IN THIS ISSUE

Blazing the Trail
2009 AMWA Conference Preview

Authorship and Writing Practices
in the Health Care Industry

AMWA Annual Conference
Student Scholarship Winners:
Where Are They Now?
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.

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FEATURES

2  Blazing the Trail
   2009 AMWA Conference Preview
   By Douglas Haneline, PhD

4  Authorship and Writing Practices in the Health Care Industry
   By Stephanie G. Phillips, PhD

9  AMWA Annual Conference Student Scholarship Winners:
   Where Are They Now?
   By Julie Beyrer, MTSC

13 Continued Coverage of 2008 AMWA Annual Conference

DEPARTMENTS

20  BRIEFLY NOTED
21  FREELANCE FORUM
24  PROFESSIONAL DEVELOPMENT
30  SOUNDING BOARD
32  CALENDAR OF MEETINGS
38  MEDIA REVIEWS

COLUMNS

33  MELNICK ON WRITING
35  DEAR EDIE
51  PAGE BREAK

AMWA MATTERS

41  WEB WATCH
44  NATIONAL NEWS
45  CHAPTER CORNER
47  MEMBER MUSINGS
52  INSTRUCTIONS FOR CONTRIBUTORS

Student montage photographs on the cover and
on page 9 modified from original photographs
taken by Diana Lee Weyant, David Valdez, and
Constance Jackson.
“I am interested in the future,”
said 20th century inventor and scientist Charles Kettering,
“for that is where I expect to spend the rest of my life.”

This quotation speaks directly to members of AMWA as we continue on the journey of our profession in the 21st century. AMWA’s 2009 Annual Conference will be held October 22-24, 2009, in Dallas, TX. While playing off this location’s Western history, the selected theme of “Blazing the Trail” more importantly reflects this annual opportunity of professional communicators in medical and health care fields to assess, contemplate, and establish both direction and velocity for our own future. As writers and editors and business owners, we wrote the book on multitasking: the ability to work simultaneously on several projects is something we’re proud of. But periodically even we medical communicators need to get away from the world of what former Microsoft executive Linda Stone calls “continuous partial attention” so we can have time to reflect on both our journey and its goal. AMWA’s annual conference in Dallas can be just that opportunity we need to chart the future of our profession.

Let’s use the 2009 annual conference to set aside that time. Our 2009 Conference Committee is well along the journey in developing an event to help us decide how we should be “blazing the trail” for our future. We’re bringing together a program of strong presenters and leaders—both members and nonmembers—to provide structure as we examine where we are now, where we want to be, and how to get there efficiently and effectively.

Medical communication has an important and global future. That future is being determined even as you read this page by trends in global wellness and sickness, by developments in health care delivery, and by the constantly advancing frontier of medical science. We at AMWA have a role to play in this unfolding process. Join us in Dallas and be part of the journey of our profession into a successful future.

—Douglas Haneline, PhD
2009 Annual Conference Administrator

“The future is the past in preparation.”

Pierre Dac
Volunteer to Be a Conference Coach for First-Time Attendees

Each year, the AMWA annual conference draws many first-time attendees; last year, nearly 40% of attendees were at their first AMWA annual conference. Attending the conference for the first time can be an exciting yet daunting experience.

Meeting an experienced AMWA member at the beginning of the conference who can answer questions about the conference and make introductions to other attendees can help ensure that first-time attendees have a positive and dynamic introduction to AMWA’s flagship event. AMWA’s Conference Coach Connection is designed to connect first-time attendees with experienced AMWA members.

Being a conference coach is easy. To sign up, just check the box on the conference registration form indicating that you would like to be a conference coach. Approximately a month before the conference, you will be sent the names and e-mail addresses of 2 first-time attendees assigned to you. You can then send them an e-mail note introducing yourself and telling them you will meet them at the Conference Coach Connection at the annual conference. The Conference Coach Connection, to be held 5:15 PM to 6:00 PM, Wednesday, October 21, is your opportunity to meet your first-time attendees, answer their questions, and introduce them to other conference attendees. There is no other obligation beyond attending the Conference Coach Connection.

Help first-time attendees have a positive experience in Dallas by becoming a conference coach!

Conference Hotel

Sheraton Dallas Hotel
400 North Olive Street
Dallas, TX 75201
(214) 922-8000
www.starwood.com

Special conference rates for AMWA attendees are $139 single/double plus applicable taxes.

Reservations will be available through the AMWA Web site beginning on July 20.

Conference registration opens on July 20.
Some articles destined for the medical literature are initially drafted by medical writers, but the actual proportion initiated by writing professionals is unknown. A 1998 survey of corresponding authors who had published in 5 medical journals suggested that medical writers were involved in only 14 of the 809 published articles (2%). The prevalence appears to be higher for articles resulting from industry-initiated clinical trials: A survey covering 1994 to 1995 found evidence within the articles themselves that medical writers were involved in the reports for 4 of the 40 trials assessed (10%). These results were corroborated by a large-scale survey conducted on articles published between November 2004 and January 2005 in 10 high-ranking journals; in that study, 6.0% of articles overall and 9.8% of pharmaceutical-sponsored articles declared medical writing assistance. The assistance of writers is not necessarily acknowledged, however, so the true prevalence of their involvement could be higher. The practice of unacknowledged or “ghost” writing was illustrated in a recent case study that documented extensive company involvement in the drafting of rofecoxib articles, without acknowledgment of the extensive writing assistance.
Journal editors have almost universally aligned themselves against the use of medical writers, particularly if their role is not acknowledged. However, the consensus among authors themselves is not so uniform. In answer to a survey question, “If you could have access to a professional medical writer to assist you in preparing a manuscript, would you use his or her services?” 38% of 812 corresponding authors replied in the affirmative. The negative responses were related to ethical concerns: 35% of respondents indicated that using a medical writer was unethical.1

Despite the controversy, the use of medical writers and management of the publication development process appear to be well entrenched practices in the health care industry, and the demand for medical writers is growing.2 AMWA has attempted to address the ethical issues and bring the role of writers out into the open by calling for written acknowledgment of a writer’s involvement.3 Likewise, the guidelines of the International Committee of Medical Journal Editors recommend that medical writing assistance be noted in the acknowledgments section of the article (www.icmje.org). Such disclosure is now mandated by many journals.

Previous surveys on publication practices have been based on either the responses of authors or acknowledgments in published articles. The current survey approached this topic from a different viewpoint: It surveyed writers within health care companies in an attempt to assess the policies, perceptions, and practices of those companies with regard to publications.

METHODS
Questionnaires requesting responses to 16 items were sent by e-mail in August 2007 to over 700 AMWA members whose titles or affiliations suggested that they might be involved in publication planning and development at their companies. Thus, medical writers at medical communication companies or developers/marketers of health care products were included; independent medical writers were not. Survey recipients were asked to self-select (“If you are not the right person to be answering these questions, I would very much appreciate your forwarding the survey to the appropriate individual at your company”). Responders were offered the opportunity to remain anonymous and to keep their company name anonymous. Not all responders answered all questions, so that the denominator varied when calculating percent of responders giving a particular answer.

RESULTS
Responder Characteristics
The total number of responders was 61. A little over half (53%) worked for pharmaceutical companies, and 28% were employed by service companies such as medical communications companies and contract research organizations (CROs) (Table 1). Most responders (93%) were based in the United States.

Use of Medical Writers
According to responders, research articles were more likely than review articles to be drafted by medical writers: 87% reported that their companies usually or sometimes employed writers for research articles, versus 77% for review articles (Figure 1).

Most companies (87.5%) contracted directly with medical writers at least part of the time; 12.5% contracted only through medical communications companies.

A third of responders said that their companies were more likely to use medical writers now than 5 years ago; 63% felt that there had been no change, and 4% said that their companies were less likely to use medical writers now.

<table>
<thead>
<tr>
<th>Company Type</th>
<th>US</th>
<th>US, Global Responsibilities</th>
<th>Europe</th>
<th>Asia</th>
<th>Total No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical (large*)</td>
<td>13</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>20 (33)</td>
</tr>
<tr>
<td>Pharmaceutical (small*)</td>
<td>11</td>
<td>1</td>
<td></td>
<td></td>
<td>12 (20)</td>
</tr>
<tr>
<td>Device</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>5 (8)</td>
</tr>
<tr>
<td>Biotech</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>7 (12)</td>
</tr>
<tr>
<td>Medical communications</td>
<td>12</td>
<td>1</td>
<td></td>
<td></td>
<td>13 (21)</td>
</tr>
<tr>
<td>CRO</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4 (7)</td>
</tr>
<tr>
<td>Total Responders</td>
<td>50</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>61 (100)</td>
</tr>
</tbody>
</table>

*As classified by the responder. CRO=contract research organization.
Of possible reasons why companies use medical writers, the most important were speed and quality (Table 2). Other reasons (better understanding of objectives, better understanding of data, more control of content, better understanding of the literature) were rated as less important.

**Publication Planning**
Publication planning strategies (that is, company-generated plans for development and placement of journal articles and scientific posters) were common. Overall, 66% (40 of 61) of responders answered “yes” to the question, “Does your company develop publication planning strategies?” Another 21% (13 of 61) answered “sometimes.” The proportions were somewhat higher for those who worked at pharmaceutical companies (75% yes, 19% sometimes). The only 2 pharmaceutical companies that did not formalize publication planning were based in India and Japan, according to the responders. Although numbers were small, device and biotechnology companies appeared to be somewhat less likely than pharmaceutical companies and medical communications companies to do formal publication planning (Figure 2).

**Role of Author and Writer**
For research articles, 70% of responders indicated that authors were not involved until after data tables were developed. In 5% of cases, authors (ie, those listed as authors in the publication) were not involved until a first draft of the manuscript had been prepared (Figure 3). For review articles, 75% of responders whose companies employed writers noted that authors were involved early in development of the manuscript, before an outline was written (Figure 4).

Close to half of responders (46%) said that authors were involved earlier in the process than had been the case 5 years ago; 50% said there had been no change during that period, and only 4% said that authors were involved later now than 5 years ago.

Responders were asked to estimate what percent of the article content was typically controlled by the writer, the author or investigator, and the company. On average, they felt that 51% of content was controlled by the author, 32% by the writer, and 19% by the company.

**Acknowledgment of Medical Writers**
Almost half of responders (49%) said that their companies always acknowledge medical writers (Figure 5). This policy was more likely in pharmaceutical companies, in which 67% of responders said that writers were always acknowledged. In contrast, only 18% of responders from medical communications companies said that writers were always acknowledged. Most responders (88%) did not feel that acknowledgment makes acceptance less likely.

Sixty-four percent of responders felt that writers are more likely to be acknowledged today than 5 years ago, while 34% felt that there had been no
change. Only 1 of 53 responders to this question thought that acknowledgment was less likely now than 5 years ago.

**DISCUSSION**

This survey indicates that health care companies generally have procedures in place to manage the flow of publications related to the products that they develop and market. To implement their publication plans, most employ medical writers—either directly or indirectly through agencies—to help with manuscript development. In the opinion of those involved as writers, this considerably reduces the influence of the author on the article content, though the authors themselves may feel otherwise. This practice appears to be more common for the development of research articles than review articles. In this writer’s experience, many companies currently have a policy in place that does not allow corporate funding for review articles, regardless of whether they are drafted by the author or by a medical writer.

The likelihood that acknowledgment of medical writing assistance will appear in the article appears to be increasing, which helps to make the process more transparent. In our sample, pharmaceutical companies were more likely than medical communications companies to have policies recommending that writers be acknowledged; but overall, almost half of companies had no policy or never acknowledge writers.

Responses to this survey suggest that companies are encouraging earlier author involvement in manuscript development. Nevertheless, some companies still prepare draft manuscripts before recruiting the author. Despite increased author participation, responders felt that companies wield some influence over the content of articles that they sponsor.

In April 2008, the Association of American Medical Colleges (AAMC) published a proposal that recommended severe limitations on the use of unacknowledged medical writers in US medical schools. The Report of the AAMC Task Force on Industry Funding of Medical Education to the AAMC Executive Council stated: “Academic medical centers should prohibit physicians, trainees, and students from allowing their professional presentations of any kind, oral or written, to be ghostwritten by any party, industry or otherwise.” They regard ghostwriting as “inappropriate from the standpoints of medical professionalism and the best interests of patients.” However, they acknowledge that “Transparent writing collaboration with attribution between academic and industry investigators, medical writers, and/or technical experts is not ghostwriting. The unacknowledged, undisclosed provision of content should not be permitted under any circumstances.” Industry practice seems to be evolving in the direction of these recommendations.

**Limitations**

A limitation of the survey was that responders were self-selected. Members of AMWA were asked to participate if they had knowledge of
the manuscript development process within their companies. Responders therefore represented a small sample of those who received questionnaires; the percent response among appropriate recipients is not known. Furthermore, AMWA members may not be representative of medical writers as a whole. (The hope is that AMWA members would tend to drive transparency at their companies, which would bias the survey results.) Furthermore, whether the distribution of types of companies represents the actual distribution of companies that hire writers is unknown.

**Comments**

Publicity about the ethics of undisclosed medical writing assistance appears to be having an impact. The survey results suggest that companies are involving authors earlier in the writing process and are more likely than formerly to acknowledge medical writers. The responses suggest that the trend in medical writing is towards more use of medical writers along with more transparency regarding their involvement.

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**References**


**Author disclosure:** The author certifies that she has participated sufficiently in the intellectual content, writing of the manuscript, and analysis of data to take public responsibility for it. In addition, the author believes the manuscript represents valid work and has reviewed the final version of the manuscript and approved it for publication.

The author notes no commercial associations (eg, consultancies, stock ownership, equity interests, patent-licensing arrangements) that may pose a conflict of interest in relation to this manuscript.
Since 2003, AMWA has offered 2 student scholarships each year to attend its annual conference. Through the Annual Conference Student Scholarship, AMWA encourages full-time students to learn about the dynamic field of medical communication. The goal of the scholarship program is to enable recipients to build and refine their skills as they interact with other medical communicators at AMWA’s annual conferences.

Student scholarship recipients have come from a variety of backgrounds, both scientific and liberal arts programs, and from throughout the various regions represented in AMWA (Table 1). However, one consistent message they all share is the value of the scholarship to their professional growth. I recently asked past student scholarship winners to share a few words about the impact of the scholarship. Some recipients said they benefited professionally from the educational workshops at the annual conference, and several have earned AMWA core or advanced certificates.

“Winning the national student scholarship has been very helpful for me in my work with the University of Utah Department of Family and Preventive Medicine, where I am called to help edit scientific publications along with write/design patient education materials. The skills I have gained through the AMWA workshops have also allowed me to successfully write and present my own research in a variety of formats, including effective posters, oral presentations, and journal articles.”

Karen Schliep, MSPH

“Winning the scholarship mainly meant that I could go to AMWA and work on my certificate, which I felt was important to my professional development. I earned my ELS in 2006 and my AMWA Writing/Editing certificate in 2007. Demonstrating a commitment to professional development shows that I care about my work and improving my skills, and those are important traits to most employers.”

Lisa Lines, MPH

Several past recipients said that winning the student scholarship marked their transition from bench research to medical writing.

“Being selected for the AMWA student scholarship and attending the conference/conference classes was one of the most important things I did to cross the bridge from bench research to medical writing. And it eventually helped me obtain my first medical writing position.”

Heather Nyce, PhD

“I received insight on a major concern of mine: how can one whose background is primarily lab bench research best transition into pharmaceutical medical writing? Due to my affiliation with AMWA, I have received calls from recruiters informing me about job opportunities. I have acquired knowledge that exceeds what the Internet could have provided and connections to help me in my career development.”

Kristie Magee, MS

“As one who learned English as a second language, I had doubts of whether I could do well in this profession. Attending my first national AMWA conference and receiving the award marked a critical turning point in my career. This experience not only boosted my confidence in my writing skills, but also strengthened my determination of pursuing medical/scientific writing as a career.”

Qing Zhou, PhD

Other recipients added that the scholarship to the annual conference helped them to meet business contacts and clients.

“Every single client I have is either from a referral from someone I met through networking at AMWA (local chapter meetings and the conference) or is a client I met at the national conference.”

Kelly McCoy
<table>
<thead>
<tr>
<th>Scholarship Recipient</th>
<th>Educational Institution and Degree</th>
<th>Current Position</th>
<th>Scholarship Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca [Steinberg] Stawartz*</td>
<td>Carnegie Mellon (Pittsburgh, PA), BS, technical communications</td>
<td>Medical Writer, Genzyme Oncology (San Antonio, TX)</td>
<td>Eli Lilly and Company (2005)</td>
</tr>
<tr>
<td>Mary Anne Fogarty, MA</td>
<td>University of Houston-Downtown, MA, professional writing</td>
<td>English Teacher, Langham Creek High School (Houston, TX)</td>
<td>Cubist Pharmaceuticals (2006)</td>
</tr>
<tr>
<td>Lisa Lines, MPH*</td>
<td>Northeastern University (Boston, MA), technical communications</td>
<td>Research &amp; Publications Manager, Boston Health Economics (Waltham, MA)</td>
<td>Amgen (2007)</td>
</tr>
<tr>
<td>Kristie Magee, MS*</td>
<td>Howard University (Washington, DC), PhD, molecular biology</td>
<td>Doctoral student at Howard University (Washington, DC)</td>
<td>Cephalon (2008)</td>
</tr>
<tr>
<td>Heather Nyce, PhD*</td>
<td>Drexel University (Philadelphia, PA), PhD candidate, pharmacology and physiology</td>
<td>Medical Writer, SciStrategy Communications (Conshohocken, PA)</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
<tr>
<td>Peter Morello III, PhD*</td>
<td>Brown University (Providence, RI), PhD, artificial organs, biomaterials, and cellular technology</td>
<td>Director of Research at Freedom2 Incorporated (Cherry Hill, NJ)</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
<tr>
<td>Lisa Cockrell, PhD</td>
<td>Emory University (Atlanta, GA), PhD, pharmacology</td>
<td>Senior Program Associate, National Academy of Sciences (Atlanta, GA), also owner and freelance medical writer for Cockrell Scientific Communications</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
<tr>
<td>Qing Zhou, PhD*</td>
<td>Purdue University (Lafayette, IN), PhD, molecular pharmacology</td>
<td>Scientific Communications, MED Institute, Inc. (West Lafayette, IN)</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
<tr>
<td>Kelly McCoy, BS*</td>
<td>Emory University School of Medicine (Atlanta, GA), PhD candidate, pharmacology</td>
<td>Doctoral student at Emory University (Atlanta, GA), also owner and freelance medical writer for Green Bean Medical Writing, LLC</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
<tr>
<td>Karen Schliep, MSPH*</td>
<td>University of Utah School of Medicine (Salt Lake City, UT), PhD candidate, public health</td>
<td>Doctoral student at University of Utah (Salt Lake City, UT)</td>
<td>Eli Lilly and Company (2009)</td>
</tr>
</tbody>
</table>

*Current AMWA member.
“Winning the scholarship allowed me to attend my first professional conference as a student and start to build a vision for my own career path. I met with many seasoned AMWA professionals, and a few months after the conference, actually began my career at the company that sponsored my scholarship [Eli Lilly and Company].”

Julie Beyrer, MTSC

AMWA’s student scholarship program has made an impact not only on the recipients’ career development, but also on AMWA and the medical writing profession as a whole. Some are serving as officers or volunteers in their local chapters or on national committees.

Julie Beyrer
• National involvement: Participant on national task force for spending interest on the AMWA Endowment Fund (2008), AMWA Annual Conference Student Scholarship Committee (member, 2008; chair, current)

Lisa Cockrell
• Southeast Chapter: Secretary (2007-2008)

Qing Zhou
• Indiana Chapter: Newsletter Editor (current)

Kelly McCoy
• Southeast Chapter: Secretary (current)

Karen Schliep
• Rocky Mountain Chapter: Education Chair (current)

And what do past scholarship recipients recall most about their student experiences at the annual conference?

“Winning the scholarship is by far the friendliest professional association that I have ever interacted with, and its commitment to education is unique. At the award dinner, when seeing long-time AMWA members being awarded for their unselfish contribution to AMWA’s education programs over the years, I felt that this is an organization that I can stay with during my entire professional life.”

Qing Zhou

“I greatly enjoyed completing the writing exercise requirement that is a part of the scholarship application. Regardless of the outcome, the exercise itself is worthy of one’s time. I successfully submitted one of my pieces for publication. I also had the honor of sitting next to the charming, intelligent Edie Schwager for one of the luncheons and learning more about her fascinating life in medical editing and writing.”

Karen Schliep

I asked the past student scholarship recipients how they found out about the scholarship. Some of them said they happened to come across the advertisement on the AMWA Web site or in the AMWA Journal. But several of them found out from others who were involved in AMWA:

• Qing Zhou found out about the student scholarship via a long-term AMWA member, Martha Tacker, who encouraged Qing to get involved in AMWA. Qing started to attend the Indiana Chapter events, won the Indiana Chapter’s 2007 student scholarship, and then decided to aim even higher to apply for and win the national student scholarship.

• Mary Anne Fogarty learned about the scholarship from her English professor who, although not an AMWA member, attended some of the Southwest Chapter meetings and encouraged Mary Anne to apply.

• Kelly McCoy heard about the scholarship from Lisa Lines (a fellow student who had won the scholarship the previous year): “She told me it was such a great opportunity and that she would definitely apply again if she could! I also heard about it at an AMWA Southeast Chapter meeting where the president, Erinn Goldman, encouraged all students at the meeting to apply.”

• Rebecca (Steinberg) Stawartz received a departmental e-mail about the scholarship from her academic advisor.

All scholarship recipients interviewed recommend the scholarship to any interested student.
“As a student, I know that you sometimes feel like there are not enough hours in the day just to get done what you need to get done (especially if you’re spending your spare time writing!). However, taking just a small amount of time to apply for the scholarship is definitely worth the experience.”

Kelly McCoy

“If you have any doubts or reservations about applying, take it from me—it’s worth it! At the very least, applying will serve as a good exercise for you to think about pursuing a career in this field.”

Peter Morello III

“Never say never. You might be a winner. After working 20+ years in computer programming for a company impacted by the Enron scandal, I needed to find a new career path going forward. The scholarship was one part of my path.”

Mary Anne Fogarty, MA

Lastly, I wish to share some parting thoughts of my own as a past recipient. Today’s medical writing professionals face a rapidly changing career environment and economy. And even more so, students particularly face increasing challenges in navigating their own career paths. It is no longer enough for students to simply do well academically. They need role models who can help them envision themselves working toward meaningful and worthwhile professional goals. They also need connections to the broader medical writing industries and professions to begin building professional networks. AMWA’s educational resources are particularly vital for students, as only a handful of traditional academic institutions even offer education and training tailored to medical writing professions. AMWA’s members often have served as career role models for students. In fact, many thanks to those who have encouraged and supported students in their professional development through AMWA in the past. Additionally, many thanks to the company sponsors whose generous support makes AMWA’s student scholarship program possible. As reflected in the comments from past recipients, the impact of the scholarship does in fact extend beyond the recipients themselves to the larger medical writing community.

There is still time and opportunity to do even more! If you have benefited from attending AMWA’s annual conference, please consider encouraging any students you know to consider applying for the 2009 student scholarship.

2009 AMWA Annual Conference Student Scholarship

Applications for the 2009 AMWA Annual Conference Student Scholarship sponsored by Eli Lilly and Company are now available on the AMWA Web site (www.amwa.org). In addition to the application, students must submit the following.

• Official transcript
• Letter of recommendation from student’s academic advisor or program professor
• Short essay (1 to 3 paragraphs) describing why the student is interested in the field of medical writing and reasons for wishing to attend the annual AMWA conference
• Long essay (1 to 3 pages) on 1 of the following topics.
  1. Biomedical writing is a rapidly emerging profession. Using a current biomedical or scientific event, demonstrate the value of clear, concise writing in communicating complex data to a specific audience.
  2. Using a current biomedical or scientific event, write 3 versions of the event to target 3 different audiences.

The scholarship will provide 2 students with an impressive conference package that includes the following.

• Ground or air transportation to the 2009 AMWA Annual Conference
• Lodging
• Conference registration fee
• Fees for up to 3 workshops, which can be applied toward an AMWA certificate
• Complimentary ticket to the AWMA awards dinner
• 1-year student membership in AMWA

The deadline for applications is June 8, 2009. Awardees will be notified by July 8, 2009.

If you know a deserving applicant who might like to learn more about medical writing, please share this opportunity!

AMWA thanks Eli Lilly and Company for its sponsorship of the 2009 student scholarship.
THE 2007 FDAAA: WHAT IS IT AND HOW DOES IT AFFECT MEDICAL PUBLISHING?

Moderator
Linda L. Runft, PhD
Medical Writing Manager, Amgen Inc, Thousand Oaks, CA

Speakers
Tracy J. Beck, PhD
Associate Consultant-Global Medical Business Operations, Clinical Trial Registry Results, Eli Lilly and Company, Indianapolis, IN
Heleen H. DeCory, PhD
Manager, Scientific Communications, Medical Affairs, Bausch & Lomb, Rochester, NY

By Jacqueline Wu, PhD

On September 27, 2007, President Bush signed the Food and Drug Administration Amendments Act of 2007 (FDAAA), which is considered one of the most comprehensive and significant revisions to the Federal Food, Drug, and Cosmetic Act (FDCA) in decades. It contains several provisions affecting the pharmaceutical industry, including drug user fees, pediatric research, clinical trials databases, and postmarketing safety. The subject of this session was Title VIII of the FDAAA, which concerns clinical trials databases, and its impact on medical publishing.

Tracy Beck, PhD, provided an overview of Title VIII and described how it differs from previous legislation on registration of clinical trials. One key difference is that Title VIII requires all clinical trials (except phase I trials) of drugs, biologic agents, and devices to be registered in the clinical trial registry databank. Previously, only registration of trials for serious or life-threatening diseases was required by the FDA, although many medical journals required the registration of trials for the results to be published. A second key difference is that the results of clinical trials must now be posted in a newly established database. For trials that are completed before a drug is approved, the results must be posted within 30 days after approval of the drug. For trials completed after a drug is approved, the results must be posted no later than one year after the completion date. Importantly, there are now significant monetary penalties ($10,000 per day) for failing to publish the data within the required time. This requirement to post results significantly shortens the time available to collect, analyze, and interpret the clinical trial data. Additionally, the legislation includes a new definition of the completion date, which is now, according to Dr Beck, the “date that the final subject was examined or received an intervention for the purposes of final collection of data for the primary outcome.” Since trials often continue to collect data after treatment or data collection for the primary endpoint has been completed, posting the results within the required timeframe may require early blind breaking and interim analyses, said Dr Beck.

Dr Beck and Heleen DeCory, PhD, both discussed whether posting the required data would be considered pre-publication by medical journals, thereby preventing the results from being published in the medical literature. The FDA database is set up for data to be posted as a synopsis and a series of tables. Both Dr Beck and Dr DeCory agreed that the International Committee of Medical Journal Editors (ICMJE) currently accepts that this format is not prior publication. However, since a large amount of data will be included in the database, it remains to be seen whether journal editors will continue to hold this view. Dr Beck noted that extensions to the deadline for posting results in the database to allow publication in a peer-reviewed journal are no longer allowed in most circumstances.

Dr DeCory discussed the impact of FDAAA on publication planning. To reduce the possible misinterpretation of data and to circumvent the issue of prior publication, it is desirable to publish the data before posting it in the database. Therefore, one immediate impact of the legislation is the need to write manuscripts very quickly after the data become available, frequently before the clinical study report is complete. All aspects of publication planning, including what, where, and when to publish and who will author the paper, will need to be decided much earlier in the clinical program. Dr DeCory also noted that there will be less time available for analysis, interpretation, and discussion of the data and that accelerated manuscript development timelines will be necessary.

One of the goals of the FDAAA was to improve the transparency of clinical trials. While the new requirements of this act may achieve this, they will also result in the need for careful planning regarding the posting and publication of clinical trial data.


Jacqueline Wu is a freelance writer and owner of Castle Peak Medical Writing in northern CA.
Moderator
Nancy Giguere, PhD
Freelance writer/editor, St Paul, MN

Speakers
Richard W. Wilson, DHsc
Professor and Chair, Department of Health Promotion and Behavioral Sciences, University of Louisville School of Public Health and Information Sciences, Louisville, KY
Ellen de Graffenreid, MA, MBA
Director, Health Sciences Center Communications and Marketing, University of Louisville, Louisville, KY

By Ada P. Kahn, PhD

Moderator Nancy Giguere, PhD, stated that the session was about changing health-related behaviors through medical writing. According to Dr Giguere, “to determine effective approaches for health promotion, tactics must be geared to the needs of the audience.” Richard Wilson, DHsc, added that the most productive effect of consumer medical writing is behavioral change; however, before health behaviors can change, attitudes must change. Changing attitudes can be difficult. Individuals are constantly bombarded with health education messages. Knowledge about health comes from a variety of sources other than medical writing, including the news media, television shows, family and friends, movies, and the government. Even though people have the knowledge and information, they may continue unhealthy habits.

Fear can be an effective motivator for individuals to make immediate changes but is not enough to sustain change. Ellen de Graffenreid, MA, MBA, explained that some people stop smoking out of fear of dying of cancer, but many will return to smoking at some later point in time.

Ms de Graffenreid noted that the job of a medical writer is to educate by presenting reliable information in a persuasive style that helps create an atmosphere in which people will want to alter their health habits. She believes that health knowledge can lead to healthier behaviors and better health.

She outlined several practical tips for writers to help change health behaviors.

- Keep messages simple; use appropriate media.
- Encourage belief in the serious need for change.
- Be convincing about the pros and cons of change.
- Boost self-confidence with coaching to practice new skills regarding health choices.

She added that when individuals are encouraged to make simple changes and are alerted to rewards such as living longer and seeing children and grandchildren grow up, they are more likely to make lifestyle changes and be motivated to continue them.

Mr Wilson addressed the topic of why health promotion campaigns may not change individuals’ health behaviors. He suggested that reasons include readiness and social norms, conflicting values, cultural barriers, lack of health insurance, lack of access to health providers, poverty, and environmental factors. As examples, he explained that it may be difficult to convince people to improve nutrition if there are no markets with fresh foods nearby or to begin a walking routine for exercise if there are no sidewalks in their area. These factors should be considered in any health promotion campaign to be sure of success, he said. He ended by noting that moving people from knowledge about healthier behaviors toward continuing improved behaviors and ultimately to better health should be the goals of health promotion writing.

Ada P. Kahn, PhD, is the author of The Encyclopedia of Work-Related Injuries, Injuries and Health Issues and other books. She lives in Evanston, IL.
FORM AND FUNCTION OF SCIENTIFIC ARTICLES: VARIATIONS AND COMMONALITIES

Moderator
Teresa L. Rogstad, MPH
Medical Research Analyst, Hayes Inc, Louisville, KY

Speakers
Thomas A. Lang, MA
Principal, Tom Lang Communications and Training, Davis, CA
Martha M. Tacker, PhD, ELS(D)
Biomedical Communication Consultant, Biomedical Communication Services, West Lafayette, IN
Marianne Mallia, ELS
Manager and Senior Medical Writer, Scientific Publications, Texas Heart Institute, Houston, TX

By Yanni Wang, PhD

Terry L. Rogstad started this open session by noting that the session was designed to provide medical writers with “food and thoughts” regarding current publication guidelines.

In the first presentation, “What Do We Want from a Scientific Article?,” Tom A. Lang, MA explained the relationship between functions and forms of journal articles. According to Lang, disseminating scientific information, legitimizing scientific validity, and archiving important details of research are the 3 primary functions of scientific journals. Because the same form cannot necessarily meet all these 3 functions, different forms in terms of length, level of details, and rhetorical features are used for scientific journal articles. Mr Lang said that the functions of a scientific article and its parts should be. According to Mr Lang, there are mismatches between forms and functions in current publication guidelines, and many journals impose character limits on titles, word limits on abstracts and articles, number limits on references, and item limits on reporting guidelines. Mr Lang was concerned that these limitations and differences in forms might compromise the intended functions of an article and its parts.

Mr Lang then briefly reviewed the standards movement. He noted that knowing how to apply manuscript standards can help writers provide additional value to clients. He believes that evidence-based medicine and analytical editing (Table 1) provide opportunities for medical writers and editors who help prepare the literature.

Mr Lang ended his presentation with 3 take-home points.
• Variations in the forms and functions of scientific articles are not necessarily rational.
• Evidence-based medicine and the standards movement require certain forms and functions.
• Analytical editing of research articles holds contributing and job potentials for AMWA members.

In the second presentation, “Scientific Papers in the Age of Translational Medicine,” Martha M. Tacker, PhD, ELS(D), reviewed the organization of research reports, which can vary with the type of research, and compared traditional research (also called preplanned research) with “variant” research (also called sequentially planned research) (Table 2).

Different designs of traditional and variant research inevitably lead to different ways of organizing corresponding research reports (Table 3). Dr Tacker said that she anticipates that, with the emergence of translational medicine, there will be more reports that vary in organization.

Medical communicators knowing the organizational differences can

Table 1. Levels of Manuscript Review and Editing

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Purpose</th>
<th>Qualified reviewers</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Language editing for basic English</td>
<td>To make sure that the basic sense of a manuscript is understandable to native English speakers</td>
<td>Most native English speakers</td>
</tr>
<tr>
<td>2</td>
<td>Copyediting</td>
<td>To make sure that the manuscript conforms to the rules of English grammar</td>
<td>Many skilled English speakers</td>
</tr>
<tr>
<td>3</td>
<td>Substantive editing</td>
<td>To make sure that the text is logically organized and internally consistent</td>
<td>Professional medical writer-editors and experienced authors</td>
</tr>
<tr>
<td>4</td>
<td>Analytical editing</td>
<td>To make sure that research designs and activities, statistical analyses, data, and results are accurately and completely reported according to current standards</td>
<td>Professional medical writer-editors who are knowledgeable about corresponding reporting standards and guidelines</td>
</tr>
<tr>
<td>5</td>
<td>Peer review</td>
<td>To make sure that the rationale, purpose, and methods of the research are both sound and important; that the conclusions and implications of the research are well reasoned and appropriately placed in the context of other research</td>
<td>Experts of the field</td>
</tr>
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better help the authors of sequentially planned research, said Dr Tacker. However, there is an absence of guidelines on organizing reports of sequentially planned research. After a comprehensive search to find books, journals, and Web sites providing advice on reporting sequentially planned research, she found only 1 book that gives some advice about this type of report.

In the third presentation, “Pre-publication Worksheet for Observational Studies and Clinical Trials,” Marianne Mallia, ELS, addressed the importance of carefully planning a study. According to Ms Mallia, a good plan includes the following steps:
- Complete a prepublication worksheet.
- Make an outline.
- Write a “zeroth” draft, which is more than an outline but less than the first draft.
- Use the prepublication worksheet and zeroth draft to get coauthors and collaborators to commit to the plan.

Ms Mallia said that a comprehensive prepublication worksheet forces investigators to make sure all needed data are collected. For clinical and animal studies, Ms Mallia uses a worksheet covering the following:

**Section I – Administration**
- Title of the study
- Principal author/investigator
- Department(s) and institution(s)
- Coauthor(s)/co-investigator(s)
- Database of interest
- Proposed journal
- Institutional Review Board or Institutional Animal Care and Use Committee approval and all necessary forms
- Deadline

**Section II – Target audience**

**Section III – Hypotheses**

**Section IV – Background**

**Section V – Study design**
- Type of study and reasons of choosing the design
- Key messages

**Section VI – Signature/potential impact on practice or research**

**Section VII – Anticipated diagrams, tables, charts**

**Section VIII – Key references**

**Section IX – Checklist (reminding authors to review the appropriate checklist when writing report and before submitting it to scientific publications)**

**Section X – Budget or funding source**

Mallia said that once the worksheet is completed, it should be easy to develop the outline.

Following the outline is the zeroth draft, which includes the following:
- Fairly complete introduction
- Protocol-turned methods section
- Hypothetical result section
- Potential discussion

She suggested that writing a zeroth draft can help the writer, as well as authors, get organized. A zeroth draft works best for research that does not depend on sequential studies to prove a hypothesis. It also works well for grant applications.

In closing, Ms Mallia commented that using prepublication worksheets, outlines, and zeroth drafts can save writers time and decrease headaches.

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

### References
RESEARCH INSTITUTIONS AND MEDICAL BREAKTHROUGHS

Moderator
Michael L. Jones, MS
Director, Medical Writing, TKL Research Inc, Rochelle Park, NJ

Speakers
Suzanne T. Ildstad, MD
Director, Institute for Cellular Therapeutics and Professor of Surgery, University of Louisville, Louisville, KY
John O. Trent, PhD
Associate Professor and Director, Molecular Modeling Core Facility, James Graham Brown Cancer Center, University of Louisville, Louisville, KY

By Brent M. Ardaugh

Suzanne T. Ildstad, MD, believes that there may be new hope for patients who are in need of bone marrow transplants (BMTs). Dr Ildstad’s research is directed at gaining a better understanding of the mechanisms that promote hematopoietic stem cell (HSC) engraftment, a process that is linked to more effective BMTs. During her presentation, she discussed her recent breakthroughs in understanding the donor-recipient relationship in BMT. Dr Ildstad explained that patients who receive BMTs often rely on genetically different but not incompatible donors as their bone marrow sources. If the donor bone marrow is incompatible with the patient’s body, cells within the bone marrow will recognize the body as non-native and begin to “attack” it. The ideal situation, on the other hand, is for certain signals inside the body to activate the HSCs and for them to begin producing new, healthy blood cells in sufficient quantities. The process by which HSCs resume differentiation after transplantation is called engraftment, and facilitating cells (FCs) promote this process. HSC engraftment with FCs is a main focus of Dr Ildstad’s research.

From her research, Dr Ildstad discovered that FCs enhance HSC clonogenicity, increase multipotent progenitors, and prevent HSC cell death. Moreover, she determined that these effects require direct cell-to-cell contact between FCs and HSCs.1

These results are significant because they suggest that FCs promote the proliferation of HSCs and progenitor cells, which are both precursors to many of the blood cell types found in the human body. Dr Ildstad’s discoveries may provide new hope for patients in need of BMTs by enhancing HSC engraftment.

John O. Trent, PhD, discussed a unique method he uses to identify anticancer targets. “We have developed a unique virtual screening facility that enables us to rapidly screen millions of candidates against new cancer targets before physically testing in the laboratory,” said Dr Trent.

He uses a computation grid, a network of computers that work together to perform a specialized function, to screen millions of anticancer compounds against preselected cancer targets. Dr Trent and his colleagues collaborate with Kentucky Dataseam Initiative, a nonprofit organization that specializes in collecting computational power from idling and unused computers throughout many of Kentucky’s K-12 schools. This computational power is then used to search through millions of anticancer compounds and to locate the compounds that may be effective against various cancer targets. This process allows Dr Trent and his colleagues to “weed out” ineffective anticancer compounds, thus, reducing the total number of compounds that are tested at the bench.

Previously, cancer researchers tested the effectiveness of potential anticancer drugs against cellular targets one at a time, an experiment that took years to perform. Dr Trent’s entire screening process takes only a few days.

“One unique aspect is that we provide this [information] as a resource to all researchers at the University of Louisville and outside collaborators,” said Dr Trent. “The environment is highly collaborative across many scientific disciplines at the Brown Cancer Center, and we are working on over 30 new targets.”

For his collaborative and innovative approach to cancer research, Dr Trent was recently awarded the Apple Award for Innovation in Science. The award is presented by Apple Inc to scientists who have contributed to science using computers. He was 1 of 10 scientists who received the award in 2008.

References


Brent Ardaugh is a medical writer and editor from Purdue University in West Lafayette, IN.
UPDATE ON NEW DRUGS

Moderator
Gayle Nicholas Scott, PharmD, ELS
Envision Pharma, Southport, CT

Speaker
Jennifer Van Cura, PharmD
King’s Daughters Medical Center,
Cardinal Health, Ashland, KY

By Gayle Nicholas Scott, PharmD, ELS

Jennifer Van Cura, PharmD, updated attendees on several drugs introduced to the market in 2007-2008 as well as some new drugs in the pipeline. Discussing 5 newly marketed drugs, Ms Van Cura described the pharmacology, drug interactions, adverse effects, and dosing of the medications and identified their place in therapy.

Aliskiren (Tekturna; Novartis), which received US Food and Drug Administration (FDA) approval in March 2007, is indicated for the treatment of hypertension as a single agent or in combination with other drugs. In clinical trials, aliskiren has been used with other antihypertensive drugs to improve blood pressure control.

The mechanism of action of aliskiren is different from those of other currently available antihypertensive drugs. Aliskiren works by inhibiting renin and the activation of the renin-angiotensin-aldosterone system; this differs from angiotensin converting enzyme (ACE) inhibitors (“pril” antihypertensives) and angiotensin II receptor blockers (ARBs), such as losartan, which affect only angiotensin. Theoretically, aliskiren may help prevent end-organ damage with hypertension by blocking the renin pathway, but long-term trials have not been performed.

The absorption of aliskiren is significantly reduced by high-fat meals. The drug has a half-life of about 24 hours and requires 7 to 8 days to reach steady state. It is partially metabolized in the liver by cytochrome P450 (CYP)-3A4. Aliskiren can interact with drugs that affect CYP 3A4. Like ACE inhibitors, aliskiren can cause cough, but this adverse effect occurs at a lower rate than with ACE inhibitors. Like ACE inhibitors and ARBs, aliskiren is contraindicated in pregnancy.

Treatment with aliskiren costs $60-90 per month.

Another newly marketed drug for the treatment of hypertension is Nebivolol (Bystolic; Forest), which received FDA approval in December 2007. The drug can be used alone or in combination with other antihypertensive agents. It has also been used off-label for heart failure. Ms Van Cura explained that nebivolol is a beta-blocker, more specifically, a third-generation beta-adrenergic antagonist with high beta-1 (cardiac) selectivity.

The results of clinical studies have indicated that nebivolol is similar to other available drugs for reducing blood pressure but offers several potential advantages over other beta-blockers. It may cause less reduction of cardiac contractility, and its high cardioselectivity may make it safer in patients with asthma, although this has not been proven clinically. Preliminary research has suggested that nebivolol may be more effective than other beta-blockers in black individuals, but this finding must be confirmed with further trials. Nebivolol may be inferior to other beta-blockers when used for heart failure in the elderly.

Nebivolol exerts its pharmacologic effect by peripheral vasodilation through increased production and release of nitric oxide along with decreased nitric oxide degradation. In terms of pharmacokinetics, nebivolol is metabolized by CYP 2D6 and has a half-life of 12 hours with active metabolites that also have beta-blocking properties. Its peak concentration occurs in about 1.5 to 4 hours.

As with other beta-blockers, nebivolol must be discontinued gradually over 1 to 2 weeks, as abrupt discontinuation can lead to severe exacerbation of angina, myocardial infarction, or arrhythmias. Treatment with nebivolol costs about $60 per month.

A third antihypertensive Ms Van Cura discussed is clevidipine (Cleviprex; Hospira), an injectable calcium channel-blocker that received FDA approval in August 2008. In clinical trials of hypertensive emergency, clevidipine controlled blood pressure in most patients within 30 minutes and was not associated with hypotension. Advantages of the drug include quick onset of antihypertensive effect and ease of use (ie, the dose is not weight-based).

Clevidipine acts by decreasing the influx of calcium during depolarization in arterial smooth muscle and reduces mean arterial blood pressure by decreasing systemic vascular resistance. It has a half-life of less than 1 minute and is 99.5% protein bound. The initial dose is administered as an intravenous infusion, with titration to goal blood pressure. Administration of the drug is stopped when blood pressure is adequately controlled, and treatment with oral antihypertensive drugs can be started. Clevidipine is available in a lipid emulsion vehicle; it cannot be used in patients with allergy to soy or egg products. Clevidipine costs approximately $360 for a 100 mL vial, which provides blood pressure control for about 10 minutes.
Ms Van Cura also discussed doripenem (Doribax; Ortho-McNeil), an injectable broad-spectrum carbapenem antibiotic that received FDA approval in October 2007 for complicated urinary tract infection (including pyelonephritis) and complicated intra-abdominal infections. The manufacturer is also seeking approval of the drug for treatment of hospital-acquired pneumonia. Doripenem has a broad spectrum of bactericidal activity against gram-positive, gram-negative, and aerobic bacteria. It also has activity against Candida fungi and has shown increased activity against *Pseudomonas aeruginosa*. However, like other carbapenems, it is not effective for *Enterococcus faecium* or methicillin-resistant *Staphylococcus aureus*.

Doripenem exerts its antimicrobial effect by binding to penicillin-binding proteins and inhibiting cell wall synthesis. An advantage of doripenem is that it might be less likely than other carbapenem antibiotics to cause seizures. Treatment with doripenem costs about $138 per day.

The last newly marketed drug Ms Van Cura described was sapropterin dihydrochloride (Kuvan; BioMarin), an orphan drug approved by the FDA in December 2007. The drug slows the effects of phenylketonuria (PKU), a genetic disorder in which the phenylalanine hydroxylase (PAH) enzyme that helps breaks down phenylalanine is missing or does not function properly. In clinical trials, the phenylalanine level dropped by 30% in approximately half of patients.

Sapropterin is a synthetic form of tetrahydrobiopterin (BH4), which has produced response in 20-56% of individuals with PKU. Sapropterin must be combined with a phenylalanine-restricted diet (avoidance of phenylalanine found in proteins such as meat, dairy, and eggs). Reductions in phenylalanine are seen within 24 hours and the maximum effect occurs in 1 month. Sapropterin costs about $250 per day (not a typo). The manufacturer has set up a program to assist patients/families in working with third-party payors and the National Organization of Rare Disorders.

Ms Van Cura also briefly described several newly marketed combination products.

- Azor (amlodipine/olmesartan), for treatment of hypertension
- Exforge (amlodipine/valsartan), for treatment of hypertension
- Combigan (brimonide/timolol), for treatment of glaucoma
- Janumet (sitagliptin/metformin) for treatment of diabetes

She also noted drugs that had been withdrawn from the market within the past year because of either a marketing decision or adverse effects.

- Ethmozine (moricizine) – marketing decision
- Sporanox injection (itraconazole) – marketing decision
- Exubera (inhaled insulin) – poor product acceptance and low sales
- Permax (pergolide) – damage to heart valves
- Trasylol (aprotinin) – increased risk of death
- Zelnorm (tegaserod) – increased cardiovascular effects

Ms Van Cura then discussed drugs in development. These drugs are designed for the treatment of a wide variety of diseases, including various types of cancer (lung, breast, ovarian, colorectal, bladder, prostate, lymphoma, leukemia, and melanoma); adult chronic idiopathic thrombocytopenia purpura; diabetic neuropathy; cardiac ischemia; cystic fibrosis; memory loss; osteoporosis; hyperlipidemia; and others. In addition, several vaccines are in development for such indications as anthrax, polycystic kidney disease, group A streptococcus, and staphylococcal infections.

Gayle Nicholas Scott is a medical writer for Envision Pharma, Southport, CT, and lives in Chesapeake, VA.
❖ **The top 10 health search engines of 2008** were Mednar, GoPubMed, WorldWideScience.org, Health Sciences Online, ScanGrants, SearchMedica, Vadlo, NextBio, Lalisis Literature, and Yottalook, according to blogger Hope Leman. Read more about them at [http://tinyurl.com/9zqu94](http://tinyurl.com/9zqu94).

❖ **A new extension to the CONSORT statement** is intended to improve the reporting of pragmatic randomized controlled trials. Pragmatic trials are designed to help clinicians make real-world decisions about care and are typically conducted in a normal practice setting, with few participants excluded. The CONSORT and Practihc groups jointly agreed that 8 items on the CONSORT checklist need to be modified when such trials are reported. Their statement, which includes an explanation of each item and examples of proper reporting, is at [http://tinyurl.com/7jh76w](http://tinyurl.com/7jh76w).

❖ **The US Food and Drug Administration has finalized its “Good Reprint Practices”** [see "Briefly Noted," AMWA Journal 2008;23(1):28]. The guidelines restore sales representatives’ prerogative to distribute—but not discuss—journal articles about off-label use of drugs. A number of other conditions apply, such as that the article must be from a peer-reviewed journal and must be distributed separately from promotional material. Letters to the editor, publication abstracts, reports of phase I studies involving healthy subjects, and industry-funded literature such as journal supplements are among the publications excluded. Furthermore, the FDA says the guidelines do not establish legally enforceable rights. See [www.fda.gov/oc/op/goodreprint.html](http://www.fda.gov/oc/op/goodreprint.html).

❖ **The Institute of Medicine (IOM)** has formed an ad hoc committee to consider whether to recommend establishment of a national, interprofessional institute on continuing education (CE) that would be independent of industry. The project is sponsored by the Macy Foundation, which funded a 2008 report that recommended phasing out industry support for CE. [See “Briefly Noted,” AMWA Journal 2008;23(2):76]. The first meeting of the IOM committee was held in December; the agenda and a few of the presentations are at [www.iom.edu/CMS/3809/59584.aspx](http://www.iom.edu/CMS/3809/59584.aspx). (Related news: Following its call for comments on whether industry should support CE, the Accreditation Council on Continuing Medical Education says it won’t take final action until “the end of 2009.”)

❖ **Attention book authors**—Google has settled the lawsuit brought by the Authors Guild and other groups over its program to digitize books. The settlement includes at least $45 million for authors and publishers whose in-copyright books were scanned without permission. It also establishes a Book Rights Registry to allow authors to make out-of-print books available online and receive part of the revenue. For details, see [www.authorsguild.org](http://www.authorsguild.org).

❖ **What can you (legally) take from the Web?** “It depends on what you take, why you take it, who you are, and what technology you use,” says Kirk Teska, the managing partner of an intellectual property law firm in Waltham, MA. “If you are employed in a for-profit enterprise, be careful of touting fair use as a knee-jerk defense, because fair use is typically not for you.” An article he wrote for the IEEE magazine is at [http://tinyurl.com/5w4lyh](http://tinyurl.com/5w4lyh).

❖ **SemanticMEDLINE.com** is a free search engine that allows users to search MEDLINE by typing a “conversational sentence” instead of using Boolean operators and learning the intricacies of PubMed. Cognition Technologies, creator of the site, says its Semantic natural language processing technology “incorporates word and phrase knowledge to comprehend the meaning and nuances of the English language.” SemanticMEDLINE.com doesn’t appear to be powerful enough for comprehensive literature searching, but it could be useful to people who write for the public and to “expert patients” doing medical research for themselves.
Clearly you’ve defined your product or service first, then identified some prospective clients—people who potentially need and want your service. After these important steps are in place, there are several ways to sell. You can send a letter by e-mail or even US post describing your background and skills and enclose your résumé, or call the person on the telephone (a “cold call”). Tell him/her you would like to meet with him or her personally, if you’re in the same city. If you’ve written a letter or e-mail, follow-up with a telephone call. (Of course, if you have a personal recommendation from someone who knows the prospective client, all the better! Most of us are far more likely to use a contractor recommended by someone we trust. Always be ready to drop a name or provide impressive references.)

Once in the office or on the telephone, ask questions to show that you’re interested in the individual and his/her business. Try to establish a personal rapport before talking about your services. Lead into questions about prospective projects. Offer to provide (or bring with you if you’re meeting in person) samples of work you’ve done that relates to the type of work your prospective client does. Your previous work will help get you business if it’s good and the client needs your service. But the rapport between you and the client is crucial.

Also important is persistence—a rejection doesn’t mean “no” forever, so continue to make contact until you succeed in attaining your objectives. Follow-up even when you’re busy with other projects. Despite today’s electronic mania, e-mail is not always the best way to communicate; I suggest reserving it for making an initial contact (if you cannot get the person on the phone) or personal appointments.

—Cathryn D. Evans

To get a client to give you freelance work, there are several dynamics that need to be understood. The first dynamic is resources. Many companies employ medical writers. Once on staff, the company has to pay them whether they’re working or not. So a primary goal of a company is to keep its own writers busy first. Your best chance of being hired for a freelance assignment is if there are no staff writers available to do the work, or if the staff writers who are available are not as qualified as you (although this takes a more discerning decision-maker).

The second dynamic is time. Time puts pressure on internal resources. Let’s face it, staff writers who are making the same salary whether they work 8 hours a day or 12, whether they go home at night and have a life or stay up all night working, and whether they sleep in on Saturday or put in an extra 20 hours over the weekend, may be less eager to take on that last-minute rush assignment that sat on someone’s desk for a month, whereas it might be a plumb opportunity for a freelance.

The third dynamic is budget. When a company is overworked, it can hire more staff writers or bring in freelance writers. A big consideration is, therefore, whether the increased workflow is permanent or passing. Keep in mind, hiring a staff writer at $75,000 per year will cost the company nearly $100,000 after you add payroll taxes and benefits, whereas hiring a freelance writer to take on an overflow assignment will cost only the price of the job. What’s more, the cost for hiring the freelance comes off the top of the company’s books, effectively lowering the company’s annual tax liability.

Once you understand these dynamics, it’s easier to understand where you fit into the mix and how you can leverage those dynamics to your advantage. When I’m interviewing with a potential new client, I don’t position myself as a writer. I position myself as a problem-solver. The person I’m speaking with has a problem—perhaps a project that’s late in getting started, a looming deadline, or an assignment for which he or she has no (or no suitable) internal resources to complete. I can solve that problem because I’m a writer.

Getting a company to give you more work is a lot easier. Just deliver on time, on target, and on budget, first time and every time. What client doesn’t love to hire someone who makes their life easier? Someone they can count on to consistently pull them out of the fire? That’s the type of relationship you ultimately want to build with all your clients. If you’re successful, you won’t have to worry about getting people to give you work because the work will come to you.

—Brian Bass

An editor will often have to choose from several writers who represent a good fit for a given project, so it’s important not to take it personally if you aren’t selected for a position. Assuming you fall into the category of being a
good fit for a project, there are several things you can do to up your chances of getting an assignment. These include, but are not limited, to the following:

1. Be very responsive. If an editor requests a sample or wants to talk to you on the phone, be quick to respond to the request, within minutes if possible. Why make them wait?

2. Always be friendly and polite, even if the job turns out not to be a good fit for you (they may have other projects).

3. Try to not to be the first to raise the payment issue. I know it’s a practical matter to ask what the pay rate is, but don’t lead with it. It’s very off-putting and writers lead with this more often than you might imagine.

4. Be honest about what you can do and don’t tell the editor you can do any type of writing about any type of subject (even if you feel you can). This is the mark of a newbie—someone who has yet to refine their writing. It’s best to specialize both in subject area and genre. I have more than once been told that “it’s refreshing” when I have told a prospective client that I don’t feel qualified or don’t have experience for a certain project after finding out the details. This tells me that it doesn’t happen all that often.

5. Provide references and direct people to your Web site (you do have a Web site?) to give additional weight to your e-mail/cover letter.

6. Keep your responses short, professional, and polite. Don’t tell a prospective editor that you would absolutely love to work on a project (who cares right?). Think instead of what you can do for them and elaborate on that. Spell out your unique selling proposition (what sets you apart?), give them a few details about what they can get from you that they may not get from another writer: help with finding other writers for the project, strong relevant experience in a given subject or genre, ability to deliver quickly for no extra charge, or whatever.

—Emma Hitt

A– This is the number 1 question asked by freelancers. The first step is to know exactly what your knowledge base is, what skills you have, what you excel at, and what you do not excel at. I suggest you write down your knowledge and skills (3-5 pages or more) and rate each entry as excellent, good, not so good. For instance: I have knowledge of the following therapeutic categories: central nervous system, oncology, pharmaco-economics. I have skills in research, content writing, marketing, Word, PowerPoint. I love research and writing. I don’t like working in Excel. Be much more expansive than this, as this exercise forms the basis of your marketing materials. Filling out the AMWA freelance directory questionnaire is a good start but be sure to be specific not generic.

Next, narrow your market (prospective clients) to the niche that best reflects your knowledge base and skills. If you have nonprofit experience, working with associations may be a good fit. If you have regulatory experience, working directly with pharmaceutical companies will be easy. If you have marketing skills, advertising and medical education companies will hunt you down. If you don’t have good interviewing skills, your niche is probably not article writing that requires quotes from physicians. Seek out prospective clients that match your niche and find their contact information on the Internet. Don’t be lazy. There is no perfect database. This takes a lot of hard work. The more you work it, the more ideas will come to you.

Now get the word out. Again, don’t be lazy. Make phone calls, send mailings and e-mails, respond to ads from AMWA, network, prospect, and follow-up. Do this every day. I mean it! Prospect every day. So your day looks like 4 hours of writing, 2 hours of prospecting, 2 hours of managing your office (because you are the janitor after all). If you don’t have work, do 6 hours of prospecting. Did you know it takes 7 contacts for a person to remember you? That means you have to be in front of each prospect 7 times for success. Just think of that TV commercial you see so often.

Read everything you can about marketing. There are numerous books available specific to writing. There is information on the AMWA Web site. Review other freelance writers’ Web sites. Use these materials as inspiration but tailor ideas to yourself and your niche. Attend professional meetings for networking. Building your knowledge base and combining multiple talents is what makes you stand out from the crowd and valuable to clients. Keeping clients is easier than getting new clients, so always deliver a superb product. Never be late. Clients will remember you and keep you in their files. But always keep in touch with past clients. Even your invoice is a marketing opportunity; send a reminder of your specific expertise now that you know them better. Focus on the 3 R’s of Rinehart’s marketing philosophy: RECOGNITION, REMEMBRANCE, REPUTATION.

—Barbara Rinehart
Q – Should I have a brochure and business cards?

A – A business card is helpful, although in today’s market a Web site might be more useful. A brochure or printed description of your services may be helpful, but if you can, design a simple Web site that outlines your capabilities. Otherwise, a résumé is sufficient.

—Cathryn Evans

A – I tend not to carry business cards, although I probably should, and I don’t think they are a bad thing. If you get business cards, spend enough money to make them look high quality. I wouldn’t worry about having a brochure. Some types of writers might benefit from having one, but I haven’t found the need in my little niche. If you have the choice between business cards and a brochure and a Web site, I’d spend the time and money on a Web site.

—Emma Hitt

A – You should definitely have business cards, and you should never leave home without them. You never know when you might meet someone who has a need for your services or who knows someone who could use your services. As for a brochure, I don’t think it is necessary for a single proprietor business. I think the money would be better spent in taking full advantage of your AMWA membership. I’ve been an AMWA member for 19 years now and all of my business has come either directly or indirectly from my AMWA membership. In addition to making the most of your AMWA membership, you might consider developing your own Web site and/or joining one of the professional networking sites, such as LinkedIn.

My suggestions: Pay for a listing in the Freelance Directory. Attend your local chapter meetings and workshops. Attend the annual conference, where you’ll have the opportunity to network with individuals who hire freelances and with other freelances who might be in a position to pass work on to you. Check out the job boards. Participate in the networking breakfasts; attend the awards luncheons and dinner. Be sure to introduce yourself to everyone at the table, give them your business card, and share information about your background and experience with them. When you meet people who are in a position to hire freelances, be sure to follow-up after the conference by sending them a note or an e-mail, and include a copy of your résumé.

—Donna Miceli

A – At a minimum you need a business card, samples, and a Web site that contains your résumé. Then consider advertising, brochures, and flyers; the sky is the limit but it’s not necessary to go overboard. All should be in an electronic form, as we are in an electronic age. You should tailor your marketing materials for your niche market. Be specific. Just as writing is effective when it targets only 1 audience, your marketing materials should target only 1 audience. Hence, skilled people will probably need more than 1 résumé or brochure. I have separate marketing pieces for continuing medical education, manuscript writing, magazine writing, meeting coverage, and so on.

—Barbara Rinehart

A – Marketing is a very personal issue. There are no “right” ways or “wrong” ways, only your way. There are myriad things you can do to promote yourself, from corporate identity (eg, business cards, brochures), to advertising (eg, AMWA Freelance Directory, Web site), to professional social networking (eg, LinkedIn®, Twitter), and every one of these methods can be successful, but only if it fits your style.

I created my business card and letterhead before I left my last employer to go out on my own. When I joined AMWA, I made sure that the fact I was an AMWA member was prominent on both my business card and letterhead, because I felt it would give me credibility as I was just starting out as a freelance medical writer. I believe having a well-designed business card is an absolute must for any freelance medical writer. First, because it tells people you’re in the game to play; second, because it gives you something to leave behind after a meeting; and third, because it’s easy to carry with you—you never know when or where you might meet someone who could be, or knows someone who could be, a potential client.

I don’t have a brochure because I am not currently marketing myself via direct mail, although direct mail was instrumental when I was launching my freelance medical writing business. I used a letter campaign. I have several good friends and colleagues who have brochures to promote their medical writing businesses, and I think the brochures they’ve put together are great! They’re succinct, easy to read, eye appealing, and do a great job of promoting the services they offer and the benefits they bring to the table.

I don’t put brochures on the “must have” list, but you must have something to promote yourself. If a brochure fits your style and the way you want to market yourself, I say go for it! Just make sure it’s done professionally. Don’t cut corners on design or printing. If you’re not a promotional writer, you may want to hire a freelance medical writer who writes promotional materials to help.

—Brian Bass
How long have you worked in medical writing?
I have been a medical/scientific editor since 1987, with a BA in Journalism and an MA in English. I have been a medical writer since 1994. I have no formal science background, but I picked up some things as a copyeditor of basic science papers at MD Anderson Cancer Center from 1987 to 1994.

What was your first medical writing position and how did you find it?
I wrote oncology sales training materials for a company called Total Learning Concepts in Boston. I found the job by responding to an ad in The Boston Globe.

Can you tell us more about what goes into writing sales training?
Sales training is really a misnomer. It is really educating sales representatives about science and medicine, ranging from basic anatomy and physiology to pharmacology to clinical treatment guidelines. If you like explaining science and medicine, you’ll love sales training, as you are the primary means by which sales representatives will obtain the foundation knowledge that will allow them to understand the drug they’re selling.

What are the best ways for a newcomer to establish himself or herself as a medical writer?
Focus on one therapeutic area, learn as much as you can (deep knowledge in one area is better than superficial knowledge in many), network as much as possible, and make the most out of the chances that come your way. It’s hard to break in, but persistence will eventually find opportunity. My current position was the result of small incremental steps that afforded me new skills along the way. Copyeditor to physician newsletter editor to sales training writer to medical education writer to publication (clinical) writer to editorial director. I could never have made the leap from copyeditor to publication writer without the experience of sales training and medical education to provide a base of knowledge in pharmacology and clinical medicine.

Why have you stayed in medical communications for more than 20 years?
It has a reputation for a grueling work pace. It’s always new. I’m always on the cutting edge. I get to work with really smart people.

What is a typical workday like for you?
A typical day consists of writing proposals to secure new business, managing and liaising with freelance writers to give them direction on current projects, paper editing, strategic thinking (about a client’s publication plan), and developing status reports.

What surprised you most when you first started in the field?
The depth of knowledge required.

Is there anything that surprises you now?
Not much.

Students in your AMWA workshop have the pleasure of learning your Monumentally Essential Dictum #1, Prodigiously Useful Tip #1, and Massively Important Rule #1.

Are there follow-up dictums, tips, or rules, you’d like to share with readers?
Self-educate yourself always and try to understand the motivations of the various stakeholders you work with; eg, clinical, regulatory, sales, and marketing staff. They all look at the world differently and want to see different things in your writing. You will never know how to make them happy unless you understand them.

What traits are essential to be successful in medical communications companies?
Flexibility and patience with clients. Things change a lot, and you need to adapt to clients’ changing needs. You
also need the ability to balance science with business objectives; medical communications companies get paid by completing work on time, which means there’s a limit to how long you can refine your pieces.

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

Scientific knowledge, writing proficiency, good listening skills, and people skills. At the end of the day, it doesn’t matter how smart you are if you can’t write, won’t listen to clients, and don’t have the interpersonal skills to inspire confidence.

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

Respect the depth of knowledge needed to be really, really good. Superficial knowledge without understanding can lead to failure. Intellectually curious writers with an almost compulsive desire to understand do very well. They gain a facility with concepts that makes them highly valuable and sophisticated writers. Assembly line writers who crank out text without pondering the nuances tend to miss the mark. Excellence is often a very specific quality, so your ability to transition from continuing medical education to publication writing to sales training writing depends not only on your book knowledge but also on more nebulous skills that are hard to define. The real professionals have an ability to decipher the specific rhetoric of each medium and then apply that understanding to develop a piece that the audience (physicians, pharmacists, basic scientists, nurses, sales representatives, the Food and Drug Administration) recognizes as familiar. This is not easy.

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**ISMPP Establishes Certification Program**

The International Society for Medical Publication Professionals (ISMPP) has established a certification program that offers professionals an opportunity to earn a Certified Medical Publication Professional (CMPP) credential. A CMPP credential signifies a level of knowledge and experience required to effectively plan, develop, and implement a medical publications program.

The CMPP credentialing effort demonstrates ISMPP’s ongoing commitment to the medical publication planning profession and provides assurance to the public and the professional and lay media that the industry is striving toward achieving practices that ensure scientific and professional integrity in medical publications.

To be eligible to take the examination, a candidate must have either

- Bachelor’s degree from an accredited college/university (or an equivalent credential) and at least 2 years of demonstrated professional experience in the medical publications field
- High school diploma (or equivalent) and at least 5 years of demonstrated professional experience in the medical publications field.

Qualified candidates must then pass the 3-hour, validated 150-item, multiple-choice, computer-based examination, which is designed to assess knowledge across numerous content domains related to publication planning and development.

The examination and credentialing will help to ensure a minimum acceptable standard of practice across the industry. Although candidates for the credential work within highly specialized areas, the examination assesses a more general core set of skills that is common across functions and disciplines within the profession. Accordingly, the body of knowledge assessed through examination comprises the myriad skills, abilities, and practices that are integral components of the profession.

ISMPP has developed a *CMPP Candidate Handbook* that provides a comprehensive overview of how potential candidates can register and prepare for the examination. The handbook, as well as other educational resources, is available on the ISMPP Web site ([www.ismpp.org](http://www.ismpp.org)).

❖ For more information on becoming a Certified Medical Publication Professional, or to learn more about ISMPP, visit the organization’s Web site, send an e-mail message to ismpp@ismpp.org, or call Kimberly Goldin, Executive Director, at (914) 945-0507.
professional networking services, such as LinkedIn®, are taking our Rolodexes full of paper business cards into the virtual world, and expanding our professional network beyond our immediate acquaintances. With the mission to “help you be more effective in your daily work and open doors to opportunities using the professional relationships you already have,” LinkedIn has been operating since 2003 and in that time has amassed an online network of more than 30 million professionals from 150 different industries, according to its Web site information.

LinkedIn establishes a network for a member based on the information entered when he or she sets up a member profile. Your network comprises direct connections—those individuals who have accepted your invitation to join your network—and both second and third connections who are direct connections of your direct connections, somewhat like a professional “6 degrees of Kevin Bacon.”

Opportunities also exist for LinkedIn members to expand their networks to include other fields by use of general search functions; however, the site does have filters to prevent individuals from spamming all members to get direct connections. LinkedIn claims to monitor all invitations being sent and received. It will identify those individuals who have received too many “I don’t know” responses or that have been identified as a spam. Once identified, these individuals are restricted from use until a resolution has been made through LinkedIn Customer Service. If you do not know the person with whom you would like a connection, you can request an introduction if one of your direct connections knows the individual or you can also send a direct request for them to join your network. The recipient then can choose whether to accept or deny the request; however, the recipient may not be inclined to accept an invitation to join a network without knowing you or someone with whom you work.

For freelances who may be concerned about giving away client lists, there is an option to hide direct connections from casual lurkers. However, as Stan Reihian stated in his Podcast on using LinkedIn as a business tool, he has gotten a lot more by sharing his connections than by hoarding them.1 He should know; according to LinkedIn, he has 500+ connections. He also claims to provide personal thank-you notes to each individual with whom he has accepted a request to join that network and indicated that some of these thank-you notes have resulted in direct business opportunities.

For company employees as well as freelances, using LinkedIn to manage their Rolodex provides an easy way to track current and past colleagues in this ever-changing marketplace. Joanne McAndrews, PhD, says that she uses LinkedIn to keep in touch with former colleagues now that she freelances and thinks the site is more professional than sites like Facebook, as users cannot upload personal pictures. She has even put restrictions on her Facebook account to limit its visibility to potential clients.

Members are asked to provide 1 professional-looking photograph to include in their profiles as well as details on current and previous work experience. Other information that can be included is education, the URLs for as many as 3 Web sites, personal interests, honors and awards, preferences for being contacted, and the primary goal for joining. For example, do you want to get in touch with former colleagues, or do you want to receive consulting offers?

LinkedIn uses the data you provide for your benefit. The site provides on your homepage a short list of people you may know but with whom you have yet to connect.
This list changes each time you return to your homepage. The site also provides current statistics on the number of direct connections you have established, the number of second connections that are available to you, and the number of members in your network. It allows members in your network to see your connections and vice versa; this feature allows you to ask for an introduction to potential client. In addition, the site tracks members according to specific companies and provides statistics on how many new members from each company that you have been associated with have joined LinkedIn. It also provides the list of individuals from those companies with profiles on LinkedIn; however, the site will only provide actual names for those individuals in your network. For those company employees outside of your network, but job titles are listed, thus reducing the potential for receiving spam. Other useful statistics that are tracked for each member include the number of times someone has accessed your profile and the number of times that your name came up in searches.

Additional free services for basic members include Answers, Service Providers, location-specific Jobs list, and even a place to upload a personal current reading list. In the Answers section, members can ask questions of other members in their network and of business experts worldwide; however, LinkedIn does warn that Answers, which is the LinkedIn Question and Answer Forum, “is not intended to help you recruit, advertise, or announce your job search. These questions will be flagged and removed.” Freelances can increase their exposure by adding their names to the Service Providers list, but a recommendation from a member client is needed to join this list. The Jobs section allows users to search specific fields, locations, or job titles. Once search criteria are established, current job listings are sent to your homepage. Other applications are also available for members. These applications include an area to store a slide presentation (or provide writing samples), space to collaborate with other members on projects, and a way to connect your blog to your LinkedIn Profile.

In 2008, AMWA officially established the LinkedIn AMWA group, which has nearly 300 members; however, limited activity has occurred within the group discussions. A plethora of other science and technical writing groups already exists on LinkedIn, and members can create a new group at any time.

Whether reconnecting with former colleagues, establishing new business relationships, or creating a Web presence for your business, LinkedIn appears to provide niche services to professionals and is respected in the professional networking field. A simple search for individuals listing themselves as “current or past CEO” and keyword “medical writing” resulted in more than 1,000 hits to individuals with profiles on LinkedIn.

Yet, Bill Gates, former Microsoft Chairman, has only 5 connections listed, so are you ready to get connected?

References

Kristina Wasson-Blader is a freelance writer and editor located in Edmond, OK, and at www.linkedin.com/in/kristinawassonblader.

Want to learn how to maximize your LinkedIn experience?
Visit the following Web sites for some helpful suggestions.

- www.intuitive.com/blog/etiquette_for_linkedin_and_the_professional_networking_world.html
- http://blog.linkedin.com/2008/08/06/building-a-comp/
- http://blog.linkedin.com/category/tips-tricks/

Professional Networking Sites
Ecademy (www.ecademy.com) states that “successful people grow their business on Ecademy”
Facebook (www.facebook.com) “helps you connect and share with the people in your life”
LinkedIn (www.linkedin.com) lets users “share knowledge and tap into relationships”
Plaxo (www.plaxo.com) lets you “stay in touch with the people you care about”
Ryze (www.ryze.com) says that it will “help you expand your business network”
YorZ (www.yorz.com) advertises “access to the best career opportunities for top professionals”
The Editorial Freelancers Association (EFA) is a national organization based in New York City. The EFA traces its origins to 1970 when Grove Press editors Mary Heathcote and Cicely Nichols (who were on strike at the time) met with freelances Faith Sale, Louise Stallard, and Margaret Wolf to discuss the strike and network about future work. These meetings eventually provided the foundation for the nonprofit organization of freelances now known as EFA.

EFA currently has about 1,400 members who are freelance editors, proofreaders, designers, abstractors, indexers, project managers, translators, researchers, and writers. Many belong to affinity groups in the fields of medicine, computers, education, and more. EFA provides educational programs and meeting topics covering copyediting, indexing, substantive editing, pricing strategies, getting freelance work, copyright and permissions, insurance and legal issues, and much more. Membership benefits in EFA include job lists, e-mail discussion groups, chapter and regional events, an online membership directory, and group insurance. Workshops may offer beneficial business information for freelance AMWA members. AMWA writers who are employed full-time in industry may also be able to find and hire freelance editors, proofreaders, fact-checkers, or indexers from the EFA directory. Both AMWA and EFA can benefit from synergies between the 2 organizations. For more information about EFA, visit its Web site at www.the-efa.org. Click “Events” for information on educational programs or take a tour of the site.

Jennifer Maybin is President of Maybin Healthcare Communications in Branchburg, NJ, and teaches English composition to freshman students at Raritan Valley Community College. She is the incoming co-chair of the AMWA-DVC Freelance Workshop and serves the AMWA-DVC Chapter as volunteer coordinator.

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2009 FRANCES LARSON MEMORIAL AWARD

For Excellence in Writing a Medical Article Published in 2008

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

Articles submitted for consideration must be received by May 1, 2009, and must adhere to several submission criteria (see right). The recipient of the award will be announced on the Pacific Southwest Chapter’s Web site (www.amwa-pacsw.org). The winner receives a $100 honorarium and a plaque.

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

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

Submission Criteria

- The competition is open to all members of AMWA.
- The entry must be written by an AMWA member.
- Entries must be a medical article or essay written for either a lay or a professional audience. Research articles (journal format) will not be considered.
- Entries must have been published during 2008.
- Submissions are limited to 1 entry (article or essay) per writer.
- Four copies of each entry must be submitted.
- Entries must be postmarked by May 1, 2009.
- The submission fee is $20. Checks should be made payable to “AMWA Pacific Southwest Chapter.”
AMWA is giving away $25 gift cards!

AMWA is giving away $25 gift cards from Amazon.com to every AMWA member who successfully recruits a new member in 2009. No drawing to enter, no waiting until the end of the year to receive your reward—just successfully recruit a new member by December 31, 2009, and the gift card is yours.

For more information visit AMWA’s Web site (www.amwa.org)

Don’t miss this opportunity to share the benefits of AMWA membership with your colleagues and have a little shopping time on us!
The Dash Cramped:
Should We Liberate the em Dash?

By Jack Aslanian, MD, ELS

There are rules on when and how to use punctuation marks, alone or in combination. The reason for using them is indisputable. Without them written communication could be ambiguous, at best; at worst, it would be utterly unintelligible. Nevertheless, the reasons for the particular typographic appearances of these marks (grammatically correctly used) on a page are obscure and arguable. They are typeset in conformity with stylistic conventions that have evolved over time, and which often are arbitrary and relative to a particular culture, and therefore, are open to further change. Stylistic rules are not cast in stone. That is why I would like to suggest that we give the dash—also known as the em dash—some breathing space, and the reader a demulcent break before the abrupt, amplifying (and, practically speaking, gratuitous) digression that the dash leads into and out of. For the sake of compliance only, I have composed this essay using dashes without spacing.

By objecting to how the dash is used (or is expected to be used) in our circles, I may be exposing myself to accusations of hypersensitivity and irascibility. There are, however, impersonal reasons for questioning the currently accepted use of the dash without leading and trailing spaces.

First and foremost among them is the acknowledged variability in the printing of the dash in the United States. (Variation of punctuation between American and British English, or the other languages using the Latin alphabet, is an interesting topic but beyond the chosen scope of this disquisition.) “Spacing around the dash varies. Most newspapers insert a space before and after the dash; many popular magazines do the same; but most books and journals omit spacing.” The same source declares, “The dash can function like a comma, a colon, or a parenthesis.” Each of these but the dash enjoys a visual relief—and intentional pause—provided by the space that normally follows it.

A second point to consider, while leaving aside the connective marks (hyphen and the en dash, for example) is this: unless I am overlooking something, all punctuation marks except the em dash always have at least one space associated with them, usually following them (comma, period, colon, semicolon, etc.), and sometimes preceding them (opening quotation or parenthesis).

Since written punctuation marks are analogs of pauses—inspiration or exhalation; change of inflection, volume, pitch, or accentuation; or even body language in spoken communication—the third point of the argument against it is that the crammed dash, deprived of a space before and after it (or at least one after it), evokes an image of a breathless communicator making an awkward and precipitous entry, after a hesitation, up a tributary of the major topic of a sentence. The communicator using the crammed dash could easily be imagined to have his or her fingers crossed, hoping not to be found out and brought to task for the deviation. He or she wants to get in and out as unnoticeably and quickly as possible, as if the digression were an indecent act.

A couple of months ago, I informally surveyed 10 persons on the typography of the dash. I sent a fax to 3 other full-time or part-time professional writers and to 6 acquaintances and friends whom I considered intelligent and thoughtful readers, and presented them with 2 versions of the same published sentence. The only difference was that one of them had its dashes in the “newspaper” style and the other in its original “journal” format. I followed the fax, which included several questions, with a phone call. Since there probably was a bias in the selection of this group, and also not to inflate the validity of the results, I am not presenting them in tabular form here. But here is what I found: 1 colleague is more peevish about the constrained dash than I am; 6 of the respondents had not given the matter much thought before receiving the questionnaire. Of the 10 individuals surveyed, 3 did not care one way or the other, but thought that the status quo should be preserved (even after I pointed out to them that both typographic variants are in use in publications in the United States). On the other hand, 3 strongly preferred printing the dash with leading and trailing spaces. The other 4 had no strong feelings, but thought that “perhaps” having spaces before and after “made more sense”—and that that “probably” was truer to the mental (and vocal) process that the dash symbolized. None of the respon-
dent knew the genealogy of the crammed dash or why it has come to be used as the preferred typographic variant in journals and books. (The dichotomy [schizophrenic?] within 1 language and culture perhaps is the most cogent validation of the notion that the typography of the dash is arbitrary and fickle.)

The crammed dash is the equivalent of a compressive, claustrophobic turnstile into a space, which the reader has no choice but to enter, and one which he or she might find enjoyable as long as he or she is there, but for the fact that the anticipation of the squeezed egress through a turnstile looms in the forefront of the visitor’s awareness. Some of the concepts and characterizations I field here are culled from the comments and opinions expressed by the respondents of my informal survey. For the sake of brevity, I am not attributing each to its source. The crammed dash is more suitable for (and perhaps is a reflection and byproduct of) breathless, melodramatic TV journalism—where the begrudgingly offered pauses and transitions often are more respectable and engaging than the strident, revved-up sound bites between them. Form above content. A turnout on a highway should be relaxing, at least—whether or not it offers a magnificent or inspiring view.

Which of the following typographic variants best conveys a pause, an ample inspiration, a bold launching into an aside? Which is more inviting, and more hospitable to the reader’s pause?

“... give the dash—also commonly known as the em dash—some breathing space...”

“... give the dash — also commonly known as the em dash — some breathing space...”

“... give the dash— also commonly known as the em dash— some breathing space...”

The uses of the dash, as of other suspensory marks, are not at issue here. A succinct and valuable review of them was recently published in the AMWA Journal.2 The literary functions of the dash are neither enhanced nor diminished by giving it leading and trailing spaces. The digression between a pair of them becomes no less or more meaningful. What changes is the quality of the ocular and mental movements, both of the writer and the reader, a sedate progress versus one that is rigidly possessed, almost compulsively forced, unthinkingly pursued. How much better, for the abruptness of change and the break in thought signified by the dash, for it to have a space before and after it. Habituation is not reason enough to adhere to a practice if there are more palatable alternatives.

In a recent column, Edie Schwager, who is more reflective than any other medical writer I know and who knows a thing or two about such issues, expressed this opinion about typography (in this case of symbols, specifically the signs for greater/equal to and less/equal to and their ilk): “There should be a space... [a thin space, she is talking about]... before and after the symbols you cite. Not only does this practice make text more readable...”3 Readability, then, is of the essence. Who can argue successfully that the crammed dash is more readable than the liberated one between its spaces?

References

Jack Aslanian divides his time between increasing amounts of freelance medical editing and writing and decreasing amounts of clinical practice.

GRANTS Specialist
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Web site: www.aphanet.org

Association of Health Care Journalists
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Phone: 573-884-5606; Fax: 573-884-5609
E-mail: info@healthjournalism.org
Web site: www.healthjournalism.org

International Society for Medical Publication Professionals
5th Annual Meeting: Defining Professionalism in Medical Publications: Transparency, Objectivity, and Ethics
April 20-22, 2009
Philadelphia, PA
Phone: (914) 945-0507
E-mail: kgoldin@ismpp.org (Kimberly Goldin)
Web site: www.ismpp.org

American Society for Indexing
Annual Conference
April 23–25, 2009
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Phone: (303) 463-2887; Fax: (303) 422-8894
E-mail: info@asindexing.org
Web site: www.asindexing.org

Council of Science Editors
Annual Meeting
“Show Me the Data—the Science of Publishing”
May 2-5, 2009
Pittsburgh, PA
Phone: (703) 437-4377; Fax: (703) 435-4390
E-mail: cse@councilscienceeditors.org
Web site: www.councilscienceeditors.org

Society for Technical Communication
56th Annual Conference
May 3-6, 2009
Atlanta, GA
Phone: (703) 522-4114
E-mail: stc@stc.org
Web site: www.stc.org

Health Academy, Public Relations Society of America
May 13-15, 2009
Washington, DC
Phone: (212) 460-1456
E-mail: don.bill@prsa.org
Web site: www.healthacademy.prssa.org

Canadian Science Writers Association
Annual Conference
May 23-26, 2009
Sudbury, Ontario, Canada
Phone: (800) 796-8595
E-mail: office@sciencewriters.ca
Web site: www.sciencewriters.ca

Society for Scholarly Publishing
Annual Meeting
May 27-29, 2009
Baltimore, MD
Phone: (303) 422-3914; Fax: (303) 422-8894
Web site: www.ssppnet.org

European Medical Writers Association
May 26-30, 2009
Ljubljana, Slovenia
E-mail: info@emwa.org
Web site: www.emwa.org

Health and Science Communications Association
International Conference
June 17-20, 2009
St. Louis, MO
Phone: (860) 376-5915
Web site: www.hesca.org

Drug Information Association
Annual Meeting
June 21-24, 2009
San Diego, CA
Phone: (215) 442-6194; Fax: (215) 442-6199
Web site: www.diahome.org

Sixth International Congress on Peer Review and Biomedical Publication
September 10-12, 2009
Vancouver, BC, Canada
Phone: (312) 464-5108
E-mail: jama-peer@jama-archives.org
Web site: www.jama-peer.org

Regulatory Affairs Professionals Society
Annual Conference & Exhibition
September 13-16, 2009
Philadelphia, PA
Phone: (301) 770-2920; Fax: (301) 770-2924
E-mail: raps@raps.org
Web site: www.raps.org

European Association of Science Editors
Tenth General Assembly and Conference “Integrity in Science Communication”
September 16-19, 2009
Pisa, Italy
Web site: www.ease.org.uk

American Association of Dental Editors
Annual Conference
September 30-October 1
Honolulu, Hawaii
Phone: (414) 272-2759; Fax: (414) 272-2754
E-mail: aade@dentaleditors.org
Web site: www.dentaleditors.org

Association for Women in Communications
October 15-17, 2009
Seattle, WA
Web site: www.womcom.org

Plain Language Association International
“Raising the Standard!”
October 15-17, 2009
Sydney, Australia
Web site: www.plainlanguagenetwork.org

National Association of Science Writers
Workshops/Council for the Advancement of Science Writing New Horizons in Science Conference
October 16-20, 2009
Austin, TX
Phone: (304) 754-5077
E-mail: diane@nasw.org (Diane McGurgan)
Web site: www.casw.org

American College of Clinical Pharmacy
Annual Meeting
October 18-21, 2009
Anaheim, CA
Phone: (816) 531-2177; fax: (816) 531-4990
E-mail: accp@accp.com
Web site: www.accp.com

American Medical Writers Association
Annual Conference
Oct. 22-24, 2009
Dallas, TX
Web site: www.amwa.org
Thought… For many years, ghostwriting has been an acceptable and honest occupation. Ghostwriting meant taking another person’s views, research, clinical findings, or any other matter and putting it into good, readable, written form, suitable for publication. Hundreds of books and articles have been produced that way without difficulty, including many medical publications.

Thought… Since the advent of the *JAMA* articles about the Merck situation, many writers have automatically assumed that the term “ghostwriter” has a dishonest connotation, implying that ghostwriter means one who distorts (for devious reasons) the original true meaning of the material. That is an incorrect definition for the word ghostwriter.

Thought… Let us look at why there is ghostwriting in medical writing. Not all of us are skilled in every talent. So some great researchers or clinicians may possess writing skills that are below an acceptable level. No disgrace, because many writers cannot lay claim to research or clinical skills. Thence, the ghostwriter. The original author wants his results to be totally understandable and suitable for publication and so hires a writer to do it.

Having said that, we should remember that many physicians and researchers do have skills in both writing and research and are capable of writing their own papers. I claim (immodestly) that I write reasonably well. Of my 6 books and almost 180 articles, none has needed a ghostwriter. Others may have questioned whether I should have used a ghostwriter, but that is not germane here.

Thought… Looking at the situation of physicians, scientists, and researchers who publish, we can roughly identify 3 groups:

- Physicians/scientists/researchers who write their own work completely.
- Physicians/scientists/researchers who require a ghostwriter.
- Physicians/scientists/researchers somewhere in between; they need some help (heavy editing) to produce a finished product.

I believe that this situation justifies the existence of ghostwriters.

Thought… Dishonesty in an article can arise from any source—the researcher, the physician, the “supporter” (sometimes a pharmaceutical company), or a ghostwriter. It would be unusual for ghostwriters to alter the original findings on their own—it would make no sense and have no rationale. Writers put into good rhetoric what they are told. Most of the time, the dishonesty must come from one of the other sources. Any breach, regardless by whom, would be dishonest, whether it is slanting, distortion, mistruths, or lies. And such occurrences should be called to attention in exact terms.

Thought… Some of the material I have written had to be typed by my secretary (because either I am not good at it or do not have the time). Was that a form of ghostwriting? Should I be expected to do every procedure myself? So what kind of participation should be included in authorship or acknowledgments?

Thought… The preceding thoughts raise a number of questions: How do we determine “authorship”? How much work or time on a project is required to be listed as an author? Or be listed at all? How much work toward the final paper should entitle one to authorship? What contributions should create “authorship”? (Secretarial? Computer work? Statistician? Other?) Where does “authorship” begin and where is it merely a routine supportive effort?

Thought… Even though articles with multiple authors appear more frequently every day, how many authors is it “impossible” to have on a single project? Is 12 authors unreal? 15? 5? Certainly, there must be a practical limit—perhaps just a lead author (or 2 or 3), then coauthors.

Thought… There are times when an administrator or dean or supervisor conceives an idea, explains it to staff, and then turns it over to them for completion. Should that individual be recognized? He/she is really the original author (one who originates or creates).
Thought... It soon becomes obvious that solutions to the “problem of authorship” will be multiple and varied. Each set of authors and each set of editors will have somewhat different answers to these questions, depending on their experience or viewpoint.

My Thought on a Proposal

In view of these random thoughts, I will be presumptuous and offer my own ideas about what should be included in a byline—and leave the inclusion or exclusion up to those who will have the final say. (AMWA has already promulgated its set of suggestions for acknowledging the contributions of medical writers.)

Instead of trying to fit bylines into the old-fashioned mode (and thereby eliminating important information), I am suggesting a new form of byline, one that will take up a little more space but will provide the pertinent information (without having to search elsewhere for it). My thought is to satisfy the growing demand for clearly spelling out the role that each “author” played. I propose 4 major categories.

- **Lead author(s)** – no more than 2; major work and responsibility for the project
- **Coauthors** – others who took active participation in doing the project
- **Concept** – person who conceived the project or its goals or its form
- **Writing** – Major: wrote most of paper
  - **Writer**: worked with authors throughout project and wrote the paper or helped to write it
  - **Editor**: worked to polish the manuscript prepared by others
- **Supervisor** – dean, department head, or trainer who oversaw/advised the project but did not actually participate

No wild claims for this proposal. No quick solutions. No satisfying everyone. I merely hope that my thoughts and proposal get others to think further about solving the problem.

Reference


*Editor’s note: Criteria for authorship have been defined by the International Committee of Medical Journal Editors and are available at [www.icmje.org](http://www.icmje.org).*
In medical writing, there is no danger in being too precise—only in being imprecise.

By Edie Schwager

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: When an author lists “death” as a possible outcome of, for example, a deficiency or excess of a nutrient, do guidelines or conventions exist for the exact wording? I am thinking specifically of the practice of writing “or even death” or “and even death.” Does the “even” need to be there, and does it matter if “and” or “or” is used (“or” seems to be the favorite, at least in the document I am editing)? Here is an example: “Excess sodium can lead to hypernatremia, hypertension, and even death.”

JANE KRAUHS, Ph.D
Wyle
Houston, Texas

DEAR JANE: The wording depends on the reader, the audience, so to speak. I’ve often seen, for example, “or, rarely sometimes; frequently, death.” That takes the threat of imminent doom off the table. If there’s no need to soften the other two conditions for a professional audience, I’d just write “or even death.” If “and” were used instead of “or,” that might imply that death might (or almost certainly would) follow those conditions.

DEAR EDIE: I am editing a paper on metabolic syndrome. The author has abbreviated it to MS and uses the phrase “the MS” (as in “children have the MS”), presumably to differentiate this condition from multiple sclerosis: “children who have MS”).

My question is what constitutes the appropriate frame for using an abbreviation? If the article is about metabolic syndrome, can I use MS with wild abandon and not worry about its being confused with multiple sclerosis? Or is the frame one branch of medicine all of medicine? I would not use JAMA anywhere in medicine if it meant the Journal of Asian Martial Arts, for example. How would you handle this?

TOM LANG
Davis, Calif.

DEAR TOM: The conventional way is to spell out the syndrome and put the abbreviation in parenthesis at first mention. Thereafter, the abbreviation may be used in most circumstances. However, a casual reader (if such there be) might turn to a later page, see “MS,” and panic: “What bearing does multiple sclerosis have in an article about metabolic syndrome?”

This is my practice: Do the spell-out and abbreviation at first mention. Thereafter, simply use “the syndrome.” The disease multiple sclerosis is not usually thought of or referred to as a syndrome. In fact, it isn’t even listed among syndromes in either of the two gold-standard medical dictionaries (Dorland and Stedman). Dorland’s definition of the word syndrome: “A set of symptoms which occur together.”

If the article or piece runs on for many pages, I’d use the full two-word phrase on the third or fourth page. On the next few pages, “MS” could be used. I’d spell out “metabolic syndrome” on the next few pages. And so on, alternately, to the end of the piece. I always try to keep the reader in mind. No one should have to flip back to the beginning to recall what “MS” stands for.

Another convention for medical articles (usually in the instructions to authors) says that if the author uses many abbreviations, he or she should provide a short glossary at the top of the first page.

DEAR EDIE: I was recently editing a promotional piece for one of our products. It stated that the product was shown to be both effective and efficacious. I thought these terms...
were interchangeable. However, on further investigation I found that they differ with regard to the conditions under which the drug is evaluated.

“Efficacy” is used when the drug is evaluated under ideal conditions, such as in a randomized controlled trial.

“Effectiveness” describes the ability of the drug to produce desired results when used in routine conditions, that is, in a real-life situation. Do you consider this as being too precise?

JOYCE CAMPANILE
Merck & Co.
Whitehouse Station, N.J.

DEAR JOYCE: This very same question was posed to me in 2002 by Erika Dankovits, and I published our correspondence in Volume 17, No. 3 of our AMWA Journal. You’ve pegged it well.

The two terms are interchangeable, but only in ordinary lay parlance. In pharmacology and other disciplines, however, they are carefully differentiated. Some might say that these terms are professional jargon, but the point is well taken nevertheless. So, no, I don’t consider the differentiation too precise. That discrimination should be observed and preserved, particularly of course in the relevant disciplines. Incidentally, jargon is not always pejorative. Merriam-Webster’s Collegiate Dictionary (11th ed., p. 670) defines jargon: (def. 2) “the technical terminology or characteristic idiom of a special activity or group.” The adjective is “jargony.”


**effective, effectiveness, efficacious, efficacy:** Efficacy [italics in the original] and efficacious, used especially in pharmacology and decision analysis, have to do with the ability of a medication or intervention (procedure, regimen, service) to produce the desired or intended effect under ideal conditions of use. The determination of efficacy is generally based on the results of a randomized controlled trial.

Effective and effectiveness, however, describe a measure of the extent to which an intervention produces the effect in average or routine conditions of use, or a measure of the extent to which an intervention fulfills its objectives.

If I thought I’d get a reply, I’d query the FDA on this distinction, which may have great significance in regulatory affairs. But I have had bad luck in trying to get through to a human being. The recorded voice is usually thoroughly frustrating, since it presents inadequate or irrelevant options.

DEAR EDIE: Do you know of any books that explain how to write letters of recommendation?

BRENT ARDAUGH
Plainfield, Ill.

DEAR BRENT: I have only one such book, but I think it’s all anyone could need, and I recommend it highly: *Lifetime Encyclopedia of Letters*, by Harold E. Meyer (Prentice Hall, 1983). It has a wealth of information, containing examples of virtually every conceivable kind of letter and describing ways to handle each situation. The section on Letters of Recommendation (5 pages) details the ways to express certain favorable attributes of the applicant (and, wisely and tactfully, some that aren’t so favorable).

One slight flaw that I must mention: In reading the Contents in the front matter, I came across an editorial error: Meyer (or his editor) had misspelled that famous word as résume. All of my students and readers know that it is spelled with not one but two acute accents, since it is originally a French word: résumé. Even my sometimes questionable electronic spell check red-underlines the word when it has only one, final acute accent. Well, as I preach and teach, NOBODY’S PERFECT.

If you have this book, I believe that you won’t have to worry about expressing yourself in almost any situation that you’ll encounter. It was written by an industrial accountant, who had for 30 years analyzed and reworded “fuzzily written letters” that crossed his desk. This book, though monumental in scope, is written in an informal style. It is a gem.

DEAR EDIE: I haven’t been able to find guidelines on the appropriate use of the word “respectively.” When editing summaries of research articles, I don’t have any problems with the simple use of the word, but I often find sentences such as these:
“The hazard ratios for groups A, B, C, D, and E were 1.82, 2.2, 1.54, 4.5, and 0.95, respectively.”

“Serious adverse events were reported in 16%, 13.9%, and 4.4% of the community residents and 11.6%, 9.4%, and 5.6% of the nursing home residents taking conventional therapy, atypical therapy, or no antipsychotic, respectively.”

I just don’t like these big lists of mix-and-match items. I think they can be confusing and easy to misread, and I’d like to provide the writers with some rules. Perhaps something like “Avoid comparing more than 3 items” and “Avoid comparing more than 2 lists.”

I would appreciate some input, especially if you know of a good source for guidance on usage. I’ve looked in several resources, including the *AMA Manual of Style*, *The Chicago Manual of Style*, and *Writer’s Reference*.

**KRISTY BRUNSKILL**
Thomson Reuters
Greenwood Village, Colo.

**DEAR KRISTY:** I’ll try to untangle these convoluted sentences:

The hazard ratio for group A was 1.82%; group B, 2.2%; group C, 1.54%; group D, 4.5%; and group E, 0.95%.

Serious adverse events were reported in 16% of the community residents receiving conventional therapy vs. 11.6% of the nursing home residents; 13.9% of the community residents vs. 9.4% of the nursing home residents receiving atypical therapy; and 4.4% of the community residents vs. 5.6% of the nursing home residents receiving no antipsychotic.

I hope I haven’t misinterpreted the meaning in the second mishmash. The word “respectively” shouldn’t be used in such a context. It’s much more convenient for the reader to have things spelled out and intelligible at first reading.

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

To avoid back-and-forth, time-consuming messages, **please include permission to publish (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 and other data may be published unless Edie is otherwise directed. Edie’s e-mail address, not surprisingly, is dearedie@verizon.net.

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**IN THEIR OWN WORDS**

*Sed quis custodiet ipsos custodes?* But who is to guard the guards themselves?

*Juvenal* (Decimus Junius Juvenalis, A.D.c. 55–c. 130)

Who will cuss the custodians? (In castigating editors who have tin ears)

*Jacques Barzun* (1907–)

If the world was perfect, it wouldn’t be. Even Napoleon had his Watergate. (In his 2007 commencement address at St. Louis University. He was born in St. Louis.)

*Clayton (Yogi) Berra*

I am about to—or I am going to—die; either expression is used.

*Dominique Bonhouches*, French grammarian, on his deathbed, as quoted by *Bill Bryson* (*'A grammarian’s work is never done’*)

[The] cartoonist’s *maledicta balloon* [is] the conventional device for the representation of a character’s swearing that will not blemish the Sunday funnies.

*Alexander and Nicholas Humez*, in *A.B.C. et cetera: The Life and Times of the Roman Alphabet*

In 1902, even as the coat of arms of the U.S. Army Medical Corps continued to bear the staff of Aesculapius, the corps added the caduceus to its officers’ uniforms—not to symbolize the medical profession but to indicate neutrality in combat. According to an article by Lieutenant Colonel F. H. Garrison, M.C., U.S. Army, that appeared in the *Bulletin of the Medical Library Association* in 1919, “On the firing line, the medical officer, if the Geneva Convention is observed, is protected by his non-combatant status, just as the caduceus-bearing herald of ancient Rome was immune from attack.”

*Barbara Wallraff*, in the *Atlantic Monthly*, June 2004

Listening, not imitation, may be the sincerest form of flattery.

*Joyce Brothers*
Between 1980 and 2003, Americans doubled their spending on new cars, tripled what they spent on clothes, and paid 17 times more for prescription drugs. In 1980, though, not a single drug promotion appeared on TV. Today, can you find any commercial TV program without prescription drug advertising? Yet, of all the developed countries, only the United States does not regulate drug prices. In addition, the United States and New Zealand are the only countries that allow prescription drug advertising to the public. Ms. Petersen's detailed portrayal of the history of drug pricing and advertising in Our Daily Meds is the voice of an experienced reporter. The book has a good description of the Kefauver hearings that began in 1959 to investigate the practices of the drug industry. The attitude of some drug makers on setting prices is revealing. For example, Francis C. Brown, the president of Schering explained that the companies were not charging too much: “The American people simply did not earn enough money.”

Personally, I well remember the atmosphere of those proceedings and how Senator Kefauver, the chairman, always wore TV make-up. He took advantage of the reporters' afternoon deadlines by raising his voice when that hour was near to ask the witness a highly critical question. Then down would go his gavel to end the day's hearings. The battered witness had no chance to reply, and the reporters happily left with their headline.

And who could ever forget the senior minority member, Republican Senator Dirksen of Illinois? With his mellifluous voice and avuncular manner, he provided a welcome contrast to the harsh voices in the debate. (Although I seldom agreed with what Senator Dirksen said, I always admired the way he said it.)

Petersen gives a generous description of George W. Merck who, in 1925, inherited the company that bears his family name. At that time, drug makers were generally believed that research could produce truly useful drugs whose merit would be self-evident without the puffery of advertising. He wanted to create an environment in which scientists would freely report their research findings at professional meetings and in scientific publications. Other companies looked on Merck as the “Rolls-Royce” of the industry when, only 25 years later, academic scientists working in collaboration with the Merck company won the 1950 Nobel Prize in Medicine for their research on cortisone.

Merck's reputation was damaged when it marketed Vioxx. Petersen's description includes the less well-known major role that the Bayer company played. That company was the source of the chemical and was aggressively promoted by them even though they were aware of its toxicity. Petersen writes, “How many deaths does it take before there is one too many?” (Have we returned to the time when the drug makers were regarded as a bunch of pill-pushers? The many physicians and clinics whose doors are closed to drug salesmen support that view.)

Petersen also tells the story of another drug industry leader, Arthur M. Sackler, MD, who was trained as a psychiatrist. He and his 2 brothers formed Purdue as a private company. He was largely responsible for the advertising of Roche's Valium, which became the first 100 million dollar drug. The Medical Advertising Hall of Fame recognized his genius as an innovative advertiser before his death in 1987.
Purdue’s darker path to large financial success rested on its extraordinary promotion of OxyContin, a narcotic pain killer. At one time, Purdue had 2,500 physicians traveling throughout the country extolling the alleged virtues of the drug. Marketing to the public reached a new level when Purdue established a Web site, “Partners Against Pain.” Petersen includes examples of patients who became addicted and suffered tragic consequences.

The book makes only passing mention of nonprescription drugs and says nothing about herbal remedies. But these are subjects worth books of their own.

The useful index and good bibliography would have benefited from the addition of references. The bibliography includes Hilts’ Protecting America’s Health.

Petersen’s book, Our Daily Meds, should be required reading for current members of Congress who are examining drug advertising.

—M. J. Schiffrin, PhD

“Red” Schiffrin is a retired physiologist who taught at medical schools and worked with Roche on new drug development. For almost 25 years, he was responsible for Roche’s activities associated with the FDA. He served as AMWA President in 1973.

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**The Blood Notes of Peter Mallow**
Paul Boor, MD

 Occasionally, a medical writer will venture from the security of the laboratory and lecture hall and write in other genres. Paul Boor has followed his passion of writing fiction in his novel, *The Blood Notes of Peter Mallow*. Boor is a professor at The University of Texas Medical Branch, Galveston, home to the highest biosafety laboratory in the United States. What a natural setting for a medical thriller of the story of a researcher, his brilliant colleagues, and bioterrorism.

The protagonist, Dr Peter Mallow, a university scientist, is an expert on the virulent bird flu virus and is working to decode the virus to find how it works and to create a vaccine. As a pathologist, he also does autopsies to assist the medical examiner and is surprised by the behavior of a young assistant, Jorge, when observing a person who was trapped in an automobile and drowned. Dr Mallow records his experiences and thoughts in the form of a diary.

Jorge is obsessed with this drowning and persuades Mallow to question the safety of power windows before a meeting of the auto-safety board in Washington. In the meantime, the assistant is working on engineering the virus to attack humans. How the 2 characters come together creates suspense and a unique ending.

This novel is excellent reading for anyone in the medical field. Its short, diary-like entries keep the plot moving. Although fiction, this novel poses the question of what if genetically engineered viruses were to get in the hands on unstable people or terrorists. Boor’s storytelling skill makes it plausible.

Boor’s writing style is exceptional and the plot is realistic. As a person who reads only scientific research and nonfiction articles and books, I found it a refreshing and thought-provoking change of pace. I could not put the book down until I read the last sad diary entry.

—Evelyn Kelly, PhD

Evelyn Kelly is a medical writer in Ocala, FL, and serves as the Book Reviews editor for the AMWA Journal.
A Field Guide for Science Writers: The Official Guide of the National Association of Science Writers
Deborah Blum, Mary Knudson, Robin Marantz Henig, eds.

This second edition of the classic “science writing bootcamp” is as compelling and engaging as the first A Field Guide for Science Writers published in 1998. The editors, a Pulitzer Prize–winning science writer (Blum), a science/medical writing teacher at Johns Hopkins (Knudson), and a 3-time recipient of the June Roth Memorial Award for medical writing (Marantz Henig) have assembled readable and enjoyable essays about the writing process from the top science writers currently writing in their respective fields.

Building on the broad impact of the first edition to the medical and scientific writing worlds, this edition addresses issues that were barely discussed 10 years ago, such as stem cell research, health care reform, and genetic privacy. These texts provide insight into the writing theory and practice used to examine these difficult subjects, providing examples of balancing good science writing with good analysis of subject matter and audience. Authors discuss how they wrote what they wrote and why they wrote it that way, often examining the sequence of drafts and events that led to the final decision.

For medical writers wishing to brush up on life sciences writing skills, the section titled The Life Sciences provides updates to the application of writing theory when writing about infectious diseases, nutrition, human genetics, human cloning, and other scientific topics. However, as Blum states in the introduction to this section, very few writers in the medical field “have the luxury of . . . only illuminating the sizzle of chemical reactions.” These writers are often asked to write press releases or news and journal articles about what is happening in their respective fields. This book provides several useful hints on tailoring one’s current writing style to fit these different audiences and situations, such as writing for the Web, for broadcast, or for popular magazines. These ideas would also be helpful for those who are asked to edit other writers’ work for these audiences or in teaching these writing applications to science or journalism students.

However, the book does not focus solely on style—it includes ideas for content as well. In one essay, Stephen S. Hall writes, “attempts at balance and fairness, without analysis and context, may paradoxically be misleading and mischievous.” He then goes on to discuss in detail how to achieve that analysis and context. Other essays describe the theory and practice behind other types of scientific writing, such as in the physical and environmental sciences, sprinkling interesting anecdotes and intriguing ideas throughout.

With theory and practical advice related in an engaging, palatable (even, at times, humorous) way, the book would be a welcome supplement to any medical, scientific, or technical writing teacher’s library. Reading, dissecting, and evaluating the writing process described by these leaders in the scientific field could provide meaningful exercises for students (and practitioners) in understanding writing theory and its application to writing for the sciences. The book provides a comprehensive index that includes references to topics, authors, institutions, and previous publications.

As Timothy Ferris states in the book’s introduction, “The cure for fear and loathing of science is neither propaganda nor persuasion, but knowledge—conveyed, preferably, in stories that capture and reward an audience’s attention.” This book would be a valuable addition to the writing toolbox of any student or practitioner who wants to achieve the goal of conveying that knowledge.

—Marianne Madsen
Marianne Madsen is a medical technical writer at ARUP Laboratories in Salt Lake City, UT, and teaches professional writing at the University of Utah.
AMWA Freelance Directory Is a Work in Progress

The Freelance Directory, which has been a popular service to AMWA members for many years, is now an “in-house” product and is currently undergoing changes designed to make it more flexible and user friendly. The previous Freelance Directory software was an “off-the-shelf” product that was owned and provided by the company hosting AMWA’s Web site. All of the data in the Directory was stored at the hosting company, and there was no physical relationship between that data and AMWA’s membership database. Customization of the software was expensive and would be lost if AMWA chose to move to another Web hosting company in the future.

The decision to bring the Freelance Directory in-house was made to allow future flexibility for modifications and enhancements, to reduce administrative overhead on a day-to-day basis, and to integrate the Directory with AMWA’s membership database and payment tracking systems. Although the current Freelance Directory is similar to the previous product, there are some new enhancements. For example, when searching the listings, there are added features for sorting by clicking on the name, city, state, and e-mail address headings. In addition, information under the Services and Media headings that appear in the listings is presented in a more aesthetic way.

There is also a new editor function for the Descriptions section that is more intuitive to use and has features that the old editor function did not. The controls are more like Microsoft Word, so the icons will be more familiar to most users. There are 2 buttons at the bottom of the Description section labeled “Design” and “HTML.” Selecting the “Design” button allows you to just type and format your description using the icons at the top (bold, italics, font, format headings, etc). For those who are familiar with HTML, clicking on “HTML” will expose the code behind the formatting, which can then be adjusted to suit the user’s needs. This new editing system offers much more flexibility in formatting your entry, allowing you to personalize it to better “sell” yourself. Many members have already changed their Freelance Directory entry so that it looks more like a résumé. Members who experience problems when using the Safari browser should try using Mozilla Firefox.

Recent Listserv discussions have raised a number of questions about the Freelance Directory and offered numerous suggestions about how it might better serve subscribers. The Web and Internet Technology (WIT) committee has appointed a subcommittee to review these suggestions and work with Ronnie Streff and Becky Phillips to see if additional adjustments can be made within the limits of the AMWA budget.

We will provide more information on the AMWA Freelance Directory, including the history behind it, in the next issue of the AMWA Journal. In the meantime, if you have any questions about it, check the AMWA Web site information (www.amwa.org).

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AMWA Curriculum Credit Information Available Online

Did you know that you can review your progress toward your AWMA core, science fundamentals, and advanced certificates directly from AMWA’s Web site? Access your AMWA curriculum record by visiting www.amwa.org and clicking on Education/Certificates/My Curriculum Record. The records are now updated to reflect workshops taken at the 2008 Annual Conference.
One New Year’s resolution made by many people is to become more organized. This article provides an overview of several free online personal and business organizational tools that are useful for getting and staying organized. Make 2009 the year you finally get organized!

Remember the Milk
Remember the Milk (www.rememberthemilk.com) was created by Australians Emily Boyd and Omar Kilani, and it is a free, online electronic system for tracking tasks. If you are a list-driven person, you will appreciate this site. Once you register for your free account, to-do lists are entered into 5 different categories—Inbox, Personal, Work, Study, and Sent. Your Inbox is similar to the one in your e-mail account, and it is where you receive tasks. The Sent box contains tasks that you’ve sent to others. You can set up to-do lists and associated tasks to your heart’s content, and even add notes to your lists. In addition, you can send, share, and publish your lists with your contacts. Groups of people can work together on to-do lists. Tasks can also be added via e-mail. A Remember the Milk account comes with a unique e-mail address, and tasks sent by e-mail to this address appear in your Remember the Milk Inbox. A handy reminder feature allows you to send yourself reminders before tasks are due at time intervals of your choosing, such as 12 hours before, 1 day before, etc. Once you have set up reminders, you can choose to receive these via e-mail, Short Message Service (SMS; aka text messages to your mobile device), or instant messenger (AIM, Gadu-Gadu, Google Talk, ICQ, Jabber, MSN, Skype, and Yahoo! are currently supported). I have used Remember the Milk to help me remember the opening registration date for the AMWA annual conference, to contact friends about getting together for lunch, and to remind colleagues about meetings. Remember the Milk also has basic and advanced search engines that allow users to search created tasks by keywords, priority, status, etc.

A Locations feature lets users enter addresses associated with tasks, and these can be viewed on a Google map. The Remember the Milk Pro account ($25 per year) includes support via e-mail and versions for the BlackBerry, Windows Mobile, iPhone and iPod touch. Users of the iPhone or iPod touch can also purchase a version of Remember the Milk from the iPhone App store. Those who use Gmail, Google Calendar, iGoogle, Netvibes, and Twitter can add free Remember the Milk modules to manage tasks via those applications.
Cozi

Cozi ([http://cozicentral.cozi.com/homepage](http://cozicentral.cozi.com/homepage)) is billed as a way to simplify family life. This free online organizer is a combination calendar/list-making utility/blog. The Cozi modules and interface are more stylish and user-friendly than those of Remember the Milk and include a color-coded family calendar, customizable lists, reminders and messages, a journal/scrapbook feature, and a custom photo collage screen-saver. Although Cozi is set up as a “family” organization site, it would be equally good as a way to organize a project team or group of collaborators. The calendar can be synced with Microsoft Outlook and then viewed on any device with Outlook compatibility, including a PDA or cell phone. The weekly and/or monthly calendar views can also be printed. The Cozi Family Calendar Gadget is a new download for the Google Desktop Sidebar and is a quick way to access your Cozi information. Like Remember the Milk, Cozi makes it easy for you to build and keep track of your to-do lists. Once you enter your calendar and lists online, they can be sent by text message to your cell phone or you can call a toll-free number, and the information will be read over the phone to you. Cozi also has a messaging feature for sending reminders or messages to family members’ e-mail accounts or cell phones. An easy-to-use blog-like family journal module completes this online organization site.

Toodledo

Toodledo ([www.toodledo.com](http://www.toodledo.com)) is a Web-based to-do list management site. It is similar in features and interface to Remember the Milk. A basic Toodledo account is free. A Pro subscription ($14.95/year) or ProPlus subscription ($29.95/year) offers additional features such as a saved history of your tasks, more sort options, and more addresses to receive SMS/e-mail reminders. The main Toodledo module is the To-Do List. Users can set due dates, priorities, and whether or not the tasks will be repeated. To-do lists can be printed as a small foldable booklet. Tasks can be placed into folders created by the user. Users with a Pro or ProPlus subscription can share their to-do lists with collaborators. A Calendar feature allows you to view tasks by date, and Toodledo tasks can be added to your Google Calendar. A goals module allows users to enter lifelong goals, long-term goals, and short-terms goals, and these can be attached to individual tasks. A notebook section of Toodledo allows users to enter notes that are organized by folder. As with Remember the Milk, users can receive task reminders by e-mail, SMS, or instant messenger, and Google Calendar, iGoogle, Netvibes, Pageflakes, and Twitter users can add Toodledo modules to manage tasks via those applications. Users of the iPhone or iPod touch can purchase a version of Toodledo from the iPhone App store.

PocketMod

If you need a break from your electronic gadgets or are traveling somewhere without Internet or cell phone access but still want to stay organized, visit the PocketMod Web site ([www.pocketmod.com](http://www.pocketmod.com)) to design and print your own small custom paper planner. PocketMod provides a large variety of templates that allow you to design a small multipage planner that fits on a single sheet of 8½ x 11-inch paper. You can choose from writing paper, graph paper, music sheets, calendars (daily, weekly, monthly, yearly), list templates, address book pages, a food diary, conversion tables, common mathematical formulas, tip tables, games (Sudoku, Dots, Tick Tac Toe), and an emergency contact page. You can also customize pages with your own text headings. When you are finished building your personalized PocketMod you cut and fold it into a small book. Directions for assembly are provided on the site, including a link to a YouTube video ([www.youtube.com](http://www.youtube.com)).

Joanne McAndrews is a freelance medical writer in St. Louis, MO, and President of AMWA’s Mid-America Chapter. She led the breakfast roundtable “Top 10 Free Web Site for Medical Writers” at AMWA’s annual conferences in 2007 and 2008 and will offer it again at the 2009 conference in Dallas.
This President’s Note was prepared with passion inspired by the winter meeting of the AMWA Executive Committee (EC), where we discussed reports from the 5 elected offices, 10 departments, and headquarters, as well as from the task forces appointed by the President. The 2-day winter meeting usually includes a discussion to update AMWA’s strategic plan, a living document outlining the EC’s goals and the strategies for achieving them. The 2009 winter meeting focused on the annual conference, budget, new initiatives, and other exciting issues. Throughout the meeting, EC members considered timely topics, such as the implications of the economy for AMWA and its members.

The meeting was held in Dallas, the site of the 2009 AMWA Annual Conference, scheduled for October 22-24. Annual Conference Coordinator Douglas Haneline reported that his committee members have been working diligently to organize open sessions, breakfast roundtables, posters, and coffee and dessert klatches to meet the high expectations of AMWA members. The spacious conference hotel can accommodate more than 100 workshops. Workshop Coordinator Susan Aiello is working with headquarters to repeat popular workshops that can be applied toward the core and advanced certificates and to add new workshops that can be applied to the science fundamentals certificate.

The conference theme, “Blazing the Trail,” reflects both the setting and AMWA’s legacy to medical communication since it was founded in 1940. Keynote speaker Karen Woolsley, CEO of Proscribe and Adjunct Professor at the University of Queensland and University of the Sunshine Coast, will address the challenge of moving into a new era as respected professionals. Annette Flanagin, Managing Deputy editor of JAMA, will receive the McGovern Medal for preeminent contributions to medical communication and will challenge us to blaze new trails by conducting research. David Dary, Professor Emeritus of the University of Oklahoma and author of Frontier Medicine: From the Atlantic to the Pacific, 1492-1941, will receive the Alvarez Award for excellence in communicating health care developments and concepts to the public. Watch for more details on these and other speakers in the AMWA Update and on the AMWA Web site (www.amwa.org).

The annual budget was one of the most important topics we discussed. AMWA’s history of budgeting conservatively will serve us well in the fiscal year beginning on July 1, 2009. As in the past, the Donna Munari, AMWA’s Executive Director, had prepared a preliminary budget based on data from the previous budget, the first half of the current fiscal year, and estimates for the remainder of the current fiscal year. As usual, she had also used data from the last decade and from other organizations to make conservative estimates of the major sources of revenue, membership dues and conference registration, and had shared all of this information with the budget reviewers.

The stepwise process for reviewing the budget began before the meeting with President-elect Tom Gegeny, Treasurer Judith Pepin, and me. At the meeting, all EC members reviewed the revised budget. They considered recession strategies, such as protecting core programs for promoting excellence in medical communication that provide relevant education, foster professional development, and encourage ethical practices. They also considered potential cost-cutting measures, such as minimizing expenses related to printing and postage. For example, AMWA members now have the option of receiving the AMWA Journal in electronic format. Having been warned that “Hope is not a strategy,” EC members carefully evaluated the return on investment from pilot programs and considered whether any could be discontinued or temporarily suspended. They also recommended delaying nonessential programs, such as the next salary survey. The Executive Director will revise the budget and send it to the Budget & Finance Committee for additional review before the Treasurer presents it for final approval by AMWA’s Board of Directors (BOD) at the spring meeting. This multi-step process has the benefit of providing input from AMWA members representing different perspectives. To cover all of the items on the agenda, EC members used their time wisely throughout the winter meeting, including breaks. During lunch, EC members brainstormed topics such as how to improve the AMWA Web site. They considered new initiatives in education and research. Many of these ideas will be presented to the BOD, which comprises the EC and chapter delegates. When they meet on April 3-4 in Gaithersburg, MD, the BOD will vote on the budget and other motions needed to blaze the trail for AMWA. Watch this space for an update from the spring BOD meeting.

Footnote
1. AMWA’s departments are Annual Conference, Annual Conference Workshops, Awards, Chapters, Education, Membership, Publications, Public Relations, Special Projects (previously, Development), and Web and Internet Technology. For more information on the structure of AMWA and the EC’s role, refer to Klein KP, Cozzarin JR. Pathways to the presidency—Part I: charting the course. AMWA J. 2004; 19(4):167-170.
In July 2006, Joanne McAndrews was reading “Chapter and Verse,” a newsletter published by her public library, when an item caught her eye. It was a book review of *Non-traditional Careers for Chemists* (Oxford University Press, 2006) written by Lisa Balbes, a board member of the library. The review's byline noted that Lisa was a PhD-level chemist and freelance technical writer. Excited by the prospect of meeting another freelance writer in the St. Louis area with a science background like hers, Joanne searched Google and found Lisa’s Web site. She sent an e-mail note to Lisa and soon the 2 women met for lunch, where they discovered that they had much in common.

During their initial meeting, Lisa told Joanne about the local Society for Technical Communication (STC) chapter’s Consultants and Independent Contractors group, which she had coordinated since 2003. The group had about 20 members who met several times each year for lunch. During the luncheons, topics important to consultants were presented and discussed, such as finding resources, problems getting paid, building portfolios, and free money for small business training. Although the meetings had been held in conjunction with regular STC chapter meetings, the group of independents felt a need for, well, independence.

In turn, Joanne shared that freelance members of the AMWA Mid-America Chapter were interested in similar issues. Mid-America Chapter member Donna Coffman had been organizing informal chapter luncheons on Saturdays in the St. Louis area, but participation had begun to wane. Thinking there was strength in numbers, Joanne and Lisa decided to hold a joint luncheon of freelancers from the local AMWA and STC chapters to see if others agreed.

In September 2006, the first AMWA/STC luncheon was held, and it has been meeting every 2 months ever since, with 8-10 attendees at each meeting. The luncheons are held on a weekday at local restaurants. An effort is made to vary the location, cuisine, and price range for maximum appeal. Participants pay for their own meals.

At each luncheon, a participant leads a discussion on a topic of interest about medical and technical writing or the challenges of being self-employed. Discussion topics have included business plans; SMART—specific, measurable, attainable, realistic, timely—business goals; marketing; retirement options for the self-employed (presented by 2 local financial planners); telecommuting; contracts and letters of agreement; the value of electronic networking with www.LinkedIn.com; new Internet technologies; visual communication; and the much-appreciated BYOBP (Bring Your Own Business Problem).

Participants comment that they always leave with new information and ideas. Alice Fugate, a developmental editor and STC member said, “I always come away from our meetings with something that I didn’t know before. In addition to learning from the presentations at the meetings, I always benefit from our informal discussions. It’s invaluable to meet regularly with other independent contractors and get their feedback on whatever business issue I’m dealing with at the time. Carol Sonderman, freelance editor and AMWA Mid-America Chapter member, added, “I enjoy meeting and talking with other freelances. It makes me feel that I’m still ‘in the loop’. It’s just a great informal social environment, like a company lunch with coworkers only without the politics.” Jan Niehaus, an STC member who specializes in custom training programs and marketing communications, remarked, “The group is a great resource. I’ve met extremely talented writers in the group; writers I’ve hired when I was buried in work and needed extra help.”

Joanne and Lisa have been co-coordinators of the luncheon series since its inception. They solicit members to lead a discussion on a particular topic for each meeting. Once the date, topic, and restaurant location for a
luncheon have been selected, Joanne or Lisa sends e-mail reminders to the group, while the other collects RSVPs. They rotate duties so neither feels burdened by organizational tasks. Joanne checks the AMWA online membership directory periodically to find new freelance members in the St. Louis area and adds them to the distribution list. New STC members are encouraged to join as well.

In addition to pleasant, informative lunches, one of the biggest benefits of this group is that it has become a local network for writers and editors to turn to for advice and support. For example, in September 2007, Joanne “practiced” her AMWA annual conference breakfast roundtable (Top 10 Web Sites for Medical Writers) at a luncheon, and another member who is a technical writing instructor at a local university gave her excellent feedback on her handout. Last year, a member had contract issues with a potential client and the group provided helpful suggestions. Between meetings, members of both groups often send e-mail notes to each other for advice and opinions. The thing people find most remarkable about the group is that members actively refer jobs to each other, instead of competing with each other.

Overall, freelance members of the Mid-America AMWA and STC chapters agree that the connections they have made with each other through their bimonthly luncheons has made both groups, as well as each individual, stronger.

For help starting a freelance lunch group in your area, contact AMWA member Joanne McAndrews. A list of past meeting topics can be viewed at www.stc-stlouis.org/cicsig.html.

Joanne McAndrews is a freelance medical writer in St. Louis, MO, and the president of AMWA’s Mid-America chapter. Lisa Balbes is a freelance technical writer, specializing in documentation for medical devices and scientific software.

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2009 Chapter Conferences

<table>
<thead>
<tr>
<th>April 26-29, 2009</th>
<th>May 2, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Southwest Chapter</td>
<td>Northwest Chapter</td>
</tr>
<tr>
<td>Asilomar Conference Grounds</td>
<td>Talaris Conference Center</td>
</tr>
<tr>
<td>Pacific Grove, CA</td>
<td>Seattle, WA</td>
</tr>
<tr>
<td>Reporting Correlation and Regression Analyses (G/SG) [107]</td>
<td>Statistics for Medical Writers and Editors (G/SG) [110]</td>
</tr>
<tr>
<td><em>Jane Neff Rollins, MSPH</em></td>
<td><em>Thomas A. Lang</em></td>
</tr>
<tr>
<td>Basics of Epidemiology for Medical Communicators (EW/PH/SG) [202]</td>
<td>Tables and Graphs (editorial approach) (G) [111]</td>
</tr>
<tr>
<td><em>Jane Neff Rollins, MSPH</em></td>
<td><em>Thomas A. Lang</em></td>
</tr>
<tr>
<td>Ethical Standards in Medical Publication (EW/PH) [205]</td>
<td>Internet-How and Where to Find Info (EW/FL) [232]</td>
</tr>
<tr>
<td>Nancy D. Taylor, PhD, ELS</td>
<td><em>Thomas Gegeny</em></td>
</tr>
<tr>
<td>The IND in eCTD Format (ADV) [731]</td>
<td>Effectively Searching Online Databases (EW/FL) [233]</td>
</tr>
<tr>
<td><em>Peggy Boe, RN</em></td>
<td><em>Thomas Gegeny</em></td>
</tr>
<tr>
<td><strong>Contact:</strong> Lisa A. Tushla <a href="mailto:ltushla@gmail.com">ltushla@gmail.com</a></td>
<td><strong>Contact:</strong> Kristi Weber <a href="mailto:amwa-nw.president@comcast.net">amwa-nw.president@comcast.net</a></td>
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<table>
<thead>
<tr>
<th>May 1, 2009</th>
<th>July 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolinas Chapter</td>
<td>Chicago Chapter</td>
</tr>
<tr>
<td>Friday Center</td>
<td>August 14, 2009</td>
</tr>
<tr>
<td>Chapel Hill, NC</td>
<td>Michigan Chapter</td>
</tr>
<tr>
<td>Tables and Graphs (G) [111]</td>
<td>For the most up-to-date information on chapter conferences, visit the AMWA Web site at <a href="http://www.amwa.org">www.amwa.org</a></td>
</tr>
<tr>
<td><em>Howard Smith</em></td>
<td></td>
</tr>
<tr>
<td>Electronic Common Technical Document (PH) [415]</td>
<td></td>
</tr>
<tr>
<td><em>Howard Smith</em></td>
<td></td>
</tr>
<tr>
<td>Basic Grammar I (G) [112]</td>
<td></td>
</tr>
<tr>
<td><em>Flo Witte</em></td>
<td></td>
</tr>
<tr>
<td>Microediting (ADV) [717]</td>
<td></td>
</tr>
<tr>
<td><em>Flo Witte</em></td>
<td></td>
</tr>
</tbody>
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A Visit to the Mütter Museum

By Peter A. Ensminger, PhD, BJCP

Medical museums, with their collections of anatomical specimens, were once important instructional tools for medical students. Since the mid-20th century, their use in the education of doctors has declined, but they continue to fascinate and educate the general public.

My recent visit to the Mütter Museum, in the Center City area of Philadelphia, confirmed for me that this is one of the great anatomical museums. This museum has a unique collection of anatomical oddities and related artifacts and is open to the general public for a small fee. Thomas Dent Mütter (1811-1859), for whom the museum is named, studied medicine at the University of Pennsylvania and came to be known for his surgical repair of clubfoot and cleft palate and for his early use of ether as an anaesthetic. Mütter donated his impressive collection of several thousand human specimens and related materials to the College of Physicians of Philadelphia, along with a $30,000 endowment. The collection now includes more than 20,000 objects and the museum boasts more than 60,000 visitors per year.

The Mütter’s most famous exhibits are the plaster cast of the torso of Chang and Eng, the well-known conjoined twins, along with their actual conjoined livers; a collection of 139 diverse European skulls that were donated by Joseph Hyrtl, a renowned Hungarian anatomist; and the giant colon of a man who had bowel movements only once a month, and whose colon contained 40 pounds of feces upon his very painful death at age 29.

Gretchen Worden, former director of the Mütter Museum, was a tireless promoter of the museum and its artifacts. You can find several of her interviews with David Letterman online (www.youtube.com), where she shows off some of the museum’s more entertaining artifacts. In a more serious vein, Terry Gross interviewed Gretchen Worden in 2002 for “Fresh Air” and this interview is also available for free download from the National Public Radio Web site (www.npr.org). Shortly after her death in 2004, the museum dedicated a new basement gallery to the memory of Gretchen Worden.

If you visit the Mütter Museum, I suggest picking up the free audio guide and headphones, as some of the labels are a bit difficult to read. After your visit, you should stop by the gift shop, which has books, clothing, and novelty items, and then head outside for a visit to the adjacent Benjamin Rush Medicinal Plant Garden.

Other anatomy museums

If you can’t make it to Philadelphia, there are many other anatomical museums open to the public. The National Museum of Health and Medicine, in Washington, DC, was founded in 1862 to document the effects of war wounds and disease on the human body and includes remains of John Wilkes Booth and Abraham Lincoln and the fatal bullet.

The Warren Anatomical Museum is at Harvard Medical School in Boston, MA. This museum was founded in 1847 by John Collins Warren, who also helped to establish The New England Journal of Medicine and served as the first Dean of Harvard Medical School. Its most famous exhibit is the skull of Phineas Gage, a railroad worker who survived a traumatic accident in which his head was impaled by an iron bar.

The Anatomical Museum of Basel, Switzerland features a skeleton dated to 1543 that was prepared by Andreas Vesalius, considered by many as the “father” of human anatomy. This museum was founded in 1824 by Carl Gustav Jung, colleague of Sigmund Freud and developer of analytical (Jungian) psychology.

If you can’t make it out at all, several resources will allow you to enjoy some of the great anatomical museums of the world in the comfort of your home.

• Mütter Museum Web site (www.collphyphil.org/mutter.asp)

Acknowledgment

The author is grateful to the Mütter Museum for allowing publication of photos in the AMWA Journal.
Member Profile: Helen Hodgson

To accomplish this goal, Hodgson had to get 25 area medical writers to sign an organizing petition. At the AMWA Annual Conference in San Antonio, she approached Steve Prather, a physician living in Salt Lake City, for his signature on the petition. Prather wanted a writer to help him publish his ideas and hired Helen on the spot. A few years later, she moved from Denver to Salt Lake City and resigned her job at the USGS.

The first project the pair undertook was to write a book, Medical Risk Management, and develop an educational program for physicians called “Caring for Difficult Patients.” “The subtext was coming to understand why some doctors can’t communicate with patients and are likely to be sued,” Hodgson says, “but we knew that if we said that, no doctors would buy the book or come to the course. Instead, we put the blame for being difficult on the patients, and many doctors were interested.”

That first project led to others. Then, in 1992, Hodgson accepted a teaching position in the communication department at Westminster College in Salt Lake City. She also continued her freelance writing and in 2004 became owner of Food and Fitness, a business focusing on healthy food and wellness that involves editing cookbooks, writing food features, and coaching chefs and other writers.

Her AMWA career continued apace. In 1983, she was New Member Board Delegate, the first and only person to hold that position. By 1985, she had become an Annual Conference workshop leader, a role she continues to hold. Starting with “The Anatomy of Style,” she has developed workshops and made significant changes to a number of workshops originated by others, putting her own stamp on them.

She has a long career of service on the AMWA Executive Committee (EC), which began in 1988. In the mid-1990s, she declined the opportunity to become president because she was overwhelmed by the challenges of raising a teenage daughter. She returned to the EC in the late 1990s, and over the years, her positions have included Treasurer, Secretary, and Administrator of the Annual Conference, of Publications, and of Education.

In 2001, she became President of AMWA. During her term, the EC revised the Executive Committee Handbook and oversaw the development of a new long-range plan—both significant achievements. The orientation of Donna Munari as the first new Executive Director in 28 years was also a critical part of her term.

“As a newcomer to AMWA, although not to association management, I felt very lucky to have Helen as my first president,” says Donna Munari. “She truly embodies the spirit of the association, and her knowledge of the AMWA members and their needs was invaluable.”

Helen credits AMWA with helping her secure almost every important freelance contract she has had. However, the most significant contribution AMWA has made to her life is the lasting friendships with colleagues.

“If I had to count friends on both hands, there would be AMWA members in that top 10. When I got married in 2000, other than my family, the people who came from out of state were Lynn Alperin, Marianne Mallia, and Pat Cornett. AMWA is so rich in terms of giving and sharing. If I ever lost my job and wanted a job in the field, I feel that people from AMWA would help me.”

“When I met Helen at our first AMWA meeting 25 years ago,” says Lynn Alperin, “she sailed into the meeting room with her hair still wet from the shower, a bright shiny apple, and a big smile on her face. I have since learned what an amazing person she is: extraordinarily capable, professional, persuasive, creative, inspirational, versatile, and fun. Our friendship has been one of the great benefits of my AMWA membership. Helen’s contributions make AMWA the very special association that it is.”

By Bettijane Eisenpreis

Although all her degrees are in English, Helen Hodgson has always loved health science. “I was teaching English as a graduate student at the University of Denver while completing pre-med requirements. When I finished my doctoral work in English and decided not to go to medical school, my genetics professor, who was the chair of my dissertation defense, told me that the US Geological Survey (USGS) was looking for an editor. I applied and got the job.”

Because of her background in writing and editing, Helen began teaching technical writing to USGS geologists throughout the country. There was only one small problem. As much as she loved writing and editing, she had no love for geology.

“I had this revelation that they were going to write on my tombstone, ‘She is the preeminent writer, editor, and teacher of geological writing, and she hates it,’” Helen says. “I thought, ‘Why am I doing this in geology when my love is medicine?’”

She began to search, unsuccessfully, for medical editing assignments. Somehow, she learned that an organization called AMWA was having a mini-conference in Houston, so she attended.

“I met Lynn Alperin and Marianne Mallia at that first conference. I went to Edie Schwager’s workshop and was very impressed. I came home and contacted headquarters to ask why there wasn’t an AMWA chapter in Denver. The next thing I knew, Judy Lynn was on the phone, suggesting that I start a chapter.”
AMWA Certificates Earned in 2008

The following AMWA members completed the requirements for an advanced, core, or science fundamentals certificate in 2008. For information on AMWA’s educational program, visit www.amwa.org.

Advanced Certificates
Barbara Alegre, ELS
Michael S. Altus, PhD, ELS
Susan Bairnsfather, BSc
Julie K. Beyrer, MTS C
Melissa L. Bogen, ELS
Christine Chin, PhD, ELS
Mary Ann Clifft, MS
Peter D. Feldman, PhD
Claire Foster, PhD
Joann Hettasch, PhD
Akio Hyodo, PhD
Dorothy E. McDuffie, MA
Diane Murphy, MBA
Oladayo Oyelola, PhD
Deborah Sommerville
Nathalie A. Turner, MS, ELS

Core Certificates
Editing/Writing
Michelle A. Adams, MA
L.J. Anderson, MPH, RN
Nancy E. Bennett
Mary Lou Bernardo, PhD, MSN
Carla C. Bevins
Richard L. Blander
Kathryn J. Boorer, PhD
Mary Lou Brown, PhD
Joyce H. Brusin, MFA
Helen Chan, PhD
Julie K. Collins
Amanda S. Compton
Michael R. Cruse, EdS
Arum S. Daresh, PhD
Ann L. Davis, MPH
Anne K. Derbes, BA
Dusan Djordjevic, BS, MA
Jeremy W. Dugosh, PhD
Diane F. Engles, MS
Karen L. Fink
Vivian Fransen, MPA
Mary Gabby, MS
Laura L. Gater
David J. Gattermeir, BA
Karen H. Golebowski
Rebecca Gunnill
Carson Harrod, PhD
Donald M. Harting, MA, ELS
Sharon A. Heckel, BA
Amy D. Hereford, MSW, MPH
Kelley L. Hill, MS, ELS
Carol R. Krcmar, RN, M
David Leahy
Karen M. Learner
Cindy A. Lohmann
Marianne Madsen
Edward L. Mancini, DPM
Amy V. Martin, MA
Jennifer G. Maybin, MA
Michael McGregor, MA
Christina Migliaccio, MS, RPh
Archana Monie, MSc
Shayna Muckerheide, BA
Lauren B. Munata, PhD
Stephanie B. Ngo
Joan O’Byrne, MS
Marielle Parise
Sunil Patel, MS
Catherine Kaki Pierson
Sarah E. Reedy
Ursula Rush
Colleen M. Sauber
Karen C. Schliep, MSPH
Sujiata Shah, MBBS, MA
Glenn J. Sherman, PhD
Anne Snively
William W. Stark, Jr, PhD
Jennifer A. Strickland, PharmD
Jan Stucki
Asra Syed
Cynthia Tank, BA
Jeanette Tomanka, MS, ELS
Ana I. Tavera, MA
Cindy van Dijk, MA
Louise Walling, RN
David M. Webb, PhD, MBA
Scott R. Wessels
Mary Kay Winchell, LCSWR
Mary Ann Wittenhouse, MS
Cindy Yun, PharmD

Scientist
Catherine Magill, PhD
Deborah Sommerville
Kelley L. Hill, MS, ELS
Carol R. Krcmar, RN, M
David Leahy
Karen M. Learner
Cindy A. Lohmann
Marianne Madsen
Edward L. Mancini, DPM
Amy V. Martin, MA
Jennifer G. Maybin, MA
Michael McGregor, MA
Christina Migliaccio, MS, RPh
Archana Monie, MSc
Shayna Muckerheide, BA
Lauren B. Munata, PhD
Stephanie B. Ngo
Joan O’Byrne, MS
Marielle Parise
Sunil Patel, MS
Catherine Kaki Pierson
Sarah E. Reedy
Ursula Rush
Colleen M. Sauber
Karen C. Schliep, MSPH
Sujiata Shah, MBBS, MA
Glenn J. Sherman, PhD
Anne Snively
William W. Stark, Jr, PhD
Jennifer A. Strickland, PharmD
Jan Stucki
Asra Syed
Cynthia Tank, BA
Jeanette Tomanka, MS, ELS
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Janet E. Horton
Joan R. Johnson

Science Fundamentals
Holly A. Wagner, ELS

BELS Certifications Earned

The following 6 AMWA members passed the Board of Editors in the Life Sciences (BELS) certification examination given before the start of the 2008 AMWA Annual Conference in Louisville, KY. For information on upcoming BELS examinations, see page 29.

Geralyn A. Keane, RN, BSN, MSS
Arvada, CO
Kathleen La Point, MS
Greensboro, NC
Michael McGregor, MA
Brooklyn, NY
Lisa Rinexhar
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If you search on Google for “work-life balance,” 17,600,000 links pop up. What does this say about our time-pressed, overworked, and over-amped lives? And what do we mean by that elusive word balance?

Jim Bird, publisher of worklifebalance.com, argues that the key to balance is to make sure we have meaningful daily achievement and enjoyment. “Life will deliver the value and balance we desire...when we are achieving and enjoying something every single day...” Bird writes.

Many of us have achievement down cold. It’s the enjoyment piece that needs a bit of tweaking. Being someone who not only gets the job done but enjoys the doing for its own sake may make us happier people.

Recently, I volunteered to help create a team-building exercise for my work group. Our morale was already pretty high, but 2009 was shaping up to be a busy and potentially stressful year. Our boss wanted to take the team out for a recognition lunch in San Francisco and then do an activity together.

I collaborated with my colleague Lynn to brainstorm ideas. We decided on a scavenger hunt. We planned to divide the group into 3 teams and have them search for the most offbeat items we could discover in the Ferry Building, a lovingly refurbished San Francisco landmark. The building is home to dozens of shops and restaurants and a hugely popular Farmer’s Market. You can find everything from Cowgirl Creamery Ewe’s Blue cheese to rich designer truffles to a plastic spatula in the shape of a fried egg.

To prepare the best possible contest for our coworkers, we decided to explore the locale thoroughly several months ahead of time. This involved food tasting at one of the restaurants, of course! We sat outside under a café umbrella making jokes about how this was a dirty job but somebody had to do it, and then diving into crab cakes, frisée salad with heirloom tomatoes, and a fragrant mushroom polenta. Well fortified, we set out in search of treasures.

We scouted every store, boutique, and counter in that building looking for items to stump our colleagues. We oohed and ahhed over exotic orchids, the aforementioned truffles, and the beauty of the ceramic tiles lining the walls. When I found the egg-shaped spatula with a bright yellow yolk in the center, I literally chortled with glee.

Lynn came up with rhyming clues, and even a few riddles. Together, we devised the rules of the game—each team would have a digital camera to record their finds, and a limited time in which to search. We printed up the clues and the rules and passed them out at our recognition luncheon.

Excitement built as we walked from the restaurant to our starting point. People poured over the clues trying to get a jump on their competitors, and teams strategized about the fastest ways to accumulate the most finds. One woman even phoned a friend in Chicago for help deciphering one of the riddles.

Moments after we gave the “go” signal, the game caught fire. People scurried from one end of the building to the other, cameras at the ready, shrieking over each discovery. That afternoon, I think we collectively proved Bird’s theorem: the team met its objective and had a blast in the process. The competitive pressure was more exciting than stressful, and the winning team shared the prize—2 bags of melt-in-your mouth designer cookies. We returned to our 9 to 5 world with renewed esprit d’corps.

So go forth and achieve, but be sure to find enjoyment as you do. That’s the real secret to work-life balance.

Eleanor Vincent is the author of the memoir Swimming with Maya: A Mother’s Story (Capital Books, 2004). She lives and writes in Oakland, CA.
The *AMWA Journal* encourages the submission of manuscripts and suggestions for content for its recurring sections. Unless otherwise noted, submit contributions and suggestions for content to the Journal Editor at amwajournaleditor@hotmail.com.

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**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.

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