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Just Who Are We and What Are We Doing, Anyway? Needed Research in Medical Writing

AMWA Annual Conference Poster Abstracts

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

➲ Publish articles on issues, practices, research theories, solutions to problems, ethics, and opportunities related to effective medical communication

➲ Enhance theoretical knowledge as well as applied skills of medical communicators in the health sciences, government, and industry

➲ Address the membership’s professional development needs by publishing the research results of educators and trainers of communications skills and by disseminating information about relevant technologies and their applications

➲ Inform members of important medical topics, ethical issues, emerging professional trends, and career opportunities

➲ Report news about AMWA activities and the professional accomplishments of its departments, sections, chapters, and members

The AMWA Journal is published 4 times a year by AMWA. For details about submissions, see “Instructions for Contributors” on page 156.

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

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

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

The AMWA Journal is available as a PDF file in the Members Only area of www.amwa.org
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ABSTRACT
For medical writing to mature as a profession, I propose that we conduct the research that will document our productivity and value added, keep our skills current and relevant, determine the core knowledge and skills needed to enter and thrive in the profession, identify the cognitive and personality characteristics associated with an affinity for our line of work, and establish the history of medical writing and editing from antiquity to the present. This research can begin with simply identifying our work tasks and determining how much time we spend in each. It can include reviewing the literature on any of several topics; collecting data from institutional archives and databases; surveying coworkers, clients, or administrators for their knowledge and opinions of medical writing; and conducting experiments to determine which form of instruction or which version of a text is most effective in promoting comprehension, recall, ease of referencing, or usability. In this article, I offer some thoughts on the value of such research and provide an overview of the issues in how to conduct it.

Consider the following:
• Administrators often believe that if they cannot measure a process or a product, they cannot manage it. When the “it” is medical writing and editing services, our profession has a problem. That is, if we cannot measure our productivity and prove our value added, we may be administratively invisible and thought to be unnecessary.

• To maintain and advance our professional standing, we must be constantly improving our knowledge and skills and be seeking new professional and employment applications for them. We need to apply the theories and research findings that will allow us to do state-of-the-art, evidenced-based writing, editing, project management, document and instructional design, and so on.

• Currently, turnover in our profession is common and often relatively rapid, in part because of the questionable belief that the necessary knowledge and skills can be acquired outside of the profession and that such knowledge and skills are not extensive or highly specialized. Identifying the specific knowledge base and skills necessary to do well in the field should improve how we recruit and train writers, as well as raise professional expectations and retention rates.

• Another factor in rapid professional turnover may be mismatches between the nature of the job and the preferences and strengths of the individual. For example, many of us work from home and deal with data far more than with people or things; we often work alone and in our heads for long periods, whereas others may have more social contact. Thus, identifying the personality and cognitive traits of those people who have an affinity for various medical writing positions may also improve recruitment, retention, and training.

• Finally, although medical writing has a history several thousand years old, we are nevertheless a relatively young profession. If we are to establish medical writing as a distinct career and to develop AMWA’s organizational culture, we need to make this history coherent and distinct enough to provide a basis for professional identity.

The thread common to addressing all of the above issues is research. I have been asked to review some of the needs, issues, and methods associated with this research to encourage AMWA members to begin conducting it. So, I present here some thoughts I have collected over more than 30 years in the profession, a period that includes obtaining a master’s degree in communications, serving as Manager of Medical Editing Services at the Cleveland Clinic (where I worked for most of the...
1990s), and working now as a communications consultant. Although my comments tend to focus on preparing scientific publications, many of the concepts apply to other forms of writing: regulatory, instructional, marketing, and so on. However, many of these forms of medical communication doubtless have their own challenges and research needs and may need to be addressed separately. (See page 133 to learn about 2 new research awards available through AMWA.)

AREAS AND TOPICS OF RESEARCH

Measuring Productivity

Measuring productivity means measuring the quality and quantity of the work we do. It can mean measuring inputs—how many manuscript pages are submitted for editing, how many authors request writing support, and so on—or outputs—the number of slide sets created, the number of people trained in writing classes. It can also mean recording the characteristics of what we work with. For example, for 5 years my associate and I kept detailed records of the manuscripts submitted to us for editing.\(^1\) Among other things, these data provided us with ranges for the characteristics of different manuscript types. The median length of manuscripts reporting original research (cover page through conclusions) was 12 double-spaced pages; half contained from 10 to 16 pages. Thus, articles containing fewer than about 10 pages raised our suspicions about underreporting or reluctant writers, and those containing more than about 16 pages were immediately candidates for shortening.

Measuring productivity can also involve keeping track of time spent in specific activities per day, per week, or per month. Such records can give us some idea of where our efforts are requested, where they are going, and where more resources are needed. As part of the above 5-year data-collection study, we also kept track of our editing time with stopwatches, so we had exceptionally accurate data on how long it took to edit, to our standards, each type of document.\(^2\) The median stopwatch time for editing an original article was 5 hours, with half requiring between 3.5 and 7.5 hours. Overall, we edited at a rate of about 4 pages per stopwatch hour and were able to provide reasonable estimates of total editing time based on this rate.

Most AMWA members can collect similar data about what they do on the job. If data from members holding similar jobs can be combined, we may be able to suggest ranges for various products and activities. The AMWA salary survey is an excellent example of such research, as is the recent article by Stephanie Phillips on authorship practices in the health care industry.\(^3\) Average lengths, durations, pages, and so on, are probably not as useful as the range of variation in these averages.

The most serious problem we face in measuring productivity (and value added; see later) is that we are information workers, and information is notoriously difficult to measure and to value in dollars. How do we put a value on insight? On clarity? On critical thinking? On creative problem solving? The answer is that we do not necessarily need to evaluate our writing, we can evaluate those who read our writing. In fact, market research tells us that people buy only 2 things: solutions to problems and good feelings. So, to value information, we may have to ask clients how much they will pay to have us solve their communication problems or to feel good about the quality of their publications. (I’m convinced that many authors still have their manuscripts edited only to be sure that they aren’t embarrassed by punctuation errors and misspellings. Thus, we also have another critical task: to communicate to clients what, exactly, we can do for them.)

As a grants officer, I once helped an audiologist apply for money to develop homemade noisemakers that parents could use to test their newborns for hearing problems, a technology that could prevent life-long deafness in thousands of infants. After 3 years and a dozen grant applications, he was still...
Measuring Value Added
Adding value usually means reducing costs (such as time, money, or effort) or increasing benefits (adding information, accuracy, insight, or clarity). Value, however, like information, is in the eye of the assessor. Thus, to study the value added of a writer, you may need to study the time that the writer saves the principal investigator or the effort that the writer saves readers. As an example, if it takes 30 minutes to make an explanation coherent in a journal article read by, say, 20,000 dentists, the editor can potentially save 10,000 hours of reader time, assuming that readers would take the time to decipher the explanation. The fact that most readers will not take the time to study a poorly written paragraph raises the question of how much it might be worth to make sure they can understand it in the first place.

Another factor complicating the measurement of value added is the “causal pie.” Given a finished document, how do we determine who added what value? A strong author and a weak editor is not the same as a weak author and a strong editor, but how do we distinguish between their contributions? An often-heard justification for writing services is that “better written grants are more likely to be funded.” Such a claim ignores the influences of the quality of the original idea, its appropriateness for the funding agency, the quality and number of competing grants, circumstances within the funding agency, and so on. Likewise, poor writing may be grounds to reject a manuscript, but good writing without a good idea will not get one published.

The most effective way we established our value-added at Cleveland Clinic was to collect the positive comments we received on our editing. It helped that several department chairs used our services routinely, a fact we told our administrator several times a year. Not much, but it was all we had.

It may also be useful to try to determine the costs of communication that is misdirected, unread, misunderstood, or never attempted.

Sometimes, circumstances provide useful information of value added. When the pharmaceutical division of Revlon was sold, the new owners disbanded the medical writing group—and had to contract out their regulatory writing for years afterward when their new drug applications, prepared by scientists, not medical writers, continued to be rejected.

One aspect of value-added is the ability to establish and maintain reputations: yours and your organization’s. Ed Huth, MD, then the Editor of the Annals of Internal Medicine, praised the editing department of the Mayo Clinic—during grand rounds at the Cleveland Clinic. He said “There is something comforting about receiving a manuscript from the Mayo Clinic. You know it will be tightly edited, formatted correctly, and the tables and figures carefully thought through.” The implications of this comment were lost on the Cleveland Clinic’s administration (sigh . . .), but it illustrates the value added of a publications group.

Evidenced-Based Writing and Editing
Written communication has an evidence base: theories and research findings that can help us prepare more effective texts more efficiently. (The classic readings listed at the end of the article are illustrative). We should identify and learn to apply the most useful theories of composition, cognitive processing and learning, persuasion, publication design, visual perception, instructional design, Web design, memory, and so on. We should also know what the research can tell us about textual factors that enhance or inhibit how well readers understand a text (comprehension), how long they remember the text (recall), how long it takes them to find given information in the text (referencing time), and how well they can apply the information in the text (usability). (These 4 endpoints are often used in research into written communication.)

Although we can conduct our own research in these areas, we also need to evaluate what has already been learned and to disseminate the most useful findings. We need to move from “I recommend this change because I think it makes the text read better,” to “I recommend this change because the research indicates it will improve comprehension.”

Work-Related Knowledge and Skills
It is essential that we itemize the bodies of knowledge and skills of our profession. Only when we have this information can we evaluate professional competence, improve hiring practices, develop self-assessments, and direct the AMWA workshop program appropriately.

Not all medical writers are necessarily well trained in the profession.
Many of the skills associated with our profession are still acquired through on-the-job training, which can be highly specialized, nonsystematic, and inconsistent. Professional development depends on knowing what one does and does not know and on knowing where and how to acquire missing knowledge and needed skills, and we need to make this information widely available to current and prospective members, as well as to employers.

A related area of research is to identify how people enter the profession, what career track they follow within the profession, and where they go when they leave the profession. Although we know that many pharmaceutical writers enter the profession as scientists, working first in drug development before transferring to regulatory writing, that is about all we know. Medical writers come from a variety of backgrounds and enter various aspects of the profession in numerous ways. The career path can also be fairly short, with only a few stops between entry-level and management jobs, which may require people to leave the profession for more challenges or higher incomes. Knowing the potential opportunities may be useful if we plan to continue in or leave the profession.

**Talents and Aptitudes for the Profession**

Medical writing, like any profession, attracts some people and not others. It would be useful to identify any psychological or cognitive traits that are more common among successful writers and successful editors. For example, one theory with some explanatory power is Attention Control Training.4 The theory suggests that attention can be focused internally or externally and on a broad or narrow spectrum (Table 1). It may be important to match one’s attention control strengths with job requirements. For example, proofreading requires a narrow, external focus of attention; teaching benefits from a broad external focus; writing typically draws on a broad internal focus; and calculating requires a narrow internal focus.

Several dozen psychological dimensions could be studied, and studied with an even larger number of psychometric instruments. One need not be a psychologist to determine which of these dimensions and instruments could be of use to us.

**Defining Our History**

Medical writing has a long and fascinating history (Table 2).5 Yet only in the past 100 years has it become a profession, distinct from the practice of medicine and apart from writing in the Humanities but combining elements of both. We need to appreciate the contributions of people such as Harold Swanberg, Maude Mellish, Morris Fishbein, Richard Hewitt, and Lillian Sablack who have figured prominently in our professional history. Having our own history allows people who join our profession to have a sense of joining a time-honored tradition, not simply a new job. The history is there, we just have to uncover it.

**THE RESEARCH PROCESS**

Irrespective of which aspect of medical writing you choose to study, you will probably encounter the issues described here.

**The Research Question**

The research question is critical because it will determine who or what you study, your research methods, the scope of your investigation, and what you can do with the results. The research question needs to be meaningful, focused, accurate, and answerable.

One way to generate research ideas is through introspection. Look back at your job performance over the past year and ask yourself whether you generated enough value to cover your salary and then some. If you did, how do you know? If you do not know, what data could you collect to find out? What can you do to work more efficiently or effectively, and how would you know if you were successful?

Your research question may concern studying parts of documents (eg, introductions, figures), complete documents, individual writers and editors, writing groups, or entire organizations. Some of these “units of observation” may be easier to study than others, and each has its own challenges.

When developing a research question, remember the admonition of

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**Table 1. The Four Areas of Attentional Focus Described in Attention Control Training**

<table>
<thead>
<tr>
<th>Focus</th>
<th>Internal Focus</th>
<th>External Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad</td>
<td>Attention is focused inward, on a range of possible thoughts. <strong>Writers</strong> need to integrate information from several sources and cannot afford to be distracted by external stimuli or be limited by a narrow perspective.</td>
<td>Attention is focused outward, on the environment. <strong>Teachers</strong> must be aware of how an entire class of students is responding and cannot be distracted by 1 student or by deep reflection when teaching.</td>
</tr>
<tr>
<td>Narrow</td>
<td>Attention is concentrated inward on a single line of thought, to the exclusion of others. <strong>Statisticians</strong> need to focus on a line of reasoning free from internal and external distractions.</td>
<td>Attention is concentrated outward on a single aspect of the environment. <strong>Proofreaders</strong> must focus on the text, without distraction, and without “reading in” meaning by thinking about the text.</td>
</tr>
</tbody>
</table>

*Most people have skills in all quadrants but do better in some than in others.*

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*AMWA Journal • Vol. 24, No. 3, 2009*
Table 2. Ages and Key Events in the History of Medical Writing and Scientific Publishing

<table>
<thead>
<tr>
<th>Antiquity</th>
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<tbody>
<tr>
<td>Thoth (Egypt’s ibis-headed god), mythical inventor of writing and the patron god of physicians.</td>
</tr>
<tr>
<td>Apollo, Greek god of rhetoric and the arts, gives the gift of healing to his favorite son, Asclepius.</td>
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</tbody>
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<table>
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<th>The Age of the Great Medical Texts</th>
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<td>BCE 1700</td>
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<td>900</td>
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<td>460</td>
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<td>300</td>
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<table>
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<th>The Age of the Great Physician Writers</th>
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<td>AD 20</td>
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<tr>
<td>170</td>
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<td>885</td>
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<td>1609</td>
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<th>The Age of Formalized Medical Writing</th>
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<tbody>
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<td>1669</td>
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<td>1812</td>
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<td>1911</td>
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<td>1940</td>
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<tr>
<td>1979</td>
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<tr>
<td>1997</td>
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</tbody>
</table>

IMRAD = introduction, methods, results, and discussion.
Immediately discarded tissues were thus shortly after they were distributed. Of tissues that appeared in recycle bins sity newsletter by counting the number once evaluated the utility of a univer-

cation, the amount of time required being measured. Examples include the number of typographic errors in a cover letter. Especially useful are unobtru-

sive measurements that do not require you to intrude into the environment of the relationships being assessed. I once evaluated the utility of a university newsletter by counting the number of issues that appeared in recycle bins shortly after they were distributed. Immediately discarded issues were thus an unobtrusive measure of how valuable the newsletter was (was not) to readers.

Subjective measurements are judgments or opinions. Examples include reviewers’ assessments of the quality of a proposal, opinions of the effective-

ness of titles, and personnel evaluations. A useful approach to subjective measurement is the connotative definition that captures the intangible qualities of what is being defined. For example, the quality of a report written by a trainee could be indicated by whether or not it is good enough to submit to the CEO (higher quality), your division chair (intermediate quality), or your lab manager (lower quality). Different judges will still have different opinions about quality, but at least with a connotative definition they are answering the same general question.

An interesting issue with subjective measurements relates to whether your “unit of observation” is a text or a reader. For example, if you want to determine the frequency of, say, passive sentences in abstracts, you probably want to have a few trained judges evaluate a large sample of abstracts. On the other hand, if you want to determine the quality of a slide set, you probably want to have a large number of judges.

Research can be conducted without measurements, but the results have to be interpreted carefully. Qualitative research, which has its origins in anthropology, as participant-observer research, involves making detailed observations of people or events in their natural settings. The ability to ask and follow-up on open-ended questions is often necessary to characterize hard-to-measure concepts or to discover subtle interactions in a complex situation. Qualitative research findings may not generalize to other settings, but they often give rise to new hypotheses or research questions that can be studied with quantitative methods.

Identifying a Sample
Your research question will determine who or what you study. Chances are you will have to study a sample of something, and choosing an appropriate sample can be difficult. Ideally, your sample will be large and representative of the population to which you will generalize the results. The size of

the sample can be determined statistically (with a power calculation), or by circumstance (eg, the number of clinical study reports completed in a unit of time or the number of writers in a particular writing group). Choosing a representative sample can be more problematic. What would a representa-

tive sample of medical writers look like? Not all authors, editors, or writers are equally skilled, so it can be difficult to get a sample representative enough to make generalizations. For example, a conclusion that edited manuscripts are evaluated more highly than others may be true for one editorial group but not for another.

Be sure your sample is appropriate for the question you are trying to answer. Experts in science are not necessarily experts in scientific communication, even if they have published dozens of articles. Studying the frequency with which, say, subtitles are used in the titles of scientific articles to determine whether current practice justifies their use is to study the behavior of amateurs. Focus groups with experts in scientific communication or an experiment measuring the effectiveness of such titles may be better approaches to answering this question.

Research Designs and Activities
Your research question may also determine your research design. The most common designs are described below.

Literature reviews. Some questions can be answered, or at least approached, by reviewing the literature on the topic, and all research benefits from background information. Literature reviews are ideal for identifying theories and research findings that can be applied to writing and for discovering key events in the history of medical writing. Such reviews can yield unexpected benefits, such as discovering other organizations interested in the same topics or learning that your topic is actually indexed under a different set of key terms.
Archival and database research. Many offices and companies maintain archives of one sort or another that may answer some questions of interest. Files of regulatory submittals, published journals, evaluation reports, and so on should not be overlooked as sources of data. My colleagues and I once reviewed a sample of invoices from the print shop to estimate how much the Cleveland Clinic was spending on patient education materials, for example. (The amount was less than the Clinic was spending on business cards, a fact we used to argue that both the quality and quantity of these materials should be improved.)

Survey research. Surveys can be an inexpensive, fast, and convenient way to gather a great deal of information on what people know, think, or think they know that is not so. Consider e-mail and Web-based surveys, as well as paper-and-pencil ones. Questions should be pretested to ensure that respondents understand them similarly and that the response options are complete and appropriate. Surveys over time can identify trends. In a survey at the Clinic, we learned that most authors would accept a 1-week turnaround time for editing, but not much more. Remember to get approval for the survey before administering it.

Interviews and focus groups. One of the most useful techniques for assessing the quality and acceptability of written communication is to conduct interviews and focus groups with readers. Skill is a factor in conducting these activities, but it is a skill worth developing. The outcomes of interviews (which is qualitative research) can include unexpected insights into how documents or people are perceived, as well as ideas for new procedures, changes in workflow, and additional research.

Experimental research. Formal comparisons and hypothesis testing can be accomplished with classical experimental designs. Good designs allow you to reduce or control for errors, confounding, and bias as you examine the effect of 1 or more differences between, say, 2 versions of a consent form. You can test for differences between groups who respond to the 2 versions or within 1 group tested at 2 times, say, before and after editing.

CONCLUSIONS

As professionals, most of us deal with some aspect of life science or biomedical research. As members of a profession, however, we will have to involve ourselves in social science research: much communication research is still "soft science." So, despite W. H. Auden’s commandment, "Thou shalt not sit with statisticians nor commit a social science," we may have to do just that if we are to justify our employment and advance our profession. As difficult and as frustrating as this research can be, the personal benefits of conducting it can be substantial, and the professional benefits, profound.

References
#1— Value!
If you attend only 1 conference this year, AMWA’s annual conference is your best value!
• AMWA offers one of the most extensive and diverse education programs available to communicators in the medical and allied scientific fields.
• You can gain new skills and knowledge that can enhance your expertise as a medical communicator.
• Your conference registration fee includes all receptions, the keynote address, 38 open sessions, special events, and the Friday Breakfast With the Exhibitors.

#2— Networking, networking, networking!
You won’t find a better conference where you will have great opportunities to build a network of your industry colleagues, peers, vendors, and potential clients—your best resource for becoming and staying successful. Start with the Welcome Reception on Wednesday and end with the President’s Reception on Saturday.

#3— Dallas! Big, bold, and budget-friendly
Location, location, location! Geographically, Dallas is centrally located, with 2 airports and an Amtrak station. The Sheraton Dallas Hotel has a great rate for AMWA attendees and is close to everything. It’s connected to Plaza of the Americas, a shopping complex with numerous eateries. From the hotel, a short walk will take you to the DART Rail stop, the convenient trolley, and many of Dallas’ most popular attractions and restaurants.

#4— Open sessions, workshops, roundtables, and lots of networking
Learn from the many (38) open sessions available. Start, continue, or complete your certificate program with the many workshops being offered, including new science fundamentals workshops. Attend one of the breakfast roundtables. Build your network of medical communicators at the AMWA conference by attending the free networking events.

#5— Great opportunity to earn points toward your Professional Development Certificate
Attending AMWA’s annual conference automatically earns you 5 points toward a Professional Development Certificate (PDC). In addition, each noncredit workshop you attend is worth 5 points toward the 50 points you need to earn your PDC.

#6— The McGovern and Alvarez Luncheons
Find out who John and Walter were and why awards are named after them. You’ll want to be at the awards luncheons to learn more. Budget-conscious members can attend just to hear the fabulous speakers without buying lunch.

#7— Those wonderful Thursday night Coffee and Dessert Klatches
These informal networking opportunities give you the chance to meet and talk with other attendees with similar interests and hobbies who will share their experiences with you. Scintillating topics will include clutter control, chickens in your backyard, exploring Tex-Mex cuisine, and many others—30 topics in all to choose from. Join other attendees in these fascinating discussions and share the experience.

#8— The Welcome Reception sponsored by RPS, Inc
You’ll have fun and entertainment at the Welcome Reception sponsored by RPS, Inc. You can check out the exhibits for the first time during the reception. There will be music, line dancing, food, and beverages.

#9— Wednesday night activities for new members and first-time attendees
New members will be treated like royalty with a meet-and-greet by association officers at the New Member Orientation. In addition, first-time attendees can choose to be paired with a Conference Coach to learn more about successfully navigating the conference and to be able to identify friendly faces throughout the conference.

#10— Talk about value! A conference you can afford to attend and can’t afford to miss!
AMWA’s annual conference is the most budget-friendly conference offered for the medical communication profession. With registration fees and hotel room rates that are much lower than those of related organizations, AMWA provides a sound return on your investment.
An Assessment of Compensation and Fee for Service at Mayo Clinic Proceedings
Peg Wentz, Rochester, MN

Objective
To assess perceptions of authors, reviewers, and editorial board members regarding reviewer compensation and institution of submission fees at Mayo Clinic Proceedings.

Materials and Methods
Using Survey Monkey™ and “Broadcast email” in our Web-based manuscript submission and review system hosted by Manuscript Central,™ the Editorial Office conducted a 16-question survey from January 23, 2009, through February 6, 2009.

Results
Of the 1770 survey invitation emails that were sent, 1688 were delivered successfully. Of those, 462 surveys (27%) were started and 400 (24%) were completed (not all participants answered all questions). Each question allowed participants to provide comments. Key results regarded opinions on compensating peer reviewers (other than monetary) and implementing submission fees. Regarding reviewer compensation, respondents had several suggestions. Examples include providing formal documentation of participation that reviewers could share with their department heads or providing a reviewer ranking. Participants also shared opinions on what effect submission fees might have on submission rates to Mayo Clinic Proceedings and for the publishing industry at large. The comments indicated that unless submission fees became an industry-wide trend, it would not be wise to implement one: authors would seek out journals that did not require fees, and authors would perceive fees as “insult to injury” after the work they had put into their submission. Some suggested fees at “publication” time would seem more appropriate, and others said it would depend on the fee size or whether their institution would cover it. One suggested this would introduce possible conflict of interest issues for pharmacologically sponsored manuscripts whose submission fees are subsidized by sponsoring agencies.

Conclusion
Although a 27% response rate is considered statistically poor, we conclude that current reviewer compensation practices at Mayo Clinic Proceedings can be enhanced, and further research is needed on industry trends for author submission fees.

An Innovative Medical Communication Strategy to Improve Autism Therapy
Lara C. Pullen, PhD, Scottie Kersta-Wilson, and Marisa Naujokas, PhD, Oak Park, IL

Objective
To create a communication strategy to engage the diverse and often divided autism community and educate them about evidence-based strategies for the treatment of autism.

Method
We created an evidence-based autism therapy Web site that provides scientific information about autism at no cost to users. Healing Thresholds currently contains eleven fully referenced summaries of commonly used autism therapies. The site also contains over 650 lay summaries of recently published scientific articles on autism therapies and 650 summaries of news stories on autism therapies. All research summaries are written by medical writers with a PhD in the medical sciences. This study describes the effect of www.HealingThresholds.com on the implementation of autism therapies and the challenges in sustaining this resource on the Internet.

Result
www.HealingThresholds.com currently receives over 30,000 unique visitors per month, with visitors spending an average of over 2 minutes on the site. Most visitors find Healing Thresholds via search engines, and the most popular page on the site is the glossary which contains over 400 words. Healing Thresholds has almost 250 followers on Twitter and almost 400 fans on Facebook. Over 15,000 people subscribe to the free weekly eBrief which summarizes the weekly updates on Healing Thresholds. The eBrief has an open rate of almost 20%. A survey of eBrief subscribers revealed that
75% of survey respondents have used the Healing Thresholds eBriefs to inform therapy decisions.

Conclusion
www.HealingThresholds.com has been in existence for over two years and during this time it has grown and evolved into a powerful communication tool to disseminate scientific information in a way that makes a difference in the lives of children with autism and the people who care for them. Healing Thresholds has built successful relationships with social networking groups, the American Academy of Pediatrics, and some targeted autism support groups.

Clinical Study Reports: Efficiencies and Impact on Timelines
Kristina Brannstrom, PhD, and Janet Zucker, PhD, Morrisville, NC

Efficiencies learned while writing clinical study reports will be presented. Examples of these efficiencies include a model /shell report, data review meeting, table and figure generation, appropriate text presentation, patient narratives, pre-published appendices, and review processes. The impact of these efficiencies on timelines will be discussed. The efficiencies have been applied to Phase I-IV clinical study reports for several sponsors and multiple indications.

Effective Planning Strategies for Grant Development
Shelley Brown, PhD, Katherine Karakasis, MSc, Helen Chan, PhD, and Jodi Braunton, MA, MBA, Toronto, ON, Canada

Starting a new project, such as developing a new grant application, involves extensive research prior to even beginning the writing stage. Knowledge of the various aspects involved in the grant or project is critical to establishing an effective plan that can be followed from the beginning planning meetings through to the final grant submission.

An effective grant application often includes more than a great research proposal and an internationally recognized researcher. More often granting agencies require additional information relating to how the proposed research will benefit patients and the institution, and how it will create employment opportunities for new researchers. In order to coordinate the many pieces required for the successful completion of a grant, careful planning is a critical step, particularly when a team of researchers is involved.

Each granting agency has different specifications and requirements, and sorting through these documents can be a daunting task, particularly when there’s a deadline looming. Detailed assessment of these requirements is essential to help determine the time and resources that will be required. Additionally, each researcher has different expectations and understandings of how the grant writing process should function. In depth discussions about the scope of the project and the focus of the research, in addition to the expectations of who is responsible for completing each section, should occur at the beginning to avoid any miscommunications.

There are many strategies and tools that can be used to determine the most effective methods for time and resource management. This poster will attempt to provide a comprehensive look at the various facets that should be researched and considered prior to launching into the development of a grant application. These strategies can be applied to a broad range of tasks including defining the scope of project and contract work.

Ensuring Document Quality throughout the Life Cycle of Clinical Trial-Based Publications
Henry Li, PhD, Deborah St. James, MA, Kim Hanna, MSc, Gerald Klein, MD, and Steve Petteway, PhD, Research Triangle Park, NC

Publications remain the principal means of communicating results of clinical trials. These publications include abstracts, posters, oral presentations, and manuscripts. Since the results of clinical trials can affect patient care, these publications must be objective, accurate, and scientifically sound. However, small pharmaceutical or biotechnology companies, often limited by resources, may be challenged to maintain an effective work flow tracking system that can ensure both quality control and a consistent methodology to expedite work flow and expedient retrieval of documents. We developed a cost-effective Publication Quality Control and Work Flow Tracking System to meet the need for quality and version control, as well as for compliance with all Good Publication Practices for scientific documents from conception to final publication.

The Publication Quality Control and Work Flow Tracking System has two key components:

Quality Control Process
1. Process based on quality principles to ensure data in documents are accurate and consistent with source data, ie, clinical study report
2. To ensure objectivity, quality control (QC) reviewers are independent from investigators/primary authors
3. QC reviews focus primarily on validity of data in publications
4. Discrepancies identified are communicated to investigators/primary authors for correction

Work Flow Tracking System
1. Microsoft Access-based publication database tracks and maintains all publications, including drafts and approvals
2. Each document type (abstract, poster, oral presentation, manuscript) has its own development process with clearly designed flowcharts
3. At conclusion of publication, all supporting documents are archived in the publication database for any future retrieval
Development of publications of clinical trial results demands an efficient Quality Control and Work Flow Tracking system. Our experience demonstrates that smaller, cost-conscious biotechnology and pharmaceutical companies can implement such a system while still maintaining compliance with Good Publication Practices and without the need for expensive, custom-designed software.

**Expediting Clinical Protocol Writing and Approval Through a Team-Based Approach**

Yvonne A. Evrard, Mel Simpson, Gina Uhlenbrauck, and Marion Williams, Frederick, MD

The National Cancer Institute’s (NCI) Division of Cancer Treatment and Diagnosis established a Project Management Office in 2006 to integrate formal, business-focused project management practices into the early-phase drug development process. A critical component of the office is the Writing and Editing Team, whose primary responsibilities are clinical protocol writing and support, manuscript writing and editing, and project management document support. Addressing the need for clinical investigators to devote more time to research and patient care, the Team collaborates with principal investigators in the Developmental Therapeutics Section of the Medical Oncology Branch to draft clinical protocols and protocol amendments, prepare submissions and continuing reviews, and shepherd protocols through the various NCI review committees. To this end, the Team has developed a streamlined QA/QC process to document all protocol preparation and submission steps required for protocol approval. Heavy emphasis on good writing and editing ensures that the protocols and consent forms sent to review committees contain all required regulatory information, allowing reviewers to focus on the science and ethics rather than the format, thus minimizing the number of stipulations and re-review cycles. Through careful planning, the Team anticipates submission deadlines and responds quickly to review committees, leading to faster approvals. These strategies are essential to the Team’s management of more than 15 clinical protocols active in the clinic and approximately 5 in development. Communication with principal investigators, project managers, and senior management is facilitated with a Web-based tool, Project Web Access. The Team also provides manuscript writing support to a group of extramural and intramural NCI customers to expedite the publication of manuscripts related to preclinical and clinical studies of novel molecularly targeted anticancer agents. This team-based approach to writing and editing support focuses on providing high-quality customer service through clear communication, deadline achievement, and follow-through in support of customer goals.

Funded by NCI Contract No. HHSN261200800001E.

**Getting Started as a Freelance Medical Writer:**

A Former Bench Scientist’s Diary From January 2009 Until the AMWA Annual Conference in October 2009

Kelly A. Keating, PhD, Champaign, IL

A frequent thread on the AMWA Freelance listserv is “How do I get started as a medical writer?” Some version of this topic is frequently included in workshop titles at local and national AMWA conferences, and in AMWA Journal articles. This poster will expand that question to ask, “How do I get started as a medical writer after more than two decades as a bench scientist?”

Jumping into medical writing as a new career after years as a bench scientist can be daunting, and the tasks associated with setting up a home business as a freelance medical writer can be overwhelming. This poster will present excerpts from the diary I began when I launched my freelance business in January 2009, until the AMWA annual conference in October 2009. In particular, the poster will highlight how I leveraged my AMWA membership to network, find jobs and resources (texts and online), and critically, seek information about getting a freelance medical writing business up and running.

A list of priorities I noted in an early diary entry included business structure, marketing, accounting and taxes, and home office setup. In this poster I will chronicle what I did to tackle these tasks and how much time I spent on them. I’ll relate what I did about business cards (design my own?), a website (design from scratch or use a template?), résumé posting (where?), online networking (join Facebook or LinkedIn?), and business structure (be a sole proprietor or LLC or S corporation?). Finally, conclusions will be drawn as to what worked and what didn’t in the way I organized my business, the action items that led to success and what detracted from it, and which AMWA membership benefits played key roles for me in helping to launch and sustain my business.

**Knowledge Transfer: Just a Fancy Name for Communications or Something More?**

Donna Angus, Edmonton, AB, Canada

It is a given that for research to do any good, it must inform policy and practice; that is, closing the gap between what is known and what is done. So how do we get research into the hands and minds of health care providers, managers, and policy makers? Good communications skills are essential to the process but there’s more to it than that. Whatever communications methods and tools we use will be that much more effective if planned and developed within the bigger picture of knowledge transfer.

Medical writers will recognize knowledge transfer by many names—evidence-based medicine, research transfer, knowledge utilization, knowledge translation, technology commercialization, knowledge mobilization, and many more. As defined in Canada by the national granting agency,
the Canadian Institutes of Health Research, Knowledge Transfer or Translation is the exchange, synthesis, and ethically sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the benefits of research for Canadians through improved health, more effective services and products, and strengthened health care systems.

Most funding agencies now require researchers to include a plan for knowledge transfer in their grant proposals and funders are looking for more than the ubiquitous peer reviewed publication and a presentation at a conference. This poster will outline what should be included in a knowledge transfer plan and will include examples of strategies and tactics that might be appropriate in each stage of the process.

Introduction
The present recession could lead to the growth of Medicaid's share of healthcare reimbursement because of unemployment, increased budgets for social services, and reduced employer-provided healthcare benefits. As a result, state Medicaid agencies may face an increasing need for biomedical communication services.

Administrative Structure of Medicaid
Federal and state governments share the cost of Medicaid agencies. Each state's government is responsible for providing Medicaid services. Most Medicaid agencies are administered by private contractors called "fiscal agents," with the state retaining some or all policy-making capacity. Other states administer the Medicaid agency directly.

Opportunities for Medical Writers
Medicaid agencies require professional writers (either technical or medical writers) for editing, writing, and designing patient and provider educational materials, medical policies, translations, and contractor proposals. Each of these tasks requires core competencies that medical writers use in other industries, including health education, clinical science knowledge, biomedical communication skills, graphic design skills, biomedical translation, and research of biomedical literature.

Conclusions
Medical writers can bring valuable qualifications and experience to Medicaid agencies as full-time publication specialists, medical policy analysts, translators, and proposal writers. The present economic situation and the prevalence of fiscal agents for Medicaid administration may also lead to increased demand for freelance medical writers. Medical writers seeking full-time and freelance employment should consider Medicaid as a promising career option.

Acknowledgements
Susan Siefert, CBC, ELS, provided editorial assistance for the abstract of this poster. Tim Peoples was employed by the Texas Medicaid & Healthcare Partnership (TMHP) account of Affiliated Computer Services (ACS) from May 2007 to October 2008. ACS is the lead contractor of TMHP, the fiscal agent for Texas Medicaid.

Project Heart: Activities for the Classroom
Lori Buffum, MA, Carolyn Harty, RN, MLS, and Melissa J. Mayo, Houston, TX

Project Heart—Activities for the Classroom is an internet-based educational tool. Built to meet the curriculum needs of elementary-school teachers, the website is also appropriate for school nurses, health educators, home schoolers, parents, and kids themselves. As part of the Texas Heart Institute’s Heart Information Center, Project Heart extends THI’s community outreach by offering comprehensive materials for grades K through 6. Considering the nation’s childhood obesity epidemic, especially among the Hispanic population, the Texas Heart Institute believes early education is a key factor in improving the health of school-aged children. The Spanish version of the site, Proyecto Corazón, was launched in 2008.

Project Heart focuses on teaching the basics of the cardiovascular system and cardiovascular health to elementary school children and on promoting healthy lifestyle choices. Each curriculum consists of lesson plans supplemented by classroom activity masters and extensive multimedia resources in Look, Listen, and Learn sections. Lesson plans are based on Texas Essential Knowledge and Skills (TEKS); however, materials are suitable for any learning environment. Each grade level builds on the previous one and includes age-appropriate lessons in cardiovascular anatomy, nutrition, and exercise for a healthy heart.

The core of Project Heart is the curriculum, however, additional resources include:

- Illustrated anatomical concepts, multimedia graphics, and heartbeat sounds.
- Links to Heart Information Center anatomy topics.
- Suggested links to myriad relevant sites for heart-healthy lifestyle tips, games, and more.
- Audio/visual presentations targeted to educators including “Recognizing Hypertension in Children” and “A Coordinated Approach to Childhood Obesity.”
- “In the News” feed providing links to current relevant articles.

The poster displays components of the Project Heart websites (English and Spanish) and demonstrates how different audiences can make the best use of the materials.
Introduction
The goal of a medical information department in a pharmaceutical company is to respond to unsolicited requests on a broad range of topics regarding product and disease state information. A Standard Response Letter (SRL) is the most utilized form of response. An SRL summarizes information from published literature, internal data, and prescribing information. As part of a departmental excellence initiative, Cephalon’s Medical Information Department created a guidance document to provide a structural foundation meant to facilitate consistency while maintaining enough flexibility to meet the unique needs of each letter.

Materials and Methods
Several samples of SRLs from each product were reviewed to determine what resource documents were most heavily used and if the responses could be categorized according to the inquiry. A representative SRL from each category was then dissected to record the presence of additional elements.

Results
A comprehensive SRL Guidance Document was constructed. Six categories were derived from the analysis. Seven core elements and 5 category-specific elements were identified. An outline established the required elements for each category. For clarity, section headings for each category were also provided. Standardized text was created for many elements. For those which did not require standardized text, general guidelines were provided. Guidance on creating a letter to respond to inquires regarding disease state information was provided, and a response to inquires on which no data are available was composed.

Conclusions
The SRL Guidance Document established a concrete foundation of key SRL content. New department members found the Guidance Document to be a comprehensive learning tool. Implementation of the SRL Guidance Document provided an opportunity to critically review each SRL and fostered an intensive revision process to update and standardize the various SRL databases.

Strategy for Alignment of Controlled Documents When Multiple Functional Groups Merge
Nicola Bond and JoAnn Tuan, Thousand Oaks, CA

When functional groups merge due to internal reorganizations, mergers, or acquisitions, there is often overlap and misalignment of processes and of documents that describe those processes.

The goal of the project described in this poster was to align processes and ensure full coverage of process documents (i.e., standard operating procedures) when two functional groups merged due to an internal reorganization.

A project team was assembled consisting of subject matter experts from both functional groups, and objectives were established that ensured compliance and efficiency. The team identified the following areas in scope of this project: Document management, change control, planning, standards, and content.

For each of the areas, a team leader was appointed to evaluate the current status and business needs, and generate a plan that included requirements, resources, approach, deliverables, and a timeline.

This project resulted in improvements to processes and efficient use of resources that was beneficial to both functional groups, and was implemented with minimal impact to the business. The strategy used in this project can be applied to various projects where merging functional groups need to align.

Streamlining the Process of Patient Education Development and Distribution in a Multi-Hospital Healthcare System
Tracy Vayo, Jan Stucki, Kirstin Scott, Sherri Vance, Michelle Sellers, and SuzAnn Arroz, Salt Lake City, UT

Background
Intermountain Healthcare is a nonprofit health system, with 21 hospitals, 162 clinics, and over 28,000 employees. We are the largest healthcare provider in the Intermountain West. As such, ensuring quality and consistency of patient education materials across the system is difficult. A 2005 survey of printed information confirmed our suspicions not only that patient education materials being distributed were inconsistent in both quality and content, but also that staff were either unaware of existing system-approved materials or did not know how to access and order them. In an attempt to improve the quality, consistency, and availability of patient education materials — and to support clinical best practice — our team developed a process for creating and distributing patient education fact sheets across the Intermountain system.

Method
- To drive consistency in content development, we created templates for authoring fact sheets for 3 different types of content:
  - Procedures and treatments: Provide basic information about how they are performed, what to expect, and basic discharge and home-care instructions.
  - Diseases and conditions: Provide basic information, including causes and symptoms, diagnosis, treatment, and prevention.
  - How-to’s: Provide simple step-by-step instructions for self-care procedures, such as how to use crutches or care for an IV line.
• To ensure consistency and accuracy in clinical content, we facilitated the review and approval of all fact sheets through system-wide clinical teams.
• To create consistency in design, we created pre-printed color shells on high-quality paper that we stock at copy centers throughout our coverage areas.
• To facilitate system-wide distribution, we posted all fact sheets on the Intermountain employee website. We created an online ordering system through which any of our facilities can order fact sheets directly, have them printed inexpensively on the pre-printed shells, and delivered directly to their facility the next day.
• To increase awareness and promote use of the new fact sheets, we communicated availability through several methods: e-mail announcements, articles in Intermountain Stories employee newsletters, and a month-long promotional banner on the homepage of the employee website.

Results
This process has resulted in:
• Improved quality and consistency of materials distributed across our large healthcare system
• Improved efficiency and productivity in the creation of patient education materials
• Ability to easily update materials to accommodate new information or practice changes
• Improved awareness and ease of ordering
• Increased use of system-approved materials
• Better patient care

Survey of AMWA and EMWA Members Who Make Substantial Contributions to Manuscripts
Cindy W. Hamilton, PharmD, ELS, Virginia Beach, VA, and Adam Jacobs, PhD, MSc, London, England

Context
The International Committee of Medical Journal Editors (ICMJE), American Medical Writers Association (AMWA), and European Medical Writers Association (EMWA) agree that substantial contributions to manuscripts submitted for publication should be disclosed in a byline (authorship) or an acknowledgment. Not disclosing such contributions (aka, “ghostwriting”) is unethical but perceived to be common; however, the prevalence is unknown.

Objectives
To determine the proportion of substantial contributions by medical communicators that are undisclosed in submitted manuscripts, proportion of medical communicators who request acknowledgment of their contributions and disclosure of their potential conflicts of interest, and effect of familiarity with publication guidelines on disclosure.

Design
Web-based, self-administered, confidential survey of AMWA and EMWA members conducted first in 2005 and repeated in 2008. Our survey focused on manuscripts to which survey participants made substantial contributions (not all published articles) and did not define “substantial” contribution.

Preliminary Results
The mean weighted percentage of manuscripts with undisclosed contributions decreased from 61.8% (95% CI, 59.0–64.6) in 2005 to 41.7% (95% CI, 38.6–44.7) in 2008 (Table). In both surveys, participants’ familiarity with publication guidelines was associated with fewer undisclosed contributions, and an increased probability that participants would request acknowledgment of contributions and disclosure of potential conflicts of interest.

Preliminary Results of AMWA and EMWA Members

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number Evaluable/Total (%), Unless Otherwise Stated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey participants with valid data</td>
<td>843/1537 (54.8)</td>
</tr>
<tr>
<td>Request acknowledgment of Substantial contributions</td>
<td>370/747 (49.5)</td>
</tr>
<tr>
<td>Potential conflicts of interest</td>
<td>361/598 (60.4)</td>
</tr>
<tr>
<td>Mean weighted percentage of manuscripts with undisclosed contributions (95% CI)</td>
<td>61.8 (59.0–64.6)</td>
</tr>
</tbody>
</table>

CI, confidence interval.

Conclusions
Our findings indicate that the proportion of substantial contributions by a cohort of AMWA and EMWA members that were undisclosed in submitted manuscripts decreased by 33% between 2005 and 2008. Associations between disclosure and familiarity with guidelines suggest that education may promote good publication practices. More research is needed to confirm our findings and evaluate the effects of educational initiatives.

Use of the Passive Voice in Medical Articles
Robert J. Amdur, MD, Jessica Kirwan, MA, and Christopher G. Morris, MS, Gainesville, FL

Objective
A common criticism of medical writing is excessive use of the passive voice, but there are no published data on its frequency in medical articles. Our goal was to evaluate passive voice frequency in 3 types of medical articles.

Design
We studied the frequency of sentences with a passive voice construction in 3 types of articles from 3 medical journals: Opinion Papers, Review Articles, and Original
Our main outcome measure was the percent of sentences with a passive voice construction. Median passive voice frequency was similar in all subgroups of medical articles but much higher than in the articles from the Wall Street Journal: 20-26% versus 3% (p-values < 0.0001). The range of values is very large for each medical journal and the minimum value in all journals is less than 10%. There was no meaningful correlation in the medical articles between passive voice frequency and the use of first person pronouns (I or We).

Conclusion
Passive voice frequency is much higher in medical articles than in front page articles from the Wall Street Journal. Our data suggests that the passive voice is a style of choice rather than a requirement for publication. We recommend that journal editors make a passive voice frequency of ≤ 10% a publication requirement for all types of articles.

Medical Writing Competency Model
David Clemow, PhD, Indianapolis, IN

This poster summarizes the outcome of the Drug Information Association (DIA) Medical Writing (MW) Special Interest Area Community’s (SIAC’s) global efforts in developing a medical writer competency model. The model is summarized, along with details of how it was developed, who contributed content, and how to access a copy. The model provides the competencies and associated knowledge, skills, and behaviors believed by industry experts to be needed to succeed as a medical writer in the pharmaceutical industry.

Competencies encompassing the diverse technical aspects of the medical writer professional are outlined and include document preparation, document management, strategic communications, multiple document coordination, development & maintenance of standards and templates, outsourcing & client management, development of knowledge & skills, knowledge sharing, and process improvement. Additionally, specific knowledge, skills, abilities, & other characteristics are summarized, including details for all medical writers, regulatory medical writers, publication writers, and supervisors of medical writers.

Input into the model was gained from leaders in the medical writer profession from the United States, European Union, Japan, Australia, India, and other regions. Input was included from small & big pharma, as well as CROs, niche vendors, and freelancers that provide medical writing services.

The competency model may be a valuable tool for hiring, developing, and subsequently evaluating medical writing staff as they grow in their careers. How the model can be used for staff career development, staff retention, and performance management is discussed. The competency model may be a time- and cost-effective way for candidates, recruiters, managers, and even experienced medical writers to gain a better understanding of what it currently takes to succeed as a pharmaceutical medical writer, whether a regulatory, publication, or other area-focused writer. A hand-out of the model is available.

Visit the Local Chapter Booth at the Annual Conference

We’ll be there for you! Dallas has a lot to offer visitors, and the volunteers in the local chapter booth at the annual conference (in the Exhibits area) can help you sort through the myriad choices of restaurants, sight-seeing options, and shopping venues. We’ll have information on local attractions, as well as drawings for door prizes.

Want to take a walking tour close to the hotel? Just across the street is Cancer Survivors Plaza, where you can push a Kugel ball. (What’s that? Come see!) A few more blocks take you to the Dallas Arts District, where your first view is a historic (and active) Victorian Gothic Cathedral that opened in 1902. Just across the street from the cathedral is the Morton H. Meyerson Symphony Center, designed by I. M. Pei and considered one of the finest symphony halls in the world. Next door is the Dallas Center for the Performing Arts, which is set to open in the fall of 2009. Another block away is a cluster of art collections, including the Dallas Museum of Art, the Nasher Sculpture Center, the Crow Collection of Asian Art, and the Trammell Crow European Sculpture Garden. Don’t miss one of the most complex fountains in the world, at The Fountain Place, just another 2 blocks from the museums.

If you want to venture farther, take a car or public transportation to Thanks-giving Square, an interfaith chapel dedicated to gratitude, where you will see an impressive stained glass ceiling spiral designed by one of the 20th century masters. Also, be sure to see the life size (or larger!) bronze cattle drive, a magnificent display of sculpted steers, cowboys, and horses located along an actual 1850s trail drive. The Dallas Farmers Market and the unique Dallas World Aquarium are other special sights. And all that is just downtown! The volunteers at the local chapter booth can guide you to many other enchanting places across the metroplex.
Pharmaceutical Marketing Materials: What You Should Know

By Carolyn Berg, MBA
Avansa Consulting LLC, Miami Beach, FL

It is well known that one of the most lucrative areas of medical writing is writing for the pharmaceutical industry, specifically for advertising and promotional materials. According to AMWA’s 2007 salary survey, 38% of its members work for the pharmaceutical, biotech, or medical devices industry, with a quarter of these members working in the pharmaceutical industry. These industries represent the 3 top paying industries in medical writing as well. Income for writers working in the pharmaceutical arena, in particular, has risen higher (12% since 2004) than for writers working in other areas (with the exception of those working for associations/professional societies, where income rose 12% in the same timeframe).1

This being said, a sure way to break into or obtain more pharmaceutical marketing and advertising business is to become familiar with the terminology and the marketing materials and their specific uses. Due to spacing constraints, only physician/health care professional materials that can be handed out by drug representatives are introduced in this article. Materials that cannot be distributed in this manner, such as continuing medical education (CME) materials, are not considered to be marketing materials and thus are not discussed here.

The Essential Materials

The following resources are considered to be the essential pharmaceutical marketing materials.

• **Detail Aid:** The detail aid is the “brochure” that pharmaceutical sales representatives use to promote a drug to the physician or health care professional. This is the foundation piece for the marketing campaign of the drug and contains the core messages and inherently reveals the product’s market position. The detail aid typically ranges from 4 to 26 pages and is usually 9” x 12” (Figure 1).

• **Slim Jim:** The slim Jim is a “slimmer” version of the detail aid, to make it easier for sales representatives to carry (Figure 2). The content of a slim Jim is identical to that of the detail aid. Another reason for the slimmer dimensions (4” x 9”) is to facilitate the representative flipping through the piece while conversing with the doctor (this could be accomplished with 1 hand rather than 2). Likewise, the dimensions make it easy to fit into a doctor’s coat pocket, should the material be left behind. Some companies may produce a slim Jim as a “leave-behind” piece, as it is not as expensive (usually 50% cheaper) as a detail aid because of its smaller size.

• **File Card:** The file card is has the same content as a slim Jim but is printed on 3.5” x 5” card stock. Presumably, this is for the physician to file the card away for reference at a later date.

• **Flashcard:** A flashcard is a 1-page or 2-page “ad” for the drug. It is produced as either a leave-behind (with an abbreviated version of the drug’s package insert on the back side) or a non-leave-behind piece. Both versions have essentially the same copy, but the non-leave-behind version usually has more advertising copy on the back side as it may or not have a package insert.

• **Bi-fold:** A bi-fold is a shortened version of the detail aid that focuses on 1 aspect of the drug’s marketing campaign (ie, drug X vs the competitor). As in the case of the flashcard, the bi-fold may or may not include the abbreviated version of the drug’s package insert.

• **Tri-fold:** The tri-fold is the same as a bi-fold except that it has an extra fold-out page, allowing for 6 pages of copy instead of 4.

• **Reprint Carrier/Holder:** The reprint is an actual reprint of a published clinical study that yielded favorable results for manufacturer’s drug. The reprint is put in a
holder or carrier that can be of various forms: a 1-page front/back with a pocket on the front side and promotional messages and references on the back, or a bi-fold format with the extra 2 pages (cover and first page) used for marketing and promotional messages (Figure 3).

- **Pocket Guides**: As the name suggests, pocket guides are designed to fit into a physician’s coat pocket. They are typically booklets of 4–20 pages that provide information about the diagnosis and treatment of a particular disease. More than likely, information about the manufacturer’s drug is included in the treatment section of the pocket guide.

- **Disease Cards**: A disease card is usually a 4” x 6” laminated card (2 sides) that graphically depicts a disease state. The purpose of a disease card is to provide a physician with an illustration to use when explaining a particular disease to a patient (Figure 4).

- **Dosing Cards**: Dosing cards have the same specifications and usage as disease cards, but the content focuses on dosage and administration information for a specific drug.

- **Instruction Books**: Instruction books provide physicians and health care professionals with detailed instructions on how to use a certain drug. Instruction books are usually reserved for more complex drugs, devices, or biologic agents. These can range in size from a file card to a detail aid and usually come with illustrations and/or pictures on how to use/administer a certain drug.

- **Newsletters**: Newsletters can either be scientific or promotional in nature and cover a wide range of topics. They are often published by the pharmaceutical company or a medical education company that is contracted by the pharmaceutical company. Pharmaceutical companies usually produce these for primary care physicians (general practitioners or family physicians) with the intention of educating them about a disease or a drug.

How can you leverage information about the essential materials to your advantage?

- **Know how to speak the promotional materials lingo.** For example, “Are you intending for this to be a conventional detail aid that will later be reproduced as a file card or slim jim?” This might make a difference in the amount of copy or graphs that are used on the original piece (ie, reproducing a graph on an file card might be illegible).

- **Know the uses of the different materials to help your client achieve the product’s promotional objectives.** For example, if one of the obstacles the product is facing is lack of awareness of the product’s therapeutic class to treat a specific disease, a longer piece (a longer detail aid) rather than a shorter piece (bi-fold, flash-card) would be warranted. On the other hand, if a well-established product is experiencing competition and the company needs to counteract by promoting some aspect of the product (safety, efficacy), then a bi-fold or tri-fold might do.

- **Know the essential materials well enough to propose new ideas for materials, sell clients on a series of materials, or introduce a staged approach (as opposed to a one-time job).**

It is a well-known fact that marketing, not medicine, drives drug sales in the pharmaceutical industry. As medical writers, the same holds true; marketing, not writing, produces more clients.

**Reference**

GPP2, a revision of “Good Publication Practice guidelines for pharmaceutical companies,” was unwrapped in April at the annual meeting of the International Society for Medical Publication Professionals. A 1998 brainchild of what is now the Council of Science Editors, the GPP provides guidance about the ethics of presenting and publishing clinical trial data. New sections address recent developments such as clinical trial registration and the ethics of results disclosure. Watch www.gpp-guidelines.org for details.

The Pharmaceutical Research and Manufacturers of America has revised its “Principles on Conduct of Clinical Trials and Communication of Clinical Trial Results.” The guidelines, which take effect on October 1, address disclosure of industry sponsorship, standards for authorship, acknowledgment of medical writers, sponsor review of clinical trial reports, and other ethical issues. Free at www.phrma.org.

SocialMention.com searches user-generated content, such as blogs, Twitter, FriendFeed, Flickr, Digg, YouTube, and even bookmarks. I was skeptical that it’s relevant to medical writing, so I did 2 tests. In the first, I typed the name of a drug class I was researching and found a brand-new meta-analysis confirming that a certain adverse effect is a class effect. Someone had found a news report about the analysis and had sent a link to Twitter. In the second test, I typed the name of a cystic fibrosis drug. Within the first 5 hits on SocialMention, I found a mother’s blog about what it’s like to have a toddler with cystic fibrosis and a teenager’s demonstration on YouTube of what she has to go through to use the drug. Okay, I’m sold.

A must for copywriters and potentially interesting to all —The US Food and Drug Administration (FDA) has published draft guidance about the criteria it uses in evaluating ads and promotional labeling for prescription drugs and medical devices (http://digibig.com/4ytwx). Start on page 7 to see what to consider when developing print or audiovisual ads—or what to beware of as a health care consumer when evaluating an ad’s claims. The FDA’s considerations range from the framing of information to whether the music in a TV ad stays at constant volume during discussion of risks versus benefits. Note: Even when finalized, FDA guidance documents do not establish legally enforceable responsibilities.

ACCME stays the course —The Accreditation Council for Continuing Medical Education (ACCME) has announced that it “will not be taking any action to end the commercial support of accredited continuing medical education.” Rather, ACCME has 2 innovations in the idea stage: (a) A designation and review process for providers that wish to identify a CME program as “Commercial Support Free” and/or “Promotional Teacher and Author Free.” (b) A central granting agency, independent of ACCME, that would accept unrestricted funds from industry and distribute them to accredited providers. Responses to calls for comments on these ideas are posted at www.accme.org.

Medical societies “must distance themselves completely from industry promotions,” according to a special communication in JAMA [2009;301(13):1367-1372]. Dr David Rothman and others present 10 guidelines for how societies should avoid conflicts of interest, including “not allowing satellite symposia to take place immediately before, during, or immediately after the conference.” Related news is that in March the American Psychiatric Association ended its practice of allowing industry-sponsored educational seminars and meals at its meetings.

An Institute of Medicine report on conflicts of interest in medicine makes several recommendations of interest to medical communicators: (a) Community physicians, as well as academic physicians, should “not make educational presentations or publish scientific articles that are controlled by industry or that contain substantial portions written by someone who is not identified as an author or who is not properly acknowledged.” (b) A new system should be developed for funding accredited CME, free of industry influence. (c) Companies “should not involve physicians and patients in marketing projects that are presented as clinical research.” A summary is at http://digibig.com/4ytnt. The report was funded in part ($75,000 of the $1.375 million development cost) by the Macy Foundation, which has called for the elimination of industry support for CME [see “Briefly Noted,” AMWA J. 2008;23(2):76].

Items in Briefly Noted appear earlier on AMWA’s Editing-Writing, Freelance, and Pharma listserves. To subscribe to one or more of these listserves, go to www.amwa.org and click on Members Only>Networking>Listserves.
Q – What can I do if I need to get paid during the course of a long project and I didn’t specify payment in the contract?

A – It depends how you define “long.” If a regular client (and one that has good invoice-paying habits) asks me to work on a project and it takes less than 3 months to complete, I have no problem just invoicing when the project is complete. If it stretches on much past that, I think it is totally reasonable to ask to get paid for whatever portion of the project has been completed and then follow-up with a second invoice at the end. I always try to be a bit relaxed about payment though. I figure it will all come rolling in eventually, and if you have several clients, then you are not going to be so dependent on getting any one of them to pay. Adopting this type of attitude shows a bit of good will on your part and puts you in the category of being “a nice, easy-going writer” (one to which they like to give additional projects). The best solution, of course, is to have the payment terms stated clearly up front so you and your client know what to expect. I try to let them state the terms they’d prefer before I give my input, though.

—Emma Hitt

A – Just as clients typically want me to include a delivery timeline when I estimate a project, I learned a long time ago to insist on including a payment schedule, too.

Even when the project is small or the timeline especially short, I still specify that the project will be invoiced on delivery of the first draft. For longer projects, or projects with multiple deliverables, I always specify progress payments so I don’t get hung up if the project gets delayed. As soon as I complete something, I want to be able to send an invoice. That’s why I estimate and invoice revision drafts separately as well. I find that 80% or more of the work goes into the first draft, and I don’t want to lose time or money by having to wait until the project is completed before I can invoice.

Back when I didn’t specify a payment schedule in my estimates, I would simply call the client (often a human being himself or herself), explain the cash flow situation, and ask whether we might be able to work something out. Because of that human factor, I found more often than not that we were able to come to an agreement. If they say no, I’m contractually at their mercy. But I also learned a long time ago that if you don’t ask, you don’t get.

—Brian Bass

A – Tell the client you need to send an invoice for work to date. Then immediately establish a payment schedule for the duration of the project. Few people will object to a monthly invoice or partial advance during a long-term project. However, payment intervals that are more frequent than once a month can create problems in the accounting department at some companies, so be flexible. Most important, speak honestly and directly to your client about your needs. It will help support the kind of open communication you need in working with them over the long term. Caveat: Beware of clients who want you to turn around a small project in a big “rush”—say a few days or a week—but then take 45-60 days to pay. If the job is a rush turnaround, you should request payment to be made on delivery, with a timeframe no longer than the turnaround time of the project itself. Also, it’s important to have a “late fee” written into your contract (mine is 10% of the total amount not paid within 30 days of the date of the invoice). For this to be legally binding, it must be in your contract; however, type it on your invoice anyway, as it will influence the accounting department. (Do not offer a discount for early payment as many companies will take the discount even if they pay late.)

—Cathryn Evans

Q – What should I do when Project A runs over into the time allocated for Project B?

A – There are a few things you can do when projects overlap. One choice is to work overtime and consider billing additional fees to the client who missed their deadlines, although I have never done this and think this might make for “bad blood” when clients are counting on you to help them out. I have been paid double my rate for rush jobs, so loss of sleep is sometimes worth it. If I work the wee hours, I work on both projects at the same time to give me a mental break and quell my fears of missing a deadline. I’m always more at ease after I get a big chunk of work done on a new project.

Negotiating for more time is a better option because you will be at your best and better able to deliver a high-quality product. This could mean asking either of the clients to move a bit each direction. It is rare that deadlines are actually firm, but I would never miss one. Most projects have a bit of leeway, so ask. If neither client can budge, consider subcontracting all or a portion of the
work out. This is the number-one reason to rely on other AMWA members. Get to know others’ work and availability so you can get assistance when needed. You might also consider having a writing partner or group that you can turn to often. Train an assistant to do smaller tasks such as researching, annotating, or reference list and table preparation. Make the clients happy whatever it takes. Now if I could only train the dog to answer e-mails.

—Barbara Rinehart

A — That’s why nights and weekends were invented! Putting in extra hours during these times can help you stay on track for meeting the deadlines for both projects. Rest assured, even the most experienced freelance runs into this problem occasionally.

However, if this situation is “the norm” rather than happening occasionally, you will need to evaluate your bidding on projects, including the number of hours you estimate for each. Did you correctly evaluate the hours involved? Did circumstances beyond your control delay or extend the project parameters? Did you accurately plan for research time, telephone calls, face-to-face meetings, or delays in reviewing materials by the client?

Keeping track of hours invested in each type of project (even if you work on a project basis) will help you to better estimate your time involvement. Traditionally, I add a 10% overage to all my time estimates to allow for uncontrollable project delays. When planning your work-time, ask yourself what can go wrong. Maybe these problems happen with only 1 or 2 clients. If that’s the case, evaluate how you bid on their projects and give yourself more time than normal.

Remember, that in our business, working nights and weekends once in a while is normal. Working most nights and several weekends a month is not. Set some parameters to be more efficient during your allotted work time (not checking e-mail every half hour helps).

—Elizabeth Smith

A — Work longer hours to complete both projects. If that is not enough, then consider hiring another writer or editor to help you out. If the projects are too complex to use another writer or editor easily, call the client and explain the situation. Find out whose deadlines are the most crucial and “real.” In most cases, Project A gets priority because you committed to it first. However, if the time extension has been caused by Client A (e.g., they didn’t review the initial draft in the time agreed on), then you need to explain to Client A that the delays or changes have interfered with your schedule and you must now extend the deadline in order to meet a prior commitment on Project B. Try to be honest. Most people are reasonable, and if they’re not, you probably don’t want to continue working with them.

—Cathryn Evans

Medical Journals Use Social Networking Sites to Connect with Readers

If you use Facebook or Twitter, you can now become a “fan” or a “follower” (respectively) of such medical journals as The New England Journal of Medicine, The Journal of the American Medical Association, Science, and others. Links on the journals’ Facebook pages take users to articles and features such as audio commentaries and podcasts. On Twitter, tweets (messages) draw followers to new articles of interest.

GRANTS Specialist

Jeremy Fields, Ph.D.

29 years experience as a funded biomedical researcher
18 as a freelance medical writer
jzfields@suscom-maine.net
207-865-1478 (tel)
207-865-1479 (fax)

Clear, concise, coherent & compelling proposals.
Voices of Experience

By Heather Haley, MS
Haley Writing Solutions LLC, Cincinnati, OH

➲ Interviewee: Nathalie Turner, MS, ELS
Scientific Director, Needs Assessments
MedscapeCME, a WebMD Company, Seattle, WA

What is a typical workday like for you?
As a writer of needs assessments, I search the medical literature and the Internet for information on recent clinical trial data, practice guidelines, key opinion leader perspectives, and other information that helps me to justify the need for continuing medical education (CME) in a particular therapeutic area, and determine the gap in clinicians’ knowledge or practice habits. As an employee of MedscapeCME, I also have access to a wealth of survey data, participant data, and outcomes data through past activities.

My day is spent researching and writing. As new grant requests are received, I will schedule start-up meetings with the therapeutic team so that we can determine the focus of the needs assessment, target audience(s), suggested faculty, tactics, etc. Unlike many of my previous positions during which I served as an editorial director, I do not spend an inordinate amount of time in meetings (thankfully!).

What is your education?
My undergraduate degree is in the fine arts. After I was established as a medical editor, I decided to pursue a Master’s degree, and I earned a Master of Science in Biomedical Writing from the University of the Sciences in Philadelphia in 2006. Around the same time, I earned my core curriculum certificate in editing/writing from AMWA (and just recently earned my advanced certificate), and I also became a certified Editor in the Life Sciences from the Board of Editors in the Life Sciences (BELS). So, I managed to enter the field first and get my formal education later.

What was your first medical writing position and how did you find it?
In 1992, I was hired as a desktop publisher/editorial assistant for Adis International (now Wolters Kluwer). I stumbled upon that position while working for a short time as a temporary employee at the company. I touted my editorial and design skills to several managers there and was hired full-time. My first job involved creating graphs and figures for manuscripts, copyediting, styling manuscripts for journal submission, creating databases, and doing cross-platform work (PC to Mac, and vice versa).

After leaving my position at Adis, I worked as an editor at the National Board of Medical Examiners, then as a managing editor of a medical communications company, and then as a CME editorial director at several companies before I joined MedscapeCME. As an editorial director, my main role was to understand the project’s needs (I would attend grantor meetings) and ensure that I had the resources to complete the work according to deadline and at a high quality. Most of my positions as editorial director involved working strictly with a freelance pool of writers and editors, so I had to find these resources, assign them to projects, quality control their work, and make sure that the grantor was happy with the end product. I had to ensure that the writers adhered to CME guidelines and that all necessary elements were in place in each deliverable. When a writer didn’t deliver, as sometimes occurred, I would have to do the writing myself or find another writer who could fill in.

Is there anything you wish you’d known starting out that you know now?
At the time, I knew nothing about AMWA, BELS, and other related organizations. Taking AMWA workshops would have been valuable at that time. I might have pursued an advanced degree sooner if I had known how much weight it carries for higher-level positions.

Why did you pursue BELS certification and what value has it brought to your career?
I pursued BELS certification to prove to my employer that I “knew my stuff.” It wasn’t a requirement; it was my idea and I had to explain the meaning of BELS certification to my employer. However, after that, my employer preferred to hire BELS-certified editors. I also encouraged the editors who reported to me to seek BELS certification. An increasing numbers of employment ads seek BELS-certified editors, so in that regard, I am happy to have the
quality. I have also been the BELS diplomate examination registrar for several years. The diplomate examination is the highest qualification available from BELS, which BELS-certified editors can attempt to earn 2 years after achieving BELS basic certification.

Is there anything that surprises you now?
Well, I was surprised to learn that there are work-from-home staff medical writing positions for several companies. My current job is work-from-home, and I enjoy the flexibility of this arrangement and lack of distractions.

Many of us who work from home get asked, “Don’t you get lonely?” And many of us know it can be difficult to turn work off. How do you handle these issues?
I do find working from home to be isolating. I counter this by ensuring that my social life is busy when I’m not working, so that I’m not a total hermit!

It is difficult to not work all day and night, since the computer is always there. However, if I have social events scheduled, I can plan to get myself out from in front of the computer. The flip side of working from home is that I can take advantage of late-night bursts of energy, when I sometimes feel the most productive.

What unique skills do you think a writer needs to be successful in CME?
A CME writer must be familiar with the ACCME Standards for Commercial Support (www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c uploaddocument.pdf). The document provides guidance for maintaining independence, resolving conflicts of interest, and preventing commercial bias. The ACCME Web site in general is a great resource. Knowing how to properly follow ACCME guidelines, while at the same time understanding the needs of the client, are the main “skills” that a CME writer needs. Adult learning principles are also an important aspect of this field.

The format of needs assessments is not written in stone and varies depending on the company for which you are writing the documents. Flexibility is important. Also, because CME guidelines are frequently being modified, needs assessments, in turn, change to conform with those guidelines. You might be working with a team to incorporate the needs assessment into a proposal, so you need to work well with others and understand their perspectives.

You can either specialize in certain therapeutic areas or be a generalist. The needs of companies vary, so I cannot tell you which is preferable. However, it is common for companies to need writers with expertise in specific therapeutic areas.

What are the best ways for a newcomer to establish himself or herself as a medical writer?
First, leave your ego at the door. You’ll receive a lot of criticism (constructive, one hopes!) about your writing, and as hard as it may be, you must not take it personally and you should look at it as a means to sharpen your writing skills.

If you have been hired as a medical writer, take direction well, ask questions when you’re not sure of something, and adhere to deadlines. If you feel that you are stuck in a rut, ask for different types of writing assignments and/or different topics.

Attend conferences and local meetings, such as those given by AMWA. This allows for keeping current in the field and networking with peers and potential future employers. If you feel particularly knowledgeable about a particular topic, consider presenting at AMWA or teaching a workshop. It is one of the best ways I’ve witnessed for medical writers to make a name for themselves.

<table>
<thead>
<tr>
<th>Credentialing Examinations: BELS and CMPP</th>
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<tbody>
<tr>
<td>Board of Editors in the Life Sciences (BELS) Certification Examinations</td>
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<tr>
<td><strong>Wednesday, October 21, 2009, 9:30 AM – 12:30 PM</strong></td>
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<tr>
<td>Dallas, TX</td>
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<tr>
<td>(AMWA Annual Conference, October 22-24, 2009)</td>
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<td>→ Register by: September 30, 2009</td>
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<tr>
<td><strong>Saturday, May 14, 2010, 1:00 – 4:00 PM</strong></td>
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<tr>
<td>Atlanta, GA</td>
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<tr>
<td>(Council of Science Editors Meeting, May 14-18, 2010)</td>
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<tr>
<td>→ Register by: April 17, 2010</td>
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<tr>
<td>Note: You must successfully complete the application process before you can register for an examination. Please allow at least 5 weeks for the application and registration process if you use the US mail. International mail may take longer than 5 weeks. Obtain an application form from the BELS Web site (<a href="http://www.bels.org">www.bels.org</a>).</td>
</tr>
<tr>
<td>For more information, contact Leslie E. Neistadt, ELS, Hughston Sports Medicine Foundation, Inc, 6262 Veterans Parkway, Columbus, GA 31909. Phone: (706) 494-3322; Fax: (706) 494-3348; Email: <a href="mailto:lneistadt@hughston.com">lneistadt@hughston.com</a>.</td>
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<tr>
<th>Certified Medical Publication Professional (CMPP) Credential</th>
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<td>Offered through the International Society for Medical Publication Professionals (ISMPP). Qualified candidates can take the 3-hour exam during the month of September 2009 at an approved CASTLE Worldwide testing center location throughout the United States and Europe. (Locations are listed at <a href="http://www.castleworldwide.com/main/site/cb/sites">www.castleworldwide.com/main/site/cb/sites</a>.) For more information, visit <a href="http://www.ismpp.org">www.ismpp.org</a>.</td>
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In 1948, the Society for Magazine Writers formed as an offshoot of the Authors Guild, and by the late 1970s, its name was changed to the American Society of Journalists and Authors (ASJA) to fully encompass its membership. ASJA is a trade association that represents independent writers of nonfiction for print and online, as well as scripts for television, film, and radio. Its number of current members is more than 1,300.

The mission of ASJA is to provide services to empower its membership. For example, members can submit story ideas to the ASJA Story Leads section. The story ideas are sent monthly to more than 8,000 media contacts with the intent of helping publishers and editors find an expert journalist to fill their needs and providing ASJA members a free mechanism to advertise their writing.

To become a member, a journalist must submit a minimum of 6 full-length, bylined articles written as a freelance. If clips are shorter than 1,000 words, the association recommends that the journalist submit more clips for review by the membership committee. A book author is required to have a minimum of 1 published book and a second under contract with a publisher.

Member benefits include access to the newsletter confidential section, confidential information on members’ fees and rates and experiences with publishers and editors, access to competitive health insurance, professional press card, and discounted rates for annual conference attendance.

ASJA annual conferences are open to the public to attend, and attendees have the options to choose from early-, mid-, and late-career workshops to suit their needs. The association also reserves 1 day at its annual conference for members only. In 2009, the members-only day included sessions on making the most of social networking, profiting from passion (turning a passion into a profitable writing career), and getting the scoop on magazine writing from a few editors. The “Personal Pitch” session provides members the opportunity to pitch story ideas to editors or find a literary agent.

“Over the years, I have learned from successful writers in other fields, sampled their publications, and enjoyed their company at the annual ASJA conference in New York. It is always helpful to meet and mingle with nonmedical journalists, to get their input, and to find new markets for our work,” says Bettijane Eisenpreis, a member of both AMWA and ASJA.

Although membership is selective, ASJA offers a wealth of information to the general public about the business of freelancing. The association’s Web site (www.asja.org) includes details on how to negotiate contracts and understand copyright issues. An archive of ASJA newsletters is available on the site, and most articles in each issue can be accessed by nonmembers. Audio files and Webcasts of previous educational programs and recordings of public sessions at the annual conference are available for purchase.

Members and nonmembers who would like information from an expert in a specific field can request a mentor using the ASJA mentoring program. Alexandra Owens, executive director of ASJA describes the program: “Our year-round mentoring program was developed after the format of the on-site program offered at our annual conference. The mentors are ASJA member-volunteers who offer themselves as experienced voices in a specific area. We’ve been doing this now for more than 10 years, and members volunteer because they enjoy giving back to the community that has nurtured their careers.”

The program seems to be popular, as approximately 60 members who volunteer as experts are currently listed on the mentoring roster. The fee-based, 30-minute telephone session provides mentees access to an expert, and mentees are encouraged to identify specific areas for which they would like more information. Owens stated that every effort is made to find a suitable match with a mentor. More information about the ASJA mentoring program is available on the association’s Web site.

**American Society of Journalists and Authors**

**Membership:** 1,300 freelance writers (magazine articles, trade books, and other nonfiction)

Membership dues: $50 application fee and $75 one-time initiation fee (must meet eligibility requirements)

**Web site:** [www.asja.org](http://www.asja.org)
Take advantage of the convenience of Web resources to enhance your knowledge. Several presentations from recent meetings have been posted online and are available in public areas of association Web sites.

50th International Conference on Health & Science Communications
June 17-19, 2009
St. Louis, MO

Slide sets from the following presentations are available at www.hesca.org/stlouis/:

- Why Social Media Are Essential to the Future of Health and Science Communications (Keynote address by Lee Aase, Manager, Syndications and Social Media, Mayo Clinic)
- Beyond Blah Blah: Bringing User Experience Together with Great Content for Real Impact
- Mastering Online Courses
- Small Units in a New Perspective—Strategies for Surviving and Thriving in Perilous Times
- Website Usability: The Strategic Value of User Experience

Council of Science Editors
May 1-5, 2009
Pittsburgh, PA

The following sessions are represented with slide sets on www.councilscienceeditors.org/events/2009_presentations.cfm:

- What’s the Matter with Memory? (Keynote Address by Elizabeth Loftus, PhD, Distinguished Professor, University of California, Irvine)
- Why Should Editors Do Research?
- How to Make Science Interesting, and Why It’s Important
- Conflict of Interest: Issues, Policy, and Practice
- Freelancing Roundup
- Science Editing Goes Global: CSE International Scholars, Editor Link, and AuthorAID
- Greening Up Journals, Meetings, and Offices: Get Started Now!
- Framing Science: Meeting the Needs of Diverse Audiences
- Industry Update: What You Need to Know about the Initiatives of Professional Societies
- How to Ensure the Integrity of Research Data in Published Papers: Images, Statistics, and the Editors’ Role
- What Do We Know about Editorial Decision Making?
- The Evidence on Open Access
- Copyright, Open Access, Subscriptions, and Permissions: What Editors Need to Know in the New Digital Publishing Environment
- Word Tips for Editors
- Ethics Clinic
- How to Deal with Funding Mandates
- What’s New with Search Engines?
- How Do We Minimize Bias in Peer Review?
- How to Communicate with the Media...and Stay Out of Trouble
- Report from an Authorship Retreat
- Challenges of Creating Digital Libraries: Digitizing, Organizing, Storing, and Accessing Content
- Choosing and Changing Publishing Vendors
- Control C, Control V: Plagiarism Detection in a Web 2.0 World
- What Editors Need to Know about the Required Registration of Clinical Trials and its Impact on Publishing Clinical Trial Results
- How to Assess and Deploy Web Enhancements

Free Online Software
Convert PDFs to Word or RTF format at www.PdfToWord.com.

This free software allows you to browse your computer for the PDF to be converted, then sends the Word or RTF document to whatever e-mail address you specify. I tested it with 2 PDFs, including one that had a 5-column table, and was satisfied with the results. The size limit for the PDF is 4 MB.

Faith Reidenbach, ELS
The AMWA Certificate Programs: Three Decades of Educational Evolution

By Sue Hudson

Medical Writing Associates, Simi Valley, CA

This issue of the Journal marks the debut of a series of profiles of AMWA's workshops, highlighting these pivotal components of our educational mission. The roots of the AMWA certificate programs can be traced to a 1977 meeting of the AMWA Board of Directors. At that meeting, Martha Tacker, Harriet Benson, and Connie Mitchell were appointed to a task force to develop an education program to help writers educated in the sciences to develop their writing skills. From the task force's original proposal, Gerald McKee and Lottie Applewhite crafted the AMWA core curriculum program, which was unveiled in 1979 at the Kansas City annual conference. (For more details, see the President's Note on page 147.)

Four core curriculum workshops were offered that first year. By 1980, 19 workshops were on the program; today, AMWA offers approximately 100.

In 1986, the advanced curriculum certificate program was launched to provide more experienced writers with expanded learning opportunities. At the 2009 annual conference, 14 advanced workshops will be offered, with topics ranging from advanced data presentation to semantic analysis of medical writing.

In 2007, the science fundamentals certificate program debuted at the annual conference in Atlanta. The workshops in this program are designed to give participants tools for writing about the sciences, including terminology, basic concepts, commonly used methods, and key references and resources. Although the audience for workshops in this program was expected to be writers trained in the liberal arts rather than the sciences, members from every background have embraced the new program. At the 2009 Annual Conference in Dallas, 22 workshops will be offered to educate participants about the fundamentals of science, the human body, and common diseases, including 18 offering credit toward the science fundamentals certificate (Table 1) and 4 noncredit workshops (Table 2).

Credit toward curriculum certificates can also be earned without attending a conference workshop. A new self-study module, “Statistics for Medical Writers and Editors,” written by Bart Harvey, will be launched this fall, joining Florence M. Wite's “Basic Grammar and Usage” and “Sentence Structure and Patterns” and Lynn Alperin's “Punctuation” in the self-study lineup. The new module is expected to be a best-seller, in part because credit for completing the statistics module can be applied to either the core or science fundamentals certificate.

AMWA leaders regularly review the curriculum program to look for ways to improve it; new workshop leaders and new workshops ensure that this dynamic program will continue to evolve to meet the needs of AMWA members.

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Table 1. Science Fundamentals Certificate Workshops at the 2009 Annual Conference

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<th>Science General (SG) Workshops</th>
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<tr>
<td>Basics of Epidemiology for Medical Communicators</td>
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<td>Chemical Equilibria in Physiology</td>
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<td>Elements of Medical Terminology</td>
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<td>Interventional and Observational Research Design</td>
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<td>Introduction to Cancer Biology</td>
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<td>Principles of Epidemiologic Research: Beyond the Basics</td>
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<td>Reporting Correlation and Regression Analyses</td>
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<td>Sex and Beyond: Fertilization and Early Development</td>
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<td>Statistics for Medical Writers and Editors</td>
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<th>Science Body Systems (SBS) Workshops</th>
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<td>Basic Immunology for Medical Writers and Editors</td>
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<td>Introduction to the Cardiovascular System</td>
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<td>Introduction to the Musculoskeletal System</td>
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<td>Introduction to the Nervous System</td>
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<td>Introduction to the Renal System</td>
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<th>Science Disease State (SDS) Workshop</th>
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<tr>
<td>Diseases of the Nervous System</td>
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<th>Science Diagnostics and Therapeutics (SDT) Workshops</th>
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<tr>
<td>Communicating Results of Routine Clinical Laboratory Tests</td>
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<tr>
<td>Drug Interactions</td>
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<td>Pharmacokinetics in Clinical Practice</td>
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Table 2. Noncredit Science Workshops Offered at the 2009 Annual Conference

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<tr>
<th>Noncredit Science Workshops</th>
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<tr>
<td>The Primary Classes of Biological Macromolecules</td>
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<tr>
<td>Introduction to Basic Virology</td>
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<tr>
<td>Introduction to Cancer Pharmacology</td>
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<tr>
<td>Introduction to the Endocrine System</td>
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Reference

Profiles of AMWA Workshops

By Kristina Wasson-Blader, PhD
KWB Health Communications, Inc., Edmond, OK

To better acquaint AMWA members with the workshops in AMWA’s educational program, the AMWA Journal is featuring a series of workshop profiles. These profiles are designed to complement the workshop descriptions available in the Education/Certificates section of the AMWA Web site (www.amwa.org) and in the annual conference registration brochure. The series begins with profiles of AMWA’s newest credit workshops—workshops in the science fundamentals program that are being offered for credit for the first time at this year’s annual conference in Dallas. Future issues of the Journal will include profiles of workshops in other tracks of the AMWA core and advanced certificate programs.

PRINCIPLES OF EPIDEMIOLOGIC RESEARCH: BEYOND THE BASICS
Who is the workshop leader?
John Bukowski, DVM, PhD

Who should take this workshop?
The workshop is intended as an introduction to epidemiology, but those with a basic understanding of statistics and experimental design will benefit most from taking this workshop.

What will the workshop address?
Dr Bukowski describes the workshop as taking “a realistic look at epidemiology, warts and all. I’ll point out how observational research differs from experimental research and the various limitations that this entails, thereby leaving the attendee with a more practical/realistic perspective on this discipline.” Observational research focuses on basic epidemiologic concepts; for example, measures of disease frequency and risk, study designs, and potential for bias.

What requirement does this workshop satisfy?
This is a Science General workshop.

SEX AND BEYOND: FERTILIZATION AND EARLY DEVELOPMENT

Who is the workshop leader?
Linda Runft, PhD

Who should take this workshop?
Attendees should have a basic background in cell biology, but Dr Runft says that she will review the cell biology concepts that pertain to the workshop, so all medical writers interested in the cellular mechanisms that underlie human fertilization and the events of early human development are encouraged to attend.

What will the workshop address?
The first half of the workshop will cover the history of reproductive theories, definition of fertilization, production of eggs and sperm, and the signaling involved in fertilization. The second half of the workshop will provide a snapshot of events from the 2-cell stage through the end of gestation.

What requirement does this workshop satisfy?
This is a Science General workshop.

INTRODUCTION TO CANCER BIOLOGY

Who is the workshop leader?
Catherine Magill, PhD

Who should take this workshop?
This workshop is geared toward participants who have a basic understanding of cellular biology—DNA, RNA and protein synthesis, the cell cycle, mutations, cell structure, and ATP. However, Dr Magill says that “enough background material is covered so that the topic should be readily understood by those who have not had a biology course in several years.”

What will the workshop address?
The attendees will learn both the traditional perspectives on cancer biology that led to the development of chemotherapy and the more contemporary perspectives that have led to the development of the newer targeted therapies. Dr Magill says, “We spend the bulk of the workshop discussing the 6 basic cellular changes that occur in cancer that turn a normal cell malignant: 1) self-sufficiency in growth signals, 2) insensitivity to growth inhibition, 3) immortality, 4) inhibition of proapoptotic signaling, 5) angiogenesis, and 6) invasion and metastasis.” Each of these changes is discussed using a specific example of a well-known cellular change that stimulates the dysregulated growth that is the hallmark of malignancy. Furthermore, many of the methods that are routinely used in cancer biology research are discussed to ensure that the attendees have a good understanding of how this research is done.

What requirement does this workshop satisfy?
This is a Science General workshop.

INTRODUCTION TO THE MUSCULOSKELETAL SYSTEM

Who is the workshop leader?
Cynthia Haggard, PhD

Who should take this workshop?
No prior knowledge is required, so anyone interested in
understanding the musculoskeletal system should attend.

What will the workshop address?
Attendees will gain a basic understanding of the structure and function of the musculoskeletal system, as well as the control processes that initiate and guide movement.

What requirement does this workshop satisfy?
This is a Science Body Systems workshop.

CHEMICAL EQUILIBRIA IN PHYSIOLOGY
Who is the workshop leader?
Adele Addington, PhD

Who should take this workshop?
No prior knowledge is required, so those interested in basic chemistry and how it pertains to physiology should attend this workshop.

What will the workshop address?
Attendees will get an introduction to basic concepts like dynamic equilibrium, Le Chatelier’s principle, acid-base chemistry, diffusions, osmosis, and the delivery of O₂ by hemoglobin. Examples of these concepts in human physiology will be provided and demonstrated.

What requirement does this workshop satisfy?
This is a Science General workshop.

From Printed Paper to Web Visuals: The Virtual Portfolio

By Barbara Rinehart, MS

Freelance Medical Writer, Newtown Square, PA

A mantra in the work world is to keep your resume updated. Yet, the resume/curriculum vitae world is rapidly changing from print delivery to online portfolios, so you may need to update your resume-building skills. The typical flat resume cannot showcase your personality and, as they say, “a picture is worth a thousand words.” Tech-savvy individuals have a leg up on most writers, but several online tools are making the task easier. These tools also offer linked social networking for job seekers.

I recently explored VisualCV.com to see what could be done with an online, free portfolio development tool. Filling out the forms and cutting and pasting snippets from my resume and my own Web site were easy. Downloading pictures or samples of my work proved to be much more challenging. VisualCV was painstakingly slow. I do however like the final presentation (Figure 1). Despite this, I think I can maintain only 1 site and prefer my customized Web site to the generic version. I have much more control over my own Web site and the same ability to showcase documents and visuals.

There are numerous other products available and I encourage anyone wanting a visual tool for his or her portfolio to explore the list here; many other tools can be found online. The advantage of this approach is a standardized design without a whole lot of preparation, which could jump-start the beginner. The disadvantage is that you look like a lot of other people and won’t stand out in the crowd very well. The tool does not allow you to showcase your uniqueness. Even if you have a fairly extensive Web site and samples, most clients will still ask for a Word or PDF attachment. Web browsing is not their choice. So, it’s important to have a variety of media when talking to potential hiring managers.

Figure 1. Presentation of Visual CV at www.visualcv.com.

ONLINE TOOLS for Creating a Portfolio

www.visualcv.com
www.cyberview.com
www.carbonmade.com
www.bigblackbag.com
www.viewbook.com
www.writing.com (Inkspot.com)
www.zolio.com
www.gigtide.com
www.indexhibit.org
AMWA Awards for Research in Medical Communication

By Mary G. Royer, MS, ELS, and Douglas Haneline, PhD

Freelance Medical Writer, Ithaca, NY, and Professor of English, Ferris State University, Big Rapids, MI

“Who are medical writers? What do they do?” The answers to these 2 questions, so obvious to us in the profession, are surprisingly unknown or misunderstood outside of our neighborhood. The solution to making our profession and our work visible is not only more effective public relations; it is a matter of establishing our identity and credibility through published research. In this article in this issue of the Journal, Tom Lang sounds a clarion call that reminds us why research in medical communication is needed to characterize the professional identity of medical writers and editors and to demonstrate their contribution and value to the field of medicine (see page 106). As a pair of concrete steps toward this goal, AMWA is pleased to note the creation of 2 new awards to foster and recognize this much-needed research: the AMWA Award for Best Published Research and the AMWA Award for Student Research.

AMWA Award for Best Published Research

The purpose of this award is to promote the publication, in peer-reviewed journals indexed in PubMed, of original empirical research by AMWA members to investigate the value added by medical writers and editors.

At least 1 author of the research article must currently be an AMWA member and must have been a member the year the article was published. If 2 or more authors meet these criteria, they should agree who among them will submit the article to AMWA for judging. The article must have been written in English or must have an accurate translation available in English. A published article can win the award only once.

To be eligible for consideration, manuscripts must have been published in a peer-reviewed journal in the calendar year preceding the submission, except for the first year of the award, when articles must have been published between January 1, 2005, and December 31, 2009. Publication may be print and/or electronic, as long as the journal is indexed in PubMed. If an article is published electronically ahead of print publication, the year of electronic publication is the year of eligibility. Papers that have been accepted for publication, but have not yet been published, are not eligible until the year in which they appear in the peer-reviewed journal.

Research topics may include, but are not limited to, qualitative exploratory research designed to identify the value added by medical writers and editors and development and evaluation of metrics that can be used to measure this value for specific projects. Lang’s article in this issue offers additional suggestions for research topics.

Articles submitted for consideration will be judged by a panel of judges who have extensive experience as medical communicators and who themselves have published research articles in peer-reviewed journals indexed in PubMed.

The prize will be available annually but will not be awarded if prize-worthy research is not published during a given year. The award will carry an honorarium of $2,000, to be divided equally among the AMWA-affiliated authors or, if the submitting author chooses, among all authors. A travel reimbursement of up to $1,000 will be given to 1 AMWA-affiliated author to attend the award ceremony at the AMWA annual conference. If more than 1 AMWA-affiliated author wishes to attend, the person included highest in the list of authors will have first choice of receiving the travel reimbursement.

The submission deadline for the 2010 award is January 31, 2010. The award-winning article will be announced initially at the spring meeting of the AMWA Board of Directors. The winner will also be announced at AMWA’s annual conference, where one of the AMWA-affiliated authors will present the research findings during an open session. This award is made possible by the kind generosity of Art Gertel; Nancy Taylor, PhD; and Karen Woolley, PhD.
The purpose of this award is to encourage college students to conduct original research in medical communication to foster an interest in pursuing a career in this field. Rewarding novel research associated with the profession is expected to be part of a broader initiative to inform college and university faculty and their students of the professional opportunities that AMWA represents. The goals of funding the Award for Student Research are

- To recognize original research conducted by qualified applicants in the field of medical writing and allied activities
- To create awareness among students and faculty of AMWA’s research support
- To encourage students, faculty, and other professionals to join AMWA early in their careers

Any undergraduate or graduate student enrolled in a degree or certificate program in the liberal arts or sciences at an accredited US or Canadian college or university is eligible to apply for the award. The student must be sponsored by a faculty member but need not be a member of AMWA.

Applicants must submit a report presenting the results of their research, and the report will be the basis for judging. The report must be presented in standard scientific report format (Abstract, Introduction/Background, Hypothesis, Methods, Results, Implications of the findings for medical writers, Conclusions, References) and must not exceed 5,000 words.

AMWA’s Education Committee will establish a broad set of categories under which students may conduct their research. Suggested categories include the following:

- Hypothesis testing
- Surveys
- Evaluation of methodologies
- Assessment of tools and software programs
- Assessment of practices and procedures
- Literature and bibliometric assessments
- Novel approaches to simplify activities of medical writers or literature analysts
- Social implications of medical writing activities

Reports submitted for consideration will be judged by a panel of judges chaired by an AMWA member affiliated with an institution of higher education. Reports will be evaluated on the basis of the following criteria:

- Novelty of hypothesis
- Clarity and focus of the question to be answered or process to be assessed

The prize will be available annually but will not be given if an award-worthy research report is not submitted during a given year. The award will carry an honorarium of $500 and will provide funds to cover travel costs for the awardee to attend the award ceremony at the AMWA annual conference and a 1-year student membership in AMWA. If multiple students have coauthored the report, the honorarium will be split evenly among them; however, the total reimbursement for membership and transportation will not exceed $1,500. Only 1 student would be eligible to receive a 1-year student membership. The grant will not cover costs for faculty or other research advisors.

The submission deadline for the 2010 award is June 15, 2010. The winner will be announced in the AMWA Update, in the AMWA Journal, and on the AMWA Web site. The winner will also be announced at AMWA’s annual conference, where the author will present the research findings during an open session devoted to brief oral presentations of research findings and as a poster. The findings will also be published as an article in the AMWA Journal. This award is made possible by the kind generosity of Lawrence and Geraldine Liberti.

AMWA AWARD FOR STUDENT RESEARCH

APPLYING FOR AMWA RESEARCH AWARDS

Application forms are available on the AMWA Web site (www.amwa.org)

Deadlines

- AMWA Award for Best Published Research
  January 31, 2010
- AMWA Award for Student Research
  June 15, 2010
<table>
<thead>
<tr>
<th><strong>AMWA Award for Best Published Research</strong></th>
<th><strong>AMWA Award for Student Research</strong></th>
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<tr>
<td><strong>Purpose</strong></td>
<td>To promote the publication, in peer-reviewed journals indexed in PubMed, of original research by AMWA members investigating value added by medical writers and editors</td>
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<tr>
<td><strong>Author eligibility</strong></td>
<td>At least 1 author must be an AMWA member and must have been a member the year the article was published</td>
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<td><strong>Author</strong></td>
<td>Must be an undergraduate or graduate student enrolled in a degree or certificate program in the liberal arts or sciences at an accredited US or Canadian college or university</td>
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<td>- Must be sponsored by a faculty member</td>
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<td></td>
<td>- Need not be AMWA member</td>
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<tr>
<td><strong>Publication/report requirements</strong></td>
<td>Article</td>
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<td>- Must be in English or have an accurate English translation</td>
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<td></td>
<td>- For 2010 Award, must be published in a peer-reviewed journal indexed in PubMed between January 1, 2005, and December 31, 2009</td>
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<td>- May be print or electronic publication</td>
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<tr>
<td><strong>Report</strong></td>
<td>- Must report results of research</td>
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<td>- Must be presented in standard scientific report format (Abstract, Introduction/Background, Hypothesis, Methods, Results, Implications, Conclusions, References)</td>
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<td>- Must not exceed 5,000 words</td>
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<td><strong>Research topics/categories</strong></td>
<td>Include, but are not limited to</td>
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<td></td>
<td>- Qualitative research to identify the value added by medical writers and editors</td>
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<td></td>
<td>- Development and evaluation of metrics to measure this value for specific projects</td>
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<tr>
<td><strong>Include the following suggested topics:</strong></td>
<td>- Hypothesis testing</td>
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<td>- Novel approaches to simplify activities of medical writers</td>
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<td>- Social implications of medical writing activities</td>
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<tr>
<td><strong>Prize</strong></td>
<td>Honorarium of $2,000</td>
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<td>$1,000 travel reimbursement for 1 AMWA-affiliated author to attend award ceremony at AMWA annual conference</td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td>AMWA-affiliated author will present research findings during open session at AMWA annual conference</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>Application forms will be posted on the AMWA Web site (<a href="http://www.amwa.org">www.amwa.org</a>)</td>
</tr>
<tr>
<td>Deadline for submission for 2010 award: January 31, 2010</td>
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<td><strong>Prize</strong></td>
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<td></td>
<td>Travel reimbursement to attend award ceremony at AMWA annual conference</td>
</tr>
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<td></td>
<td>1-year student AMWA membership (Total reimbursement for membership and transportation will not exceed $1,500.)</td>
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Extend Your Reach With Article Syndication

By Cyndy Kryder, MS, CCC-Sp

The Accidental Medical Writer, Phoenixville, PA

As our sluggish economy moves toward the final quarter of 2009, many freelance medical writers, including myself, are looking for additional ways to market ourselves and build relationships with potential clients. Social networks, such as LinkedIn and Twitter, which have been reviewed in previous issues of the AMWA Journal, represent contemporary social-networking strategies that enable writers to create and expand their online presence. Article syndication is another tactic that holds promise as a way to build your medical writing business.

On the Internet, content is king. Users have tired of being bombarded with marketing pitches whenever they browse online. Instead, they come to the Internet searching for content that answers a particular question or addresses an issue or concern. Experts in search engine optimization agree that one of the ways to improve a Web site’s page ranking is to publish high-quality content and update that content on a regular basis. With the proliferation of blogs, Web sites, and electronic newsletters (often referred to as ezines), many publishers simply do not have the time to write their own material. They need a continuous source of well-written content to use freely on their sites and in their newsletters.

Article syndication sites have emerged as one source of much-needed content. These sites, such as www.ezinearticles.com, www.articlecity.com, and www.isnare.com, enable writers to engage prospective clients by highlighting areas of expertise through 500-word to 2,000-word articles that are available for distribution to ezine or newsletter publishers, bloggers, and anyone looking for free online or offline content. You can write about something new and exciting you think prospective clients will find interesting, or recycle content from your blog or Web site.

Here is one example: Did you recently finish working on a scientific project that included a discussion of the rising incidence of multidrug-resistant bacteria? Take what you learned and turn it into a piece for consumers. This could be particularly useful if you want to demonstrate your skills at writing for a patient and consumer audience, or if you want to demonstrate competence in writing about a particular disease state.

Syndication sites allow writers to submit articles for free. After setting up an account at a site, you submit your article by copying and pasting from a word-processing program or typing it directly into the submission form. The syndication site then reviews your content to ensure it conforms to editorial guidelines. If it does not, you will need to make changes and resubmit your article. Once the site approves your article, which takes about a week, it becomes available to content seekers to download.

Syndication sites permit content seekers to search for targeted articles in several ways, including keyword and author searches. In addition, selected articles of topical interest may appear on the homepages of the syndication sites where publishers can find them easily.

By establishing an account with online syndication sites and submitting articles, you agree to free distribution (syndication) of your material. You receive no remuneration, but your byline and Web site URL could appear on hundreds of sites where future clients can learn more about you. Syndication sites usually allow authors to create a short “About the Author” biography that appears with their content. To increase your credibility as a content expert, some sites also give you an “Expert Author” page, where links to your published articles reside and from which content seekers can view your articles. Although each syndication site has its own unique contract, content seekers who choose to publish your content are required to abide by certain regulations, including reprinting an article in its entirety (including your bio) and giving you full credit for your work.

Titles of articles of potential interest to medical writers that appeared recently on these sites include:
• 10 Diabetes Risk Factors
• The Pharmaceutical Industry in Today’s Economic Recession 2009
• Tips for Creating a Winning Proposal
• Slow-paying Clients: Advice and Options for Freelancers
• All About Freelance Health and Medical Writing Jobs

If you are looking for low-cost marketing strategies, article syndication is another way to reach potential clients and highlight your writing skills with minimal effort.
Publication professionals from around the globe gathered in Philadelphia, PA, in late April for the 5th Annual Meeting of the International Society of Medical Publication Professionals (ISMPP). The ISMPP membership comprises individuals from pharmaceutical, biotechnology, and medical device companies, biomedical journals, and medical communications agencies. In line with this year’s theme, the meeting focused on further defining the role of the medical publication professional in light of the changing publication industry, the importance of transparency in industry-sponsored research and publications, and the technology-driven trend toward open access publishing.

Case Study Roundtable
New to ISMPP this year was a roundtable series in which attendees met in small groups to discuss big topics with experienced moderators. The format allowed the 616 participants to rotate through 3 30-minute discussions of their choice of 13 hot topics in medical publishing and publication planning. Consensus on the following themes was derived from these discussions:

- Inconsistency among biomedical journals confounds adherence to ever-changing compliance, disclosure, authorship, and conflict-of-interest guidelines.
- Members of academia who influence institutional transparency and conflict-of-interest policies may not be familiar with the emphasis the medical publications industry places on ethics.
- Sufficient training in publication planning—in which medical writers play a key role—is critical for career development. ISMPP’s credentialing of the first class of Certified Medical Publication Professionals (CMPP), which also took place at this year’s annual meeting, is welcome progress in this regard, highlighting ISMPP’s forefront position in driving excellence and ethics in publications planning.

The Future of Scientific Communication
In his keynote speech, Professor Richard Smith, former editor of BMJ and chief executive of BMJ Publishing Group, emphasized that medical publication professionals should focus on preparing for and shaping the future of medical publications. Professor Smith discussed the shortcomings of the current publication process and noted that physicians actually read little of the available body of relevant medical literature. Highlighting the need to move beyond this inefficient model, Professor Smith presented a compelling vision of a new system based on cheap and accessible technology, citing as examples Internet-based collaborative tools such as Science Commons (www.sciencecommons.org).

Professor Smith discussed several possible futures for medical publications. He suggested that while some paper-based journals may remain, eventually most medical research will most likely be posted online with universal open access. Embedded links within these publications would lead readers to other online publications and even repositories of raw data. According to Professor Smith, peer review has the potential to become an open scientific discussion prominently linked from the primary publication and available for any subsequent reader to peruse. Full transparency and access to conflict-of-interest statements—including monetary amounts—might help mitigate any commercial bias and potential for research misconduct. Professor Smith postulated that these reforms would benefit the medical publishing industry and foster trust between the health care community and the public.

Journal Editor Panel
A diverse group of journal editors convened to discuss the evolving nature of medical publications. Professor Smith was joined by Harold Sox, MD, MACP, editor of Annals of Internal Medicine; Peter Frishauf, founder of Medscape; Anil Rustgi, MD, editor of Gastroenterology; Maja Zecevic, PhD, MPH, North American senior editor of The Lancet; and Melissa Norton, MD, editor-in-chief of the BMC series.

The editors encouraged authors and publications planners to ensure that their submissions are lucid, succinct, well balanced, and relevant to the reader. Panelists also emphasized that all contributors to a publication’s development should be clearly and specifically acknowledged. The journal editors saw room for improvement regarding transparency from industry-funded publications and the definition of authorship. The panel noted that the current

Continued on pg.144
### Calendar of Meetings

#### October

**Association for Women in Communications**  
October 15-17, 2009  
Seattle, WA  
Web site: [www.womcom.org](http://www.womcom.org)

**Plain Language Association International**  
“Raising the Standard!”  
October 15-17, 2009  
Sydney, Australia  
Web site: [www.plainlanguagenetwork.org](http://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 McGurcan)  
Web site: [www.nasw.org](http://www.nasw.org)

**American College of Clinical Pharmacy**  
October 18-21, 2009  
Anaheim, CA  
Phone: (816) 531-2177  
Fax: (816) 531-4990  
E-mail: accp@accp.com  
Web site: [www.accp.com](http://www.accp.com)

#### November

**American Medical Writers Association**  
2009 Annual Conference  
Oct. 22-24, 2009  
Dallas, TX  
**2010 Annual Conference**  
November 11-13, 2010  
Milwaukee, WI

**Association for Business Communication**  
November 4-7, 2009  
Portsmouth, VA  
Phone: (936) 468-6280  
Fax: (936) 468-6281  
E-mail: abcjohson@sfasu.edu (Dr Betty S. Johnson)  
Web site: [www.businesscommunication.org](http://www.businesscommunication.org)

**Public Relations Society of America**  
November 7-10, 2009  
San Diego, CA  
Phone: (212) 995-2230  
Fax: (212) 995-0757  
Web site: [www.prsa.org](http://www.prsa.org)

**American Public Health Association**  
November 7-11, 2009  
Philadelphia, PA  
Web site: [www.apha.org/meetings](http://www.apha.org/meetings)

**European Medical Writers Association**  
November 12-14, 2009  
Frankfurt, Germany  
E-mail: info@emwa.org  
Web site: [www.emwa.org](http://www.emwa.org)

**American Academy for the Advancement of Science**  
February 18-22, 2010  
San Diego, CA  
Phone: (202) 326-6400  
Web site: [www.aaas.org](http://www.aaas.org)

**American Pharmacists Association**  
March 12-15, 2010  
Washington, DC  
Phone: (303) 422-8894  
E-mail: info@asindexing.org  
Web site: [www.aphanet.org](http://www.aphanet.org)

**American Society for Indexing**  
May 12-15, 2010  
Minneapolis, MN  
Phone: (303) 435-4390  
E-mail: cse@councilscienceeditors.org  
Web site: [www.councilscienceeditors.org](http://www.councilscienceeditors.org)

**Society for Scholarly Publishing**  
June 2-4, 2010  
San Francisco, CA  
Phone: (303) 422-3914  
Fax: (303) 422-8896  
Web site: [www.sspnet.org](http://www.sspnet.org)
Change is one of the constants in our lives, but we rarely notice when it is happening. It is especially impercep-
tible in the field of medicine.

No, not the rapidly changing, and obvious, scientific discoveries or pharmacological advances. I’m referring
to the field in general, changes that are less obvious and progressing slowly—in medical education, patient care,
medical information, ethics, medical practice, and every other aspect.

It even affects medical writing. As I look back to my early days in medicine, say 1940-1960, I realize how some
of the patterns in writing have changed.

Early on, medical articles had to be written scientifically (jargon?) to get published. A world-famous gastro-
enterologist of that era, Walter Alvarez, who was also a distinguished and capable medical writer, delighted in
telling about his early writing. As a novice, he submitted an article to JAMA (probably in the 1930s). It was imme-
diately returned with the notation, “Do you realize that any layman could understand this?” What a difference
today! We hardly noticed the change in our writing, but it did occur.

Another old custom, one often insisted upon by the “old-timers,” was to list coauthors alphabetically regard-
less of the amount of their contribution. A classic example of confusing bylines is related to publications on
Crohn’s disease. Granulomatous bowel disease was originally described by Moschcowitz and Wilensky in 1924.
Then, in 1932, Leon Ginzberg and Gordon Oppenheimer, along with colleague Burrill B. Crohn, published the
first report of cases in a nationally recognized journal. By the standard of that ancient custom of author order
being determined by alphabetization and not contribution, the byline read Crohn, Ginzberg and Oppenheimer—
and it subsequently became known as Crohn’s disease. How would we do it today?

Another “custom” of the olden days was for the chief of a department to put his name first, followed by the
“junior” members who really did the work and wrote the papers. There is a story that made the rounds many
years ago (I have no proof but it illustrates a point). A well-known electrocardiographer had collected thousands
of graphs—and he had several fellows in training each year. At the beginning of the year, he assigned certain
EKG research topics to the fellows and opened his files to them. On completion of the papers, it is reputed that he
had them published with his name first (his name carried great weight, and he was the chief), followed by the fel-
low’s name, as the authors. Of course, he piled up numerous authorships. Was this fair? Legitimate? Or just con-
tinuing an early practice in Medicine?

Whether by custom or intent, in the early part of the 20th century, most articles were written by single
authors or maybe 2 or 3 authors. A recently published article in a reputable journal had 13 authors (actually 14,
but one was inadvertently left off). The article ended with a half page of explanations of the role each played, plus
the addition of several other names of persons who took some part in the research (?) or writing (?). It would be
hard to convince any scientist or writer that all 14 of those persons had an equal hand in producing the article,
especially if one is determining the allocation of credit (especially for things like certification).

Even today, we are embroiled in a sea change. Two things are occurring simultaneously. First, more and more
articles are written by multiple authors. Second, we are in the midst of a flurry of controversy about the role and
acknowledgment of medical writers, medical editors, and the like—the problems and ethics of authorship.

So obviously changes will be coming. We must stay alert to them and try to use our influence for the better-
ment of medical writing.
DEAR JIM: The journal editor’s judgment is erroneous, and he or she is too quick with the blue or red pencil (ink is for optimists). The sentence is correct as you submitted it: “. . . less than 40%.” That’s because the emphasis is on the percentage. One does not think of individual patients, as in, for example, “There were fewer than 200 patients in the trial.” A percentage in your context is ordinarily considered a unit, a mass, a countable, a collective noun.

Now, as to your second question: There are savings and loan associations, but that’s probably because a saving association would be ambiguous. The sentence could read “The savings associated with XXX therapy were between $12 and $345.” I see the erroneous plural with a singular verb too often, or something like this, as in department store ads: “Reduced to $50, a savings of $25.” This error is in the same semiliterate class as “those kind.”

You’re welcome.

DEAR TOM: The subject of the sentence is “hospital charges.” To me it’s clear that “hospital charges” is the important clue. They are being differentiated from other charges or variables.

As you say, verbs can be understood, as in, for example, “The principles are more relevant than the practical aspects [are].” But that’s not the case in your cited sentence.

I see no reason to change the sentence except to correct the grammar: “Hospital charges were treated as a continuous variable measured in U.S. dollars.” “Charges” is a plural, and therefore takes a plural verb. Why the singular verb was used initially is a mystery to me.

TOM LANG
Davis, Calif.

DEAR EDIE: I recently edited a paper in which “hospital charges” was a variable. I had no trouble reading the following sentence, at least until I read it closely: “Hospital charges was treated as a continuous variable measured in U.S. dollars . . .”

Obviously, “charges was” should be “charges are”; however, the actual subject of the sentence is “[the variable of] hospital charges,” where “[the variable of]” is an assumed modifier, if there is such a thing. Given that subjects can be assumed “[you] Go to the store,” and that verbs can be assumed in some odd applications (“He played longer than I [played]”), can modifiers, such as that in the above example, be assumed as well?

I ended up changing the sentence to read “Hospital charges as a variable was treated as a continuous variable measured in U.S. dollars . . .”

TOM LANG
Davis, Calif.

DEAR EDIE:

By Edie Schwager

There is no such thing as a simple explanation.
the basis of preclinical results alone, to say that efficacy has been demonstrated? Or are these terms applicable only to results obtained in patients?

ANN GRAUL
Thomson Reuters
Barcelona, Spain

DEAR ANN: To my thinking, it would seem that efficacy and effectiveness can be definitively established only when all the phases in clinical trials are completed and analyzed. The relevant excerpt from the *AMA Manual of Style* (10th ed., p. 392) says that the “determination of efficacy is generally based on the results of a randomized controlled trial.” Note the word “results.” I believe that effectiveness is also based on the results, since it is a “measure of the extent to which an intervention fulfills its objectives.”

I can add another clue, which came to me courtesy of Barbara Snyder. She sent me a footnote from the “Guidance for Industry: Providing Clinical Evidence of Effectiveness for Human Drugs and Biological Products,” promulgated by the FDA’s Center for Drug Evaluation. Why it’s only a footnote (they’re often ignored) is a question that can be answered only by the writers of the guidance. This footnote may very well be the most important single piece of information in that document:

As used in this guidance, the term efficacy refers to the findings in an adequate and well-controlled clinical trial or the intent of conducting such a trial and the term effectiveness refers to the regulatory determination that is made on the basis of clinical efficacy and other data.

Although it’s “only” a footnote, I believe it tells the tale. The crucial words are “results,” “findings,” and “regulatory determination.”

Pharmacologists, principal investigators, researchers, and grant proposal writers could use this information in dealing with the FDA.

DEAR Edie: I have seen “standard of care” with or without hyphens, for example, “Subjects received study drug plus standard-of-care treatment.” Is there a rule for hyphenation in this and similar situations?

PETER G. AITKEN, PhD
Piedmont Medical Writers
Chapel Hill, N.C.

DEAR Edie: My editor wants to change “tolerance to” opioids (which is what I see in the literature on pain and addiction) to “tolerance for” opioids (which she sees in general style guides). Putting aside the medical or technical issue of whether tolerance is actually to or for the effects of opioids, what’s the correct preposition? Also, if the answer is “to,” is there a source to back me up, since her guides appear to trump my conventions?

KRIS RUSCH
Baltimore, Md.

DEAR Kris: In a medical context, it’s usually and correctly “tolerance to [opioids or whatever],” *Merriam-Webster’s Dictionary of English Usage* (1989; pp. 910-991) says this in part:

*Tolerance* to is most likely to occur in scientific contexts, where it has the meaning “ability to tolerate . . .” [Ex.: “. . . what happens when a person becomes addicted to heroin is that his tolerance to the drug is increased.”]/“. . . is said to have had a low tolerance to alcohol” ¶ The adjective *tolerant* is most often followed by of: ¶ *Tolerant to* is [ordinarily] limited to scientific contexts: “Mice that were rendered tolerant to denatured DNA . . .” ¶ “Tolerant” is never followed by for. *Toward* occurs about as frequently after *tolerant* as it does after *tolerance*: “. . . he had grown more tolerant toward literature.”

Although, as you might guess, my library is extensive, those illustrious experts up in Springfield, Mass., have been my mainstays for my entire career as a medical editor. I just love backup. *Merriam-Webster’s Collegiate Dictionary* (11th ed.) says this:

*Tolerance*: The capacity of the body to endure or become less responsive to a substance (as of a drug) or a physiological insult especially with repeated use or exposure <developed a tolerance to painkillers>.
As an interesting sidelight, Stedman’s Medical Dictionary (27th ed.) defines individual tolerance as “tolerance to a drug that the person has never received before.”

No wonder nonnative speakers and translators are frustrated about which preposition to use. I sympathize (not empathize in this case) with them.

Dear Edie: I have a question about which preposition to use with “oblivious.” I like the old, and I think more correct, usage “oblivious of,” but almost everyone else writes “oblivious to.” What do you think?

It’s time someone wrote a new guide to prepositions. Maybe you?

Rhana Pike
NHMRC Clinical Trials Centre
University of Sydney
Sydney, Australia

Dear Rhana: Theodore M. Bernstein, the late and greatly lamented “Supreme Court” of editors and writers, wrote in The Careful Writer the following (p. 308):

Strictly speaking, oblivious means, by its derivation, forgetful or lacking awareness of what one once knew. Although it is, of course, used in this sense, it is perhaps even more often used in the broader sense of unaware, heedless, unconscious, or impervious. Those who condemn the broadening of the word should ask themselves whether the language is in any wise damaged by this broadening. If oblivious in its primary sense had a unique meaning, we should have to conclude that there was actual damage. But since forgetful and unmindful convey the same meaning, we must find that oblivious is not entitled to special protective measures. On the other hand, in its broader meaning oblivious has even more synonyms, all of them more precise. The conclusion to be drawn from all this is that oblivious is a high-sounding word for which there is not great use—one that is better replaced by a more exact word. Those who wish to retain the narrow meaning will follow the word by the preposition of; others will follow it by of or to.

What more could I add to this characteristically masterly explication? However (isn’t there always a “however”?), I disagree with him that “there is not great use” for this word. I use it frequently. In its broader sense, naturally.

Either preposition can be correct, so use the one you prefer. No one can or should quarrel with you.

As for writing a “new guide to prepositions,” thanks for the compliment.

Gentle Readers: In the previous issue (Vol. 24, No. 2, 2009) of our AMWA Journal, I attempted to rectify an error about Yogi Berra’s birth name. I said it was Lawrence Peter. In so doing, I inadvertently followed the time-honored tradition of making another mistake in correcting an initial one.

I am now pleased to inform you that Yogi’s birth name was Lorenzo Pietro, later anglicized to Lawrence Peter.

In my defense, I’ll share with you a series of classified ads that Dear Abby used in her column long ago.

[Monday] For Sale—R.D. Jones has one sewing machine for sale. Phone xxx-xxxx after 7 p.m. and ask for Mrs. Kelly who lives with him cheap.

[Tuesday] Notice—We regret having erred in R.D. Jones’ ad yesterday. It should have read: One sewing machine for sale. Cheap. Phone xxx-xxxx and ask for Mrs. Kelly who lives with him after 7 p.m.

[Wednesday] Notice—R.D. Jones has informed us that he has received several annoying telephone calls because of the error we made in his classified ad yesterday. His ad stands correct as follows: For Sale: R.D. Jones has one sewing machine for sale. Cheap. Phone xxx-xxxx p.m. and ask for Mrs. Kelly who loves with him.

[Thursday] Notice—I, R.D. Jones, have NO sewing machine for sale. I SMASHED IT. Don’t call xxx-xxxx, as the telephone has been disconnected. I have NOT been carrying on with Mrs. Kelly. Until yesterday she was my housekeeper, but she quit.

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. She welcomes queries and comments, by e-mail, and in publishable form.

Edie responds within a day or so if your query is sent directly to her (not to the Editing-Writing listserve).

To avoid back-and-forth, time-consuming messages, please include permission to publish along with the questions or comments. For verification, correspondents must provide all addresses, especially the city and state, of the correspondent or the affiliate.

Edie’s e-mail address, not surprisingly, is dearedie@verizon.net.
What the Nose Knows: The Science of Scent in Everyday Life

Avery Gilbert

Avery Gilbert, in his book What the Nose Knows: The Science of Scent in Everyday Life, takes a “fresh look at odor perception and how it plays out in popular culture.”

Darwin was of the opinion that smell was “of extremely slight service, if any” to today’s humans, and according to Freud, “the repression of smell was the repression of wild sexual impulses.” In What the Nose Knows, Gilbert challenges such notions that view the sense of smell as “inferior” by taking his readers on an informative and engaging tour of the “smellscape.”

From the first page, where the author poses the question, “How does one count the odors of a lifetime, much less all the odors in the world?,” What the Nose Knows promises to be a page turner. And unlike some books that lose momentum halfway through, What the Nose Knows manages to keep the reader engaged throughout. (I managed to read it in one sitting.)

Avery Gilbert is a sensory psychologist and smell expert who has “air-kissed fashion celebrities and sniffed the scalps of elderly ladies being shampooed.” He manages to distill the breadth and depth of his experience with the smellscape into an enlightening story about olfaction by using literary, historical, and scientific vignettes.

As Gilbert walks us through the smellscape, we learn that wine need not be drunk out of specially shaped glasses, that perfumers are smell experts because they “think” differently about smell, and that the visually impaired do not have a heightened sense of smell.

Besides busting olfaction-related myths, Gilbert informs on the latest developments in the science of olfaction. Heard of the e-nose? Or of sniffer dogs that let a woman know if she is ovulating? Other topics covered in the book include nasal persuasion, odor perception, and smell memory. Every page in this book is brimming with information, but at no point is the book overwhelming, mainly because the author uses humor and pithy insights to get his point across. For example, “The savory notes of roasted meat, toasted nuts, and caramelized vegetables were rare accidents before we fired up the Pleistocene barbecue.”

A perfect blend of science and wit, What the Nose Knows should prove a satisfying read for both scientists and nonscientists.

—Marissa Doshi

Marissa is a graduate student in the Master’s in Science and Technology Journalism program at Texas A&M University.

The Accidental Medical Writer

Cynthia L. Kryder, MS, CCC-Sp, and Brian G. Bass
www.theaccidentalmedicalwriter.com, 2008, 120 pp

Cyndy Kryder and Brian Bass detail the story of how they became successful medical writers in their book The Accidental Medical Writer. Both came from very different fields and call themselves totally “unqualified” at the start of their careers to be medical writers.

Section 1 tells Kryder’s story. Cyndy Kryder was a rising star in health care as the Clinical Director in a suburban Philadelphia rehabilitation hospital. Writing was farthest from her mind. Her moment of truth came when she declined a conference call while in the hospital after giving birth. That insensitive boss made her realize there was more to life than climbing some corporate ladder. A neighbor knew someone who was starting her own medical writing business and asked her to talk with her. Here she encountered lesson #1: it doesn’t matter if you don’t have so-called published pieces. Most people can find something they have written to include in a portfolio. Kryder enumerates her mistakes and
Section 2 tells Bass’ story. He begins by touting his “unqualifications.” He had so many interests and majors in college that focusing on one was a problem. He did land a job at an ad agency, jumped into creative advertising, and ended up at an agency that specialized in animal-health pharmaceuticals. Here he learned a great lesson: With good input, plus a good example or two, you can do almost anything. His start as a medical writer came when he soon began to freelance in other medical areas. His first daughter was almost 4 years old and the second one only a baby when he quit his job—to venture out on his own.

Kryder was the first person to join with Bass when he formed his own freelance writing business. They emphasize her experiences as ones that you can learn from.

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Kryder was the first person to join with Bass when he formed his own freelance writing business. They emphasize how they were both unqualified to do what they now do for a living. Kryder knew science and learned how to write; Bass knew writing and learned the science.

You will not put this short book down. You get the feeling that Kryder and Bass are sitting across the table talking with you. Here are your mentors telling you about taking risks, how to avoid their mistakes, and tips that you need for starting your own freelance business. All you are thinking when you finish reading is “tell me more.” And the authors are doing just that. They are developing an entire series of books on medical writing. The second one in the series Nude Mice, a comprehensive resource that demystifies complex medical jargon, is now in production.

Are You Thinking of a Career in Regulatory Medical Writing?
Deborah A. Early, PhD, MICR
Downingtown, PA: Waratah Communications, 2008, 32 pp

Deborah Early subtitled her short book “A How-to Guide on Getting Started.” Although her primary audience is someone who works in support of the drug development process and is thinking of becoming a regulatory medical writer, the book also is helpful to veteran writers who may want to focus on this particular writing or who need inspiration to improve.

Addressing career journeys to scientific and medical writing, Early emphasizes the importance of making contacts and networking. She gives practical advice on how to explore career possibilities and pursue formal and informal training. It is important to create a portfolio of sample articles and presentations. A powerful bit of advice: When preparing a cover letter and curriculum vitae, always ensure there are no errors. Potential employers view these documents as writing samples.

I enjoyed reading this clear and concise overview of the regulatory field. Early provides a fine appendix. Especially helpful is a quick glossary of the alphabet soup of terms used in regulatory writing. An interesting ending is a quiz and role-playing activity that could be used in a training exercise. The book is very helpful for creating an overview of clinical research and is a good reference book for the library of medical writers.

Early explains the organization of medical writing departments and gives an overview of the protocol, clinical study report, and narratives. She also discusses templates, which provide structure, and other documents, such as package inserts and informed consent forms. She states in conclusion, “A career in regulatory writing is challenging, dynamic, and rewarding. The role offers a variety of opportunities with companies as well as flexibility for the freelance writer.”

Reports from other meetings continued from pg.137

academic system of advancement through publication record is a significant impediment to progress in the current publication system. It was also noted that although many journals, including Gastroenterology, for example, have very detailed conflict-of-interest policies, such policies may vary widely, sometimes necessitating considerable subjectivity when deciding exactly what to disclose. Since this responsibility lies with authors, the panel members encouraged authors to err on the side of caution and when in doubt, disclose. Unfortunately, no satisfying consensus emerged regarding the issue of excluding authors or rejecting manuscripts based on author conflicts of interest.

These and other discussions held at the 5th Annual ISMPP Meeting reinforced that publication planners and publishers share a common goal of communicating important scientific and health care-related information. Medical writers are, therefore, encouraged to closely adhere to ethical publication practices and uphold transparency to the highest order to help cultivate trust between industry, academia, publishers, and readers.
This article provides an overview of 2 Web sites with unique, free online collaboration features. AMWA members might use these sites to work on projects with colleagues in diverse geographic locations, take projects with them when traveling, and/or back up important files offsite.

**Google Docs**

Google Documents, aka Google Docs (accessible from the Google homepage [www.google.com](http://www.google.com) under the “more” tab), is a secure online file creation and sharing utility. There is no charge to use this service, but users do need to sign up for a Google account, which is also free. Users of Google Docs can create documents, forms, presentations, and spreadsheets in an environment similar to the equivalent Microsoft Office programs. Files can be created online from scratch, or users can upload Microsoft Word-formatted files; files with CSV, HTML, ODS, ODT, PPT, RTF, XLS extensions; or plain-text document files for editing in the Google Docs environment. A huge advantage of Google Docs is that files can be edited online simultaneously with collaborators, eliminating the need to continually send different versions of a file by e-mail. Users can also grant viewing-only privileges to colleagues. Google Docs has a track changes function, which logs all changes made to a file, and it is possible to revert to a previous version at any time. There is also a comments feature that allows those editing and viewing files to make remarks about file elements, and it is possible to conduct a live chat. If desired, created files can be downloaded as Microsoft Word files; ODT, RTF, PDF, or HTML files; or in Zip formats.

Files prepared in the Google Docs environment can be easily posted as Web pages or to blogs. It is also possible to send your Google Docs files as attachments to e-mail notes to your colleagues. Files can be organized into user-created folders, and a new feature is the availability of templates for different types of documents, forms, presentations, and spreadsheets. Recently implemented is the ability to upload, preview, and share PDF files in the Google Docs environment, but it is not yet possible to edit these file types while working in Google Docs. By installing a special, free application called Google Gears, users can edit and view documents while not connected to the Internet. Note that this mode is not recommended for public or shared computers, because document edits are stored on the computer’s hard drive until the next time the user is online, at which point the new edits are uploaded, synced, and shared with collaborators. Google Docs offline is accessible at [http://docs.google.com](http://docs.google.com) or by clicking on the desktop shortcut created by installing Google Gears.

There are file size and number limits in the Google Docs environment. Each stored document has a size limit of 500K, along with embedded images of up to 2MB, and users have a combined document and presentation limit of 5,000 files. Spreadsheet files can have unlimited numbers of rows, but are limited to 256 columns, 200,000 cells, or 100 sheets, with a limit of 1,000 spreadsheets in a user account. Presentation files in PPS and PPT formats have a size limit of 10 MB or 200 slides. If you create a document or presentation and later want to transfer the “ownership” to a colleague, this is accomplished via the “More actions” tab. In summary, Google Docs is a powerful Web-based utility that is used by many businesses, groups, students, teachers, etc., for the easy management of files created by multiple users.

**Zoho**

Zoho ([www.zoho.com](http://www.zoho.com)) is a collection of online applications for business and personal productivity. Zoho is a division of AdventNet, Inc., a California–based IT company. There are currently 23 modules in the Zoho suite of applications.
In addition to the free Web-based applications for managing documents (Zoho Docs), Web-based e-mail (Zoho Mail), creating documents (Zoho Writer), creating spreadsheets (Zoho Sheet), editing and viewing presentations (Zoho Show), and a free online organizer (Zoho Planner), there are also some business-specific applications that can be used either for a free trial period or with a small number of users (Zoho Invoice, Zoho Projects, Zoho CRM and others). Files stored on Zoho are secure and can be accessed from anywhere using an Internet connection. Using the Google Gears application, Zoho Writer users can work offline as already described for Google Docs. In addition, there is a free Zoho Plugin for Microsoft Office (version 2000 and above) that allows users to create, edit, and save their Zoho Sheet and Zoho Writer files offline in Microsoft Excel and Word, with the changes reflected online in the corresponding Zoho files.

Like Google Docs, Zoho Docs allows users to create and edit documents, presentations, and spreadsheets. Files can be uploaded into Zoho Docs, and they are automatically scanned for viruses during the upload. Virus-tainted files are not stored. Folders and subfolders are easily created and named (or renamed), assisting the user with document organization. The “Share” feature in Zoho Docs allows users to grant “Read Only” or “Read/Write” access to colleagues. In addition, the Zoho Mail utility is incorporated into Zoho Docs, making it possible to send e-mails to colleagues directly from Zoho Docs with document attachments. Once documents are created in Zoho Docs, they can be exported in DOC, HTML, ODT, PDF, RTF, or SXW formats.

The free version of Zoho Docs includes 1 GB of storage space. So-called “professional” Zoho Docs subscriptions start at $3/user/month for 5 GB of storage space, with increased storage space costing more. Discounts are available for half-yearly and yearly subscriptions and for nonprofit organizations. Several Zoho modules, including Calendar, Creator, Mail, Sheet, Show, and Writer, are available through the Zoho mobile Web site (http://mobile.zoho.com/) on Android, Blackberry, iPhone, Nokia (S60 platform) and Windows Mobile devices. Zoho offers a powerful set of online applications for business and personal use. InfoWorld awarded the Zoho suite of applications its 2009 Technology of the Year Award in the Best Office Alternative category, noting “Zoho is the only Microsoft Office alternative we know that you could easily use to run a complete business.”

Joanne McAndrews led the breakfast roundtable “Top 10 Free Web Sites for Medical Writers” at AMWA’s annual conferences in 2007 and 2008 and will offer it again at the 2009 conference in Dallas.
AMWA is bucking a national trend. Unlike that in other associations, membership has increased during the last decade (Figure 1).

What is responsible for this trend? The answer lies in the past, present, and future members of the AMWA community, including headquarters staff and members serving as volunteers.

AMWA began with 27 members in 1941 and grew to 900 by 1972. That year, the Executive Committee (EC) authorized President-Elect Milton “Red” Schiffrin and Treasurer Bill Nelligan to hire AMWA’s first staff member. To recruit a good candidate, Red and Bill say they “…lied to her. We told her that the position was a part-time one, that it would be easy, and that the affairs of AMWA were in good order.” Lillian Sablack accepted but quickly learned that being a “part-time” corresponding secretary required 25-hour days and 8-day weeks. Her title evolved to Executive Director, additional staff was hired, and Lillian continued to serve until her retirement in 2001. Recognizing the implications of a new Executive Director for AMWA’s future, President Lynn Alperin appointed Past-President MaryAnn Foote to chair a search committee. After collaborating with an executive search firm, the committee chose Donna Munari, CAE, because of her “impeccable credentials with more than 20 years of experience in a wide range of association management areas.” She was described as “a highly competent, well-rounded professional with excellent leadership, communication, and interpersonal skills” who “seems always to be ahead of the curve.”

True to her reputation, Donna looks ahead, anticipates changes, and devises plans to ensure that AMWA is prepared for the future and can continue to thrive during times of economic uncertainty. For example, Donna recognized the need to increase marketing efforts and hired a new marketing manager in April to collaborate with members on promotional initiatives. Recent marketing campaigns include the top 10 reasons for attending the annual conference and documents for members to give their employers in support of attendance. Additionally, members can participate in a membership drive and receive a $25 Amazon gift card for every new member they successfully recruit.

In the beginning, AMWA was organized “to raise standards, to improve the quality of medical writing, to establish fellowships, and to encourage training in the field of medical writing.” To achieve these goals, Eric Martin developed the original Code of Ethics in 1973, and Jerry McKee and Lottie Applewhite proposed the core curriculum certificate in 1979. I had the good fortune to meet with legendary Lottie Applewhite in April. She talked about the collaborative efforts that led to AMWA’s core curriculum program. She and Jerry volunteered many weekends to develop a basic educational program comprising 8 3-hour workshops, evenly divided between those required for anyone aspiring to earn the certificate and specialty-specific workshops (eg, editing/writing, pharmaceutical, and freelance). Although the certificate program, mission statement, and code have been updated and expanded, their principles and frameworks endure and demonstrate the vision of AMWA’s early leaders. (See article beginning on page 130 for an overview of AMWA certificate programs.)

To prepare the association for the next 10 to 15 years, 2008 President Sue Hudson appointed Past-President Jim Cozzarin to chair a long-range planning committee (LRPC) in 2008. After identifying strengths, weaknesses, opportunities, and threats likely to affect AMWA, LRPC members confirmed that AMWA’s primary strengths continue to be “its robust educational offerings; the quality of its members; its effective organizational infrastructure, history, and sustainability; its member services; and recent improvements in both content and design of the AMWA Journal.” Examples of member services include the Jobs Sheet (now Jobs Online).
and Freelance Directory, both launched in the 1970s. Newer examples include electronic indices to the *AMWA Journal* and to Dear Edie, access to MD Consult and to lectures from annual conferences, and discounts on the *AMA Manual of Style* and other resources for medical communicators.

LRPC members recommended many exciting new initiatives to ensure that AMWA continues to be recognized as the foremost resource for medical communicators. In the months ahead, EC members and staff will carefully evaluate the potential benefits and costs of each initiative, and consider the burden each would place on staff and volunteers. Initiatives endorsed by the EC will be developed into detailed proposals; those having budgetary implications will be presented to the Board of Directors (BOD). These BOD members are thoughtful, articulate professionals who are passionate about AMWA and willing to invest the time needed to consider each new initiative before casting their votes.

None of these initiatives could be launched or sustained without team effort. As Aristotle said, “The whole is more than the sum of its parts.” Working together, members and staff make AMWA what it is and we all contribute to the success of the organization. Whenever a member pays annual dues, he or she demonstrates that this 69-year-old organization has withstood the test of time and is a worthwhile investment.

It is truly an honor and a privilege to work with AMWA members and staff, and to learn from you. I look forward to seeing you at AMWA’s 69th Annual Conference in Dallas.

References

**AMWA History Task Force**

**By Melanie Fridl Ross, MSJ, ELS**  
*Chair, AMWA History Task Force*

Calling all history buffs! As Carl Sagan once said, “You have to know the past to understand the present.” Now several of your AMWA colleagues are embarking on an exciting new project that will help trace AMWA’s history since the group started as the Mississippi Valley Medical Editors’ Association in 1940.

The idea is to chronicle the organization’s evolution and the development of medical communication as a profession through the stories and experiences of AMWA members. Doing so will perhaps help us better appreciate all AMWA has to offer by looking at how far it has come. And it will help spotlight the many important contributions of medical writers and editors.

AMWA founder Harold Swanberg, MD, wrote, “Next to the art and science of Medicine is Communication in Medicine. How can real progress be made in medicine or scientific knowledge if we do not record it so others may know what has been accomplished? How can real progress be made in any field if we do not know what others have done and are doing?”

To that end, we have formed an AMWA History Task Force, whose members include past presidents and other interested volunteers. The Task Force plans to take a stepwise approach, starting with an inventory of various articles and books AMWA has in its library at the headquarters office in Rockville, MD. From there we will work to develop a systemized approach to adding to the archive by collecting photos, documents, and other items. We also are in the preliminary stages of interviewing past leaders and longtime members to hear their recollections of their time in AMWA. Eventually we’d like to compile their stories into a history of the organization that will be told through their eyes. As Pulitzer Prize-winning historian David McCullough says, “No harm’s done to history by making it something someone would want to read.”

Dr Swanberg actually published a 2-volume history of AMWA in 1965, and others have written articles from time to time, some of which have been published in the *AMWA Journal*. We’d like to add to those efforts with a more comprehensive, up-to-date document or series of articles that could appear in part in the Journal and/or on AMWA’s Web site. We also are interested in capturing video interviews with key individuals. Because we’re early in the process, we welcome your ideas and input (see sidebar).

This project isn’t just for ourselves, but for future generations. Come be a part of it!
RPS has created the industry’s first Pharmaceutical Resource Organization (PRO) to provide business process outsourcing solutions for clinical drug development. Pharmaceutical, Biotechnology and Medical Device companies that partner with RPS have experienced:

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

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

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

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

Join An Industry Leader!
People have become cyberchondriacs," said Gail Rose, Editorial Director at Baldwin Publishing, in her presentation "Writing Health Care Newsletters for Today’s ‘Google and Go’ Generation" on December 3, 2008, at the Delaware Valley Chapter meeting in Yardley, PA. Baldwin Publishing is a custom publisher of health care marketing materials for consumers in Lambertville, NJ. Rose’s presentation capitalized on her expertise in health care marketing and communications, with an emphasis on tailoring health care newsletters for today’s audience.

According to Rose, two thirds of an estimated 160 million Web users research health topics. In fact, use of online search engines to obtain health care information is second only to seeking advice from a family physician. “The pro is that patients are now more empowered than ever with health care information,” Rose noted. “The con is that patients are swamped with [health care] information that’s inaccurate and, sometimes, scary.” Clearly, health care professionals must gear their printed information for an Internet-oriented audience.

To ensure complete audience coverage, Rose recommended providing newsletters in a mix of 3 media: print, Internet, and e-mail (ie, e-newsletter). Print is the best way to draw an audience to your Internet-based newsletter, and e-mail captures an audience missed by print and Internet newsletters.

Where to start. Rose recommended using Google or Nielsen online to search common health care topics, such as nutrition and fitness, disease prevention, and pain management. When writing an article based on Internet-gathered information, check the facts, because the information may be inaccurate. Obtain context through online libraries, other newsletters, or the Internet sites of health organizations, such as the American Heart Association (www.americanheart.org) or the American Cancer Society (www.cancer.org).

How to write for online readers. Internet readers, Rose believes, want to “skim, scan, and scram” so Internet newsletters must be designed accordingly. Regardless of the medium, readers want access to information quickly and easily.

For Internet newsletters, write in a casual, conversational style, compile an interactive layout, and employ search engine optimization (SEO). According to the Insider’s Guide to SEO, SEO is a “collection of methods to getting a Web site to rank higher in a search engine.” One mechanism of SEO is writing and editing content to increase its relevance to keywords. However, Rose warned of 3 common errors in writing for Internet newsletters: 1) stuffing your text with repeated keywords, 2) hiding keywords in a white font on a white background, or 3) writing awkward sentences stuffed with keywords. Rose also suggested creating pages with photos, call-outs, captions, quotes, sidebars, or lists of 5–7 items.

For print newsletters, consider an 8½-by-11-inch tri-fold. For e-newsletters, avoid subject lines that trigger spam filters such as “free,” “refund available,” or “click here.” In addition, Rose suggested mixing media in health care communications—for instance, include a cooking video featuring a recipe for a postoperative diet.

Rose also advocated inviting comments, conducting surveys, and tracking readership.

Patrick Stephens is a biopharmaceutical and health care writer currently working at MediMedia, Inc., in Yardley, PA.
Judging from the popularity of TV shows based in hospital emergency rooms (ERs), it should come as no surprise that many people have an extreme interest in ER drama from the health care provider’s perspective. On March 26, 2009, the Carolinas Chapter hosted an evening with Paul Austin, MD, local ER physician and author. Dr Austin shared his real-world perspective on the ER by reading from his new book *Something for the Pain: One Doctor’s Account of Life and Death in the ER*. His animated, engaging, sometimes humorous, and brutally honest presentation kept audience members on the edge of their seats. Dr Austin also recounted many stories he has yet to publish drawn from his experiences as an ER physician, husband, and father of an adolescent daughter with Down syndrome.

Austin decided to become a physician after a career as a firefighter. He received his MD from the University of North Carolina at Chapel Hill in 1989 and completed his residency in emergency medicine at Allegheny General Hospital in Pittsburgh in 1992. Dr Austin is currently an ER physician at Durham Regional Hospital in Durham, NC. He began his writing career in 2001. In addition to *Something for the Pain*, he has published several freelance articles for *Discover* magazine.

*Something for the Pain* has been described as an inspiring, honest, compassionate, and stunning account of life and death in the ER. The book is a memoir that recounts Dr Austin’s professional and personal evolution through his work with patients in the ER. In it, he discusses cases, not only from a medical standpoint, but also from a compassionate, human, and thoughtful perspective. Woven into the book are his unique approaches to the daily drama of the ER, from presenting a patient's death to his or her family members to the precise manner in which an invasive procedure is performed. He also gives his thoughts about the delicate balance between professional detachment and emotional involvement.

Dr Austin spoke about how he became a writer to the rapt Carolinas Chapter audience. Having always wanted to be an author, he kept a journal about interesting ER cases. Many years later, he finally came to understand that to become a writer, he simply needed to make time to write and worry about the meaning or structure of his book later. He quipped, “Writing is a war of attrition; don’t attrish!”

He also spoke of having to learn the technical aspects of writing. For instance, he struggled to find the “narrative arc” of his book, but eventually came to realize—through his own stories—that he had evolved over the years from a short-tempered, hard-driven physician to a more objective, compassionate, and mature human being. As a physician trained in professional detachment, he had to learn how to put his feelings into writing. Finally, he discussed effective methods of ending a story as either a “step back,” where events can be consolidated and summarized, or a “stick it,” where an interesting twist is inserted at the end.

Questions from the audience prompted more interesting stories from Dr Austin. When asked how the “real” ER compares to TV show “ER”, he joked that the real-world ER has less sex, but that the environment and pace was accurately portrayed on the TV show. He also lamented that there are fewer “cool” cases in the real-world ER. Asked about his worst case, he told a harrowing “ER”-worthy story of trying to intubate a patient with congestive heart failure. He remembered his efforts as heroic and was somewhat disappointed the next day when the patient was wholly unaware of who he was and how he had narrowly saved her life—such is the life of an ER physician.

Dr Austin was not only informative but also very entertaining. For Carolinas Chapter members who are currently working on a book or had ever thought about writing one, Dr Austin was a true inspiration. His book is a must-read for people interested in life in the ER.

Lori Rochelle is a medical writer at Kendle International in Durham, NC.
By Bettijane Eisenpreis

Ada Kahn didn’t plan to be a medical writer. As a journalism student at Northwestern University, she intended to be a magazine editor, so, after graduation, she became assistant editor of Implant Food Management magazine and The Matrix, the national publication of Theta Sigma Phi, a society for women journalists. Her next job was as a food writer for a public relations agency, and while there, she became interested in writing about promoting better health. The American Medical Association (AMA) then hired Dr Kahn to edit a book on current medical terminology. Now “officially” a medical writer, she began to get freelance assignments in the health care field and started writing books.

While Dr Kahn was attending an AMA meeting in San Francisco, she heard about a seminar on medical writing that the Northern California Chapter of AMWA was hosting the next day. She went to the seminar, joined AMWA, and then learned there was a chapter in her home town of Chicago. She became involved with the Greater Chicago Area Chapter and, she says, “Soon I was elected Treasurer, and then President. I’ve been active in AMWA ever since.”

Dr Kahn began attending AMWA annual conferences in 1974, and she has led at least 1 workshop, forum, open session, or roundtable at almost every annual conference since 1977. Her topics have included the business aspects of freelance writing, public relations, writing book proposals, stress, presentation anxiety, alternative medicine, writing about safety and health at work and home, and, most recently, how to use cable access television to promote a book.

Dr Kahn has also been involved in a variety of other AMWA activities. She particularly enjoyed working in the areas of membership retention, the core curriculum program, and the book awards program. In 1975, she was awarded an AMWA Fellowship, and in 1982, she received the AMWA President’s Award. She served as an AMWA judge for the Margaret Mead Journalism Award for Reporting on Postmenopausal Health, cosponsored by AMWA and Eli Lilly Company, and traveled to Vienna (1997), Berlin (1998), and St. Louis (1999) to make award presentations on behalf of AMWA.

“AMWA really inspired me to obtain my advanced degrees,” says Dr Kahn. “When I began attending national conferences I had a BS in journalism. It seemed that everyone around me had higher degrees. So I attended Northwestern University School of Medicine’s master’s program in public health and received my MPH degree in 1982. Then, one day, in the early 1990s, my boss suggested that we both enroll in a PhD program. I worked hard and received my PhD in public health in 1997 from the Union Institute and University, Cincinnati, OH. I had an opportunity to choose 2 people for my PhD Advisory Committee who were not on the faculty. I had the good fortune to enlist Betty J. B. Cohen and Patricia Cornett, both long-time AMWA colleagues.”

Dr Kahn has written or coauthored a dozen books. Her favorite is Keeping the Beat: Healthy Aging Through Amateur Chamber Music Playing. Another book, Midlife Health: A Woman’s Practical Guide to Feeling Good, won an AMWA book award and has been printed in English as well as in a German translation. She coauthored 3 books on fears and phobias and several on women’s health issues.

Her medical writing career included working with the Michael Reese HMO, the American Academy of Dermatology, and health-related organizations before becoming Manager, Community Health Education, at Rush North Shore Medical Center in Skokie, IL, a position she held for 10 years. She established a freelance health care communications consultancy company, Wordscope Associates, and most of her current work focuses on her books. She also has many volunteer activities. She is active in the Rotary Club of Evanston, IL, and is a Director of the International Fellowship of Rotarian Musicians. She is a member of the Evanston Mental Health Board and President of the Evanston Music Club.

Among her other endeavors is producing a cable television show, “Keeping the Beat,” which is based on her book of the same name. Dr Kahn received an award for the show in the Mate E. Palmer Communications Contest sponsored by the Illinois Women’s Press Association. Excerpts can be seen on her Web site, www.keepingthebeat.com.

“I’ve known Ada for almost 30 years,” says long-time AMWA member Michele Vivirito. “We have worked together on many AMWA projects. When I’ve needed a speaker on writing books, she’s the one I’ve gone to repeatedly, for chapter meetings, the Asilomar conference, and annual conference roundtables and workshops. Her generosity in sharing her expertise with budding authors is typical Ada.”

“For me, big dividends from AMWA participation continue to be job leads, but mostly long-lasting friendships,” Dr Kahn says. “Although separated by distance around the country, we keep in touch and happily reconnect at conferences.”
Charles G. Roland, MD, BSc • 1933-2009

Charles (Chuck) Gordon Roland, MD, BSc, former AMWA President, died on June 9 at the age of 76 years. A leading Canadian medical historian, Dr Roland was the inaugural Jason A. Hannah Professor of the History of Medicine at McMaster University, Hamilton, Ontario, Canada. Dr Roland was a prolific writer, focusing on many facets of medical history, particularly Canadian medical history in the 19th century, the influence of Sir William Osler, and World War II medicine. His passion for medical history was reflected in several other positions he held, including founder and past president of the American Osler Society, past president of the Canadian Society for the History of Medicine, and editor-in-chief of the Canadian Bulletin of Medical History.

Dr Roland earned an MD and a BSc (Med) at the University of Manitoba in 1958 and subsequently practiced family medicine in Tillsonburg and Grimsby, Ontario. He became Senior Editor at the Journal of the American Medical Association in 1964 and was appointed Chair of the then-developing Department of Biomedical Communications at Mayo Clinic, Rochester, MN, in 1969. While there, he served as Executive Editor of the Mayo Clinic Proceedings and was involved in the creation of the Mayo Medical School. Over the years, Dr Roland was an editor for several peer-review medical journals, and he was the author or editor of 33 books and the author of nearly 500 articles, editorials, book reviews, and columns.

Dr Roland became AMWA President in 1969. “Chuck was President of AMWA during a time of much change,” says Milton “Red” Schiffrin, PhD, also a past president of AMWA (1972-1973). “It was during Chuck’s tenure that it became possible for someone who was not an MD to be President of AMWA. Indeed, Eric Martin, PhD, became president after Chuck.” Schiffrin also fondly remembers Roland’s “special style of Canadian humor,” as do other AMWA colleagues.

“During Chuck Roland’s long and vibrant life, I had the privilege of sharing a few segments of his time and wit,” says Phyllis Minick, 1994-1995 AMWA President. “We met first at a meeting of the Council of Biology Editors (now the Council of Science Editors) at Mayo Clinic when Chuck headed Mayo’s editorial group. Years later, Chuck became a consultant to a startup medical publishing company and, with his recommendation, I was asked to join its editorial team in San Diego. For me, the best part of that company’s short life was his regular visits and an introduction to his dry humor—emphasized by his rather stern demeanor. Even after Chuck moved to Canada, joined the faculty of McMaster University, and achieved numerous honors as a professor of history, editor, and author, he stayed in touch with many of his AMWA colleagues. Infrequently but memorably, we received his letters, jokes and e-mails—all fond reminders of his scholarly career and personal charm.”

In a tribute to Dr Roland in the Canadian Medical Association Journal, Peter Warren, MA, MB, President of the Canadian Society for the History of Medicine, wrote, “Canada has lost a great advocate for its history in medicine—we will not see this like again.”

Dr Roland leaves his wife Connie, 7 children, 10 grandchildren, and 2 sisters. Donations may be made in his name to The Carpenter Hospice or the Hamilton/Burlington Society for the Prevention of Cruelty to Animals.

Sources: Toronto Globe online (http://v1.theglobeandmail.com) and Canadian Medical Association Journal (www.cmaj.ca). Photo courtesy of McMaster University.

AMWA extends sympathy to 2 members who lost their spouses. Donna Miceli, 2008-2009 Web and Internet Technology Administrator, lost her husband, Art, on June 24, 2009. Arnold Melnick, DO, a past president of AMWA and a regular columnist for the AMWA Journal, lost his wife, Anita, on June 27, 2009.
IN MEMORIAM

Paul L. Fisher, Jr • 1918-2009

Paul L. Fisher, Jr, 90, of Columbia, MO, died Tuesday, March 17, 2009, from complications following a stroke. Mr. Fisher was a former professor at the Missouri School of Journalism and was made an honorary member of AMWA in 1949.

Mr. Fisher earned a doctorate at Missouri University in 1950 and then taught for 39 years at the school; among the courses he taught were magazine design and controls of information, a course he established. Mr. Fisher was an avid student of typographic resources, and he collected fonts and visited foundries while living with and writing a biography about type designer Frederic Goudy. He also established Ye Tabard Inn, an unofficial student organization designed to encourage the writing profession. He was selected to serve as the first director of the Freedom of Information Center at the Missouri School of Journalism, a position he held from 1958 to 1989.

Among Mr. Fisher’s honors are a First Amendment Award from the Society of Professional Journalists (1980), membership in the national Freedom of Information Act Hall of Fame (1996), and the Missouri Honor Medal for Distinguished Service in Journalism (1997).

Mr. Fisher is survived by his wife Kathryn, a daughter, and a son. Contributions may be made to Doctors Without Borders or the Missouri School of Journalism Development Office.

Source: Columbia Daily Tribune (www.columbiatribune.com).

MEMBER NEWS

Edie Schwager, the beloved Dear Edie columnist in the AMWA Journal, is recovering from a stroke she had on June 18. Cards can be sent to Edie at 4404 Sherwood Road, Philadelphia, PA 19131. AMWA hopes that Edie is well soon and able to enjoy her AMWA activities.

COMING in the next issue of AMWA Journal

Learn about the AMWA members who have received AMWA’s most prestigious awards this year.

BELS Certificates Earned

The following 10 AMWA members passed the Board of Editors in the Life Sciences (BELS) certification examination in May 2009. For information on upcoming BELS examinations, see page 127.

Ingrid Hensley, PhD
Greenwood, IN

Bridget O’Keeffe, PhD
Richmond, CA

Lynn A. Jaluvka, MFA
Durham, NC

Susan R. Parrish
Telford, PA

J. Peter Kusel, PhD
Frederick, MD

Mark Vrabel, MLS, AHIP
Pittsburgh, PA

Linda A. Landon, PhD
Jefferson City, MO

Gabe Waggoner, MS
College Station, TX

Jennifer Minigh, PhD
Crab Orchard, WV

Mary N. Wessling, PhD
Watsonville, CA
Grandparenting 101

By Eleanor Vincent

It was 4:30 on a Friday afternoon. Most of the cubicles around me were deserted. My boss was still at her computer when I dashed into her office.

“You have got to see this,” I said breathlessly. “You won’t believe it!”

I stood there grinning, already a proud grandmother. “Meghan’s ultrasound,” I said. Still early in her pregnancy, my daughter had e-mailed me a 3-dimensional real-time video of the results.

Caren smiled and immediately rose from her chair.

She followed me back to my desk. When I played the 30-second clip, she gasped and reached for my hand. We looked at each other, our eyes misting up. “Unbelievable,” we said in unison, squeezing hands.

As Boomer-era moms, Caren and I have always worked, juggling the demands of raising kids with a career. Now I wonder how on earth we did that. Becoming a grandparent means that my daughter and I will face work-life balance issues from different vantage points. Already, my heart is honing in on this new being, whom we later learned will be a girl. For this baby, I won’t be the one to ride the career-family see-saw. My daughter will, and I’m curious to see how she does.

Meghan is already planning her juggling act: arranging a work-at-home schedule and back-up babysitting and networking with other mothers-to-be. She gave me a copy of the Hip Grandma’s Handbook for Mother’s Day to help me get up to speed. Reading about the adventures other grandmothers have with their grandkids, I realized the bar has been raised. These days, being a grandparent means being involved, even if you have to fly across the country to do it.

Because Meghan and her husband live in San Francisco, which is only 30 minutes away from me, I won’t have to get on a plane to see my granddaughter or settle for a Christmas holiday here and a weekend in Disneyland there. I’ll be a hands-on grandmother. I’m thrilled. But I’m also wondering how I’ll balance this new love of my life with a full-time job. Who knew I’d be shopping for a car seat at the age of 61?

Like many in my generation I’m at that awkward stage—old enough to know the Social Security check will soon be in the mail, but still too young to stop working. Lots of working grandparents actually raise their grandchildren. I’m one of the lucky ones: I just have to figure out how to juggle occasional babysitting with trips to the zoo. I get to spoil the little muffin and then hand her back to mommy and daddy. Nonetheless, I worry that working will take time away from my grandchild, and vice versa. Issues of work-life balance seem to persist at every stage of life.

I recently visited my sister and brother-in-law. They take care of their granddaughter, a chubby, strong-willed 13-month-old, while my niece teaches third grade. At one point in the visit, I stood by holding a diaper in one hand and baby wipes in the other. I had to drop them both to help my sister corral a squirming bare-bottomed baby determined to thwart our intentions. We were literally puffing and panting by the end of the ordeal.

“In your wildest dreams,” I said, “Did you ever think we’d be wrestling your grandbaby to the ground?”

“You’re a grandmother-in-training,” my sister replied, “Get used to it!”

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@editorialrx.com.

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

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

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

**Professional Development:** Information on career development issues and opportunities for professional development (educational programs, writing competitions) for medical writers and editors of all levels of experience.

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

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

**Member Musings:** Forum for members to share personal essays (related to medical writing and editing) and creative work, as well as news about member achievements.

**Freelance Forum:** Forum for questions pertaining to freelance medical communication.

**Media Reviews:** Send suggestions or books to the Book Reviews Editor, Evelyn Kelly, PhD, at evelykell@aol.com. Send suggestions for other media (CD-ROMs, videos, Web sites) to the Journal Editor.

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

**Letters to the Editor:** Comment on topics published in the AMWA Journal (approximately 500 words or less). Letters should refer to Journal contents within the past 2 issues.

**MANUSCRIPT SUBMISSION**

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

Submit the manuscript as a Word document attached to an e-mail to the Editor (amwajournaleditor@editorialrx.com).

Include the following information in the e-mail:

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

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

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

All manuscripts must be accompanied by a completed author responsibility disclosure and a signed copyright form. Both of these forms are available in the AMWA Journal Information for Contributors section of the AMWA Web site (www.amwa.org).

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

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