self-publishing, and marketing tips.

Guest speakers are editors, publishers, literary agents, attorneys, publicists, and successful authors. Through presentations and roundtable discussions, these speakers address topics such as attracting an editor’s or literary agent’s attention, learning how to market yourself and your work, and even how to dress when invited to give a television interview. But not all is sweetness and light. The hard realities of having your idea accepted and the legal ramifications of the printed word are emphasized. Contract negotiations and copyright law are reviewed. Rejection is a frequent mantra, and publishing is not for the easily discouraged. The necessity of networking and being persistent are pointed out time and time again. However, all can be overcome successfully with the skills learned in this course.

Not only is the course content superb but so are the contacts you can make. The opportunity to network and make connections is an extremely valuable facet of the course. In addition to meeting and getting to know fellow participants and colleagues, networking sessions allow you to discuss your specific publishing ideas with publishing professionals. Using the valuable knowledge learned and the connections made, many writers go on to have their work published. I am one of them. I met a woman at the course who later became the editor for my first book, *Understanding the Antioxidant Controversy: Scrutinizing the “Fountain of Youth”* (Praeger Publishers, 2008).

“Publishing Books, Memoirs, and Other Creative Non-Fiction” is a course that is well worth the time and investment to achieve any publishing goals you may have. It provides an excellent introduction into the publishing world and supplies the skills, tools, and networking opportunities that can springboard you into an exciting new direction of your writing career as a published author.

---

**“Publishing Books, Memoirs, and Other Creative Non-Fiction”**

March 26-28, 2009

Boston, MA

For more information or to register, visit [www.HarvardWriters.org](http://www.HarvardWriters.org).
Get the Recognition You or Your Publication Deserves

“Award-winning” on your resume or an award logo on your Web site can distinguish you from your colleagues. So take the first step toward enhancing your professional reputation and credibility by reviewing your work from the last year, selecting your best material, and submitting it to one or more of the following competitions.

**AMWA 2009 ERIC W. MARTIN AWARDS FOR EXCELLENCE IN MEDICAL WRITING**

AMWA encourages members to submit entries to the Eric W. Martin Award competition, which recognizes writing in 3 categories: Monographs, Articles (print and electronic) Intended for a Lay Audience, and Articles (print and electronic) Intended for a Professional (Medical) Audience. Monographs and articles must have been published in the 2008 calendar year.

➢ The deadline for entries is February 1, 2009. Criteria for the award and entry forms are available on the AMWA Web site (www.amwa.org).

**AMWA 2009 MEDICAL BOOK AWARDS**

AMWA also invites entries for its 2009 Medical Book Awards competition, which recognizes authors of nonfiction and fiction medical writing. Awards are presented to the author(s) of the best English-language medical books in each of 3 categories: Physicians, Health Care Professionals (Nonphysicians), Public/Health Care Consumers. Only first editions (or significantly revised subsequent editions) released in 2008 are eligible.

➢ The deadline for entries is February 26, 2009. Criteria for the awards and entry forms are available on the AMWA Web site (www.amwa.org).

**EXCEL AWARDS**

The Society of National Association Publishers (SNAP) invites submissions to its 2009 EXCEL Awards, an annual competition recognizing and rewarding the exemplary work of association publishers. The EXCEL program judges more than 1,200 magazines, newsletters, scholarly journals, electronic publications, and Web sites in the areas of editorial quality, design, general excellence, most improved, and more.

➢ The deadline for entries is February 20, 2009. Visit www.snaponline.org for more information.

**APEX AWARDS**

Submissions are also now being accepted for the Annual Apex Awards for Publication Excellence, which recognize excellence in editorial content, graphic design, and overall communications effectiveness. Communicators can choose from 110 different categories under several headings, including newsletters; magazines and journals; annual reports; brochures, manuals, and reports; electronic and video publications; and Web and Internet sites. The Apex Awards are sponsored by the editors of Writing that Works, a newsletter for writing, editing, and communications professionals. The contest is open to writers, editors, publications staff, and business and nonprofit communicators.

➢ The deadline for entries is March 16, 2009. Visit www.apexawards.com for more information.

➢ See the Member Musings section (beginning on page 207) to learn about members and publications who have earned recognition through these writing/publications competitions. Reviews of books honored with 2008 AMWA Medical Book Awards are included in the Media Reviews section, which begins on page 192.
Where Shall I Submit This Article?

By Arnold Melnick, DO

Often, writers are faced with the dilemma of where to submit an article—sometimes for yourself, sometimes for another person, sometimes before the article is completed, and sometimes after it is all written. Neither I nor anyone else has a magic formula to guide novices (or sophisticates) in this process. But there are some general guidelines that might help.

Less experienced writers often jump immediately to The New England Journal of Medicine or The Journal of the American Medical Association or the British Medical Journal. They are great publications—prestigious and respected—and all of us would like to see our work appear there. The number of articles they accept is very limited compared with the total number of articles submitted or published in all journals.

To earn a place in one of these valued journals, an article must be outstanding, often representing deep research or extensive clinical experience, and they accept the best of them. Most often, that leaves an author the task of choosing a second, or third, or more, choice.

Remember that there are essentially 2 major groups of medical publications: the paid subscription ones (by organization dues or by fee) and the controlled-circulation publications (usually called throw-aways, which are sent free). As some wags have put it, the throw-away journals are the ones physicians read and discard, while the subscription journals are the ones physicians keep on their office shelf but rarely read. Humor aside, both types of journals serve a purpose and are important. The subscription journals, in general, have smaller circulation and are more formal; they tend to carry more research material. The throw-aways have an almost universal distribution and their articles are more general in character. They are easier to read and give the writer greater exposure.

So, then, how does a novice or near-novice decide on where to submit an article? First it takes some study, just as did the article. You must analyze the exact medical field it covers. It is usually not enough to say it is cardiology—is it clinical cardiology, invasive cardiology, electrophysiology, or what? That will narrow the prospects for you. Is it research? Look for a journal that seems to specialize in research. The same for clinical material.

Here are a few suggestions that might help you think it through.

1. Study your article carefully (and not just the title) and specifically categorize it.
2. Decide whether you would like it in a general journal or a specific one. That will depend on the scope of the material. Do you have a preference for (or do you think you have a better chance for) a national, state, or local journal?
3. Make a list of the possible journals and list them in an approximate order in which you think there is the most possibility of acceptance.
4. Obtain copies of the top 3 or 4 on your list and study them carefully—very carefully, because this is the key: review the Instructions to Authors (this appears in almost every journal), match the instructions with your article, and pick the journal most likely to publish your article.

Most publications insist that an author submit the article solely to that journal and not engage in submissions to multiple publications. Be prepared to wait a period of time while the article is undergoing editorial review—at least a month. In some cases, the wait may be as long as 3 months. If it is accepted—congratulations; it’s a rare article that is accepted on first submission. Then, just relax and enjoy your luck. If it is rejected, submit it to the next publication on your list—and wait, and wait, and wait, perhaps another couple of months. A word to the first-timers: you may have to go through this process a number of times before your article ever gets accepted.

So, in addition to the hard work of preparing a satisfactory article, you must add the patience to get it published. But go ahead and try it; it’s worth it. And good luck!
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: My coworkers have insisted on using “health care provider” when trying to be inclusive of nurses, therapists, etc. Well, to me this sounds like reference to an HMO, and I think “health care professional” is the better inclusive term. What is your opinion?

DEBRA SHARE-BURMONT
Merck & Co.
Whitehouse Station, N.J.

DEAR DEBRA: I agree unequivocally with you that “health care provider” automatically calls up the vision of an HMO (health maintenance organization), not what was intended. “Health care professional” is much more precise and inclusive. There shouldn’t be any hesitancy about saying that nurses and physical therapists, for instance, are health care professionals.

Those kinds of care are indeed professions, and not including these people is to my mind erroneous and condescending. Innumerable studies show that there is not enough recognition or autonomy for most nurses in their hospitals or other settings.

DEAR EDIE: I have a question about differences in word meanings. This is a paragraph from a paper I edited:

“The prophylactic oral administration of the antioxidant NAC [N-acetylcysteine] to patients with renal impairment has been investigated on the assumption that reactive oxygen species are involved in CIN [contrast-induced nephropathy]. Although some studies suggest that NAC may reduce the incidence of CIN, a review of clinical studies by [fictitious authorship: Rowe et al.] has demonstrated mixed results. Therefore, use of NAC, although not recommended, is suggested for patients with very high risk of CIN.”

In the last sentence, I think the authors are using “recommend” to indicate approval (or in the case of this sentence, lack of approval), and “suggest” to indicate a possibility. But I had to read the sentence three times before I realized that the authors were not using the “to propose as desirable” definition of “suggest,” which is very similar to the “to present as worthy of acceptance or trial” definition of “recommend.”

To me, this is a very fine distinction and could create confusion. Do you agree? If the authors had indicated who wasn’t recommending it and who was suggesting it, would that have been clarification enough?

KAREN HALLMAN
Royal Palm Beach, Fla.

DEAR KAREN: That paragraph raises more questions than it answers. Without opprobrium and with tact and compassion, I suggest that the authors of the cited paragraph are weaseling (sidestepping, equivocating). They have failed in their effort to enlighten, the aim of every medical article. Instead of clarifying the issue, they have beclouded it. We’ll never know who recommended NAC—the authors, Rowe et al., any of the referenced authors cited by Rowe et al., or other, anonymous sources. These authors are damn ing with faint praise.

I strongly recommend that physicians who put credence in that article choose their candidates for that treatment very, very carefully.

DEAR EDIE: I understand from your book, Medical English Usage and Abusage (p. 166), that acronyms make useful mnemonic aids. So what is the correct usage for these examples?

With pain therapy as a topic, are these acronyms, acrostics, or mnemonic aids? Are those terms interchangeable? How about RICE? RICE stands for rest, ice, compression, elevation.
One source offers advice and a mnemonic for remembering the key aspects of pain assessment and management. Here is the quotation that raised these questions:

Ask about pain regularly. Assess pain systematically. Believe the patient and family in their reports of pain and what relieves it. Choose pain control options appropriate for the family, and setting. Deliver intervention in timely, logical, and coordinated fashion. Empower patients and the family. Enable them to control their course to the greatest extent possible.

The basics of a care plan for pain can best be remembered by the acrostic/mnemonic PAINBASE:

P, Place location of pain
A, Amount/severity of pain
I, Interactions
N, Neutralizers
B, Breakthrough
A, Activities
SE, Side effects

Many thanks for your attention to my conundrums.

BARBARA RINEHART
President, Delaware Valley Chapter
Newtown Square, Pa.

DEAR BARBARA: RICE and PAINBASE are indeed acronyms and mnemonic aids. As to the acrostic part, PAINBASE may qualify as an acrostic because the vertical letters are expanded with words. The acrostics I’ve seen were in the form of a square, but perhaps I’m being too particular, a trait I picked up in my career as editor and one I can’t seem to discard.

Ripples: Since PAINBASE can be pronounced as a word, it qualifies as an acronym. Ditto for RICE. “Acro-” is a prefix or word element meaning high, as in acropolis, which is a city on a height; “-nym” is a suffix or word element meaning name, so an acronym is a name a little higher in the lexical hierarchy than mere abbreviations such as FDA and AMA (initialisms), which cannot be legally pronounced as words. Abbreviations comprise, among others, initialisms, acronyms, symbols such as $@ (Note: These are not bleeped expletives), and measurements such as mg, dl, yd., sec., etc.

I hope you don’t mind my going on about this subject, one of my favorites. A mnemonic is a way to remember things of interest, such as the lines in a musical score (EGBDF, sometimes standing for “every good boy does fine [deserves fun!”), or APGAR (score), which is both a mnemonic and an acronym. It was devised arbitrarily as a mnemonic by Dr. L. Joseph Butterfield of Children’s Hospital in Denver (Dr. Virginia Apgar would have been too modest): a, appearance; p, pulse; g, grimace; a, activity; r, respiration. These criteria are not quite so discrete or explanatory, but the actual ones can be found in extended form in medical or nursing dictionaries under “Score.” Mosby’s Medical and Nursing Dictionary and Stedman have particularly excellent roundouts.

There are myriad other mnemonics that are also acronyms. They include such businesslike ones as AIDS (acquired immunodeficiency syndrome), MEDLARS, and MEDLINE; ridiculous ones such as COWS of WASPS (Commission of World Standards of the World Association of Societies of Pathology (about lab values); and such cuties as ABE (acute bacterial endocarditis); IDA (iron-deficiency anemia); KIDS (Kent Infant Development Scale); KISS (key integrative social system); RAE (right atrial enlargement); SAM (systolic anterior movement); and TED (thromboembolic disease).

I see this common error every day: When writers spell out AIDS, for instance, they’ll mistakenly initial cap: “Those afflicted with Acquired Immunodeficiency Syndrome (AIDS) are extremely susceptible to pneumonia and other complications.” Decap!

“Mnemonic” is one of the few words in English containing “mn.” They include amnesia, amnesty, mnemotechnical, and mnestic. All stem from the Greek mneme, memory.

As you know, I am always didactic. That’s because I assume that people are interested in adding to their sum of knowledge and information about most things and from any source.

DEAR EDIE: Once again the preposition rears its controversial head. I am struggling to find a rule to govern the use of “with” or “to” after “compliance.” Do patients exhibit compliance to or with a recommended course of treatment? “With” sounds right to me, but I have seen both and do not know which is correct.

LAURINDA A. COOKER, Ph.D.
Lake Zurich, Ill.

DEAR LAURIE: Your feeling is correct. All the examples given in Webster’s Third New International Dictionary of the English Language, Unabridged (called briefly and affectionately by me as Webster’s Third), in that context use “with.” Not one was “compliance to.”

Merriam-Webster’s Dictionary of English Usage says this: “The standard pattern in current [italics mine] English
Question: Why do patients “exhibit” compliance? Whatever happened to good old “showed”? In certain jurisdictions, exhibiting can be a crime.

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. Her postal address is in Instructions for Contributors. Edie answers queries as soon as possible.

To avoid back-and-forth, time-consuming messages, please include permission to publish (or instruction not 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 may be published unless Edie is otherwise directed. This column is essentially an open forum, a goldfish bowl in a glass house. Edie’s e-mail address, not surprisingly, is dearedie@verizon.net.

SLIPS THAT PASS IN THE NIGHT

Just a little lapsus linguae in each, as encountered by Edie

Warning: Would the person who took the stepladder yesterday please bring it back or further steps will be taken.

If you cannot read, this leaflet will tell you how to get lessons.

Most of the veteran baseball players on that team resigned in mass. [All Catholic, I presume.]

Two protesting toxic wastes leave perch atop water tower. [What a strange place to leave a fish.]

The Dean asked for antidotes about the founding of the medical college. [How medically appropriate!]

She was first seen 2 years ago by the primary care physician in a severely debilitated condition. [Poor chap. I hope he feels better soon.]

A country that can boast an Elizabeth Rex need not fear defeat. [Or boast a George Regina?]

With the many improvements, the coup de gras will be the new sign over the walkway. [By the grace of the Civic Improvement Bureau, no doubt.]

Medical advances have decreased the mortality rate from heart disease, the principle killer of Americans. [It’s wrong to kill principles.]

Corporal Hargrave said yesterday that she and Sgt. Carstairs had manned a Humvee about 10 miles south of here. [Oops! Wrong verb, wrong sex.]

Moscow hotel brochure: You are welcome to visit the cemetery where famous Russian and Soviet composers, artists and writers are buried daily except Thursday. [Tschaikowsky, here I come!]

Norwegian lounge menu: Ladies are requested not to have children in the bar. [Too cold.]

The visitors from Montana found themselves disoriented in the big city. [“Oh, East is East, and West is West, and never the twain shall meet.”]

Headline: Complaints about NBA referees growing ugly. [How unkind. I think they’re good-looking enough.]

Headline: Bridge held up by red tape. [Remind me not to cross that bridge when I come to it.]
Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression, 2nd ed.
Frederick K. Goodwin, MD, and Kay Redfield Jamison, PhD
New York, NY: Oxford University Press

Frederick K. Goodwin, MD, and Kay Redfield Jamison, PhD, have expanded and updated their landmark work Manic-Depressive Illness. For the second edition, the authors added a subtitle to signal their emphasis on the Kraepelin model, which includes all of the recurrent mood disorders under the framework of manic-depressive illness.

Upon opening the cover, one finds a finely granular table of contents that maps out a journey to the depths of current knowledge and understanding of this complex illness. The sheer heft of the book holds the weight of the long hours that the authors and collaborators spent over a 5-year period processing and organizing massive amounts of information to culminate in a text of this caliber.

Every aspect of manic-depressive illness, from epidemiology to pathophysiology, diagnosis, treatment, and clinical and psychologic studies, is covered in meticulous detail. Numerous fields of specialty, including genetics, neurobiology, psychology, neuropsychology, sleep science, and neuroanatomy, as well as psychiatry, are mined to bring together a collective of expertise. Also covered are comorbid conditions, such as alcohol and drug abuse/dependence, anxiety disorders, other psychiatric illnesses (eg, attention-deficit hyperactivity disorder, eating disorders), and medical illnesses (eg, cardiovascular disease, thyroid dysfunction). Chapters on treatment discuss initial and maintenance medical treatment, medication adherence, psychotherapy, treatment of children and adolescents, and treatment of comorbidity. An early chapter that outlines the high risk of suicide among these patients is followed up with a chapter on clinical management of suicide risk.

Some dense sections of the text would be more approachable if the authors had interspersed tables and figures to highlight and summarize key points. Graphics and illustrations tend to be sparse except in the chapters based on neuroscience. Flow charts supplement the discussion in the chapters on medical treatment. Notes, often lengthy, are footnoted at the end of each chapter, and extensive chapter references are listed in the back of the book.

In light of the tendency of modern medicine to focus on diagnosis and treatment of the illness and sometimes lose sight of the afflicted individual, one of the most surprising discoveries in this textbook is a chapter that explores evidence for a link between mood disorders and artistic creativity. Some individuals avoid treatment or may not comply with taking medication because it might interfere with the increased creativity or productivity they perceive during manic episodes. As researchers identify genes that influence manic-depressive illness, the authors argue the importance of studying positive aspects of this illness and raise questions about what we could lose as a society if we were to attempt to engineer a world without individuals who carry the risk for this condition.

In many ways, this text is invaluable: as a guide for physicians who diagnose and treat this illness in their patients, as a review of the literature for researchers seeking to formulate questions for further study, or as a resource for anyone with an interest in how this complex illness arises from and affects the human experience.

—M.E. Ford, MD, MPH

Dr. Ford is a freelance writer and editor in Denver, CO.

The reviews included here are of the 3 books that earned first-place honors in the 2008 AMWA Medical Book Awards. Reviews of the books that received an Honorable Mention or Special Recognition award can be found in the online version of the AMWA Journal (available at www.amwa.org).
Pharmacotherapy Principles and Practice
Marie A. Chisholm-Burns, PharmD; Barbara G. Wells, PharmD; Terry L. Schwinghammer, PharmD; Patrick M. Malone, PharmD; Jill M. Kolesar, PharmD; John C. Rotschafer, Pharm D; Joseph T. Dipiro, PharmD

Pharmacotherapy Principles and Practice is both a textbook and reference source on drug therapy. With more than half of office visits resulting in physicians prescribing a drug for the patient, this book addresses the need for health care professionals to correctly monitor the pharmacologic aspect of patient care.

With 7 editors, more than 170 physician or pharmacist contributors, and over 140 equally qualified reviewers, Pharmacotherapy covers a wide range of clinical practice. The book is divided into sections on disorders of organ systems: cardiovascular; respiratory; gastrointestinal; renal; neurologic; psychiatric; gynecologic and obstetric; urologic; immunologic; bone and joint; eyes, ears, nose, and throat; and hematologic, with a final section on diseases of infectious origin. Each of 99 chapters addresses a disease state or disorder. The disease is presented from etiology through therapy, including diagnosis and expected clinical course, with an emphasis on drug treatment options and subsequent management.

Learning objectives are clearly defined in the heading of each chapter for those interested in continuing medical education credits, but are useful for anyone using Pharmacotherapy as a text. Key concepts are listed at the beginning of each chapter and referenced throughout. The tools that make this book a great textbook also make it stand out as a valuable reference. The authors make judicious use of lists, tables, charts, and diagrams to consolidate material and make it easier to understand. Colored headings and shading break up text and highlight concepts. Of special interest are patient encounters that illustrate clinical situations and require practical applications. These are balanced by Clinical Presentation and Diagnosis text boxes that present symptoms, signs, diagnostic tests, and other information in a concise format. The layout is consistent throughout the book, making it easy to anticipate the presentation of information.

Desired information can easily be located by leafing through any given chapter, but the book is also well indexed. For those with an electronic bent, Pharmacotherapy includes a full-text e-book download.

As with any book dealing with an ever-changing landscape, Pharmacotherapy carries a disclaimer to that effect. However, I expect that this textbook will continue to provide valuable information, with appropriate revisions, for many years to come.

—Kristi B. Weber, MT
Kristi Weber is a Lab Director and freelance writer in Vancouver, WA.

Vaccinated: One Man’s Quest to Defeat the World’s Deadliest Diseases
Paul A. Offit, MD

Maurice Hillerman should be a household name. Nevertheless, according to author Paul Offit, even the people who are intimately familiar with the results of his work—public health officials, clinicians, and epidemiologists—have never heard his name. Offit sets to right this wrong, and does so in a stunningly rich, well-researched, and highly informative narrative that keeps the reader glued to every page.

Hillerman was a Merck scientist who developed many vaccines that are routinely given to children across the world today. Among those vaccines are measles, mumps, rubella (MMR), Hib, and hepatitis A and B. Arguably, no other scientist in the 20th century saved more lives than he did. Offit, an infectious disease expert, follows Hillerman’s life from birth throughout his fascinating career. He paints a picture of a brilliant scientist with a sometimes-abrasive personality and unwavering dedication.

More than a biography of Hillerman, however, Vaccinated is also a fascinating look at the history and politics of vaccine development. Offit looks unflinchingly at the controversial past practice of testing vaccine safety and efficacy in retarded children first. He delves into the power struggles and political wrangling between government
agencies and competing vaccine developers. He does not shy away from discussing the MMR/Autism controversy, bringing into the discussion not only Hillerman’s notes and research, but, as he does throughout the book, his own research as well. The book contains an extensive bibliography and a good index.

Despite the heavily scientific subject of this book, Vaccinated is written in an engaging, lively, and easily understood language. Offit interviewed Hillerman during the last 6 months of Hillerman’s life, and Hillerman’s own words give added dimensions to his story. Vaccinated brings to life an unlikely hero on a fascinating journey, and both hero and journey are vividly illustrated. Hillerman emerges as a man of contradictions who was both humble and arrogant; a dedicated scientist who was brilliant and demanding (as much of himself as he was of others who worked for him). Humanity owes Maurice Hillerman a tremendous debt, as this book clearly shows. Still, to this day, he remains “the most important person you’ve never heard of.”

—Adi R. Ferrara, ELS

Adi Ferrara is a freelance medical writer and editor who lives in Bellevue, WA.

GRANTS Specialist
Jeremy Fields, Ph.D.
29 years experience as a funded biomedical researcher
18 as a freelance medical writer
jzfields@suscom-maine.net
207-865-1478 (tel)
207-865-1479 (fax)
Clear, concise, coherent & compelling proposals.
By Mary Royer, MS, ELS  
2007-2008 Web and Internet Technology Administrator

AMWA Members Note Value of MD Consult

Since AMWA began its 1-year pilot program offering MD Consult as a member benefit, several AMWA members have enthusiastically supported its value. The following are just a few of the many responses AMWA has received.

I just love the access to MD Consult. Please consider continuing this benefit; it’s so important to our community and our profession. Membership should have perks, and this is a truly valuable, educational incentive! Thanks so much!

—Karen H. Golebowski  
Write Rite, Inc. 
(Empire State - Metro New York)

I just wanted to thank AMWA for adding the MD Consult benefit to our membership… This is going to be probably the second most useful resource I have for medical writing. The first most useful is, without a doubt, the Freelance Listserve, where I learn an incredible amount from my fellow freelancers every day.

—Betsy Gordon  
BG Writing & Editing Services 
(Pacific Southwest)

I commend AMWA for providing this service to members. One of the most difficult sticking points in doing medical and scientific research for articles is not to have access to the journals. This membership in MD Consult is enormously helpful in furthering the work of science/medical journalists. Thank you, thank you.

—Myra Sklarew  
(Mid-Atlantic)

As described in the previous issue of the AMWA Journal, MD Consult is an online, subscription-based, integrated medical information service.1 Through MD Consult, AMWA members can access the complete text of over 50 leading medical reference books and over 80 journals and the Clinics of North America. The search function permits users to simultaneously search the full text of the online journal collection and millions of MEDLINE abstracts. The site also provides extensive patient education materials, offering basic, easy-to-understand information on medical conditions and their treatments and drug information, including generic and brand names, indications, and dosing instructions and side effects.

MD Consult makes it convenient and easy to remain current with medical news and developments. You can view recent top medical stories, sorted by interest (eg, cardiology, dermatology), from all of the major journals, government agencies, and medical conferences. The service presents summaries of critical contents in an easy-to-scan format, allowing for fast review of key messages. In addition, users have access to select articles from the most respected medical journals. You can learn more about MD Consult at www.mdconsult.com/php/107245650-2/homepage.

To access MD Consult, you must login to your AMWA account (using your last name and member number). You may access MD Consult from the Members Only page under Publications and Resources or from AMWA's home page by clicking on Membership, and then the MD Consult Access link. AMWA's access to MD Consult is limited to 2 members at a time because of cost. Therefore, before you access MD Consult, please ensure that you have at hand the facts you need to find the information you seek. For example, if you are conducting a search, please develop your search strategy before accessing the site.

We hope all members will find MD Consult to be a valuable resource. Please let us know how you like this new benefit. If the response to this pilot program is favorable, we will consider finding a way to continue it in the future.

Reference
American Medical Writers Association Website Review

By Diane Monsivais

Are you missing out on a great resource for medical communicators? If you’ve never visited the American Medical Writers (AMWA) website (www.amwa.org), the answer is yes!

Whether you’re an author, editor, or involved in any other aspect of medical communications, you’ll find helpful resources on the AMWA site. The links are fun to explore and include allied organizations such as AMWA’s European cousin EMWA, and the International Society for Medical Publication Professionals.

Numerous guidelines and statements about the ethics of writing and publishing are available, creating an easy one-stop area for policy statements and ethical guidelines. Wonderful library resources await you, too. There’s an amazing journal locator called Genamics/Journalseek at http://journalseek.net/med.htm. This database includes over 94,000 categorized titles, so finding the journal that might be the perfect fit for your proposed manuscript just got a little easier.

You’ll also find standard government resources such as Medline and FirstGov, plus a long list of specific medical writing resources, including online dictionaries and a long list of free medical journals.

I guarantee you’ll find at least one link that’s so intriguing it will capture your attention and distract you from whatever other project you may have been working on when you clicked into the site!

During the first part of the 1990s, my association with AMWA was synchronous and in-person at the yearly conferences. I began attending in order to find resources to help in developing manuscripts. Not only did I find more resources than I expected, but the collegial, interdisciplinary interactions expanded my myopic (i.e. “nursing focused”) view of the world beyond what I ever thought possible. The expansion was occasionally frightening as I signed up for continuing education with titles like “Sentence Structure and Patterns,” and “Punctuation for Clarity and Style,” thinking I would be publicly humiliated by my ignorance. At the end of the courses, I was amazed that 3 hours spent working with sentences and/or paragraphs had actually been fun, engaging, and completely comprehensible! The opportunities which were made available to me because of my association with AMWA have enriched my nursing career immeasurably.

Happy exploring!

Diane B. Monsivais PhD(c), CRRN, MSN is on the faculty at the University of Texas El Paso School of Nursing and a doctoral candidate at the University of Texas Houston.
AMWA Members Speak Out

AMWA members are speaking out in the ongoing discussions about the role of medical writers in scientific publications and in CME; their letters have recently appeared in 2 publications and on a CME Web site.

• Gary Novack’s letter to Neurology Today explained the legitimate role of medical writers in scientific publications, citing the editorial in the spring 2008 AMWA Journal and providing a link to the AMWA position statement on the role of medical writers in scientific publications. Novack recommended full disclosure of the role of medical writers as a way to curb abuse.

• A letter from Lanie Adamson, Mary Whitman, Adam Jacobs, and Tracy Bunting-Early in Nature Biotechnology clarified the role of medical writers in articles that reported clinical trials. They noted the contributions of AMWA, the European Medical Writers Association, and the Australian Medical Writers Association in educating members about ethical practices.

• In August 2008, the Accreditation Council for Continuing Medical Education (ACCME) issued a proposed policy that would prohibit medical writers who write promotional information from controlling the content of continuing medical education (CME) activities on the same subject. AMWA officers Cindy Hamilton, Jim Cozzarin, and Sue Hudson responded to the proposal, calling for clarification of ambiguities in the proposed policy to ensure that writers are not unfairly barred from working in CME. The original call for comments and responses are posted at the ACCME Web site.

References
The mission of AMWA is to promote excellence in medical communication and to provide educational resources in support of that goal. If we are to succeed in our mission, it is essential that we ask ourselves who are we, what do we do well, what do we need to do better, what do we care about, and what lies ahead for our profession. Every few years, AMWA surveys our members to help us answer those questions. This article presents the results of the 2008 membership survey.

**Membership Survey Methods**

The 60-item member survey was conducted electronically in April 2008. Questions were developed by the AMWA Executive Committee and Executive Director. All members who have provided e-mail addresses (approximately 5,600 members) were notified via e-mail of the survey in the March and April 2008 editions of the *AMWA Update*. The invitation to participate and a link to the survey questionnaire were sent by e-mail to 5,628 members and posted on the AMWA Web site, followed by an e-mail reminder a week before the participation deadline. Approximately 200 e-mail invitations were returned as undeliverable. The invitation and April *AMWA Update* included a notice that participants were eligible to win prizes.

A total of 1,210 responses (22%) were received. As planned, analysis was performed using descriptive statistics calculated in Excel.

**Limitations of the survey.** Because the survey was announced and publicized via e-mail, members who do not receive e-mail from AMWA were unlikely to participate. All participants viewed the questions in the same order, and fewer participants answered questions at the end of the survey than at the start. This “survey fatigue” might have implications for the robustness of the data from responses to later questions.

**Who Are We?**

More than 1,200 members completed the survey, a 22% response rate compared with 17% for the 2005 survey. More than 60% of respondents are older than 40 years, and only 6% are under 30 years. Our age distribution has changed in the last several years. In 2003 and again in

---

*Figure 1. Baby Boomers: the proportion of members over the age of 50 increased more than any other age group from 2005 to 2008.*

*Figure 2. Doctors in the house: the number of AMWA members with PhD degrees has increased steadily since 2003.*
2005, 35% of us were 50 to 65 years old, but by 2008, 40% of us are in that age range (the “baby boomer” effect) (Figure 1). Most of us are women (82% of survey respondents, 78% of members overall), have at least a master’s degree (63%), work full time (71%), and have been employed in medical communication for more than 5 years (61%). The proportion of members with a PhD degree has grown steadily over the years: 20% in 2003, 25% in 2005, and 28% in 2008 (Figure 2). More than a third of us are self-employed or freelance (Figure 3), and almost 20% of us are employed by a pharmaceutical or biotechnology company (both similar to 2005). Writing was identified as the main work activity by 41%, editing by 17%, and writing and editing (equally) by 21%. Only 5% of us identify our main work activity as management.

Economic prospects for members looked promising when the survey was conducted last spring; more than half of respondents (56%) expected their income from medical writing work to be higher or much higher this year than last, and 29% expected it to be about the same. About one-third of hiring managers who responded to the survey (34%) expected to have larger staffs this year than last, half (50%) expected staffing levels to hold steady, and only 16% expected this year’s staff size to be smaller than last year’s. Among freelance respondents, 42% expected business to be better this year than last, 35% expected it to be the same, and 24% expected it to be worse.

Career exploration is the overwhelming reason members became medical writers (62%), supporting the description of our profession as “the accidental career.” Most of us come to medical writing through science, in terms of both education (58% trained in the sciences or medicine) and previous occupation (45% scientist or health care professional).

What Is AMWA Doing Well?
Overall, almost 70% of respondents reported that they were extremely satisfied (19%) or very satisfied (50%) with their AMWA membership. Eighty-four percent have never let their membership lapse, and 42% have been members for more than 5 years. Respondents cited professional or career development (33%); networking, freelance, or employment opportunities (30%); and educational opportunities including certificate programs (18%) as the main reasons they retain their AMWA membership.

AMWA’s programs and services are generally highly regarded. The AMWA Web site is familiar to 98% of members, and half of respondents said they are very satisfied with it. The AMWA Journal has also done a good job of connecting with members; 96% of members are familiar with the Journal, and most are satisfied with it (Table 1). “Dear Edie” is the most often read section of the Journal for 64% of respondents, followed by Professional Development (50%) and Freelance Forum (45%). Ratings for both the Web site and the Journal have remained consistently high since 2005. Most members are also satisfied with the AMWA Update (launched in 2006), although the level of familiarity is lower than for other publications.

AMWA’s education programs received high marks from many survey respondents. Among members who purchased the self-study modules, 70% said they were very satisfied with the Basic Grammar and Usage and Punctuation for Clarity and Style modules, and 59% were very satisfied with Sentence Structure and Patterns. The proportion of respondents who said they were very satisfied with the core certificate program (32%) was up from 2005 (14%) (Table 2). The proportion of “very satisfied” respondents increased to 52% when responses from those who had no opinion or were not familiar with the program were subtracted from the calculation.

AMWA’s conferences and meetings are a draw for many members. More than one-third of respondents expressed a high level of satisfaction with the annual conference (35% of all respondents, and 60% of those who had an opinion on this topic) (Table 3). Members said most often that they attend the annual conference for professional development (43%), certificate workshops (33%), and networking (22%). Sixty-eight percent of members said...
that educational conferences and workshops conducted by chapters were also useful to them; professional contacts with colleagues at chapter meetings were considered useful by 57% of respondents. Of members who expressed opinions about chapter conferences and meetings, most were satisfied.

What Can AMWA Do Better?
Many members are still unfamiliar with some of the basic programs and services that AMWA offers, including certificate programs and the AMWA Update; AMWA needs to continue to explore new ways to inform its members. About 41% of members never attend chapter meetings, and 35% attend them once a year or less; convenient location was the most important factor in attending chapter meetings for 56% of respondents. These numbers, similar to those reported in 2005, suggest that AMWA needs to continue to expand its services to members who are unable to attend chapter meetings. Satisfaction with AMWA education programs can be improved as well, by expanding and enhancing the workshop program. The science fundamentals certificate program, launched in 2007 in response to requests for more science education in the 2005 member survey, is one step in that direction.

What Do We Care About?
A new series of questions on this year’s survey asked respondents to rank several issues according to the extent to which they are of concern; members were also asked what research areas should be pursued. Ethics in medical communication was by far the issue of greatest concern to respondents—65% ranked this issue as 5 or 6 on a scale from 1 to 6, with 6 indicating a serious concern. (See the President’s Inaugural Address beginning on page 201 and the article beginning on page 177 for more information on how AMWA is addressing the issue of ethics.) Another issue on our minds is outsourcing of medical communication, ranked by 44% of members to be a serious concern. About half of members said they would like AMWA to pursue research in these areas.

### Table 1. Satisfaction with AMWA Communication Tools*

<table>
<thead>
<tr>
<th></th>
<th>Number of Responses</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not at All Satisfied</th>
<th>No Opinion</th>
<th>No Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web site</td>
<td>1112</td>
<td>50%</td>
<td>41%</td>
<td>2%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>AMWA Journal</td>
<td>1123</td>
<td>37%</td>
<td>51%</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>AMWA Update</td>
<td>1120</td>
<td>30%</td>
<td>43%</td>
<td>3%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Table 2. Satisfaction with AMWA Certificate Programs*

<table>
<thead>
<tr>
<th></th>
<th>Number of Responses</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not at All Satisfied</th>
<th>No Opinion</th>
<th>No Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>1116</td>
<td>32%</td>
<td>24%</td>
<td>5%</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Advanced</td>
<td>1113</td>
<td>15%</td>
<td>17%</td>
<td>6%</td>
<td>37%</td>
<td>25%</td>
</tr>
<tr>
<td>Science Fundamentals</td>
<td>1110</td>
<td>8%</td>
<td>11%</td>
<td>6%</td>
<td>42%</td>
<td>34%</td>
</tr>
</tbody>
</table>

### Table 3. Satisfaction with AMWA Conferences and Meetings*

<table>
<thead>
<tr>
<th></th>
<th>Number of Responses</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not at All Satisfied</th>
<th>No Opinion</th>
<th>No Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Conference</td>
<td>1106</td>
<td>35%</td>
<td>21%</td>
<td>2%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Chapter Conferences</td>
<td>1103</td>
<td>20%</td>
<td>24%</td>
<td>5%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Chapter Meetings</td>
<td>1107</td>
<td>16%</td>
<td>31%</td>
<td>7%</td>
<td>23%</td>
<td>22%</td>
</tr>
</tbody>
</table>

* Percentages for all categories are based on the total number of responses for that category.

### Looking Ahead
AMWA members have a lot to look forward to. Respondents to this year’s survey said the self-study workshop they would like most to see is *Statistics for Medical Writers and Editors*; as it happens, that workshop is being developed for a planned introduction in 2009. Also looking ahead, the 2008 Long-Range Planning Committee has completed its work; committee members considered data from the 2008 member survey as they analyzed the important needs and trends that will affect medical communication in the coming decade. Analysis and implementation of the committee’s recommendations will begin in the year ahead. Technology will certainly play an increasing role in AMWA’s services to members, with technology-based services expanded and enhanced to help AMWA promote excellence in medical communication.
Pierre Dac said, “The future is the past in preparation.” Doug Haneline chose that quotation as the slogan for next year’s annual conference in Dallas. It’s perfect—not only for the annual conference but also for AMWA. Think about it. “The future is the past in preparation.”

AMWA is a growing organization because of its history of building on its past. The organization has grown from 27 members in 1941 to nearly 5,700 members in 2008. Founded as a regional trade organization for physicians, AMWA became a national organization in 1948. AMWA now has long-term reserves that meet predefined investment objectives and an endowment fund that provides an additional source of nonmembership revenue.

This did not happen overnight. AMWA’s success is attributable to the many generous volunteers and staff members who have contributed throughout the organization’s history. It’s impossible to recognize everyone by name. Rather than risk offending anyone by inadvertently omitting a name, I would like to highlight a few events that are meaningful to me.

AMWA’s mission statement was defined early in its history and is worth repeating because it demonstrates the vision of early leadership. AMWA was originally designed “to raise standards, to improve the quality of medical writing, to establish fellowships, and to encourage training in the field of medical writing.” This mission has remained essentially unchanged.

AMWA’s educational program is critical to promoting excellence in medical communication. To increase the likelihood of success, AMWA invited Dr. Morris Fishbein to deliver a 2-hour course on medical writing at its first meeting in 1948. Dr. Fishbein was editor of JAMA, an outstanding medical writer, and an articulate speaker. AMWA continued to hold annual meetings and expand its educational program based on experience. The core certificate program was established in 1979 and the science fundamentals certificate program was launched in 2007. The number of workshops offered at annual and chapter conferences has grown over time, with 97 workshops offered in Louisville this year. Three workshops are available as distance-learning modules, and a fourth will become available in 2009. AMWA is continuing to evaluate new ways to expand its educational program.

Another way that AMWA promotes excellence in medical communication is to recommend principles of conduct for its membership. Past president Eric Martin drafted the Code of Ethics in 1973, and it has been revised 3 times since then. For example, specific standards to ensure balance, scientific rigor, and objectivity in the writing of all scientific materials were added in 1994. In addition, AMWA has offered workshops and open sessions to increase awareness of ethical standards since the early 1990s. To further increase awareness of the Code, AMWA will add the following statement to its membership form, “I consider membership in AMWA to be an honor and a trust. I have read the AMWA Code of Ethics and agree to conduct myself accordingly in my professional interactions” (see page 177). Don’t worry. AMWA does not want its members to appoint themselves “ethics police” and will not monitor or enforce adherence. Again, the purpose of this change is to increase awareness of the Code.

These stepwise improvements are not accidental. AMWA’s success is the result of sensitivity to its members, creative brainstorming, thorough research, and thoughtful discussions of research findings before adding new programs. AMWA conducts surveys every 2 or 3 years to assess member satisfaction and needs. The findings of the latest survey, conducted in early 2008, confirm that members are generally satisfied with the organization and provide valuable insight regarding potential new services. (See page 198 for an article about the results of this member survey.) Long-range-planning committees are appointed every 5 to 7 years. This year’s committee had a retreat in June, reviewed reports from previous committees, and performed an analysis of AMWA’s strengths, weaknesses, opportunities, and threats—otherwise known as a SWOT analysis. The committee’s report will become the basis for more new programs.

The procedures for adding new programs and making other changes are specified by AMWA’s Constitution and Bylaws, which date back to the 1940s. Changes must be approved by the Board of Directors, which includes at least 1 delegate from each chapter, 10 department administrators, and 5 officers. The Board of Directors is the voting body of AMWA. Minutes of its meetings are available in the members-only section of AMWA’s Web site (www.amwa.org). In addition, AMWA’s department administrators and officers maintain a strategic plan, which was implemented in 2003. This plan begins with a vision statement and also includes goals, objectives, strategies, and specific tactics for achieving the goals.

New Task Forces to Expand AMWA’s Legacy
During the next year, let’s work together to expand the
legacy built by past presidents, other volunteers, and staff. Let’s begin by capturing our history and updating the information on the AWMA Web site. I have invited Melanie Ross to form a new task force that will compile a living document suitable for the Web site. Excerpts from the document may be published in the AMWA Journal.

Let’s continue to promote excellence in medical communication, by doing our homework and conducting research. I have appointed a task force to continue the research project initiated by Sue Hudson. That project is designed to determine how AMWA should evolve to become recognized as the foremost resource for medical communicators over the next 10 years. Specific objectives include estimating the number of medical communicators, characterizing members of the profession and their employers, identifying potential new or changing roles for AMWA, and guiding its development to meet identified needs.

Let’s continue to promote the profession as an attractive career opportunity. I will reappoint the task force formed last year to explore opportunities for partnering with higher education. Among other initiatives, this task force will encourage research, beginning with consideration of 2 new awards to be launched at next year’s annual conference. Specifically, Larry Liberti and his wife, Geri, have generously offered to fund a student research award. In addition, Art Gertel, Nancy Taylor, and Karen Woolley have offered to fund an award for published research designed to investigate the value added by medical communicators.

2008–2009 Executive Committee to Nurture AMWA’s Legacy

In addition to expanding the legacy, let’s nurture and maintain it. This requires a team effort, and I’d like to introduce the members of the 2008–2009 Executive Committee (EC), who have graciously volunteered to lead the efforts of departments within AMWA. EC members are chosen to represent the professional, geographic, and personal diversity within AMWA. In addition, EC members are chosen to provide service-related diversity. Approximately one-third have served on the EC for 4 or more years. Approximately one-third have served for 1 to 3 years. The remaining third are new to the EC. This distribution ensures a balance between continuity and ingenuity.

You might think Sue Hudson does not require an introduction, but she deserves special recognition for her dedication. AMWA absorbs all of her free time and frequently encroaches on her freelance business. Sue’s efforts as president to promote excellence in medical communication have produced a long list of accomplishments and have motivated volunteers and staff to work together. Sue is now perfectly qualified to become Immediate Past President. Besides, she needs another year to complete what she started and is looking forward to telling me what I should be doing. She has held many positions in AMWA, including Secretary and Administrator of the Annual Conference and of Education. Sue has been a freelance medical writer in Simi Valley, CA, since 1995.

Tom Gegeny is an ideal candidate for president-elect because of his volunteerism and creative problem-solving skills. An AMWA member since 1998, Tom has completed 2 terms as Secretary after serving as Administrator of Web and Internet Technology, of the Annual Conference, of Publications, and of Membership. He has served on other committees, such as the Education Committee, and has coordinated breakfast roundtables. Tom is a workshop leader and has participated in open sessions at annual conferences. Before moving to Connecticut and the New England Chapter in 2006, Tom was active in the Southwest Chapter and served as Chapter President from 2002–2003. Tom is keenly interested in adapting technology to better support AMWA members. He believes that technology is integral to all that we do as an association of professional communicators.

Mary Royer is happy to pick up her pencil and paper to fulfill her duties as AMWA’s new Secretary after 2 years of wrestling with Web and Internet Technology. She is a long-time AMWA member, AMWA fellow, and recipient of the President’s Award. She has served as Secretary of the Delaware Valley Chapter, Administrator of Publications, and workshop leader. Mary earned her master’s degree in technical communications from Rensselaer Polytechnic Institute and held medical writing positions in pharmacetical and academic settings before starting her freelance business in Ithaca, NY.

Judi Pepin, PhD, is excited to begin a second term as AMWA Treasurer now that she has a year of experience under her belt. Judi is well qualified as she was a member of the Budget and Finance Committee for 3 years and Treasurer of the Ohio Valley Chapter for 7 years. She also served as Administrator of Development from 2006–2007. Judi is a senior writer in the Department of Scientific Writing and Editing at The Procter & Gamble Company, Mason, OH. She has a bachelor’s degree in biochemistry from Smith College and a master’s and a PhD degree in pharmacology and toxicology from the University of Connecticut, and completed a postdoctoral fellowship at the Cleveland Clinic.

Susan Aiello is looking forward to her second year as Workshop Coordinator, during which she will continue to expand AMWA’s new Science Fundamentals Certificate program. Susan has been teaching AMWA workshops for several years and is a proud recipient of AMWA’s Golden Apple Award. She teaches in other venues as well, and is on the faculty of Harvard’s continuing education course on publishing for physicians and other health care professionals (see page 186 for an account of this course). Susan has also served as Administrator of Awards and is a Fellow of AMWA. Before AMWA—a very brief time in Susan’s adult life—she was a practicing small-animal veterinarian, followed by a stint as an editor for a veterinary trade
important topics in the global regulatory arena.

Larry Liberti is excited about leading the Education Committee for a second term and pursuing initiatives envisioned during this past year. Working closely with Susan Aiello, Larry will continue to lay the groundwork for realigning core certificate courses along new tracks that better reflect the needs and operational activities of AMWA members, such as a comprehensive regulatory track. Larry has served as Treasurer and President of the Delaware Valley Chapter, and is a Fellow of AMWA. Though trained as a pharmacist, education is in Larry’s blood: he’s taught popular AMWA workshops for more than 15 years and lectured at the university level. Larry is Vice President of the CMR International Institute for Regulatory Science—a not-for-profit think tank that brings together industry, regulators, and academics to address important topics in the global regulatory arena.

Susan Aiello, DVM, ELS, is Vice President of the CMR International Institute for Regulatory Science. She joined AMWA in 1981 and has served in many roles in the Ohio Valley Chapter and on the national level, including Administrator of Education and of Development. She received the AMWA President’s Award in 2003 and was made a Fellow of the organization in 2005. She has 27 years of medical writing and management experience in the pharmaceutical industry and is currently the Director of Scientific Writing & Editing at Procter & Gamble. Her corporate experience has included both regulatory work and manuscripts for peer-reviewed journals; required that she be able to communicate effectively with both internal and external authors, editors, and reviewers; and taught her to adhere to deadlines. In addition, she is attentive to details and strives to see the bigger picture. Barbara holds a bachelor’s degree in English literature and composition and a master’s degree in American literature.

Melanie Fridl Ross will excel as Administrator of Public Relations because of her work experience. She is interim Director and Senior Medical Writer/Editor at the University of Florida (UF) Health Science Center’s Office of News and Communications. She also is an adjunct faculty member at UF’s College of Journalism and Communications, where she teaches news reporting. In addition, she serves as Senior Producer for the award-winning consumer health series “Health in a Heartbeat,” which airs on public radio in 18 states and Washington, DC. She is a member of the Board of Editors in the Life Sciences, among other professional organizations. Melanie holds a bachelor’s degree in American culture and a master’s degree in journalism from Northwestern University. She is a Past President of AMWA’s Florida Chapter and has been a member of the EC since 2003; she was Administrator of the Annual Conference in Albuquerque in 2006. If we find ourselves in need of help with crisis communications, Melanie is ready—she teaches a public relations workshop and leads a roundtable discussion on that topic.

Cathy Clark is ideally suited to become Administrator of Membership because of her experience since joining AMWA in 2000. Cathy’s involvement escalated unexpect-
edly during the 2004 Annual Conference when she was asked to substitute as a breakfast roundtable leader for her manager, whose travel plans had changed. Assured she wouldn’t have to say much because she could show a brief video, Cathy agreed. What Cathy didn’t realize is that videos cannot be shown during breakfast roundtable sessions, and she rose to the occasion by leading the discussion. She is the current President of the Florida Chapter and has been a member of AMWA’s Constitution & Bylaws Committee, Short Sessions Coordinator for the 2007 Annual Conference, and Poster Sessions Coordinator in 2006. Cathy is Managing Editor in the Public Relations & Marketing Department at Moffitt Cancer Center.

Steve Palmer is going to be a great Administrator of Chapters. Soon after he joined AMWA in 2003, and in true Southwest Chapter style, his chapter members roped Steve into serving as chapter delegate to the AMWA Board of Directors, then wrangled him into being Chapter Program Chair, and finally hog-tied him for 2 years as Chapter President. On the national level, Steve has served as a member of the Constitution & Bylaws Committee, and he served as the Poster Sessions Coordinator for this year’s conference in Louisville. He works as a medical writer at the Texas Heart Institute in Houston.

Faith Reidenbach is this year’s Awards Administrator. Faith is well-suited to promote excellence in medical communication because she has been both a judge and a recipient of AMWA awards. In 2003, she won the Eric Martin Award for excellence in writing for a lay audience. Faith has worked in medical communication for her entire career, which has included tenure as Executive Editor of Medical News for Reuters. In 2002, she and her partner, Bev Caley, started an independent medical writing and consulting business that is currently located in Corvalis, OR. As a member of the Web and Internet Technology Committee, Faith led an ad hoc committee that archived early posts to the Freelance Listserv and helped create the Freelance Opportunities Listserv. She is also a regular contributor to the AMWA Journal with her column “Briefly Noted.”

Donna Miceli is a good candidate for Administrator of Web and Internet Technology because she has been at it long enough to be something of a guru, and, perhaps most importantly, she knows how to “Google.” A member of AMWA since 1989, she was an active member of the Delaware Valley Chapter—serving as Secretary and chapter board delegate—before moving to Florida in 2000, where she operates a freelance medical writing business. Donna has also been active at the national level, serving as a roundtable leader, open session moderator, and creative readings chair many times. She became a Fellow of AMWA in 2007. Donna earned her bachelor’s degree in journalism and speech at Syracuse University.

Lili Fox Vélez is so excited about becoming the Administrator of Special Projects that she began work a month ago. Formerly known as “Development,” the name of this department has been changed to allow the administrator to focus on new initiatives identified by the Executive Committee. For example, Lili will expand the Webinar series and aim for 3 or 4 educational programs beginning in 2009. (See page 179 for information on the first Webinar.) In addition, she will continue working with chapter delegates to spend earnings from the AMWA Endowment Fund on projects that are consistent with AMWA’s mission statement. Lili has 12 years of experience in medical writing and 20 years of experience teaching critical thinking and writing to science students. In 1997, she joined AMWA and started the master’s program in biomedical writing at the University of the Sciences in Philadelphia. From 2001 to 2006, she worked full-time in medical communication. Now back in academia as an Assistant Professor of English at Towson University in Maryland, she teaches graduate courses in medical communication, rhetoric, and environmental science.

I would also like to introduce Donna Munari who is Executive Director of AMWA and oversees the organization with a staff of only 8 people. Dane Russo is the Education Manager, overseeing workshops offered at the annual conference, chapter conferences, and on-site programs. Ronnie Streff is Communications & Technology Specialist and is responsible for maintaining and expanding AMWA’s Web site, listserves, and many other technologic features required in the day-to-day operation of AMWA. Mark Rosol is the new Membership Assistant, responsible for membership functions such as annual renewals, address changes, and product orders. Shari Lynn is Meetings & Marketing manager. Becky Phillips is Registrar and Job Services Coordinator. Melanie Canahuate is an Administrative Assistant. A bookkeeper and benefits administrator position is currently being filled.

If this sounds like a long list of volunteers and staff, you are perceptive. We have expanded the Executive Committee to better serve member needs, and more help is needed to maintain the legacy. Please review the Willingness-to-Serve form available at www.amwa.org/default/members. only/willingnessertoserve.pdf, identify the opportunities that match your expertise, complete the form, and send it to AMWA headquarters.

Thank you very much for your attention and loyalty to AMWA.
Complementing the written word, medical illustrations have long played a vital role in advancing the study and practice of medicine. In September 2008, the Florida Chapter attended Jacksonville’s Cummer Museum of Art & Gardens special exhibit, “Scalpel to Sketch: The Science and Beauty of Medical Illustrations of Mayo Clinic.” Participants learned about the history of medical illustration, how it has advanced over hundreds of years, and its continued importance to medical science.

The chapter event provided chapter members an opportunity to view illustrations of the human form, disease, and medical procedures. Careful study of the sketches showed the evolution of medical illustration and the improvement of individual artists. One fascinating part of the exhibit was a series showing how medical illustrators helped physicians plan and carry out the separation of conjoined twins. More commonly, though, illustrators help surgeon authors illustrate papers about new operative techniques. Illustrations also are important in patient educational materials.

Docent and former registered nurse Carolyn Moran DePalma led chapter members on a private guided tour of the sampling from the Mayo Clinic’s 60,000-item illustration collection. DePalma noted that the Mayo Clinic began its medical illustrations program in 1907 and this was the first time the Clinic had exhibited its artwork. The exhibit included letters from the early 1900s between the Mayo Clinic and Max Brodel, an illustrator at Johns Hopkins University, who was unsuccessfully recruited by the Clinic’s founders. However, the Mayo Clinic hired several of Brodel’s students.

Of the importance of medical illustration, DePalma said, “Physicians carry knowledge of treatment, but illustrators have the ability to put it on paper and communicate it. Illustrations show step-by-step how to do the surgeries.” During the 16th century, she explained, classically trained artists attended human dissections and operations to learn about human anatomy so they could properly depict it.

The Florida Chapter invited Alice McKinney, who has worked as a medical illustrator at Mayo Clinic for more than 18 years, to attend the event and provide additional commentary. She explained that the first drawings were pen and ink combined with carbon dust that was applied to a sticky, clay-coated surface. Scraping away excess dust allowed artists to create highlights, thus adding dimension to their illustrations. When McKinney began her career at Mayo Clinic, she employed the carbon dust method, but the method eventually gave way to colored pencil drawings. Today, medical illustration has gone high-tech, with artists predominantly using computers for drawings and animation.

Lori Alexander, MTPW, ELS, Educational Coordinator for the Florida Chapter, organized the outing, which included lunch in a palatial dining room at the museum and an afternoon of wandering through the gardens and other galleries, appreciating the collection of art by many celebrated painters and sculptors. A painting by Norman Rockwell of an elderly couple waiting for care at the Mayo Clinic in Rochester seemed a fitting ending for our tour.

Debra Wood, RN, is a freelance writer in Orlando, FL.
February 27-28, 2009
Florida Chapter
Embassy Suites, Orlando, FL

Workshops
Reporting Correlation and Regression Analyses (G/SG) [107]
Jane Neff Rollins, MSPH

Writing and Designing Materials for Patient Education (EW/PRAM) [224]
Sharon Nancekivell, MA

Introduction to Writing Clinical Study Reports (PH) [417]
Ruth Noland, PharmD, ELS

Elements of Medical Terminology (G/SG) [104]
Lori Alexander, MTPW, ELS

Contact: Lori Alexander, lori@editorialrx.com

March 28, 2009
New England Chapter
Sturbridge Host Hotel & Conference Center
Sturbridge, MA

Workshops
Statistics for Medical Writers and Editors (G/SG) [110]
Thomas A. Lang

Tables and Graphs (editorial approach) (G) [111]
Thomas A. Lang

Organizing the Biomedical Paper (EW/FL) [213]
Howard M. Smith

Writing Abstracts (EW/PH) [221]
Howard M. Smith

Contact: Judy Linn, judyhlinn@aol.com

April 26-29, 2009
Pacific Southwest Chapter
Asilomar Conference Grounds, Pacific Grove, CA

Workshops
Reporting Correlation and Regression Analyses (G/SG) [187]
Jane Neff Rollins, MSPH

Basics of Epidemiology for Medical Communicators (EW/PH/SG) [202]
Jane Neff Rollins, MSPH

Ethical Standards in Medical Publication (EW/PH) [205]
Nancy D. Taylor, PhD, ELS

The IND in eCTD Format (ADV) [731]
Peggy Boe, RN

Contact: Lisa A. Tushla, ltushla@gmail.com

May 2, 2009
Northwest Chapter
Talaris Conference Center
Seattle, WA

Contact: TBD

Log on to www.amwa.org for up-to-date information on upcoming chapter conferences.

Does your chapter lack the funds to send a delegate to the semiannual AMWA Board of Directors meetings?

If so, AMWA’s Chapter Fund can help defray the travel costs. To apply for travel money from the Chapter Fund, you’ll need the following items:

- A completed application form, including the names and contact information of the chapter delegate and the chapter’s president and treasurer, the amount of money requested, and a brief statement of need. (Applications for money to travel to the Board meetings are sent to each chapter president before each meeting; if your chapter doesn’t receive one within 10 weeks of the meeting date, contact Donna Munari at dmunari@amwa.org.)
- Copies of your chapter’s financial report from the last fiscal year, current budget, and most recent bank statement.

The Chapter Fund can be used to send chapter delegates to the spring Board meeting (to be held at the Marriott in Gaithersburg, MD, on April 3-4, 2009) and the fall Board meeting (held at the AMWA annual conference).

Don’t let a lack of funds keep your chapter from being represented!
Karen Klein Promotion

Karen Klein, MA, ELS, has been promoted to Associate Director, Research Support Core, in the Office of Research at Wake Forest University Health Sciences (WFUHS) in Winston-Salem, NC. Karen has worked in the Research Support Core since its inception in 2004, and she became its Assistant Director in September 2007. The Core is available to all WFUHS faculty, postdoctoral fellows, and graduate students for assistance with grant development (surveillance of funding sources, grant budgeting assistance, grant editing, grant resubmission advice); manuscript editing; and research mentoring for junior faculty.

Earlier this year, Karen was selected as a national grant reviewer for the Lance Armstrong Foundation and for Susan Komen for the Cure. Very few nonscientists are considered appropriate for this role. In August 2008, Karen received the Grant Professional Certified (GPC) designation, the result of passing a 7-hour exam in May and a designation held by fewer than 200 people in the country.

Members Receive Awards for Publications

ACOG Today, the official newsletter of The American College of Obstetricians and Gynecologists (ACOG), recently received the highest award for association newsletters from the Society of National Association Publications (SNAP).

The newsletter received a Gold Award in the Excel Awards’ “Newsletters-General Excellence” category. The newsletter was also recognized for the second year in a row with a Silver Award in the “Newsletter-Newswriting” category. The editor of ACOG Today is Melanie Padgett Powers (photo), who joined AMWA earlier this year and attended her first AMWA conference in October.

The Excel judges lauded the newsletter for its “timely, practical, and well-written content and clean, attractive design,” adding that the integration of images and text was impressive. The newsletter won the “general excellence” category in 2006 also.

❖ ❖ ❖

The Oncology Nursing Society (ONS) recently received several awards for publishing excellence. Several AMWA members are involved with the award-winning publications: Barbara Sigler, RN, MNEd, director of Commercial Publications; Anne Snively, CAE, director of Periodicals Publishing; Lisa George, Production Manager; Angela Klimaszewski, RN, MSN, Technical Content Editor; Pamela H. Oestricher, PhD, Scientific Writer; and Mark Vrabel, MLS, AHIP, information resources supervisor. (As a side note, Vrabel was recently named Distinguished Member of the Academy of Health Information Professionals at the Medical Library Association.)

In the APEX 2008, 20th Annual Awards for Publication Excellence, sponsored by Communications Concepts, Inc., ONS’s Clinical Journal of Oncology Nursing received an award of excellence in the Most Improved Magazines and Journals category. In addition, the ONS Web site won an award of excellence in the Web Site category, and 2 books were honored: Breaking the Silence on Cancer and Sexuality, in the Health and Medical Materials category, and Antineoplastic Agents: A Chemotherapy Handbook, second edition, in the Books and eBooks category. APEX Awards are based on excellence in graphic design, editorial content, and the ability to achieve overall communications excellence.
Long-time AMWA member Doris Fletcher, of Jackson, NJ, passed away peacefully on August 21, 2008, at Kimball Medical Center, Lakewood, NJ. Her daughter Meredith Moran was at her side.

Doris was born in New York City in 1932. At the time of her death, she resided in Jackson.

For 8 years, Doris was Managing Editor of the Maryland State Medical Journal. She later was a medical information writer for E. R. Squibb & Sons, and subsequently a medical editor at Excerpta Medica. Among colleagues at Excerpta Medica, Doris, who grew up on a farm, was famous for her collection of keepsake pigs. After retiring from medical editing, she bought a motor home. She then toured the United States, staying at RV parks, visiting family and friends, and meeting interesting people on the way.

Doris joined AMWA in 1959. Over the years, she served the organization in many capacities at the chapter and national levels. She was Secretary of the Metropolitan New York Chapter (now the Empire State-Metro New York Chapter) (1975-1976, 1979-1980). In 1974, that chapter bestowed on her its Distinguished Service Award “for her cheerful, indefatigable service to our chapter, both as Secretary and as an all-around idea person.” After moving to New Jersey, she transferred to the Delaware Valley Chapter, where she was a regular presence at chapter meetings.

At the national level, Doris was honored with AMWA fellowship in 1976 and was AMWA Secretary (1979-1981) and Parliamentarian (1979-1980). She also served in the Freelance Section of the Organizational Affairs Department (1974-1975) and as Director of that department (1981-1982). She represented the Metropolitan New York Chapter on the AMWA Board of Directors (1975-1976). Doris was a member of the Constitution & Bylaws Committee (1997-1999) and chaired that committee from 1982 to 1984. She was also a member of the Fellowship Committee (1984-1985) and chaired it from 1979 to 1981. Other activities included chairing the Reorganization Task Force (1984-1985) and the Swanberg Award Committee (1985-1986).

Doris is remembered fondly by many members, especially in the Empire State-Metro New York and Delaware Valley chapters. Edie Schwager, a member of the Delaware Valley Chapter, remembers, “Doris was one of the funniest people I’ve ever met in my life. But she wasn’t only funny; she was witty beyond compare. She was a free spirit and had a wealth of information and knowledge.”

Doris is survived by her 2 daughters, Meredith Moran and Janet Buonocore, 2 sons-in-law, and 6 grandchildren.

Robert Hand is a freelance medical writer based in Springfield, PA.

Bernice Zeldin Schacter, 1943–2008

Bernice Zeldin Schacter was the president-elect of the Delaware Valley Chapter of AMWA until she had to withdraw from service because of health issues. Diagnosed with stage IV nonsmall-cell lung cancer in June 2007, she succumbed to the disease 14 months later, on the last day of summer, September 21, 2008.

All who knew and worked with Bernice deeply respected her and her zest for life; she was known for her courage and willingness to serve, despite health issues. Bernice used her diagnosis of chronic-progressive multiple sclerosis as a call to arms, and she became a humanitarian and a springboard for scientific advancement, a field to which she dedicated her life.

Bernice earned an AB degree from Bryn Mawr College and a PhD in biology from Brandeis University, where she met Lee Schacter in 1967. They married in 1968. Of his wife of 40 years, Lee said, “At heart she had 2 key traits; dogged determination to achieve and an insatiable curiosity about the world. Her curiosity was reflected in her travels and in her science; she very much wanted to know how the world worked and marveled at its complexity. That marvel, wonder, and awe is what drove her to teaching and writing.”

Originally trained as a plant biologist, Bernice did postdoctoral work at the Lawrence Radiation Lab in California and the University of Miami. She held faculty positions at Johns Hopkins University School of Medicine, Wesleyan University, the University of Delaware, and Case Western University School of Medicine. An immunology researcher, she did hands-on research with such diverse

Continued on page 213
MEMBER PROFILE

Phyllis Minick
By Bettijane Eisenpreis

In the early 1960s, Phyllis Minick applied to the University of California, San Diego, to study for a doctorate in oceanography. “They were very happy to tell me that women were not accepted in that program,” she says. “My children (2), grandchildren (4) and most young women today really don’t visualize how opportunities were ever so limited by gender, but they were.”

Undaunted, Minick heard that a professor from Cal Tech needed a research volunteer for his weekly SCUBA dives. “I was a certified diver, of course, but when he learned that my college degree was in English and science, he employed me to edit his annual report. During those years, I also wrote travel and health articles for Dive and other magazines and taught swimming. After a pupil’s mother told me that Scripps Clinic & Research Foundation needed an editor, I applied and was hired, mostly because no one else knew of the job. So playing around in the water brought me this fine, long-lasting career.”

The clinic’s director, who later saw a journal-writing seminar listed in a medical conference program, suggested that Minick contact the speaker. Investigating the field, she discovered AMWA and joined, courtesy of Scripps’ funding. At that time, Lottie Applewhite of northern California and Jerry McKee, a member of Phyllis’s Pacific Southwest chapter, were developing a workshop program.

“They invited me to be one of 4 speakers at that first workshop AMWA ever had,” Minick says. “There, in Anaheim, CA, my hour and a half presentation was Preparing a Scientific Journal Article. Soon afterward, Applewhite and McKee designed the core certificate program. In 1995, after Jerry had passed away, Lottie received AMWA’s Swanberg Award for this significant work.”

In 1982, Minick developed and taught her first annual conference workshop, based on her California presentation. Some of the workshops she subsequently designed and led include Punctuation by Design (now called Punctuation for Clarity and Style) and Effective Paragraphing. Long afterward, she solicited and edited texts from 24 workshop leaders to publish AMWA’s first book, Biomedical Communication: Selected AMWA Workshops, issued in 1994. Later, she assembled the chapters, wrote the essay on “Learning Styles” and served as a reviewer of Essays for Biomedical Communicators: Volume 2 of Selected AMWA Workshops.

Her first AMWA Executive Committee position was Department Director for Organizational Affairs. EC positions she has held include Regional Workshop Leader, Advanced

Curriculum Committee Chair, and Annual Conference Administrator. She served 2 terms as Administrator of the Department of Education. After becoming an AMWA Fellow and then President-Elect, she became AMWA President, holding that post for the 1994-1995 term. Her last position on the EC was as Administrator of Publications. “Still,” she says, “most important of all to me are my long-lasting friendships in this society.”

As President, one of her main goals was incorporating the European Medical Writers Association (EMWA), into the AMWA fold. With Past President Art Gertel, she traveled to Europe, where they gave workshops for the EMWA conference and lobbied for their affiliation with AMWA. The Europeans did become a chapter of AMWA briefly, but later withdrew.

Milton (“Red”) Schifrin, PhD, 1973-1974 AMWA President, says, “Around 1990, when I was writing some AMWA history, I asked Phyllis if she would prepare a section on publications. She agreed, meeting all deadlines well in advance and providing such perfect copy that no editing was needed. She knew more about the subject than I did, so it was an educational experience for me. Since then, I have come to know Phyllis and her husband, Stan, and found that we have much in common, including being fans of the USC football team.”

“Now,” she adds, “even as AMWA maintains its fine record of providing inspiration, instruction, and interaction to its members, my vision for its future focuses on its global expansion. Many of our members work for international companies. AMWA’s current membership is worldwide. Also, my husband, Stan, and I have been lucky to travel extensively. Therefore, I believe that globalization offers great opportunities to each of us individually and collectively—even greater opportunities than the one I was denied long ago.”

Minick concludes, “My future wish for AMWA members is to imagine their assistance in providing science writing programs for school children. I used my late-life MA in education to design such a program, but despite encouragement from school administrators, so far the teachers have been too overloaded or disinterested to listen. However, integrating the principles of science writing into existing science curricula would help students to analyze information and help teachers to assess writing assignments. Our highly skilled members of AMWA, who have so much knowledge to share, could greatly help youngsters to communicate.”
Sharon Nancekivell, MA, of Ontario, Canada, was honored with the 2008 AMWA Golden Apple Award at the Awards Dinner at the annual conference. The award recognizes Nancekivell’s excellence in teaching in the AMWA education program.

“It is truly an honor to be in the company of those who have been granted this award—a lovely surprise!” said Nancekivell, who is the former director of Editorial Services at The Hospital for Sick Children in Toronto, where she worked for 13 years. While at The Hospital for Sick Children, she edited a wide variety of medical and scientific manuscripts for scholarly publication, translated health information materials into plain language, and developed and taught numerous writing workshops. Since 2002, she has continued this work as a freelance editor, writer, plain language consultant, and educator. Although she has taught professional writing skills for almost 30 years, for the last 17 she has taught medical writing and research methods in the department of Biomedical Communications at the University of Toronto and writing workshops at many other institutions throughout Canada, from coast to coast.

Since 1995, Nancekivell has shared her expertise as an educator in AMWA’s certificate program and has exemplified the teaching strengths and longstanding dedication embodied by the Golden Apple Award. She has led more than 30 workshops throughout the United States, from San Diego to St. Louis and Albuquerque to Atlanta, not to mention 12 sessions in Canada. Her workshop topics have been as diverse as “Plain Language,” “Organizing the Biomedical Paper,” and “Writing and Designing Materials for Patient Education.” Her consistently impressive evaluation scores over this 13-year period guided the Education Committee through the pool of extraordinarily well-qualified candidates. She was noted for her long track record of dedication and her consistent efforts to attend and teach at AMWA conferences, despite travel difficulties, including unfavorable exchange rates (a thing of the past!). Sharon has demonstrated her commitment to AMWA by shouldering not only the financial responsibility of attending but also of significant unremunerated time away from her position.

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

AMWA thanks Nancekivell for providing outstanding dedication to its educational program.

The Selection Committee consisted of Susan Aiello, Lois Baker, Tracy Lisinski, Marianne Mallia, Ruth Noland, Barbara Snyder, and Linda Wood.

Eric Martin Award Winners Bring Years of Writing Experience to Contest

The Delaware Valley Chapter must be a hotbed of writing excellence: The winners in the Lay and Professional categories of the 2008 Eric Martin Award for Excellence in Medical Writing both are members of the chapter. Both also have considerable writing experience, and it shows in their entries. No award was given in the monograph category.

The award for articles for a lay audience went to Richard Laliberti, a freelance writer and a member of AMWA for 2 years, for his article titled “The New Alternative Medicine,” published in the July 2007 issue of the magazine *Fitness*.

Marie Rosenthal, MS, executive editor of Veterinary Learning Systems, won the award in the “professional” category for her article “Identity Theft: When Senior Dogs Forget,” published in the February 2007 issue of *Veterinary Forum*.

Laliberti, a former senior writer at *Men’s Health*, is an award-winning journalist whose articles and essays on medicine, health, psychology and travel have appeared in
Laliberte, who has reported on health for more than 18 years, says it has been interesting to watch as alternative medicine has moved from fringe quackery to academic programs at major universities. “To me, alternative medicine is part of the national discussion about faith and reason,” says Laliberte, “and there’s a tension about it that I certainly feel personally.

“I tend to be a scientific skeptic in my reporting, but personally believe there are intangibles in medicine (and life), and that not everything that works will be obvious or evident scientifically. When I listen to patients telling anecdotes about how a treatment must be effective because it worked for them, part of me is thinking, ‘Well, not necessarily.’ And when I listen to skeptics saying a treatment must be worthless because its benefits can’t be teased into statistical significance, part of me is also thinking, ‘Well, not necessarily.’ I think the fact that the medical community is giving serious attention to complementary and alternative medicine benefits both sides.”

One of his sources for the article, Sara Warber, MD, directs the integrative medicine program at the University of Michigan and trained with a Native American healer before becoming a doctor. “She walks this line between science and spirituality without feeling they are mutually exclusive,” says Laliberte. “She said to me: ‘You can’t do a randomized, controlled study to prove I love my husband. And some alternative ways of healing are in that realm of knowledge that’s beyond science—at least at this time.’”

Rosenthal earned a master’s degree in biomedical writing from University of Sciences of Philadelphia and also has been a medical journalist for 18 years. She worked at Slack Incorporated for 16 of those years as a medical writer, where she also served as editor of many of the company’s tabloids for physicians, with primary responsibility for coverage of infectious diseases, pediatrics, cardiology, oncology, and diabetes. She also had a stint as a newspaper reporter.

Rosenthal joined Veterinary Learning Systems 2 years ago. “I have been trying to win this award for years,” she says. “I figured I didn’t have much of a chance since I’m in veterinary medicine now, but if any of my stories could win it, it would be this one, so I thought, ‘One last time.’”

Finding that veterinary medicine was “real medicine” was a surprise, she says. “It’s not just about giving shots and de-worming. There are oncologists doing chemotherapy, orthopedic surgeons replacing hips, and cardiologists doing defibrillator implants: Some amazing stuff.

“As with people, animals are living longer, and they get many of the same diseases we do, such as arthritis, diabetes and cognitive dysfunction, and veterinarians are trying to lengthen their lives, while increasing their quality of life. I made the change to [Veterinary Learning Systems] for personal reasons, to be closer to my family, but it’s been a lot of fun and I learn something new every day.”

Rosenthal says her story on cognitive dysfunction became very personal. “Although dogs do not suffer the same brain changes as people with Alzheimer’s do, they do serve as models for studying the disease progression and new drugs for human dementia disorders. My mother, who died 2 years ago, had early dementia, and it was just fascinating to hear about all the research in that area. And I have a 10-year-old Weimaraner who is slipping into old age, and I think I found ways to keep him engaged and maintain his quality of life—and Bogart does have a great life.”
Two Students Receive Conference Scholarships

By Jeanine Halva-Neubauer
Chair, Student Scholarship Committee

Kelly McCoy, a student at Emory University School of Medicine, Atlanta, GA, and Karen Schliep, a student at the University of Utah School of Medicine, Salt Lake City, UT, received 2008 AMWA Conference Student Scholarships sponsored by Eli Lilly and Company. The scholarships provided Kelly and Karen with funds to cover the costs of attending the annual conference and participating in 3 workshops each. In addition, both were honored at the Awards Dinner in Louisville.

Kelly earned an undergraduate degree in biology from Vanderbilt University in Nashville, TN, and is currently a senior PhD candidate in the Department of Pharmacology at Emory. Her thesis research focuses on molecular and systems pharmacology. She is also working on a predoctoral fellowship she received from the American Heart Association to investigate what happens to brain tissue following a stroke, specifically the signal transduction pathways activated during a brain attack that lie dormant in a normal brain.

Graduate school has revealed to Kelly, however, that conducting basic research may not be a long-term career for her. “As a result of applying for grants and composing papers, I have realized that I enjoy writing about my research more than I enjoy actually doing it,” she admits.

Last summer, Kelly joined AMWA after experiencing an epiphanic “what am I going to do with my life” moment. “So I sat down at the computer and typed in ‘medical writing’ and must have found the AMWA Web site right when registration opened for the annual conference,” she recalls. “I immediately registered for 1 day—that was all I could afford, even though it was only a 20-minute drive—and joined my local chapter. The entire time I was at the meeting, I wished I could have attended the whole conference.”

Kelly adds, “Through the Southeast Chapter, I have met several writers who have mentored me and helped me get my foot in the door with freelance writing. I even learned about the scholarship from last year’s winner, Lisa Cockrell, also a chapter member, and was encouraged to apply.”

Kelly is on her way to completing coursework toward a core certificate. She started by taking freelance courses at the local chapter’s conference this year. The workshops she attended in Louisville were Effective Paragraphing, English Usage and Abusage, and Punctuation for Clarity and Style.

“In the workshops, I learned techniques that will help improve and strengthen my writing. Before taking these core classes, I didn’t realize how many grammar rules I was unaware of and how many I had forgotten. Since taking these courses, I have been much more aware of word usage, grammar, and paragraphing in my writing,” she acknowledges.

She also attended a roundtable on prioritizing work and family and gained insights from talking with others at the conference. “Not only did I learn ways to better prepare myself for a career in medical writing,” Kelly says, “but also how to balance having a career and a family.”

What Kelly remembers most about the conference is the hospitality of its attendees. “My favorite part of the meeting was being so warmly received by AMWA members. Almost everyone I encountered was willing to talk with me, share experiences, and offer advice about medical writing. Whether we were on the airport shuttle, standing in line for coffee, or waiting for an open session to begin, everyone was so friendly and fun. I have already been in e-mail contact with several people I met!”

Karen holds bachelor’s degrees in English from Carleton College, Northfield, MN, and in biology from the University of Utah. She also earned a master’s of science degree in public health from the University of Utah, where her thesis research focused on energy balance among postpartum adolescents. At present, she is pursuing a PhD in that same field. Her current research projects involve the interplay among environmental exposures, behavior, fertility, and fetal development. Karen’s dissertation is focusing on the relationship between caffeine and its effects on time to conception and pregnancy outcomes.

As for the national conference, Karen enrolled in workshops directly applicable to her work as a research associate at the University of Utah’s Department of Family and Preventive Medicine: Writing & Designing Materials for Patient Education, Creating Effective Poster Presentations, and Effectively Searching Online Databases.
“All 3 workshops were incredibly enriching, educational, and well-taught,” says Karen. “For instance, I was astounded to learn in Sharon Nancekivell’s patient education workshop that almost half of our nation’s population is illiterate or marginally literate! Given my recent job assignments in this area, it dawned on me that I have been writing educational materials without a clear understanding of my audience. I realized that running a readability score does not substitute for truly knowing my readers and understanding their needs.”

In addition, Karen organized a chapter dinner in Louisville, participated in the Coffee and Dessert Klatches, and attended both the John P. McGovern and Walter C. Alvarez award luncheons. Besides having the great fortune of sitting next to Edie Schwager for one of the luncheons, she found Dr. Tedd Mitchell’s presentation about our country’s health problems very thought-provoking. Since returning home, she has had stimulating conversations with her classmates regarding his focus on our physical inactivity.

Karen has been an AMWA member since 2006. “I found out about AMWA after the birth of my daughter when I was looking for ways to both be at home while still pursuing my passion for writing and science,” she recounts. “I took the leap and joined AMWA when I learned of a chapter conference that was being held near my university.”

Adds Karen, “I made some wonderful contacts at the annual conference last year in Atlanta and decided upon my return to become more involved in my chapter. I currently chair the education committee for the Rocky Mountain Chapter along with helping to write and design our chapter newsletter.”

She summarizes her experiences this way: “Former AMWA President Helen Hodgson expressed to me in an interview that the organization not only provides incredible expertise across the spectrum of health communication but also the opportunity to make wonderful friends. I have found this to be very true. I have received a great deal of support and appreciation for any efforts put forth for our chapter. Few other volunteer experiences have given me so much in return.”

About this year’s sponsor: Eli Lilly, the world’s 10th largest pharmaceutical company, is dedicated to the research and development of innovative medicines. Founded in 1876, the company employs approximately 40,000 people. Its medicines are marketed in 143 countries, clinical trials conducted in more than 50 countries, and major research and development facilities located in 8 countries.
RPS has created the industry’s first Pharmaceutical Resource Organization (PRO) to provide business process outsourcing solutions for clinical drug development. Pharmaceutical, Biotechnology and Medical Device companies that partner with RPS have experienced:

- Increased integrated control of clinical trials;
- Improved and substantially better on-time delivery of programs; and
- Marked reduction in the overall lifecycle costs compared with traditional outsourcing strategies.

By combining the largest recruitment team with true clinical oversight, RPS has achieved a service level that is well above the capabilities of any CRO or staffing company in this industry.

As a member of our team, you will enjoy the flexibility of contract work with the security and benefits of a permanent industry position. You’ll have the opportunity to work in an area of interest and expertise at the top Sponsors. At RPS you’ll appreciate:

- A team of RPS professionals fully dedicated to the enhancement of your career
- Exciting positions, designated to a project for the life of the project
- Highly competitive salary
- Comprehensive benefits package:
  - Medical and dental insurance
  - Vision care
  - Company sponsored disability and life insurance plans
  - 401(k) plan
  - Generous paid vacation
  - Paid corporate holidays
  - Corporate credit cards and calling cards

Join An Industry Leader!
I know what you will think. At least, I have a good guess.

Here’s the thing: for about 7 years now, I have been a bellydancer. Whenever someone learns this for the first time, usually 1 of 4 reactions results. Women will either say, “But you don’t look like a bellydancer,” or they will lean back slightly and say, “I’ve heard that’s good exercise.” Men will either raise an eyebrow with a look that says, “What else do you know how to do?” or will avert their eyes in an effort to prevent such a response.

It is for these reasons that I rarely tell people—especially colleagues in medical writing—that I am a bellydancer. But I’ve been thinking that it’s time for a change, especially in the confines of an essay, where I have a chance to explain myself without enduring strange looks or nervous laughter.

When people tell me I don’t look like a bellydancer, my response is usually “I know,” although what I mean is that I know people think this way. If you asked me exactly what a bellydancer looks like, I couldn’t tell you. In my last bellydance class were a physician, 2 editors, a nurse, an accountant, a classics professor, and a network administrator. We ranged in age from early 20s to early 60s. Our body shapes ranged similarly. We also had various motivations for being in class. Some wanted to get in shape, others wanted to learn something new, and still others wanted to escape having to put their kids to bed for one night a week. No one mentioned wanting to become a seductress or exotic dancer, although I don’t doubt that somewhere out there women show up to class for these reasons.

I started bellydancing after an injury to my hamstring tendon left me unable to play soccer. I have always loved dancing and wanted to try a low-impact exercise. That first class I giggled almost the entire time, not sure how I would ever get my upper torso to move independently from its lower half. I kept going back to class because of the physical challenge and the camaraderie of the women. Dance class reminded me of sleep-overs of my youth, when my friends and I made up routines to Captain and Tennille’s “Love Will Keep Us Together.” Even now, when I put on my purple velvet circle skirt, I feel like a girl playing dress up.

Throughout my 7 years, I have performed at festivals, birthday parties, and even a church fundraiser. The high point of my fame was dancing on a float for the Raleigh, NC, Christmas parade. I was part of a dance troupe called Belly Revelations, which sponsored the float. As our drummers played djimbes and doumbeks, 4 of us dancers shimmied and undulated in time with the beat. I wore a black chiffon skirt that I made myself, a sparkling red top, and a hairpiece to augment my thin brown hair. Over the skirt I wore a red coin belt to accentuate the movement of my hips. A necklace with more coins was draped over my abdomen, which swelled with my pregnancy of 7 months. Along the parade route, there were women who cheered and police officers who blushed. The following Monday, “the pregnant bellydancer” was the subject of much discussion on a morning radio program. I called in to talk to them under my stage name, Jaleelah.

Many of my closest friends do not know I have a stage name. And in professional settings, it’s often inappropriate for me to talk about any personal hobbies, never mind ones that involve shimmying. But even so, I sometimes deflect discussion about my dancing even when asked directly about it, because I’m tired of the assumptions people have about bellydancing and bellydancers. Bellydancing is arguably the oldest dance form, native to North Africa and the Middle East. Historically it was a social dance done in groups segregated by sex. In the United States, bellydancing took on a seductive reputation after it was introduced at the 1893 World’s Fair in Chicago, when rapid hip movements and uncorsetted bodies were considered shocking. I guess in some ways they still are—at least for quiet, otherwise well-behaved women like me.

But I’m here to tell you, despite what most people think, bellydancing is more silly than scandalous. My stage name will stay off my CV, although maybe next time when someone says, “But you don’t look like a bellydancer,” I’ll say, “Actually, I do!”

Jennifer King, PhD, ELS, is president of August Editorial, Inc., which prepares manuscripts, continuing medical education materials, and summaries of advisory board meetings. She can be reached at jking@augusteditorial.com.
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 jdnugosh@abim.org.

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

**Professional Development:** Information on educational programs, writing competitions, and career development for medical writers and editors of all levels of experience. Send suggestions for content to the Editor at amwajournaleditor@hotmail.com.

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

**Member Musings:** Forum for members to share personal essays (related to medical writing and editing) and creative work, as well as news about member achievements. Send written work and member news to the Editor at amwajournaleditor@hotmail.com.

**Freelance Forum:** Send questions to the Editor at amwajournaleditor@hotmail.com.

**Media Reviews:** Send suggestions for books, videos, CD-ROMs, and Web sites to the Media Reviews Editor, Evelyn Kelly, PhD, at evelykell@aol.com.

**Dear Edie:** Send questions on English usage to Edie Schwager, Dear Edie Column Editor, at dearedie@verizon.net or 4404 Sherwood Road, Philadelphia, PA 19131-1526.

**Letters to the Editor:** Comment on topics published in the *AMWA Journal* (approximately 500 words or less). Letters should refer to Journal contents within the past 2 issues. Send all letters to the Editor at amwajournaleditor@hotmail.com.

---

**MANUSCRIPT SUBMISSION**

Manuscripts are accepted for consideration with the understanding that they have not been published elsewhere and are not under review elsewhere.

Submit the manuscript as a Word document attached to an e-mail to the Editor (amwajournaleditor@hotmail.com). Include the following information in the e-mail:

- Name, address, phone and fax numbers, and e-mail address of the author to whom correspondence should be sent
- Written permission of author(s) and publisher(s) to use any material published previously (figures, tables, or quotations of more than 100 words)

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

- Lori Alexander, MTPW, ELS
  Editor, *AMWA Journal*
  American Medical Writers Association
  30 West Gude Drive #525
  Rockville, MD 20850-1161

**COPYRIGHT POLICY**

The authors of manuscripts contained in the *AMWA Journal* grant to AMWA exclusive worldwide first publication rights and further grant a nonexclusive license for other uses of the manuscripts for the duration of their copyright in all languages, throughout the world, in all media. Copyright ownership of these articles remains with the authors. Readers of the manuscripts in the *AMWA Journal* may copy them without the copyright owner’s permission, if the author and publisher are acknowledged in the copy and copy is used for educational, nonprofit purposes.

**REVIEW AND PRODUCTION PROCESS**

Manuscripts are reviewed by the Editor and at least 2 additional reviewers. Decisions of the Editor are final. All submitted material is subject to editing and copyediting. Authors will receive the edited version of the manuscript before publication, and all queries and editorial changes should be carefully reviewed at this time. Authors are responsible for the content of their entire work, including changes made during the editorial process and approved by the corresponding author.

*Information on style and manuscript preparation is provided in the complete set of Instructions for Contributors on the AMWA Web site (www.amwa.org).*
## Advertising

**Advertisements in this Issue**

<table>
<thead>
<tr>
<th>Advertiser</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haley Writing Solutions</td>
<td>182</td>
</tr>
<tr>
<td>Paul Keough, PhD, MBA</td>
<td>185</td>
</tr>
<tr>
<td>Jeremy Fields, PhD</td>
<td>194</td>
</tr>
<tr>
<td>RPS, Inc.</td>
<td>214</td>
</tr>
</tbody>
</table>

**Deadlines for Ads in the AMWA Journal**

**2009**

<table>
<thead>
<tr>
<th>Issue 1 - December 15, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue 2 - March 15, 2009</td>
</tr>
<tr>
<td>Issue 3 - June 15, 2009</td>
</tr>
<tr>
<td>Issue 4 - September 15, 2009</td>
</tr>
</tbody>
</table>

Contact Shari Lynn at AMWA headquarters, slynn@AMWA.org.

**Display Advertising Rates**

- **Full page**
  - **Size**: (6¾ x 9¼ inches)
  - **Price**: $750
- **Inside back cover**
  - **Price**: $950
- **One-half page**
  - **Size**: (3¼ x 9¼ inches, vertical or 6¾ x 4⅜ inches, horizontal)
  - **Price**: $450
- **One-quarter page**
  - **Size**: (3¼ x 4⅜ inches, vertical only)
  - **Price**: $290
- Competitive frequency discounts available.
- **AMWA freelance rate**
  - **Price**: $125
  - **Size**: (one-quarter page)

All advertising is subject to acceptance by the American Medical Writers Association and should be for products and services relevant to professional medical communicators.

## Corporate Sponsors

AMWA appreciates the generous support provided by its corporate sponsors.

### Sustaining

- **RPS, Inc.**
  - [www.rpsweb.com](http://www.rpsweb.com)

### Supporting

- **Complete Healthcare Communications, Inc.**
  - [www.chcinc.com](http://www.chcinc.com)
- **On Assignment Clinical Research**
  - [www.onassignment.com](http://www.onassignment.com)
- **Placemart Personnel Service**
  - [www.placemart.com](http://www.placemart.com)
- **Procter & Gamble Pharmaceuticals**
  - [www.pgpharma.com](http://www.pgpharma.com)