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

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

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

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

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

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

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AMWA’s 69th Annual Conference was held in the sparkling Dallas Sheraton in the Wild West city of Dallas. Although the venue was anything but wild, it certainly was pioneering with its state of the art “Link,” which provided attendees with free PC workstations, Internet access, and printing; strategically placed electronic maps and signs guiding attendees to classrooms and events; and beautifully and newly appointed rooms and facilities. Amidst its glistening skyscrapers, Dallas offered many affordable and very civilized restaurants presenting a wide array of culinary choices.

The theme of this year’s conference was “Blazing the Trail.” And blaze we did, beginning with our keynote speaker, fellow medical writer turned CEO of ProScribe Medical Communications, Karen Woolley, PhD. Dr Woolley gave an extraordinarily entertaining and informative presentation on the importance of taking control of our profession—blazing our own trail, as it were. She urged us to be aware of and comply with current ethical and procedural guidelines and to become pioneers of our profession by publishing research to establish our professional identity and demonstrate our value to
the research team. *Read Dr Woolley’s address beginning on page 160.*) This year’s Alvarez speaker, Annette Flanagan, RN, MA, Managing Deputy Editor of *JAMA* (*photo 2 (left), bottom row*), reviewed published results of studies on authorship, editorial policies and procedures, reporting standards, and quality of published scientific information and offered invaluable suggestions regarding how we as medical communicators can contribute to this growing field of research.

In addition to presentations on blazing our professional trail, the conference featured many other offerings of interest to medical communicators of all stripes. Our McGovern speaker, David Dary (*photo 3 (left), bottom row*), author of the recently published book *Frontier Medicine: From the Atlantic to the Pacific, 1492-1941*, entertained us with his talk on the challenges of writing medical history and medical writing in general. The conference offered a stellar lineup of 84 workshops, 14 of which were brand new. At the same time, 38 open sessions provided registrants with timely and topical tips, tricks, and tactics from experts on topics from the globalization of medical writing to publication guidelines to navigating today’s continuing medical education landscape. As always, choosing among the many offerings presented an agreeable dilemma.

Networking emerged as a salient, if unheralded, theme of this conference. Roundtables and dessert klatches provided the usual opportunities for collegial kibitzing on topics from surviving during a recession to employment opportunities in the federal government to chickens in your backyard. This year’s posters were excellent and afforded attendees a means to meet and talk with presenters about research efforts in the field. Reinforcing the networking theme, the secrets and usefulness of social networking tools, including Facebook, Twitter, and LinkedIn, were shared in 2 roundtables and an open session. And in another pioneering advance, member Victoria White, MA, ELS, spearheaded a team that communicated conference highlights as they transpired to non-attendees and attendees alike through the 2009 Annual Conference Blog ([http://amwaconference.blogspot.com](http://amwaconference.blogspot.com)).

As the rest of us learned, networked, and enjoyed the 2009 Dallas conference, the members of the 2010 conference committee took advantage of their mutual proximity and met to unfurl the sails for next year’s conference in Milwaukee, where attendees will meet to seek, soar, and succeed!
Thank you so very much for inviting me to deliver this keynote address. The big question mark in the title refers to whether we are going to get more or less respect in the future. Will we take 2 steps forward and 1 step back or 2 steps forward and more again? I also want to thank Aretha Franklin for her version of “Respect,” as it provides a motivating match for the theme of this keynote. Aretha was and is a true pioneer. She was the first woman inducted into the Rock and Roll Hall of Fame and continues to impress. When you look at pioneers, you come across 4 things that are particularly relevant today.

First, pioneers take risks. Our chair, Sue Hudson, and AMWA took a risk inviting me; I think I might be the first non-US-based person in the history of AMWA to deliver the keynote address. I better not ruin it for anyone else! Second, pioneers get shot at. I may say things today that you don’t like or don’t agree with—that’s good. We’ll test some boundaries this morning and, today, you can shoot the messenger. Third, pioneers explore options. I am going to explore options that could help address 3 major challenges for our profession. And fourth, pioneers can make it easier for others. I truly hope that something comes from today that makes it easier for the next generation of medical communicators.

If we want respect for our profession, we need to continue to find and support the pioneers in our profession. We’ve certainly had pioneers in the past who have helped our profession earn respect. To start, I want to pay homage to a few of AMWA’s pioneers (and I apologize in advance for not being able to list more). These pioneers took steps forward to advance our profession, even in rocky times.

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In 1940, the pioneer was Harold Swanberg, who with 5 others (all MDs), founded the Mississippi Valley Medical Editors Association, which, as many of you know, evolved into AMWA in 1948. Harold must have known that you can’t respect something if you don’t know what “it” is. Harold realized that there was a body of knowledge about medical communication, and he took the step of establishing an organization to serve its needs.
In 1971, the pioneer was Eric W. Martin. He became AMWA’s first non-MD President; he also pioneered the draft of the first Code of Ethics, which was approved in 1973. Ethics is certainly not a new issue for medical communicators, but it remains critical to our profession.

In 1977, the pioneer was Virginia T. Eicholtz. Virginia was not the first woman to contribute to AMWA, but she was the first woman to serve as President.

In 1978, the pioneer was Edith Schwager. Edie not only started the much-revered Dear Edie column, but by turning green at a smoke-filled AMWA meeting, she also helped AMWA take the first steps to being a nonsmoking organization. Like so many advances, this may not have been popular at the time, but it was the right thing to do.

In 1979, the pioneers were Lottie B. Appelwhite and Gerald McKee, who started the AMWA core certificate program at the 1979 AMWA Annual Meeting in Kansas City. This was another important step forward in getting respect for the body of knowledge required by medical communicators.

In 2003, the pioneers were Cindy Hamilton and Mary Royer. These women are certainly not past being pioneers, but their past actions have advanced our profession. On behalf of an AMWA Taskforce, Cindy and Mary published the AMWA Position Statement on the Contributions of Medical Writers to Scientific Publications. This statement has served as a benchmark for other organizations and reinforces the legitimacy and ethics of our profession.

Just as our past pioneers faced challenges affecting respect for our profession, we now face challenges affecting respect for our profession. Today, I will identify 3 major challenges and suggest ways that we, as a profession, and you, as a medical communicator, might help solve them.

The first challenge is that to some people, we may as well be peddling snake oil. Where is the hard evidence about the value and ethics of medical communicators? The second challenge is that we are facing new frontiers. Medical communicators are appearing in all corners of the world; how can we ensure that we all offer value and ethics? The third challenge is that we can seem a little lonely. How can we reach out more effectively to those who need to hear our side of the story, such as medical journal editors and journalists? We need to overcome these 3 challenges to get more respect.

Now I know, particularly in light of recent media and political pressure, that AMWA members have been asking AMWA: “Can we, as a profession, do anything?” “Can I, as an AMWA member, do anything?” By the end of this presentation, I want you to be able to say “yes” to both questions.

So, in broad terms, what can we do? Well, we can do some things that make no real difference at all. We can worry. And worry we do; the problem is, all that worry gets us no closer to getting more respect. We can also react, when others say something good about us and when others say something bad about us. But again, that may or may not get us more respect. What we need to do is take control. I am now going to suggest ways in which we can take control over those 3 challenges affecting our profession.

**NEED FOR EVIDENCE ABOUT THE VALUE AND ETHICS OF MEDICAL COMMUNICATORS**

To address our first challenge, we need to investigate the value and ethics of our profession. Where is the evidence that we provide any value? Further, where is this evidence published so that those who might criticize us can read it? Most of the information we have on our value and ethics has been published in our association newsletters and journals, which are rarely read by influential editors, journalists, regulators, or politicians. How can these people really know about our value; how do they (or in fact we) really know that we can

- Save time for authors, peer reviewers, editors, or regulators?
- Enhance the quality of documents?
- Reduce costs by doing things the right way the first time?
- Reduce the risk of important data not being published?

In addition to our need for published evidence on the value we provide, where is the evidence on our ethics? We know from the last survey of AMWA members that ethics is “by far the greatest concern” (your number-1 issue), and these issues arise on the AMWA listserv. For example, one AMWA member asked listserv users whether medical writers or editors were involved in any of the papers recently retracted for misconduct. This is a perfectly reasonable question to ask and wouldn’t it be nice if our profession could point to some hard data to say that medical writers are rarely involved in papers retracted for misconduct? As it turns out, last year, before this question was posted on the listserv, we had begun to investigate this very issue!

I’d like to share some of our original research, as it demonstrates that medical communicators can investigate ethical issues and, in so doing, generate hard data that can be used to get more respect for our profession. Colleagues and I are doing our best to communicate the results of our research to audiences who may question the ethics of medical communicators. As such, we presented these data at the 2009 International Congress on Peer Review and Biomedical Publication hosted by *JAMA* and the *British Medical Journal* and attended by many of the world’s most influential journal editors and keen journalists. Our project was just profiled in *Nature Medicine* and we have been invited to submit a commentary on our results to *Lancet*.

Our research project was titled “Round Up the Usual Suspects? Involvement of Medical Writers and the Pharmaceutical Industry in Publications Retracted for Misconduct.” Integrity in the litera-
tire is shot when misconduct occurs. Are the usual suspects really the most suspect? And who are the usual suspects? If you believe Mr McHenry, you believe that “...it is now fairly well known that pharmaceutical companies launder their promotional efforts through medical communication companies that ghostwrite articles and then pay ‘key opinion leaders’...to affix their signatures to the fraudulent articles...”1 Despite Mr McHenry’s dogmatic assertion and opinions, we thought we might conduct the largest study done to date on retracted publications to determine, for the first time, the proportion of retracted publications to...dence to support the concept of the serial offender...”1 We now have evidence to support the concept of the serial offender...”1 We now have evidence to support the concept of the serial offender...”1 We now have evidence to support the concept of the serial offender...”1...from Woolley KL, Woolley MJ, Lew RA, et al., Round up the usual suspects? Involvement of medical writers and the pharmaceutical industry in retracted publications. Paper presented at the Sixth International Congress on Peer Review and Biomedical Publications; September 10-12, 2009; Vancouver, Canada. http://www.ama-assn.org/public/peer/abstracts_2009.html#113. Accessed November 11, 2009.

I am delighted to be partnering with some AMWA legends, Art Gertel and Nancy Taylor, to kickstart funding for the AMWA Award for Best Published Research.

Importantly, we need medical writing publications in peer-reviewed journals listed in Medline so many other people can find them and read them—we can’t keep publishing our work in newsletters only. Please know that I am not asking you to do the impossible; it is challenging, yes, but we have managed to publish our papers on medical writing issues in high-ranking journals such as JAMA, Chest, and PLoS Medicine. Gaining and publishing evidence on our value and ethics can be done. We need to do it more.

If you don’t think you can become a pioneer right now, though, you can certainly do your bit right now by supporting the pioneers, particularly if you work on manuscripts. That means you need to be familiar with

- the AMWA Position Statement
- Good Publication Practice for Pharmaceutical Companies
- the Uniform Requirements

Our results showed that the first group, which comprised those papers that had declared medical writing and industry support (i.e., probably the most suspicious papers in some quarters) actually accounted for very few retractions and none of the misconduct retractions (Figure 1). Even the second and third groups, which comprised papers where there was declared medical writing or declared industry support, accounted for very few retractions. The fourth group, where there was no declared industry funding, accounted for almost all of the retractions and the misconduct retractions. You have to ask why medical writers and the industry are guilty until proven innocent? These data should help our profession get more respect as they indicate that a paper that has declared medical writing involvement and industry support is unlikely to have to be retracted. Declaration of a medical writer on a paper should be seen as a good sign, not a bad sign.

This conclusion is supported by the odds ratio data, where we looked at the odds of a paper being retracted for misconduct vs mistake. Mistake retractions served as the control group. The odds of being retracted for misconduct were significantly lower (less than 1.0) if medical writers or the pharmaceutical industry were involved, but were significantly higher (greater than 1.0) if the paper involved

- A single author
- A first author who had at least 1 other retraction (we now have evidence to support the concept of the serial offender)
- A first author who was affiliated with a low- or middle-income country

I think these results show that if a professional medical writer is involved in preparing a manuscript, a journal editor may be far less likely to go through the pain of having to retract a publication. So that is what we have done to investigate and promote ethics in our profession. What can you do?

You too can be a pioneer and investigate the value and ethics of our profession.

The importance of investigating and publishing research on our profession was eloquently stated by AMWA’s Mary Royer and Doug Haneline in a recent issue of the AMWA Journal: “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.”"4 They say that you should put your money where your mouth is, and on that note

And, you simply must reject ghostwriting work—ghostwriters must be stopped—their short-term financial gain causes us long-term professional pain!

The survey recently completed by Adam Jacobs from the European Medical Writers Association (EMWA) and Cindy Hamilton, your AMWA 2008-2009 President, showed that EMWA and AMWA members are doing less ghostwriting. However, I was staggered to see that 42% of EMWA and AMWA members are still ghostwriting! This is just not good enough!! It is simply not acceptable that 42% of AMWA and EMWA members are still ghostwriting, and keep in mind that this 42% is likely to underestimate the true problem, given that these medical writers have at least recognized the importance of joining a professional association.

Lastly, when it comes to declaring your involvement and funding source, I encourage you to urge your authors to use the checklist that we recently published in PLoS Medicine. This checklist was designed by medical writers in Europe, North America, and the Asia/Pacific region. Importantly, the checklist is freely available, without any copyright restrictions, from PLoS Medicine (one of the highest ranking journals in general medicine) and on the EQUATOR network Web site (www.equator-network.org). The checklist is the only tool that gives editors teeth at minimal cost to them. Please get your authors to use it! If you do, we will create an international groundswell of submissions to editors that show just how ready professional medical writers and authors are to prove that they are working together ethically.

NEW FRONTIERS OF MEDICAL COMMUNICATION

Our second challenge relates to the new frontiers of medical communication. To address this challenge, I put to you that we need to take a truly international approach to our expectations and our education of medical communicators. Respect for our profession cannot be piecemeal; our profession is international and we are only as strong as our weakest link. We can't have people say, "Oh yes, I respect medical communicators in this country, but not that country." Our challenges are international, and our solutions must be international; as medical communicators, we are all in this together.

Don't say there weren't warning signs about how critical this challenge could get. Earlier here, I highlighted that retractions from low- and middle-income countries were of particular concern. The so-called worst of the worst of these countries are China, Croatia, Egypt, India, Lebanon, and South Africa. These countries not only had the highest number of retractions but also had the highest number of retractions for misconduct. The countries that should ring alarm bells are India and China, as clinical trials are surging there (almost doubling in the past 3 years). How many of you or your organizations have a risk management strategy in place to deal with the significantly higher odds of a misconduct retraction coming from these countries? You can bet that investigators in these countries will want to author papers. I want to stress that we can't punish innocent authors from these countries, but thinking that retractions from these countries will suddenly disappear is ignorant and irresponsible.

Some of you may be thinking that all this trouble over there doesn't affect you. If it doesn't now, it may in the future unless our profession acts. Market research indicates that the global medical writing market is growing: it has apparently doubled in last 5 years. Market research also indicates that about 40% of clients are outsourcing their medical writing. Quite simply, our profession is growing and it is going global. This is good news, but we have to realize that this also increases the risk that medical writers around the world may not have the value and ethics that would help our profession gain respect. We must realize that poorly trained medical writers anywhere—from Dallas to Delhi—affect all of us; they can add to or detract from respect for our profession.

So what can we as a profession do? I put to you that because our profession is working in new frontiers, we need a new certificate, and I think an organization like AMWA would be one of the best organizations to offer this new certificate. First, I want to compare the AMWA core certificate with the certificate that I propose AMWA offers, namely an international certificate. I offer this comparison not to criticize the existing core certificate; rather, I don't think the core certificate is suitable for international medical writers in terms of content, delivery, and time. And I think our profession needs a certificate that is suitable with regard to these factors. In terms of content, the core certificate requires 8 modules and ethics is not compulsory; I would make the international certificate require only 4 modules and make ethics compulsory. In terms of delivery, the core certificate offers most of its modules in person; I would make the international certificate all online. It does not matter where in the world you are, you could do the AMWA international certificate. In terms of time, the core certificate would probably take someone from India or Australia or elsewhere in the world 3 years to do and that depends on if they could do their
modules at the AMWA conference and if they could afford the travel and time costs to attend the AMWA conference for 3 years. I would make the international certificate program possible to complete in 1 year.

Why would AMWA offer an international certificate? What are the benefits for AMWA? First, if AMWA stepped into the gap in the market, it could reinforce AMWA as a leader in its field; other organizations might offer basic training, even certification in medical communication, but they don’t have the history or reputation of AMWA. Second, AMWA could build this certificate for minimal cost by leveraging content from its existing modules, and the certificate could be a new source of revenue, as well as a new source of members. Third, the certificate would help AMWA raise its profile internationally. Importantly, AMWA would not have to deliver this international certificate on its own if it did not want to. AMWA could partner with other organizations, such as the soon-to-be-formed Asia-Pacific Medical Writing Group, to offer this certificate to international members.

In addition to the international certificate, I also think our profession should start using a new tool that identifies the knowledge, skills, and behaviors we expect of a medical writer, no matter where in the world that medical writer might come from. David Clemow and I worked with medical writers in Europe, North America, and the Asia/Pacific region to develop a medical writer competency model. For the past year, the line managers at our company have piloted the use of this competency model to hire and train medical writers, and the results have been very positive indeed. You will be able to read more about this competency model when David and I publish an article on the model soon, and I will speak with AMWA about making this model, designed by medical writers for medical writers, freely available to interested AMWA members.

In the interim, though, what can you do? I encourage you to discuss the proposal of AMWA developing an international medical writing certificate; if AMWA doesn’t, then who should? There is no time to waste on this—we need to make sure that medical writers around the world have a very basic, but very clear, understanding of the value and ethics expected of medical writers. I also encourage you to be active professionals—if and when you liaise with medical writers overseas, encourage them to join AMWA and take every opportunity you can to reinforce how important ethics are to our profession. Lastly, I encourage you to trial the competency model when it becomes available to you.

**THE LONESOME POSITION OF MEDICAL COMMUNICATORS**

Our third challenge relates to the often lonesome position of medical communicators. To address this challenge, we need to be much more proactive and strategic in how we interact with those who need to understand the value and ethics of professional medical writers. Essentially, we have to find our rightful place—where we belong and where we are respected. Medical communicators must interact with many stakeholders if we want to take more steps forward for our profession; I will just focus on 2 groups: editors and the media.

If we really want to interact with editors in a respectful and meaningful way, we have to appreciate their concerns. In the eyes of many editors, we have a negative history. They don’t necessarily know the difference between professional medical writers and ghostwriters, but they sure know that ghostwriters are bad. They don’t want to embroil their journal in ghostwriting controversy and end up on the front page of *The New York Times* or *The Wall Street Journal* for all the wrong reasons. You can understand, perhaps, why some editors just want to ban all writers. There is also confusion about which organization journal editors should consult about a medical writing issue. Should they go to AMWA, or EMWA, or the Drug Information Association (DIA), or the International Society for Medical Publication Professionals (ISMPP), or the Association of Regulatory and Clinical Scientists in Australia (ARCS), or the All India Medical Writers Association or…the list could go on. When editors need a credible, clear, and quick answer on medical writers, who is their “go to” contact?

I want to highlight to you that if we do interact with editors, in a respectful and meaningful manner, there is the possibility of gaining more respect for our profession. For example, you may have been aware that the *Clinical Journal of Oncology Nursing* previously had a policy that “banned articles written by writers as a way to avoid ghostwriting.” After a few of us interacted with the editor of this journal, particularly after we had published our article about medical writers in *PLoS Medicine* (note that this was a journal that another editor had actually read), the policy was changed. In addition to changing the policy, the editor also kindly published correspondence from AMWA legend Art Gertel and me, which as you might guess, focused on the value and ethics of professional medical writers.

What about interacting with the media? First, I think it is important to highlight, as evident in a quote from *The New England Journal of Medicine*, that at least some people in the media are realizing that they must hold themselves to higher standards. Susan Dentzer wrote, “We in the news media have a responsibility to hold ourselves to higher standards...we must be more than carnival bakers; we must be...more interested in...[communicating] than carrying out our other agendas.” From reading many articles in the media, you would think that there has been an agenda to get rid of medical writers. Indeed, many of these articles would have readers believe that all medical writers are bad; there never seem to be any good apples.

I appreciate that interacting with the media is not always easy or advisable, particularly when they might
corer you in a bathroom, as the journalist from The Wall Street Journal did to me one day in Chicago, or corner you on the telephone trying to trap you into saying that your clients force you to ghostwrite, as the journalist from the British Medical Journal tried to do to me last year. He was not successful—we don’t ghostwrite and we never will. I gave him a simple message, but it was not the one on his agenda.

So what can you do when it comes to interacting with editors and the media? One thing you can do, and which too many medical communicators don’t do, is to use the right words. Whenever you speak with an editor or the media (or anyone else for that matter), never say that you are a ghostwriter (I am assuming here that you aren’t!). Instead, say that you are a professional medical writer. Explain the difference. If it helps, you can refer them to my article in Chest, which reinforces that professional medical writers are not the same as ghostwriters.4 We, of all people, should know how powerful words are—let’s all start using the right words when we interact with others.

Also, if AMWA agrees, you could be quite proactive in your local chapter. For example:

- You could identify just 1 editor or journalist in your region.
- You could then send them a copy of AMWA’s Position Statement.
- You could set up an interview with an AMWA spokesperson (someone who has strong knowledge and media training).
- You could invite the editor or journalist to attend the annual conference and have a dedicated person available to show them around—one look at the AMWA conference program and they would see how strong AMWA is on ethics and value.
- You could then build on these relationships—sending out useful press releases—fortunately, AMWA already has a very helpful publicity kit to get you on your way.

Now if you or someone in your chapter doesn’t take these steps, who will?

What can we, as a profession, do? I think we have to change how our profession interacts with editors and journalists. Currently, an issue breaks and, quite rightly, a whole bunch of associations or individuals respond to that issue. Not surprisingly, this can create confusion, as our profession has a splintered voice. I believe our profession needs a united voice, and I put to you that we establish an International Committee of Professional Medical Writers, modelled somewhat on the lean, but highly influential, International Committee of Medical Journal Editors (ICMJE). This committee would allow for

- A credible response—the committee would be made up of highly respected representatives from professional medical writing associations around the world; it would not compete with our existing associations, it would complement them.
- A clear response—we could speak with a unified and international voice.
- A quick response—the committee would be the initial “go to” contact, with responses provided within 24-48 hours.

With such a committee, we could have a much simpler way of responding to an issue; further, this committee could also be used to raise issues of concern to our professional associations. If we build trust with editors and journalists, the relationship can be 2-way. If ICMJE can do all that it has without large costs, why can’t we?

This keynote is drawing to a close and I promised you that by the end of this presentation you would be able to say “yes” to 2 questions. So let me summarize what we and you can do to help our profession address the 3 challenges I identified and get more respect.

1. Our first challenge is to investigate our value and our ethics.
I have suggested that as a profession, we should encourage and fund research; the AMWA Award for Best Published Research did not exist last year, but with starting funds from 3 medical writers and support from AMWA, we now have that in place.

I have suggested that you could help by

- Winning the award—why not be rewarded if you publish research on the value or ethics of medical writers?
- Knowing the rules that govern what we do and reject ghostwriting work; we simply have to get that 42% down to less than 1%.
-Trialing the competency model; we could develop an international certificate and a medical writer competency model. We have the model already and I believe we can and should work toward the certificate.

I have suggested that you could help by

- Debating whether AMWA should offer an international certificate.
- Promoting ethical practices and AMWA to your international colleagues.
- Promoting ethical practices and AMWA to your international colleagues.

2. Our second challenge is to address our new frontiers.
We need to take a truly international approach to our expectations and education of medical writers. I have suggested that as a profession, we could develop an international certificate and a medical writer competency model. We have the model already and I believe we can and should work toward the certificate.

I have suggested that you could help by

- Defining and offering a new frontiers.
- Defining and offering a new frontiers.
- Defining and offering a new frontiers.

3. Our third challenge is to not be so lonesome.
I believe we need to interact more, and in better ways, with journal editors and the media. I have suggested that as a profession, we could establish an International Committee of
Professional Medical Writers; this might be controversial, but as we are not doing so well in our interactions right now, we need to do something different.

I have suggested that you could help by
• Using the right words—if you are a professional medical writer, you are certainly not a ghostwriter.
• Contacting your local journalist or a medical journal editor; show that you appreciate their concerns and do what you can to help raise awareness of our value and our ethics; we need more respect from journalists and editors and you could do your bit to help.

I hope I have been able to share with you what getting more respect for our profession means to me. I also hope that together, you and I and our medical communication colleagues around the world, can truly, as Aretha Franklin would say, “tcb”—an acronym (and you know how much we all love acronyms) for “taking care of business.” Medical communication is our business; it is our profession, and we all need to take strong steps forward to ensure our profession gets the respect it deserves.

Thank you.

References

KAREN WOOLLEY HAS MY RESPECT

By Debra Gordon, MS

First, a confession: I usually skip keynote addresses. I find such talks vague and rambling, designed, by necessity, to appeal to the masses instead of focusing on a specific topic. So the main reason I was sitting in the third row of the ballroom during Karen Woolley’s keynote address in Dallas this year was because I had been asked to write a summary of the talk for the AMWA Journal. Then, when the decision was made to publish the address in its entirety, making my article redundant, I was asked to write an analysis/opinion piece on it.

I knew this wasn’t going to be your typical keynote address when the sounds of Aretha Franklin’s “Respect” boomed through the hall. In its wake came this lovely Australian with a pixie cut and an accent I could happily listen to all day. Then came her slides—creative, funny, and to the point. Whoa, I thought, this is a woman who knows how to give a compelling talk.

And what a talk! I hope that you’ve read her talk, so I’m not going to get into the details here. Instead, let me tell you how her talk affected me.

For most of my career, I’ve written about health and medicine for consumers. I have thousands of articles and at least a dozen books with my name on them. But I’ve also...
written a few trade books for doctors under their name. In other words, I have, yes, ghostwritten. Not only that, but in the publishing world, ghostwriters are not only in high demand but we’re actually proud of what we do. One of my closest friends commands 6 figures for every book she pens. Her e-mail signature proclaims that she is the "co-author and ghostwriter of 6 NY Times bestsellers."

Can you imagine a medical writer putting that on his or her sig?

All of this is a very roundabout way of saying that until Dr Woolley’s talk, I really hadn’t worried all that much about my own role in the ghostwriting debate. Although my work had gradually transitioned over the years from 100% consumer to about half consumer, half scientific, the few papers I’d worked on for publication in journals had, to my knowledge, acknowledged me. One even listed me as a coauthor. But I hadn’t really pushed for it or made it a priority when negotiating jobs.

That has now changed. In fact, the week I returned from the AMWA conference, I received an assignment to help with a review article. The first thing I did (after trying to get more money) was ask about credit. Of course, said the project manager. No problem.

Bottom line: Dr Woolley’s talk energized me. It made me really understand the ramifications of the ghostwriting issue beyond the yelling and misinformation in the media (and, occasionally, on our listserve). Why? Her research. Dr Woolley’s work clearly demonstrated that medical writers are not the problem when it comes to questionable publications. Which, as she clearly pointed out, begs the question: How do we get that message out to the broader public?

One thing I loved about Dr Woolley’s talk was that she didn’t just throw that question out there but provided a very specific, point-by-point plan to address the problem, something I wish more speakers/experts would do. Although I know there was a lot of debate about her recommendations, I have to say (because this is opinion and I’m allowed to) that I thought they were brilliant. I support every one.

Dr Karen Woolley has provided us with the road map to respect for our profession, but she cannot singlehandedly lead us to our destination. Instead, it is up to us, the rank-and-file of AMWA, to gas up the car, choose the best routes, and avoid the roadblocks if we are to convince the broader world of our worth and contributions and address the rumors and misinformation currently cluttering this highway.
THE GLOBALIZATION OF MEDICAL WRITING

Moderator
Steven Casto, EdD, CMPP
Senior Publications Specialist, UCB Inc, Atlanta, GA

Speakers
Helle Gawrylewski, MA
Director, Medical Writing Early Development, and Global Alliance Manager, Johnson & Johnson Pharmaceutical Research & Development LLC, Titusville, NJ

Art Gertel
Vice President, Strategic Regulatory Consulting, Medical Writing and Quality Assurance, Beardsworth Consulting Group, Inc, Flemington, NJ

Stephen de Looze, PhD, ELS
Head of Medical Writing and Document Management for Accovion GmbH, Frankfurt, Germany

By Jennifer Maybin, MA, ELS

Acknowledging what is a difficult and often politically charged issue, a 3-member panel of US and international speakers who are entrenched in the global medical writing arena addressed a crowded open session on issues related to training and ethics, cooperation among organizations, and global certification. Helle Gawrylewski, MA, led off by discussing her company’s development of a global training program for its allied researchers and writers at clinical research organizations in the Asian/Pacific region to handle writing and ethical issues related to medical research and publishing. Johnson & Johnson employs 162 writers, of whom 32 are contract or offshore writers, said Gawrylewski. Managing the quality and cost-effectiveness of such a large staff at more than 8 sites requires flexibility, use of strategic staff in-house, and investment in training and effective communication approaches with the offshore researchers.

Gawrylewski explained that the principles of Johnson & Johnson’s training program are to encourage success and to consider international vendors as partners and as an extension of in-house staff. A challenge for researchers and writers from some countries such as India is overcoming a traditional mindset that discourages questioning one’s superiors. This mindset has the potential to create ethical problems. However, said Gawrylewski, as a result of the training program, these international researchers are now evaluating, questioning, and challenging inconsistencies within the company’s processes, a win-win situation for all.

She admitted that internal writers feared losing jobs to writers overseas, where fees for writing services are lower. Gawrylewski stated that saving costs was not the motivation for the move; rather the globalization process was to partner with vendors throughout the Asia/Pacific region where the company has facilities.

Stephen de Looze, PhD, ELS, spoke about the global confusion over the development of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) E3 template for clinical study reports, which was originally envisioned to be a document that would be acceptable to all regulatory authorities, including the US Food & Drug Administration. However, rather than moving toward a global template, in-fighting among organizations has led to the creation of multiple document sections that overlap in content and remain individualized for submissions to US, European, and Asian entities. Several problems are to blame, according to Dr de Looze, including the FDA’s consideration of parts of the template as somewhat “optional,” political differences among agencies that prevent compromise, and lack of consistent communication among organizations. He urged AMWA and the Drug Information Association (DIA) to work together to help solve the global template issue.

Springboarding from this point, Art Gertel encouraged more international unity through what he termed an “intergalactic association” of medical writers. Such an association could act as a liaison among the fractured groups of writers that consist of AMWA, DIA, JWA (Japanese Writers Association), EMWA (European Medical Writers Association), AUMWA (Australian Medical Writers Association), ISMPP (The International Society for Medical Publication Professionals), TIPPA (International Publication Planning Association), and more. Gertel’s vision is that unity among writers will change the perception of who medical writers are and what medical writers do. Certification of medical writers using a global standard that verifies a level of competency could help deflect criticism about ethical issues from those outside our field, he added. But the problem is that individual organizations want to “own” such certification.

Gertel asked the rhetorical question, “How do you get people to buy into an initiative if it did not originate in their own shop?” Gawrylewski answered, “We need to get away from politicalization of issues. We all really want to improve patient care by exchanging information quickly.” Although nothing was solved in this session, the problems of international medical writing were aired and a challenge was issued for worldwide medical writers to solidify as “global medical writers.”

Jennifer Maybin, owner of Maybin Health Communications, is an independent medical editor and writer in Branchburg, NJ.
HIGH-PERFORMANCE FREELANCING

Moderator
Debra L. Gordon, MS
Gordon Squared Inc, Williamsburg, VA

Speakers
Brian Bass
President, Bass Advertising & Marketing Inc, Robbinsville, NJ
Ann M. Volk, MA
Freelance Medical Writer, Dover, DE

By Anne McDonough, MPH, CSci

Debra Gordon, MS, started off this open session by defining “How NOT to be a High-Performing Freelancer.” Her tips included the following.
• Don’t identify your goals.
• Don’t identify your strengths and weaknesses.
• Don’t run your business like a business.
• Don’t build a professional Web site.
• Stop learning.
• Don’t diversify.
• Don’t list yourself in the AMWA Freelance Directory.
• Don’t refer work to other freelancers.
• Don’t say “no” or listen to your gut.
• Don’t take breaks or take care of yourself.

Ann Volk, MA, promised to give the secrets to doubling freelance incomes by “Building Brand You.” The goal she that gave was “to do what you like to do for whom you want to do it” and make lots of money or have lots of time off, depending on your preferences. She advised “firing” clients that cost money and focusing on the services that are the most profitable. She recommended the book The 4-hour Work Week: Escape the 9-5, Live Anywhere and Join the New Rich by Timothy Ferriss.

Volk gave the following advice on effective personal branding.
• Think company, not person or product.
• Know yourself.
• Create a cohesive product line.
• Communicate your brand.
• Manage your brand.

She emphasized the most important characteristics of a personal brand:
• Professional
• Responsive
• Timely
• Reliable
• Positive
• Self-starting

In his presentation, “Own a Company, Not a Job,” Brian Bass related his personal story of epiphany: he had reached a point at which he thought he could not make any more money, and his solution was subcontracting. He described how he overcame his fear of putting his reputation in the hands of others and his concerns about low margins and achieved “infinite income potential” and “ultimate freedom” to work when and if he wants to work.

His strategy is an emphasis on value
…to clients
• We help clients to build their businesses.
• We save clients money by consistently delivering a better quality product—on target, on time, on budget.
• We make clients look good.

…to writers
• We build and maintain solid relationships.
• We watch out for each other.
• There is more great-paying work for everyone.

…to himself
• I receive income when I write and income when others write.
• Work gets done while I’m away.
• I’m building an asset.

Anne McDonough is a freelance clinical research consultant based in London, England, and provides monitoring, project management, clinical scientist, medical writing, and training services.
JUSTIFYING OUR PROFESSION: HOW TO DO RESEARCH ON MEDICAL WRITING AND GET IT PUBLISHED

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

Speakers
Karen Woolley, PhD
CEO, ProScribe Medical Communications; Adjunct Professor, University of Queensland and University of the Sunshine Coast, Australia
Annette Flanagin, RN, MA
Managing Deputy Editor, Journal of the American Medical Association (JAMA); Director, Editorial Operations, JAMA and Archives Journals; Congress Coordinator, International Congress on Peer Review and Biomedical Publications; Coauthor and Committee Member, AMA Manual of Style, Chicago, IL

By Shannon Omisore, MA

Karen Woolley, PhD, discussed the importance of medical writers conducting research and how to move from acknowledgment to authorship. Her work has addressed the outcomes that occur when medical writers conduct research. (See Dr Woolley’s Keynote Address, which begins on page 160.)

The first step for beginning a research project is to put together a research team. According to Dr Woolley, when recruiting people for a research team, consider quantity and quality. The quality of their research is just as important as their ability to work on the project after hours. The next step is for the team to decide authorship, establish a consensus, and write it down.

The team can then develop a budget for the project; expenses can include fees for advertising, hiring a statistician, and preparing slides.

The concept for the project should be important. She offered the following tips for generating research ideas.

• Go to conferences.
• Read lots of literature.
• Use a whiteboard for putting down your ideas.
• Let your mind drift occasionally.
• Look at ideas and prioritize them.

Dr Woolley addressed the concern medical writers have about lacking time for research. “The way we find time and still have lives is that we divide and conquer,” she said. She urged attendees to decide on a topic, divide it into manageable chunks, and get each member of the research team to work on one chunk. To ensure accuracy, an independent statistician should review the data before the team reviews it. Dr Woolley also suggested that medical writers get valuable feedback on their research project before submitting the manuscript to a journal.

Throughout her presentation, Dr Woolley stressed the importance of medical writers conducting research on their profession. “Busy professional medical writers can and should do research,” she said. She suggested that attendees refer to Tom Lang’s recently published article that addresses several aspects of conducting research on the profession.1

Annette Flanagin, RN, MA, discussed how to get research on research, editing, and writing published. Each journal has specific publication instructions for authors. For example, JAMA requires that papers have a detailed methods section. According to Flanagin, the methods section is the most important part of the research paper; the authors should describe what they did. The text should not repeat information from the tables and figures.

Details that belong in the Methods section include
• Setting and date(s) of study
• Criteria and selection of the sample
• Confounding characteristics
• Measures of validation
• Methods of verification
• Types of statistical analyses

The results section should be short and not repeat information from the Methods section. The discussion section should focus on what the study means and its importance.

Flanagin offered general tips for getting published. For example, the title of the paper should be concise, but not overly general. The tables and figures should contain accurate, consistent data. She recommended that medical writers avoid “eye candy”—graphs and pie charts with simple yes and no answers. She also emphasized the importance of having a statistician look at the research before submitting it for publication.

Flanagin suggested the article “Decreased evidence of ghostwriting in a 2008 vs 2005 survey of medical writers” as an example of a quality research article.2 She, too, recommended Lang’s recent article in the AMWA Journal.1

Flanagin noted that the decision of where to publish is important. Flanagin suggested that when selecting a journal, medical writers should consider the following.

• Audience
• Circulation
• Prestige
• Turnaround time
• Acceptance rate
• Demonstrated interest in subject

She urged attendees to not give up if their manuscript is rejected. Common reasons for rejection are the manuscript was poorly written, too long, included too many tables and figures, and was the right subject for the wrong journal.

Resources
1. Lang, T. Just who are we and what are we doing, anyway? Needed research in medical writing. AMWA J. 2009; 24(3):106-12.

Shannon Omisore is a writer-editor for the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.
Navigating Today’s CME Landscape

Moderator
Mary E. King, PhD, DABCC
Principal, King Medical Communications LLC, Boulder, CO

Speakers
Tara E. Hun-Dorris, MMC, ELS
President, THD Editorial Inc, Raleigh, NC

Johanna Lackner-Marx, MPH, MSW
President, InQuill Medical Communications LLC, Soquel, CA

By Lori Buffum, MA

What is continuing medical education (CME) and how does CME accreditation shape writing? Mary King, PhD, DABCC, began by defining CME as any activity that assists physicians in carrying out their professional responsibilities. CME helps professionals stay current, meet requirements for licensure, and qualify for Board certification by studying methods of diagnosis, treatment, or management of health conditions. Today, the format of CME ranges widely from papers to slide shows to live symposia to interactive online multimedia presentations.

Dr King noted that the Accreditation Council for Continuing Medical Education (ACCME) is the primary agency setting standards for CME providers and content. Its mission is to set high standards of quality, promote competence, and strive to improve medical care of patients. The accreditation process ensures that each CME activity identifies gaps in knowledge, provides content to fill the gaps, and assesses the results to determine how the education led to improving or changing the practice of medicine.

In her discussion of the controversial “commercial support,” Dr King emphasized 4 of the 6 standards “essential to the current environment demanding programs free of interference.” These standards included:

• Independence from any control over content
• Full disclosure to resolve any personal conflicts of interest
• No advertising, trade names, or branding incorporated into educational materials
• Content and format without bias toward or promotion of any one view

Giving you a leading edge—learn how physicians learn best. Johanna Lackner-Marx, MPH, MSW, talked about the paradigm shift in CME that is providing opportunities for communicators. With the brief presentation of a case study demonstrating several instances of medical malpractice involving one patient’s hip replacement, Ms Marx dramatically illustrated the critical need for a new kind of CME—education that bridges a competency gap between current performance and the gold standard of care. She mentioned 3 landmark reports from the Institute of Medicine (IOM) that have led to new mandates in medical education. The first report, “To Err is Human,” blamed the lack of high-quality health care for thousands of unnecessary deaths due to medical error. The second report, “Health Professions Education, the Bridge to Quality,” called for sweeping changes in education. And the critical third report, “Crossing the Quality Chasm—A New Health System for the 21st Century,” outlines the paradigm shift, mandating new ways of teaching and learning.

Marx explained the 4 mandates:

• Move from knowledge-based to behavior-based education by motivating adult learners to satisfy a need and master a skill.
• Format CME to accommodate all learning styles: VARK (visual, auditory, reading, kinesthetic).
• Emphasize active formats over passive formats to allow for maximum interaction with content.
• Employ active teaching methods to engage with the content before, during, and after the CME event.

Pears and pitfalls of creating effective CME content. Tara Hun-Dorris, MCC, ELS, provided very practical advice for creators of CME content. Starting with the preliminaries—the needs assessment and learning objectives—writers can play a crucial role in helping to identify and delineate the gaps in knowledge. From reviews of the literature, to discussions, to analysis of current practice, identifying the need for a specific CME activity is a vital first step. Hun-Dorris gave as an example a change in guidelines that may impact a physician’s practice. In keeping with the mission of CME to “improve care of the patient,” any activity should be designed to reinforce or enhance core performance.

Learning objectives should be prepared before the content and should be a well-defined number of actionable items. The ACCME (www.accme.org) is a great resource for preparing CME materials, right down to word choice for learning objectives. As discussed previously, formats are wide ranging and available on multiple platforms, so writers once again can play a crucial role by being familiar with the myriad technologies being employed for CME materials, from monographs to case studies to interactive online tutorials. Post-tests can also take many forms—another area where writers and instructional designers can contribute to the success of the activity.

Hun-Dorris also talked about the importance of copyright and permission issues when working with faculty on preparing to publish a CME activity. Considerations must include budgeting for permissions, obtaining legal advice, documenting sources, and being prepared to omit materials that cannot be adequately referenced. Her presentation concluded with a humorous slide show of “faculty types” and tips for working with them, her favorite being “Dr McDreamy” who, unfortunately, is rarely to be found except on TV.

Lori Buffam is the Web site writer/editor for the Texas Heart Institute (www.texasheart.org) at St. Luke’s Episcopal Hospital in Houston, TX.
NO PROBLEM! SUCCEEDING AS A MEDICAL WRITER WITHOUT A SCIENCE BACKGROUND

Speaker
Scott Kober, CCMEP
Manager, Medical Services, Institute for Continuing Healthcare Education, Philadelphia, PA

By Nick Sidorovich, MSEd

Medical writers who do not have degrees in science or medicine may feel that they are at a disadvantage in getting hired for freelance jobs or permanent positions. Scott Kober, CCMEP, gave hope to these writers and outlined a plan of action for them.

Learn the Language of Medicine
Medical writers need to know the language that potential employers speak. Terms such as statistical significance, P value, and double-blind randomized trial are among those that writers need to be familiar with, Kober said.

He recommended reading the “Users’ Guides to the Medical Literature” series of articles that were written by the Evidence-Based Medicine Working Group and originally published in JAMA. The articles can be accessed online at www.cche.net/usersguides/main.asp. Medical writers should also own medical reference books, such as Dorland’s Illustrated Medical Dictionary and the AMA Manual of Style, and read various medical journals.

Get Some Education
Most companies posting job opportunities on the AMWA Web site often ask for applicants with a degree in the life sciences and a minimum of 5 years’ experience. But the good news is, according to Kober, “They don’t always mean it!” Writers without a science degree can make themselves attractive to employers by getting other kinds of education.

Medical writers can increase their knowledge through AMWA’s educational program and through biomedical writing programs at schools such as University of the Sciences in Philadelphia (USP) and the University of Chicago. USP offers degree, certificate and online learning, while the Chicago certificate program offers courses onsite over 1-3 days. Kober added that industry-specific organizations such as the Drug Information Association (www.diahome.org) and the Alliance for CME (www.acme-assn.org) provide training for writing about biomedical products and physician continuing medical education, respectively.

Develop Unique Skills
Medical writers should specialize in a few areas of medicine, e.g., oncology, cardiology, rheumatology. “A doctor isn’t expected to be an expert in every branch of medicine; neither should you,” said Kober. He also recommended learning software programs such as PowerPoint for slide presentations, InDesign for publication layouts, and/or Dreamweaver or Fireworks for Web design.

Never Turn Down an Opportunity
One caveat that Kober offered is that, without having a science degree, it will be easier to get a full-time position with a company but more difficult to get clients as a freelance.

Any writing job, however, could be the one to get the writer’s foot in the door and the recognition as a medical writer. In addition to reviewing the Jobs Online on the AMWA Web site (www.amwa.org), he suggested checking out job listings on these other Web sites:
- Council of Science Editors (www.councilofscienceeditors.org)
- Editorial Freelancers Association (www.the-ea.org)
- The Freelance Mailing List (www.comteck.com/~tanuki/links/jobs.html)

Develop a Sales Pitch
“Always be ready to answer the questions: What makes me better than everyone else? Why should anyone hire me?” Kober recommended. Create a writing portfolio that can be shown to people to demonstrate writing abilities. “Ask colleagues in power to serve as your references if they believe in you,” he added.

Market Writing Skills as a Commodity
The Internet is the main marketing tool in use these days and medical writers can build a network of colleagues using Web sites such as LinkedIn, Facebook, and the AMWA site. Participating in online discussion forums and message boards is useful because, he said, “An educated post that is seen by the right [people] can impress them and they might contact you if you are creating work that aligns with their needs.” Other marketing advice included posting your résumé on Internet job sites, creating a professional Web site to post writing samples and provide information about your writing services, and handing out business cards to anyone you meet who may be able to help.

Minimize Feeling Overwhelmed
Kober said that no matter how well prepared the writer thinks he or she is, there will always be moments when the writer will question “What did I get myself into?” The answer lies in developing time management skills. “If a deadline is unreasonable, turn down the job,” he said. “Learn to say no” and avoid the risk of doing substandard work that damages a reputation.

Writers who conduct interviews can avoid becoming overwhelmed by having supplies they need on hand, such as a tape recorder, extra batteries, and reference materials.

The Money Ain’t Bad
Kober, who began his writing career as a journalist, offered a perspective on the relative merits of medical writing versus other forms of professional writing. He pointed out that the average experienced journalist’s salary is between $40,000 and $50,000, and a search of job Web site Simplyhired.com revealed that salaries for copywriters and technical writers average $47,000 and $52,000, respectively.

"By Nick Sidorovich, MSEd
Philadelphia, PA
for Continuing Healthcare Education, Manager, Medical Services, Institute Scott Kober, CCMEP

No Medical Degree, No Science Background Medial writer without A net/usersguides/main.asp. can be accessed online at www.cche. JAMA were written by the Evidence-Based Literature” series of articles that “Users’ Guides to the Medical He recommended reading the Kober said. that writers need to be familiar with, randomized trial are among those cance, P value, and double-blind speak. Terms such as statistical signifi- language that potential employers to these writers and outlined a plan of action for them.

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Kober then quoted AMWA’s 2007 Salary Survey as reporting that the average experienced medical writer’s salary is between $80,000 and $100,000, a fact that should provide ample motivation for writers without a medical degree to pursue additional training according to Kober’s suggestions.

Nick Sidorovich is the owner of Rolling Hill Health, a health communications and medical writing company in Chatham, NJ, and teaches screenwriting at Fairleigh Dickinson University in Madison, NJ.

PREVENTING ILLNESS AND INJURY: WHAT’S NEW

Moderator
Kathleen Loudon, ELS
Owner, Louden Health Communications, Gurnee, IL

Speakers
Sandra Bond Chapman, PhD
Chief Director, Center for BrainHealth, Professor of Behavioral and Brain Sciences, University of Texas at Dallas, Dallas, TX
Riva L. Rahl, MD
Preventive Medicine Physician, Cooper Clinic; Medical Director, Cooper Wellness Program, Dallas, TX
Shelli Stephens-Stidham, MPA
Director, Injury Prevention Center of Greater Dallas, Dallas, TX

By Ann Tennier, ELS

Riva Rahl, MD, a preventive medicine physician, began the session by breaking up strategies for preventing illness into the ABCs: aspirin, blood pressure, cholesterol, diabetes and vitamin D deficiency, exercise. For example, new guidelines for aspirin use are evidence-based; a daily dose of 81 mg is recommended for men starting at age 45 to prevent heart attack and for women starting at age 55 to prevent stroke. Dr Rahl also elaborated on the difficulties presented by vitamin D deficiency, including chronic pain, depression, and susceptibility to seasonal flu, rheumatoid arthritis, various cancers, and multiple sclerosis. She described the current discrepancy between daily 1,000 units of D3 that are recommended by medical experts and the 200 units that are recommended by the USDA food and nutrition service guidelines. New USDA guidelines are expected in May 2010, and higher recommended levels are anticipated, she said.

For exercise, Dr Rahl recommended an accumulation of at least 150 minutes of aerobic exercise weekly, but more is better. She stated that this exercise can be accomplished in 10-minute increments throughout the week or even as a 150-minute end-of-week “cram” session. She also recommended 2 strength training sessions per week.

Sandra Bond Chapman, MD, began her presentation by asking participants what age they would choose for their brains. Participants mostly suggested ages 25 and 35. Dr Chapman noted that it is common to hear people say they like to be age 60 but would like the mind of a 20-year-old. She proceeded by showing how conventional wisdom about the brain has been proved incorrect over the last several years. For example, the brain actually gets better over time. Although time of processing slows during the aging process, the depth of the brain’s ability to make sense of information increases. She, too, described an ABC approach, with the following needed for brain health: awareness (attending to cognitive warnings and signs of slippage), brain health physical (to assess strategic attention, abstract and integrated reasoning, and mental flexibility), and conditioning. She noted that completing Sudoku and other puzzles has not been proved to enhance brain capacity, whereas keeping engaged with life has.

Shelli Stephens-Stidham, MPA, described how injury prevention is often associated with disastrous events such as terrorist attacks and tornadoes. However, data show, for example, that more deaths occurred from all manner of preventable injury in the same time period in a given location than deaths occurring from a catastrophic event that ends up covered for weeks in the newspapers.

For instance, Stephens-Sidham’s organization is working to reframe the perception so that people do not continue to take traffic deaths for granted but, rather, to think about them with the same gravity as deaths from the war in Iraq. Her group has initiatives underway to improve car seat and seat belt use in neighborhoods with high rates of nonuse, as well as to increase the number of smoke alarms in homes in areas that have frequent residential fires.

ABCs for Preventing Illness
Aspirin
Blood pressure
Cholesterol
Diabetes, Vitamin D deficiency
Exercise

ABCs for Brain Health
Awareness
Brain health physical
Conditioning

Ann Tennier is a senior editorial assistant at the Medical College of Wisconsin, Milwaukee, WI.

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GPP2, CONSORT, AND YOU

Moderator
Kim Pepitone, CMPP
Director of Credentialing and Professional Development, International Society for Medical Publication Professionals, Spring Hill, FL

Speakers
Thomas A. Lang, MA
Principal, Tom Lang Communications and Training, Davis, CA
Yvonne Yarker, PhD, CMPP
Senior Vice President, Medical Communications, Scientific Connexions, Yardley, PA

By Anne McDonough, MPH, CSci

Kim Pepitone opened the session by asking a question many medical writers probably have: There are so many publication guidelines—how do medical writers implement them in their daily practice?

Tom Lang, MA, who reported that he has served on a number of committees that have developed these guidelines, endeavored to answer that question in his presentation “CONSORTing with a QUOROM of MOOSEs.” Lang began with a short history of publishing milestones from the first printing press to the present. He noted that the problems of poor reporting in scientific research are long-standing, widespread, potentially serious, and largely unknown. He then reviewed the most commonly used reporting guidelines:

- CONSORT for reporting of randomized controlled trials (note: a new CONSORT statement for abstracts was published last year)
- QUOROM for meta-analysis of randomized controlled trials
- STROBE for reporting of observational studies
- MOOSE for meta-analysis of observational studies
- TREND for reporting of non-randomized studies
- PRISMA for systematic reviews

Many more guidelines are available for other research designs and for specific therapeutic areas, and a comprehensive list can be found on the EQUATOR network Web site (www.equator-network.org). Lang ended his presentation with ideas for reporting standards that are still needed:

- Biomedical images—subject details, image acquisition details, characteristics of the image, and overall meaning of the image
- Laboratory procedures—eg, for centrifugation, the centrifuge manufacturer, rotor type, duration, and g force

Yvonne Yarker, PhD, CMPP, served on the committee that developed the revised Good Publication Practice (GPP2) and started her presentation with her good news that the British Medical Journal recently accepted GPP2 for publication and it should shortly be available on the journal’s Web site (www.bmj.com). The new version will also soon be available on the GPP Web site (www.gpp-guidelines.org). GPP2 is an update of the original guidelines for publication and presentation of results of trials sponsored by pharmaceutical companies, which were published in 2003 and addressed primarily publication bias, redundant publication of data, and the relationship between sponsors and investigators. There were several rationales for updating the guidelines:

- Publication of new guidelines and reports from other organizations
- Changes in the regulatory environment
- Increased media coverage of the issues
- Need for expanded scope, particularly in the areas of authorship, reimbursement, the role of medical writers, and publication planning
- Inclusion of medical device and biotech companies

Dr Yarker then discussed the most important new recommendations in GPP2:

- Incorporate GPP requirements into a written agreement between the sponsor and author with descriptions of roles and responsibilities for each.
- Form a publication steering committee within the company to oversee publications.
- Provide full access to sponsor data for authors and other contributors.
- Do not pay (including honoraria) for authorship of articles or presentations.
- Generate publication plans.
- Comply with the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for authorship, available at www.icmje.org (guidance is given for when journal criteria deviate from these requirements).
- Use the acknowledgments section for clear and concise descriptions of the roles of each author or contributor, including the medical writer.
- Include the clinical trial identifier and state whether it is the primary publication or presentation of the trial results (definitions of primary and secondary publication/presentation are provided).
- Comply with established reporting standards, such as those reviewed by Lang.
- Provide clear methodology for systematic and comprehensive review articles and meta-analyses.
- Maintain documentation of how a publication or presentation is initiated, conducted, and finalized (recommendations for items to archive are included).

She concluded that if GPP2 is followed, then integrity, completeness, transparency, accountability, and responsibility will be demonstrated.

The take-home message from both presentations was well summarized by Lang in the question-and-answer period: “Transparency is the solution…It’s the cover-up that gets you.”

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References

WHEN BAD THINGS HAPPEN AT GOOD PLACES—PR DISASTERS AND HOW TO RESPOND

Moderator
Lois J. Baker, MS
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Speakers
Melanie Fridl Ross, MSJ, ELS
University of Florida Health Science Center News & Communications, Gainesville, FL
Barbara R. Snyder, MA
Director, Scientific Writing & Editing, The Procter & Gamble Co, Mason, OH

By Barbara Cerf-Ducastel, PhD

To err is human, to air is humane” was the alternate title of this session: a lighter tone for a very serious topic. As Lois Baker, MS, explained, the focus of the session was to present what public relations (PR) staff should and can do when adverse events occur at their institution. She presented a case that took place at the Philadelphia VA Medical Center. A surgeon mistakenly implanted radioactive seeds in the healthy bladder of a patient instead of in the cancerous prostate. With the regulators’ consent, the surgeon rewrote the protocol to match the number of seeds actually implanted in the correct organ. However, he committed several similar mistakes on other patients later, some of which were not reported. This example, she said, shows how a “no comment” strategy can have negative consequences.

By contrast, Baker introduced 2 speakers who agreed to comment on adverse events at their respective institutions and to present how crises may be handled in a positive way.

According to Melanie Fridl Ross, MSJ, ELS, a crisis is an “event that occurs suddenly and unexpectedly and requires a quick response.” Depending on the way the crisis is handled, it can have a negative impact on an institution or it can preserve and even enhance the institution’s reputation. Ross stated the 2 main rules of good crisis communication:

- Have a plan
- Tell the truth and tell it fast

She presented the following case that occurred at her institution. A healthy 3-year-old boy, whose growth curve was slightly below average, came to the University of Florida with his parents to receive a growth hormone deficiency test. A series of mistakes, including the delivery by the pharmacy of 2 bottles of arginine instead of 1 and the injection of the contents of the 2 bottles by the nurse resulted in the boy receiving more than 10 times the required dose. He died the following day from a brain edema related to the overdose.

From the PR perspective, the situation was complicated, involving privacy issues with the family. However, when the family agreed to a press conference, 2 weeks after the tragedy, the medical director of the clinic gave his apologies to the boy’s family and presented new measures taken to prevent such mistakes in the future, including the creation of a medication committee and a change to the medical school curriculum.

Ross indicated that reacting quickly and efficiently is crucial. She suggested that preparation in advance should involve

- Knowing where management stands on basic issues before a crisis occurs
- Discussing crisis plans and exposing managers to hypothetical situations to test reactions
- Preparing for a press conference
- Anticipating possible questions from the media
- Avoiding the “no comment” reaction
- Avoiding jargon
- Using all means of communication
- Learning from experience

In contrast with Ross’s example, this story illustrates how the media can play both positive and negative roles in such events from the PR standpoint. The heightened level of attention from the media helped Procter & Gamble communicate fast and efficiently; however, it also created a pressure that pushed researchers to make fast and false assumptions.

Concluding remarks from Ross triggered by questions from the audience included more emphasis on early communication, even if the actual cause of the crisis is unknown. It is better to respond that the subject is under investigation than to not respond at all, she said.

Barbara Snyder, MA, discussed the story that most remember: the melamine found in pet food. She described the PR side of handling the crisis. Three days after the first report of acute renal failure in cats, Procter & Gamble decided on a major food recall. However, it took a whole series of tests and several weeks to finally identify the definite cause: melamine, which was used to artificially increase the protein content of wheat gluten and, when combined with cyanuric acid, precipitated in the kidneys, resulting in fatal renal failure.

Snyder noted that the positive actions taken by Procter & Gamble during that event included

- A prompt response to the crisis, initiating a recall
- A close collaboration with the US Food and Drug Administration and veterinarians to identify the cause of the malfunction

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Barbara Cerf-Ducastel is a research scientist at San Diego State University, San Diego, CA, and a medical writer specializing in life sciences.
ABSTRACT
Medical writers are medical literature consumers. They need to be able to evaluate the quality of the articles they use as information sources or choose to cite in their own writing. Writers without training in research design may intuitively recognize well-done reviews and clinical studies. However, a more deliberate consideration of certain criteria will permit the most efficient use of both reviews and clinical studies. The majority of this article will review principles involved in the critical appraisal of clinical studies.

RECOGNIZING HIGH-QUALITY REVIEWS
Almost everyone who makes use of published medical literature has occasion to find a good review article. For purposes of obtaining background information or determining typical practice patterns, a well-written narrative review article may suffice. However, for a comprehensive overview of the clinical evidence pertaining to a particular issue, a systematic review is more likely to be useful. In a systematic review, there is a methodical search for and synthesis of the results of clinical research. Compared with narrative reviews, systematic reviews tend to be more comprehensive in terms of cited research findings, are less likely to be biased, and are more likely to be organized around explicit clinical questions. A narrative review primarily reflects the knowledge and opinions of an expert or group of experts, whereas a systematic review attempts to discover something new through a methodical analysis of published research evidence.

To be considered “systematic,” a review should include the following elements:\(^1\-^3\):

- **Focused study question(s):** A systematic review begins with a definition of what is important to know and then continues with a search for the answer. Examples of study questions include the following:

  - Is core decompression more effective than pain medication in delaying hip replacement? Is pancreas transplantation effective in preventing or reversing secondary complications of diabetes?

  - **A specific search strategy:** Search refers to literature search, ie, a review of databases such as MEDLINE, EMBASE, or the Cochrane Library. The search should be systematic, and the strategy should be defined in the review article. Elements of such a strategy include at a minimum the particular databases searched, publication dates included, and search terms.

  - **Specified criteria for article selection:** Further criteria should be applied to the selection of individual articles from the results of the literature search. Study design (eg, only randomized controlled trials), size of the study sample, and follow-up of a minimum duration are examples of selection criteria. These criteria should allow selection of articles most likely to provide the strongest and most applicable evidence, given the study question(s).

  - **Critical appraisal of studies, including formal quality assessment:** This step of a systematic review applies quality criteria to the selected studies (see the following section). A good systematic review not only summarizes the reported findings of the selected studies but also provides comments on the strength of those studies, the strength of the relationship between those studies and the focused question(s) of the review, and any other qualifiers that might affect interpretation.

*This article is based on the content of the AMWA workshop (#99) of the same title.*
Some authors of systematic reviews use formal checklists to assess the quality of individual studies.

- **Synthesis**: A good systematic review culminates in a synthesis of the evidence provided by the individual clinical studies, taking into account the critical appraisal of those studies. Synthesis may be purely qualitative, or it may involve statistical meta-analysis, in which data from multiple studies are pooled to derive more precise estimates of a particular treatment outcome or diagnostic accuracy. The synthesis leads to a stated conclusion.

A systematic review may stand alone. It may also be combined with other information and considerations to yield clinical policy (practice guidelines), reimbursement policy, or public health policy. For a general medical writer’s purposes, a systematic review can be useful for either providing a well-reasoned answer to a particular issue or simply identifying the best clinical studies on a topic.

**RECOGNIZING HIGH-QUALITY CLINICAL STUDIES**

Various medical writing tasks require the interpretation of individual clinical studies. Some degree of critical appraisal of study quality is more likely to lead to selection of the best studies and to a more accurate representation of their findings. The quality of evidence provided by a study is derived from its strength as well as its usefulness. The following discussion does not provide a complete guide to critical appraisal of clinical research but illustrates key principles. Additional information and quality checklists are available online and in the literature.

**Study Strength**

The terms strength of evidence or study strength refer primarily to methodologic strength. It refers to measures taken by investigators to enhance the internal validity of the study, which is another way of saying that bias is minimized. The strength of a study is usually assessed in terms of research design, study conduct, sample size, and reporting and analysis. Research design typically determines the level of evidence, which might then be upgraded or downgraded based on the other aspects of the study or study article.

**Research Design**

A hierarchy of study design guides the first step in assessing the strength of an individual study. Epidemiology textbooks are good resources for detailed discussions of specific study designs. Evidence-grading schemes typically use some variation of the following simple categories, at least for studies of treatment interventions. These categories are listed in order from strongest to weakest:

- Randomized controlled/comparative trials
- Nonrandomized controlled/comparative studies
- Uncontrolled/noncomparative studies
- Expert opinion, case reports

Some systems include meta-analyses (of randomized controlled trials) in the same category as randomized controlled trials. Other systems do not include meta-analyses at all because they do not provide primary evidence. In a randomized controlled trial, patients are assigned either to the active treatment group or to a control group that does not receive this treatment. A computerized algorithm makes a random assignment each time a patient is enrolled. The result is that the 2 groups (treatment and control) are as similar as possible. They are unlikely to differ in factors that might bias results by differentially affecting treatment response in the 2 groups. Such factors are called confounders. An example of a confounder would be age in a trial in which the patients undergoing usual conservative treatment (the control group) were on average younger than patients undergoing a new surgical procedure (the interventional group). A lower incidence of future cardiovascular events in the control group could be partially attributable to the age difference. With successful randomization, any observed difference in outcome should be due solely to the difference in interventions and not because of pre-existing patient differences. A randomized controlled trial compares the active intervention of interest either with a placebo (no treatment) or with standard treatment. Head-to-head or comparator trials, in which 2 nonstandard alternatives are compared, may also be randomized. Randomized trials are by their very nature prospective in design, with patients enrolled according to a specified study protocol and data collected to answer study questions. A prospective study of any design is one in which outcomes are not yet known.

Unlike randomized trials, nonrandomized controlled/comparative studies are subject to selection bias because factors that affect intervention assignment may also be related to outcome. For example, more severely ill patients might be more likely to volunteer for an experimental treatment because they have more to gain, whereas less severely ill patients might prefer to remain with standard treatment. Nonrandomized studies may be prospective or retrospective. Retrospective studies analyze data pertaining to patients treated in the past; the outcome of treatment is already known. Such studies are subject to information bias because of the limited availability, accuracy, and completeness of patient charts, or by previous collection of data without research purposes in mind. Another variation is to prospectively assess a group of patients and then make comparisons with a historical control group, that is, a group treated earlier in time. This design carries the limitations of retrospective data analysis...
and may preclude the observance of identical selection criteria and treatment protocols for the 2 groups (see the Study Conduct section).

Uncontrolled, noncomparative studies include longitudinal studies, case series, and database analyses that do not compare 2 groups of patients. Longitudinal studies are prospective by definition. Case series and database reviews are generally considered retrospective studies although authors sometimes state that data collection was prospectively defined.

Another way of categorizing research designs is to group them as experimental/interventional or observational. Experimental studies represent deliberate intervention, or treatment assignment, on the part of the investigator. The term usually brings to mind randomized trials, but nonrandomized methods of treatment assignment characterize some experimental studies. In observational studies, the investigators do not make treatment assignments.

Observational studies may involve natural control or comparison groups (as in cohort studies), comparisons of current patients with historical controls, case-control studies, cross-sectional studies (patient-level data), and ecologic/correlational studies (group-level data). Other observational study types are database analyses, which may or may not involve comparisons, and case series. Experimental studies are considered to be methodologically stronger than observational studies but may not be as useful (see the Study Usefulness section).

The lowest level of clinical evidence comprises certain sources of information rather than actual study designs. This level includes expert opinion and case reports. The opinions of experts, even of experts with vast experience, are subject to bias due to knowledge gaps, nonrepresentative patient populations, and the limitations of human perception and memory. Furthermore, experts in the field may tend to be advocates of new technology because they work at institutions most likely to be early adopters. Nevertheless, in the absence of clinical trial data, expert opinion can be very useful. Case reports, published descriptions of a single case or a small number of cases, may suggest avenues of research but do not represent systematically derived evidence. Practice guidelines often must rely on expert opinion to address some issues, but health technology assessments and systematic reviews generally exclude expert opinion and case reports. (Practice guidelines recommend approaches to multiple aspects of a particular disease or clinical problem; health technology assessments evaluate the safety and effectiveness of devices, drugs, procedures, or tests. A practice guideline may make use of one or more previously written health technology assessments.)

**Study Conduct**

Apart from design category, many choices made by investigators in the conduct of a trial can affect study quality. In evidence-grading schemes, factors related to study conduct might positively or negatively modify a ranking made solely because of study design. For randomized trials, blinding is an important quality differentiator. Blinding means that the persons involved in a trial do not know the identity of the interventions being delivered to specific patients until after the completion of data collection. If patients, clinicians administering the interventions, or other personnel involved in data collection and analysis are aware of treatment assignment and if there is any subjective element to the reporting of symptoms or evaluation of outcomes, then the results might partially reflect expectations associated with the newer treatment. Thus, bias would be introduced and some of the benefits of randomized treatment assignment would be lost. Additionally, if patients knew that they were not in the experimental/treatment group, they might be more likely to drop out of the trial, resulting in large losses to follow-up. In single-blind trials, the study participants are unaware of which intervention they are receiving. In double-blind trials, both the patient and the evaluators are unaware of the intervention received.

In nonrandomized controlled/comparison studies, it is important that patient groups be made as similar as possible. Researchers can specify the same inclusion/exclusion criteria for patient enrollment in all groups. Such criteria are usually related to factors such as medical history, comorbidities, age, sex, and disease severity. Investigators may go a step further and select a control group or individual control patients on the basis of characteristics matched to the specific characteristics of patients already selected for the treatment group. Bias may also be introduced by differences in treatment settings or the timing and manner of outcome assessment. In any controlled or comparison study, regardless of randomization, the study protocol should be well defined so that there are minimal treatment differences between groups except for those related to the intervention of interest. For example, in a study comparing extracorporeal shock wave treatment for tennis elbow with a sham treatment (a form of placebo), supplemental corticosteroids should be either prohibited or allowed in both groups.

Lastly, a less-than-adequate follow-up interval, losses to follow-up, or both may invalidate the results of an otherwise strong study. Follow-up must be long enough to allow the outcomes being reported to manifest themselves. A study focusing on short-term adverse reactions may need only a brief follow-up interval. A study of techniques used in fracture repair requires perhaps only a few months of follow-up. However, a study reporting the impact of a cholesterol-lowering drug on cardiovascular events...
requires long-term follow-up of several years. As the follow-up interval lengthens, the possibility of loss of patients to follow-up increases. Over time, some patients may discontinue their assigned treatment or not return for follow-up visits. A difference in follow-up rates between comparison groups suggests biased results. Even in an uncontrolled case series, if the reasons for not returning are related to how well or how poorly patients fared following treatment, results can be misleading. The careful reader will look to see whether measures have been taken to minimize loss to follow-up or to compensate for losses by such tactics as telephone interviews.

Sample Size
There is no magic number when it comes to adequate sample size. In larger samples, the results of the study are more likely to be consistent with results that would be observed if the whole population of interest were studied. In other words, large samples reduce the likelihood of sampling error. In situations in which the magnitude of expected improvement or the magnitude of the expected difference between 2 groups is small, a larger sample size is necessary for observed changes or differences to be statistically significant. Thus, one mark of a carefully planned study is the report of power calculations, in which minimum sample size is determined ahead of time and is based on expectations of differences of a specified magnitude. These expectations may be based on what the authors consider to be a clinically important effect.

Reporting and Analysis of Results
Investigators have not added to the overall body of clinical evidence if they have simply collected data. Quality in the dimension of reporting and analysis means that data were analyzed in a manner appropriate to the clinical issues and to the nature of the data. It also means that enough data are reported for the reader to judge the authors’ conclusions. The statistical significance and the variability of key results should be reported. Statistical significance indicates the probability (P value) that change or the difference between groups occurred by chance alone. Variability refers to the level of precision in observed results as expressed by a confidence interval, standard deviation, standard error of the mean, or simply by a range of observed values. Even readers who are untrained in statistics can look to see that these issues were considered. (For more information on evaluating statistics, see the series of articles by Tom Lang published in the AMWA Journal.)

Testing for statistical significance should not preclude reporting clinical significance, also referred to as clinical importance. For example, a pain treatment may result in a statistically significant 1-point decrease on a 10-point pain scale. Is that enough improvement to make a difference in patient well being or functional abilities? It may not be possible for a medical writer unfamiliar with the field to make these judgments, but data showing the magnitude of effect

Reporting Standards
For medical writers who work with authors to prepare articles for publication, reporting standards are very important tools. Reporting standards were not developed to guide critical appraisal of already published literature, but to ensure that biomedical articles being written for publication include the information necessary to permit critical appraisal. These standards were derived from principles of good research and analysis.\(^1\)\(^2\) Widely recognized reporting guidelines include the following.

- PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)
- CONSORT Statement (Consolidated Standards of Reporting Trials [for randomized controlled trials])
- STARD (Standards for Reporting of Diagnostic Accuracy)
- STROBE (Strengthening the Reporting of Observational studies in Epidemiology)
- MOOSE (Meta-Analysis Of Observational Studies in Epidemiology)
- TREND (Transparent Reporting of Evaluations with Nonrandomized Designs [focuses on behavioral and public health interventions])

These checklists and other similar resources are available through an online clearinghouse managed by the EQUATOR Network.\(^3\)

and some comment on the part of the authors about clinical importance are the marks of good analysis.

Analytic techniques are important ways to compensate for deficiencies of study design or unavoidable problems. In nonrandomized controlled/comparative studies, various statistical techniques can be used to control for known confounders so that results are adjusted for baseline differences between groups and bias is minimized. There are also techniques for calculating results in multiple ways to explore the possible effects of high losses to follow-up or the effect of patients’ unplanned crossover from one treatment to another.

**Study Usefulness**

A study may or may not be applicable to all clinical and policy situations, even if well designed and conducted in an appropriate manner. Generalizability, also referred to as applicability or external validity, is a key concept of usefulness. Can the results obtained in the particular setting and for the particular patients represented by the study be generalized to other settings and patients? This area is often deficient in randomized trials. The very things that help minimize bias and aid clear interpretation—tightly controlled treatment and strict monitoring protocols, highly trained clinical staff, carefully selected patients—give rise to the question of whether the same results would be obtained in routine practice settings and among the patient populations typically seen in those settings. Furthermore, because of their expense, randomized trials usually do not have long follow-up periods and thus may not shed light on outcomes such as survival or long-term safety. Randomized trials are generally designed to evaluate efficacy—how well the treatment or diagnostic intervention works in a controlled setting. In the early stages of development for a new intervention, efficacy and safety are the most important issues.

Eventually, studies that address effectiveness—how well the intervention works in typical practice settings—are the more useful studies. There are randomized effectiveness trials, also called pragmatic trials; however, the primary source of effectiveness data is observational studies. Researchers are developing new observational study designs and statistical tools to serve the growing demand for real-world effectiveness data.\(^{16,19}\)

The manner in which a study sample is selected also affects generalizability. Although randomization minimizes bias by making treatment groups or treatment and control groups similar, it is possible for the overall study group that undergoes randomization to have been selected in a manner that is not systematic and is thus not representative. Enrolling every consecutive and eligible patient or selecting a random sample from the eligible population would be good ways to achieve sufficient representation in controlled/comparative trials and uncontrolled studies.

Another drawback to a study’s usefulness is the type of outcome measured. Intermediate outcomes are less useful ultimately than health-related or patient-centered outcomes. For example, the effect of a surgical technique on range of motion is less meaningful than whether it helped the patient return to playing tennis. The effect of antihypertensive medication on blood pressure is crucial, but whether use of the medications prevents heart attacks and strokes is even more important. Results expressed in terms of quality-adjusted life-years or healthy life-years are especially meaningful from the patient’s viewpoint. Lastly, cost-effectiveness may be a useful outcome measure from a payer or policymaker perspective.

Other issues affect usefulness. Depending on the developmental stage of the intervention, trials comparing the intervention with another relatively new alternative may be more useful than those comparing the intervention with a placebo or with standard treatment. If effectiveness has been established, then studies analyzing long-term safety issues may be needed. Studies that attempt to answer remaining questions about the use of the intervention in certain high-risk groups such as the elderly may be the most useful for interventions that have already been well studied in general populations.

**STUDIES OF NONTHERAPEUTIC INTERVENTIONS**

Quality criteria for studies of diagnostic, prognostic, and screening methods are not as well developed or as easy to comprehend as those for therapeutic studies. The principles discussed so far are most easily applied to therapeutic studies, ie, studies that evaluate treatments. These principles can also be applied to studies evaluating diagnostic/prognostic tests when the studies are designed to measure an outcome, eg, a change in treatment plan or improvement in survival.\(^{20}\)

Such assessments of clinical impact imply the comparison of patients who are treated according to results of the new or unproven test with patients who are treated according to standard criteria. However, most nontherapeutic studies stop short of evaluating clinical outcomes. At best, they calculate sensitivity and specificity by comparing test results with results of a so-called gold standard (reference standard) or with surgical/pathologic confirmation. A typical disease mix in the tested population, a reasonable source of reference (normal) values, and blinded evaluation of test results improve the validity of nontherapeutic studies, whether they are assessing outcomes or accuracy. Examples of even less informative studies are those that simply explore statistical associations between laboratory test results and known disease or describe subjective evaluation of image quality for an imaging technique.
CONCLUSION

Many of the principles that define the quality of medical literature are within the realm of common sense and will not be surprising to medical writers, even if some of the terms are new. Moreover, effective use of the clinical literature does not necessarily require the detailed and technical critique that this review might imply. It is my hope, however, that the reader can now more quickly discriminate between the best and the not-so-good.

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References


IN THE NEXT ISSUE...

• Continued coverage of the 2009 conference, with more session summaries
• Swanberg Address
• Details about the restructuring of AMWA’s educational program
Standard disclosure form—The International Committee of Medical Journal Editors (ICMJE) has created a standard form for its member journals to use in requesting disclosure of authors’ potential financial conflicts of interest. Many additional journals follow ICMJE guidelines, and medical writers could do a public service by educating editors and authors about this form, which is in the public domain. See www.icmje.org/coi_disclosure.pdf for the blank form and www.icmje.org/sample_disclosure.pdf for a completed sample. It is hoped that authors will save time by storing a partially completed form on their computers and filling out manuscript-specific information as needed. The form is in “beta testing” until April 10, 2010, and users may make comments and report problems via the comments feature at www.icmje.org.

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Statement is a new guideline that supersedes the QUOROM statement for reporting meta-analyses. The PRISMA Statement and a companion explanatory document have been published in several journals, but the easiest way to obtain them is from the dedicated Web site, www.prisma-statement.org/index.htm.

COMPARE (www.randcompare.com) aims to be a nonpartisan, objective tool for evaluating proposals for reforming the US health care system. Supported by the Rand Corporation, it has 3 main sections: information about the current status of the system, explanations of policy options for changing the system, and a matrix that compares how changes in policy would affect overall spending, consumer financial risk, and other considerations. A “hot page” tracks key House and Senate bills and provides documents released by the White House, the Congress, federal agencies, and other stakeholders.

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 took 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. The guidelines are available at no cost at www.phrma.org.

Rapid Research Notes is a new open-access archive of biomedical information on focused topics of immediate interest to researchers, policymakers, and the public. The inaugural collection is PLoS Currents: Influenza (http://digbig.com/5bajcf). Publishers (not individual authors) may deposit materials under National Library of Medicine guidelines (www.ncbi.nlm.nih.gov/rrn/about). Materials are not peer-reviewed, and the contributing publisher must have a panel of experts screen them for acceptability.

And the pendulum swings—A new group, The Association of Clinical Researchers and Educators (ACRE) (www.acreonline.org), aims to promote responsible physician-industry collaborations. According to its Web site, it opposes the “increasingly onerous regulations” championed by “the anti-industry movement,” including “substantial disclosure,” “censorship on writing, speaking or advising,” and “restrictions on physician-industry associations, actions, and rewards.” These regulations, ACRE says, “only serve to decrease medical education and innovation, and will eventually have a negative effect on patient health.”

ACCME has decided not to act on 3 proposals, issued in April, related to the funding of continuing medical education (CME). Under the proposals, CME providers would have had the option to offer “Commercial Support-Free Accredited CME” or “Promotional Teacher- and Author-Free Accredited CME,” and ACCME would have created an independent entity to distribute unrestricted grants for accredited educational projects.

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.
This is one of the biggest conundrums I see consistently with clients as they are contracting freelance work. Almost universally I am asked if I have very specific experience with a drug or topic. Almost universally, they really need a person with a specific writing talent, not expertise in the therapeutic area. First, we need to constantly tell clients that writers are very “quick studies” and remind them they want us to review the latest research on the topic regardless. When queried this way, I begin to question what it is they really intend to do with the writing. When I ferret out more information, I then match my talents, not my expertise, to their project. I try to avoid discussing my abilities as a writer who can easily read and regurgitate therapeutic knowledge; rather, I stress that I can provide targeted writing in the style needed. For instance: Client X asks if I have samples of writing for kidney cancer immunotherapy. I might say yes and send them a journal article on a phase II trial. Wrong. After a bit of questioning, I find out they need gaming questions for an exhibit for a pharmaceutical company that is launching a new indication for a cancer immunotherapy. Knowing this, I can discuss my promotional writing abilities, my past exhibit experience, my knowledge of physician face time at exhibits, and send them a spot-on sample of this type of medical communication, even if it is in cardiology. Bottom line—spend a bit more time discussing project objectives, not touting product knowledge.

—Barbara Rinehart

This is one of my pet peeves. I generally respond that as a professional freelance with 30 years’ experience in all types of writing on many diverse subjects, I am able to comprehend and convey accurate information on virtually any topic. I am honest in stating the fact when I do not have recent experience in a given topic, even if I have written on that topic years ago. However, I often can convince the client that I will do a good job for them. I am also willing to devote some unpaid hours to come up to speed on an unfamiliar topic (if it is a large project and one that I want to take on).

It is important to convey that you are the writer, not the expert. You will work in concert with industry experts to ensure that the writing is factual, relevant, accurate, and meets the needs of the intended audience(s).

Each of us has types of projects we enjoy and others that we do not. It is important that you find your own balance between the two. If you want to specialize in one area of medicine (ie, allergies and asthma) or one type of project (ie, sales training or regulatory writing), then only look for work within those specializations. On the other hand, if you enjoy writing about all types of medical conditions in all media, then you are in a strong position to work for many diverse clients.

—Elizabeth Smith

This is a difficult one to solve, and I suspect that those of us without science degrees probably face it more often than those who have degrees in science, medicine, or pharmacy. I’ve always believed that a good writer can write about anything as long as the information is available to him or her, but convincing a potential client that this is true can be difficult. What good is it to have expert knowledge on a specific topic if you don’t have the writing skills needed to translate that knowledge into a written document that is meaningful to the intended audience?

In truth, there is not a great deal you can say to a client who is convinced that knowledge of a topic is more important than writing skill. However, for those who seem willing to listen, the best approach is to remind them that you are an experienced writer who has successfully completed many writing assignments on a variety of topics. It might even be helpful to list some of the subject areas and, if you feel comfortable doing so, you might offer to send a sample of something you’ve written on a comparable topic. For example, if the client is looking for someone with specific knowledge about a topic you have never written about, such as ovarian cancer, you might share something you’ve written about another type of cancer (eg, breast or colon cancer). This will demonstrate your writing skills and your familiarity with the language of oncology. When sending a sample, I usually like to provide a “draft” copy rather than (or, in some cases, along with) the finished product. Providing a document that has not been edited by the client gives a potential new client a more accurate picture of the quality of writing you will provide them. Beyond that, there really is nothing more you can do without appearing to be “begging,” and that’s never a good idea. If the potential client is still not convinced, it’s their loss.

—Donna Miceli
When I am confronted with this challenge, which usually only occurs when I am speaking with a new client, I usually take one of 2 approaches, or both. The first approach is to explain that the information needed to write in a new therapeutic area, like the mechanics of writing itself, can be learned. In contrast, the ability to communicate information clearly and compellingly comes from talent, which cannot be learned but is inherent, nurtured, and perfected over time. The second approach is to offer that the person speak with my clients to inquire how quickly and well I am able to come up to speed. Of course, if it is an area in which I truly have no or little knowledge, the deadline is too tight for me to get up to speed, or the assignment must be written at a high level of understanding. I prefer to still be a part of the solution by relying on my AMWA contacts to help the client find a suitable writer for the job. This way, they will still come to me first the next time.

—Brian Bass

Show examples of your work in a variety of fields to demonstrate your communication skills. For medical writers who don’t have such examples on hand, preparing articles and even client ads for special-interest publications, such as those distributed by your city, church, sports stores, hobbyists, etc, or even neighborhood newspapers, is a pleasurable way to build a portfolio rather quickly. Those organizations must fill their pages daily, weekly or monthly, so they need you. In your library or online, check Writer’s Market (WritersMarket.com), a source containing thousands of publications for ideas and addresses. Additionally, see your Chamber of Commerce listings or even the Yellow Pages for other outlets for your services.

—Phyllis Minick

Conflict of Interest, Authorship, and Disclosures
The September 2009 issue of Mayo Clinic Proceedings featured a commentary and editorial on the topic of conflicts of interest, authorship, and disclosures. The commentary, “Conflicts of Interest, Authorship, and Disclosures in Industry-Related Scientific Publications: The Tort Bar and Editorial Oversight of Medical Journals,” was written by Laurence J. Hirsch, MD, an AMWA member and former manager of the Medical Communications Department for clinical research publications at Merck & Co in 2001-2006. Accompanying the commentary is an editorial by the journal’s Editor-in-Chief, William L. Lanier, MD, titled, “Bidirectional Conflicts of Interest Involving Industry and Medical Journals: Who Will Champion Integrity?” Both articles are available as free downloads at www.mayoclinicproceedings.com.

AMWA Responds to Media about Ghostwriting


“Spin”
“Spin” is prevalent in published reports of negative randomized controlled trials, study results suggest. A team led by Dr. Isabelle Boutron developed a system for scoring “spin” by evaluating word choice and looking for emphasis on secondary endpoints or references to “comparable effectiveness” or “equivalence.” Two independent reviewers then rated 72 negative randomized controlled trials. They detected evidence of spin in 18% of study titles, 29% of results sections, 43% of discussions, and 50% of conclusions, as reported by Medscape from the 2009 International Congress on Peer Review and Biomedical Publication. One-third of abstracts contained a “high level” of spin, defined as “no acknowledgment of the negative primary outcome, no expression of uncertainty, and no recommendation to study the issue further.” Boutron told Medscape that editors need to “think more critically about the discussion and conclusion sections of articles.”

—Brian Bass
Voices of Experience
By Heather Haley, MS
Haley Writing Solutions LLC, Cincinnati, OH

➲ Interviewee: Karen Cristello
Promotions Coordinator, American Academy of Ophthalmology, Division of Meetings & Exhibits

What is your education and work background? How long have you worked in medical writing?
I have a BA, with a major in English literature and a minor in professional writing from Portland State University. I taught English in Kyoto and Tokyo for 4 years, did public relations for a fashion company in Portland for 4 years, and sold educational products in New York for 3 years. I’ve been in this job for 4 years; it is my first foray into the medical world, and I love it. Promoting medical education is far more soul-satisfying than peddling footwear.

What is your current medical writing position and how did you find it?
I promote the Academy’s annual meeting to about 45,000 potential attendees through our Web site and EyeNet Magazine, and manage production of the Annual Meeting Advance Program, which is considered one of our major marketing pieces; the Pocket Guide; and the Final Program. I also promote the printed programs and meetings to our exhibitors to sell ad space in the books. The programs are by far the most technical, fun, and interesting part of my job. My perfectionist side relishes the challenge of creating 100% accurate publications, while my curious side thrives on learning about eye diseases.

I found the posting on Craigslist after I moved to San Francisco. I was looking for something that would draw on my geeky passion for grammar and past experience in promotions and writing but that would also allow me to be somewhat creative and have some variety in my various tasks. Ever since dissecting a nutria and blowing up its lungs with a straw in the third grade, I’ve been enamored with anatomy and biology, so being at a medical association was icing on the cake!

How is working for a professional society different from working in a large corporation or agency? What pressures and issues are affecting medical societies today?
Our “clients” are not just doctors or potential sales; they are our members. They pay us and have certain service expectations, so everything we do has to be in their best interest. We need awareness of how our actions affect our accreditation. In my department, these actions include collecting financial interest disclosures, keeping advertising away from educational content, and maintaining a clear separation from non-Academy symposia.

One of the biggest current issues is the problem of commercial bias creeping into educational forums. For example, we are a nonprofit, so of course we want advertising and sponsorship dollars. But it’s a delicate balance. It would be really easy to go overboard and accept any kind of advertising and marketing our exhibitors want. On the other hand, some people would like to see no promotion at all. This year, we cut our sponsorships of pens, limited logo usage on bags, and restricted giveaways at exhibitor booths, and it’s just going to get tighter and tighter.

Is there anything you wish you’d known starting out that you know now?
There haven’t been any unhappy surprises. I look forward to not knowing everything because I enjoy learning and growing and acquiring new skills. If I knew everything, there would be no challenge and I would quickly get bored. Perhaps if I knew about medical writing 20 years ago, my career path might have been different but not necessarily better. I really appreciate the variety of projects, industries, people, and places I’ve experienced; they’ve made me a more well rounded person.

How does your current job differ from your first job?
My jobs have all been so different while sharing common threads. Now I’m promoting a medical meeting and education to ophthalmologists while working with ad agencies, pharmaceutical and device companies, and internal staff. Contrast that to pitching fashion magazines and promoting footwear to consumers at rock concerts, or teaching grammar and conversation skills to Japanese housewives and business people—the closest I came to medical writing then was teaching a dialogue on visiting the doctor.
Since many of our readers work at ad agencies and pharmaceutical and device companies, what tips do you have for working successfully with someone in your role? Be organized. People seem to move around between companies and especially between products, and gaps in communication occur within their own teams and between the various companies/agencies. I know everyone is juggling many things, but I am constantly surprised that people do not read confirmations or policies and forget deadlines (or sometimes, that they’ve placed an ad at all!). Be thorough in all communications, send deadline reminders, and even make sure the ads are accurate (with regard to the association-related copy). Although we’re not responsible for their mistakes, I do not want any erroneous content in my books.

What are the best ways for a newcomer to establish himself or herself as a medical writer? My job is a great starting point. If you’re interested in a job that allows you some creativity, you could definitely move into a health care advertising or public relations agency. There are tons of possibilities; it just depends on how technical you want your job to be. I’m not in a position to hire, but if I were, I would look for someone with a balance of technical skill, attention to detail, and creativity. I would also look for the ability to adapt one’s writing style to different audiences and various mediums, such as the Web, newsletters, magazines, ads, and abstracts.

What resources do you recommend for a writer in his or her first position? Definitely attend AMWA conferences. I always enjoy the homework and look forward to the workshops and open sessions. I’ve taken courses from both the editing/writing and public relations/advertising tracks and the instructors have all been extremely knowledgeable. Also, invest in the AMA Manual of Style and any publications that are pertinent to your specific medical area.

Get the Recognition You or Your Publication Deserves

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

**AMWA 2010 ERIC W. MARTIN AWARD FOR EXCELLENCE IN MEDICAL WRITING**
AMWA encourages members to submit entries to the Eric W. Martin Award competition, which recognizes writing in 2 categories: Articles (print and electronic) Intended for a Public or Health Care Consumer Audience, and Articles (print and electronic) Intended for a Professional (Medical) Audience. Monographs and articles must have been published in the 2009 calendar year.

➤ *The deadline for entries is February 2, 2010. Criteria for the award and entry forms are available on the AMWA Web site ([www.amwa.org](http://www.amwa.org)).*

**AMWA 2010 MEDICAL BOOK AWARDS**
AMWA also invites entries for its 2010 Medical Book Awards competition, which recognizes authors of nonfiction medical writing. Awards are presented to the author(s) of the best English-language medical books in each of 3 categories: Books for Health Care Professionals—Physicians, Books for Health Care Professionals—Nonphysicians, and Books for Public or Health Care Consumers. Only first editions (or significantly revised subsequent editions) released in 2009 are eligible.

➤ *The deadline for entries is February 26, 2010. Criteria for the awards and entry forms are available on the AMWA Web site ([www.amwa.org](http://www.amwa.org)).*

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

➤ *The deadline for entries is in mid to late February 2010. Visit [www.snaponline.org](http://www.snaponline.org) for more information.*

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

➤ *The deadline for entries is March 17, 2010. Visit [www.apexawards.com](http://www.apexawards.com) for more information.*

❖ See the Member Musings section (beginning on page 207) to learn about members and publications who have earned recognition through these writing/publications competitions. Reviews of books honored with 2009 AMWA Medical Book Awards are included in the Media Reviews section, which begins on page 192.
The International Publication Planning Association (TIPPA), www.publicationplanningassociation.org
In-depth summary of the 7th Annual Meeting (June 2009), by Elizabeth Wager. Available as a PDF download.

EQUATOR Network
www.equator-network.org
Slide sets from select presentations at the 6th International Congress on Peer Review and Biomedical Publication (September 2009). All slides available at http://tiny.cc/Favaj.

¬ EQUATOR Workshop: Key Guidelines for Reporting Health Research Studies
Workshop led by Doug Altman, David Moher, Ken Schulz, and John Hoey (members of the EQUATOR Steering group), with guest speaker Christine Laine, Editor of Annals of Internal Medicine

¬ EQUATOR 2nd Annual Lecture: Redescribing Medicine: Reporting or Reclaiming Research for Health?
Richard Horton, Editor-in-Chief, The Lancet

¬ Peer Review Congress Presentations: “Spin” in Reports of Randomized Controlled Trials with Nonstatistically Significant Primary Outcomes
Isabelle Boutron, Susan Dutton, Philippe Ravaud, Douglas G. Altman

¬ Reporting Guidelines for Clinical Research: A Systematic Review
David Moher

European Medical Writers Association (EMWA)
www.emwa.org
Writing Protocols: Collaboration and Compromise or Conflict and Confusion? ICR-EMWA Joint Symposium
(by Alex Dedman and Andrew Smith)
Published in The Write Stuff (official journal of EMWA) [2009;18(2):127-129]
Available at www.emwa.org/JournalArticles/JA_V18_I2_Dedman1.pdf

Credentialing Examinations:
BELS and CMPP

Board of Editors in the Life Sciences (BELS) Certification Examinations

Friday, March 12, 2010, 12:30–3:30 PM
Orlando, FL
(AMWA Florida Chapter Conference, March 12-13, 2010)
→ Register by: February 19, 2010

Sunday, April 18, 2010, 2:00–5:00 PM
Pacific Grove, CA
(AMWA Pacific Coast Regional Chapter Conference, April 18-21, 2010)
→ Register by: March 28, 2010

Saturday, May 14, 2010, 1:00–4:00 PM
Atlanta, GA
(Council of Science Editors Meeting, May 14-18, 2010)
→ Register by: April 17, 2010

Wednesday, November 10, 2010, 9:30 AM–12:30 PM
Milwaukee, WI
(AMWA Annual Conference, November 11-13, 2010)
→ Register by: October 20, 2010

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 (www.bels.org).

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; E-mail: lneistadt@hughston.com.

Certified Medical Publication Professional (CMPP) credential (offered through the International Society for Medical Publication Professionals [ISMP]). Qualified candidates can take the 3-hour exam during the month of March 2010 at an approved CASTLE Worldwide testing center location throughout the United States and Europe. (Locations are listed at www.castleworldwide.com/mainsite/ibtsites.) For more information, visit www.ismpp.org.
## Calendar of Meetings

### February

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

### March

**American Pharmacists Association**  
March 12-15, 2010  
Washington, DC  
Phone: (800) 227-5558 (US only)  
(202) 872-4600 (outside the US)  
E-mail: natlmtgs@acs.org  
Web site: [www.aphanet.org](http://www.aphanet.org)

**American Chemical Society**  
March 21-25, 2010  
San Francisco, CA  
Phone: (800) 984-3339  
(202) 872-4600 (outside the US)  
E-mail: stc@stc.org  
Web site: [www.stc.org](http://www.stc.org)

### April

**International Society for Medical Publication Professionals**  
April 19-21, 2010  
Arlington, VA  
Phone: (914) 945-0507  
E-mail: kgolden@ismpp.org  
Web site: [www.ismpp.org](http://www.ismpp.org)

**Association of Health Care Journalists**  
April 22-25, 2010  
Chicago, IL  
Phone: (573) 884-5606  
E-mail: info@healthjournalism.org  
Web site: [www.healthjournalism.org](http://www.healthjournalism.org)

### May

**Society for Technical Communication**  
May 2-5, 2010  
Dallas, TX  
Phone: (703) 522-4114  
E-mail: stc@stc.org  
Web site: [www.stc.org](http://www.stc.org)

**European Medical Writers Association**  
May 11-15, 2010  
Lisbon, Portugal  
E-mail: info@emwa.org  
Web site: [www.emwa.org](http://www.emwa.org)

**American Society for Indexing**  
May 13-15, 2010  
Minneapolis, MN  
Phone: (303) 463-2887  
E-mail: info@asindexing.org  
Web site: [www.asindexing.org](http://www.asindexing.org)

**Health Academy, Public Relations Society of America**  
May 14-16, 2010  
Chicago, IL  
Phone: (212) 460-1456  
E-mail: don.bill@prsa.org  
Web site: [www.healthacademy.prsa.org](http://www.healthacademy.prsa.org)

**Council of Science Editors**  
May 14-18, 2010  
Atlanta, GA  
Phone: (703) 437-4377  
E-mail: cse@councilscienceeditors.org  
Web site: [www.councilscienceeditors.org](http://www.councilscienceeditors.org)

### June

**Society for Scholarly Publishing**  
June 2-4, 2010  
San Francisco, CA  
Phone: (303) 422-3914  
Web site: [www.sspnet.org](http://www.sspnet.org)

**Drug Information Association**  
June 13-17, 2010  
Washington, DC  
Phone: (215) 442-6194  
Web site: [www.diahome.org](http://www.diahome.org)

### October

**American Association of Dental Editors**  
October 7-8, 2010  
Orlando, FL  
Phone: (414) 272-2759  
E-mail: aade@dentaleditors.org  
Web site: [www.dentaleditors.org](http://www.dentaleditors.org)

**American College of Clinical Pharmacy**  
October 17-20, 2010  
Austin, TX  
Phone: (816) 531-2177  
E-mail: accp@accp.com  
Web site: [www.accp.com](http://www.accp.com)

**Regulatory Affairs Professionals Society**  
October 24-27, 2010  
San Jose, CA  
Phone: (301) 770-2920  
E-mail: raps@raps.org  
Web site: [www.raps.org](http://www.raps.org)

**Association for Business Communication**  
October 26-30, 2010  
Chicago, IL  
Phone: (936) 468-6280  
E-mail: abjohnson@sfasu.edu  
Web site: [www.businesscommunication.org](http://www.businesscommunication.org)

### November

**National Association of Science Writers Workshops/Council for the Advancement of Science Writing New Horizons in Science Conference**  
November 4-9, 2010  
New Haven, CT  
Phone: (304) 754-5077  
E-mail: diane@nasw.org  
Web site: [www.casw.org](http://www.casw.org)
Wordsmiths, for the most part, love word games. And I am sure there are many word game enthusiasts among our membership. So, here’s another one to think about.

It has been said, “What goes up must come down.” In the laws of gravity, that set of opposites is an absolute. However, is it so in the rules of words?

We recognize a number of word pairs or prefix pairs that define opposites or appear to. In the English language and in medicine, there are many words with the prefixes pre- and post-, over- and under-, and modifiers like small and large, short and tall. In addition, many opposites are defined by high and low and some immediately come to mind:

- Highbrow and lowbrow
- High-rise and low-rise
- High pitch and low pitch
- High pressure and low pressure
- High comedy and low comedy
- High class and low class
- High frequency and low frequency

In our medical language, there are more:

- Overweight and underweight
- Large intestine and small intestine
- Greater omentum and lesser omentum

On the other hand, there are a number of “highs” that have no common opposites. In fact, in some cases, the “opposite” sounds ridiculous.

- High jinks. There are no low jinks.
- High school. What, you’d let your child go to a low school?
- High command. No army would allow a low command.
- Highfalutin. Did anyone ever hear of a low falutin?
- High horse. There is no low horse.
- High noon. Noon can only be high, never low.
- High priest. No one would ever admit to being a low priest.
- High commissioner. The same for this position.
- High tea. I’m invited to what?
- High fashion. Would you wear something that is low fashion?

And in medical terms:

- Preeclampsia. What is postecclampsia?
- Presystolic. How do you recognize postsystolic?
- Precordium. Where would the postcordium be?

Some other apparent opposites create confounding results.

- Upper crust. I’d hate to be a part of the lower.
- Short shrift. Who ever gave anyone the long shrift?
- Small fry. I guess we’re all tall fry.
- Underwater. Do boats go “overwater”?
- Shortcake. A “tall” cake only if you’re hungry.

Then, there are words that appear to be opposites that are so different that you cannot devise the meaning from one to the other.

- Highlight vs Lowlight
  - Highlight. A lighter spot (as in a hairdo), or something that is very significant.
  - Lowlight. An unpleasant event or situation.
- High life vs Lowlife
  - High life. An existence on the expansive and expensive side.
  - Lowlife. A person of ill-repute.
- Highball vs Lowball
  - Highball. An alcoholic cocktail.
  - Lowball. A deceptively low price.
- Knuckle down vs Knuckle under
  - Knuckle down. Work hard.
  - Knuckle under. Give in or submit.
  (Knuckle has 2 different origins in these 2 terms.)
- Shut up vs Shut down
  - Shut up. Cease writing or talking.
  - Shut down. Close an enterprise completely.

Of course, there will always be surprises (at least they were to me).

- High five. Yes, there is a low five (street talk): clapping of hands in a low position.
- Highboy. There is a comparable lowboy, but I admit I’ve never seen one advertised.

There they are—just a few “opposites” from this intriguing realm. How many more might there be in different categories? For one thing, it tells us to be careful always and not make assumptions about opposites when we are writing, then laugh when we find some that are asinine.
Edie has been in a rehabilitation facility since having a stroke earlier this year. She does not have her valuable resources on hand, but she is thrilled to continue helping members solve their grammar and usage questions through her column, even though it means her answers may be more concise than usual.

DEAR EDIE:
I prefer to rewrite “There was a significant difference (p<.01)” but that alternative uses the passive voice. Is the passive voice OK in this circumstance?

MELISSA BOGEN
Chester, NY

DEAR MELISSA:
Yes, the passive voice is acceptable in the situation you describe. In your example, it does not make a difference who determined the probability. Similarly, the passive voice is perfectly fine in other situations in which it is not necessary to know who performed any type of testing.

DEAR EDIE:
How many medical terms refer to a lump? I came up with the following: tumor, mass, neoplasm, growth, wart, hamartoma, cancer, torus, density, cyst, swelling, knot, exophyte. Can’t you come up with another?

BILL KOSLOSKY, MD
Ozark, MO

DEAR BILL:
The only other term I can think of to add to your list of lumps and masses is “lesion.” All of these terms are not synonymous by a long shot, and of course they are also well differentiated in the diagnosis and treatment.

DEAR EDIE:
In the following sentence, is “appropriate-sized” used correctly?
Select a lancet with an appropriate-sized blade.
If I turned the sentence around, I would say, “Select a lancet with a blade of appropriate size.” So perhaps the hyphen is correct in the sample sentence, but is the “d” on the end of “size” correct?

JENNIFER MAYBIN, MA, ELS
Branchburg, NJ

DEAR EDIE: Your sentence is correct. Appropriately sized (without the hyphen) would also be correct. The rule in grammar is that when there is a compound adjective, you do not hyphenate if the adverb ends in -ly.

DEAR EDIE: Here is a quick (and, I hope, useful) addendum to a recent column [Vol. 24, No. 2, p. 86] regarding the common confusion of homophones like “mucus” and “mucous” as well as “phosphorus” and “phosphorous.”

I’d just like to point out that, although the -ous form of both those pairs is always an adjective (as in “mucous membranes” and “phosphorous acid”), the -us form, albeit typically a noun, can also function as an adjective in front of another noun (as in “a mucus plug,” meaning a plug of mucus, and “phosphorus depletion,” meaning depletion of phosphorus).

Similarly vexatious -us and -ous pairs that I stay on the lookout for because the putative noun often acts as an adjective include “calculus” and “calculous” (as in “calculus class” and “calculous cholecystitis”); “erythematous” and “erythematous” (as in “systemic lupus erythematos patients” and “erythematous plaques”); “nodulus” and “nodulous” (as in “nodulus infarction” and “nodulous corpuscles”); and “viscus” and “viscous” (as in “hollow viscus injuries” and “viscous media”).

Given this confusion between -us and -ous pairs, a supposed adjective that isn’t even a word—“volvulous”—even made it into print, per my PubMed search, which uncovered a “sigmoid volvulous” in a 1979 Annals of Surgery title; it should have read, of course, “sigmoid volvulus.” (In fairness, I must point out that all 43 other citations of PubMed titles for that journal, from 1893 on, accurately spelled the noun as “volvulus.”)

As a longtime fan of your copious corpus, I thank you for all of your fun-to-read wisdom.

MARY KNATTERUD
St. Paul, Minn.
DEAR MARY: It is well-known that nouns can be used to modify nouns. This has long been a part of the English language and is accepted and acceptable. So your examples (mucus plug, phosphorous depletion) are correct. AMWA was originally called the American Medical Writer’s Association, but with the knowledge that nouns can modify nouns, we dropped the apostrophe in Writers a long time ago.

Your points regarding -us and -ous pairs are well-taken, but they presuppose an intimate knowledge of anatomy. This reminds me of something that I teach in my workshops—that not all -itis words end in itis (eg, erythmatosus).

DEAR EDIE: While reviewing some background information for a new project, I came upon the phrase “gastrointestinal well-being.” Is this correct? It seems to me that well-being should refer to the entire body and does not apply to its individual parts. Would “gastrointestinal health” be better?

JANET MANFRE
Ewing, NJ

DEAR JANET: I agree that “well-being” encompasses the entire perception of the person and would not be limited to one body part. Using “gastrointestinal health” would be a better way to express this idea.

THOMAS LAAGE, MD
Concord, Mass.

DEAR EDIE: This is a very old question but it sprang to mind recently. The original Strunk & White Manual of Style suggests that the following phrase be punctuated so: “He gave him an apple, an orange, and a banana.” However, I see in many places that the last comma is omitted, as so: “He gave him an apple, an orange and a banana.” I grew up with the former convention, but it behooves me to vote with the majority in writing tasks, so I am looking for guidance in this regard.

DEAR EDIE: I’m a new AMWA member and am still reading your book. My question is about serial commas. I have been told that it is old school to write this: “The patient has a history of breast cancer, diverticulosis, and chronic DVT.” The preferred way to write it is said to be “... history of breast cancer, diverticulosis and chronic DVT.” I disagree completely, because with medical entities, it is extremely important to avoid conflation or confusion—in other words, the punctuation in the second sentence seems to imply an association between diverticulosis and chronic DVT. With the commas, each disease state has equal emphasis. Which way is correct, and why?

KATHLEEN COMALLI DILLON, BA, RDMS
Petaluma, Calif.

DEAR THOMAS AND KATHLEEN: I quote from my “red book”: The serial comma—a comma after the penultimate item in an enumeration—is optional. Follow the house style of the publication you’re writing for.

Although there is much to be said for the serial comma, its use sometimes causes some head-scratching:

The two suspects have been charged with robbery, aggravated and simple assault, recklessly endangering others, a weapons offense, and conspiracy.

Does this mean that “recklessly endangering others” is a weapons offense (in apposition) (four charges) or does this mean that “weapons offense” is still another charge (five charges)? If the latter, this phrase could have been enclosed in parentheses to avoid ambiguity. Another device is to use semicolons to set off each item, with necessary commas with the item.

As another example, consider the following: Please state name, age, sex and housing requirements. That sentence is a good argument for the serial comma.

I thank Janet Manfre, a fellow member of the Delaware Valley Chapter, for her invaluable assistance with this column.

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’s e-mail address, not surprisingly, is dearedie@verizon.net. Questions may also be sent to the AMWA Journal Editor at amwajournaleditor@editorialrx.com. Answers to Dear Edie questions will be published in the Journal but will not be sent in e-mails to correspondents at this time.

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.
The reviews included here are of the 7 books that received recognition in the 2009 AMWA Medical Book Awards competition; 3 books that earned First-Place honors, and 4 books that received Honorable Mention.

First-Place Winners

**Category: Health Care Professionals (Nonphysicians)**

*The Woman Who Walked into the Sea: Huntington’s and the Making of a Genetic Disease*

Alice Wexler

New Haven, CT: Yale University Press, 2008. 288 pp

The woman who walked into the sea was Phebe Hedges, in 1806. Hedges came from a family suffering from what was then known as St. Vitus’ dance. Recognizing early signs of the disease in herself, she chose to take her life. As the book progresses, it becomes obvious the decision made by Hedges is not uncommon in families with this dreaded disease.

St. Vitus’ dance is known today as Huntington disease (HD) or Huntington chorea. It is a genetically inherited (autosomal dominant) disease that leads to chorea (rapid, irregular muscular spasms of the face and limbs) and dementia. It normally becomes symptomatic in a person’s 3rd or 4th decade of life. Before genetic testing (including in utero testing) was available for HD, children who watched their parents deteriorate and die often lived in the purgatory of not knowing whether they were next.

*The Woman Who Walked into the Sea* traces the history, personal and social, of HD in the United States. It is a riveting account of a disease that often led to stigmatization and figured prominently in the eugenics movement in the early 20th century United States. Wexler weaves the social picture of HD with the personal histories of the people who lived it—as patients or caretakers, doctors, and government officials. Countless historical documents, from diaries to newspaper articles to government reports, back up her narrative and offer a fascinating look at how attitudes and perceptions have changed (or not) over the years.

The book has a detailed index, and the Notes section is worth pursuing on its own for further information. It makes clear the volume of meticulous research that went into the writing of a book that is equally personal and objective.

Alice Wexler watched her own mother die of HD. Her family is intimately involved with HD. Her sister Nancy’s research led to the identification of a marker for the disease (which allowed for testing before symptoms occur) and, in 1993, the identification of the HD gene. Alice herself raises awareness of HD through writings and lectures. In the book’s closing paragraph she eloquently explains: “Those of us at risk for this disease have learned to value our precarious relationship to the world, and the insights that it has given us...we have come to appreciate, not the disease, but the creativity and connections it has challenged us to pursue.”

—Adi R. Ferrara, ELS

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

**Category: Health Care Professionals (Physicians)**

*War Surgery in Afghanistan and Iraq, A Series of Cases, 2003-2007*

LTC Shawn Christian Nessen, DO, US Army; Dave Edmond Lounsbury, MD, COL, US Army (Ret); and Stephen P. Hetz, MD, COL, US Army (Ret), editors


The ongoing conflicts in Iraq and Afghanistan have increased the incidence of war-related injuries and heightened the need for better understanding of the treatments of these injuries. This volume is an update with case examples of experience gained by military surgeons in caring for those wounded during these wars. The book is divided into 9 chapters covering the military trauma care system; initial evaluation of patients; and specific clinical problems in different systems and anatomic regions. These problems include injuries to the face, neck, and eye; the head and spine; and the thoracic and abdominopelvic regions. Soft tissue, orthopaedic, and vascular injuries are also covered. Cases are used as illustrative material in each chapter to reinforce current treatment recommendations. In particular, the volume emphasizes the common pitfalls seen in providing care to those with war injuries as well as the unusual nature of the injuries.

The volume also demonstrates how little has changed over time. Wounds illustrated in this volume are
similar to those documented during the Vietnam War and previous conflicts. Surgeons need to learn treatment techniques that have been documented from previous wars.

The volume does have some limitations. For example, one of the case examples provided was of a soldier who was involved in a rollover motor vehicle accident. Civilian trauma surgeons would find little difference in the injuries and care provided when compared with the care offered at a military trauma facility. This example does, however, serve as a reminder that blunt trauma commonly seen in the United States may occur in a combat zone as well.

The volume is meant to be current “expert advice” on decision-making management and not step-by-step illustrations of care. It complements the current edition of Emergency War Surgery, Third United States Revision, which does provide step-by-step illustrations of care.

During the development and writing of this book, concerns were raised about the graphic nature of the presented material. Indeed, the premise of the book was challenged because the case presentations would involve injured Americans. Some graphic images contained in the book are, indeed, disturbing. But none is used gratuitously, and all are in fact everyday scenes of severe trauma resulting from combat. The book’s content is consistent with the book’s title: War Surgery. More disturbing images have been published elsewhere in both public and military medical press. The chosen images enhance the educational value of the publication and make this a stronger, more compelling look at the present state of combat casualty care.

This volume should be read by anyone with an interest in war surgery. Surgeons of all specialties would benefit from this volume prior to deployment as an update of current thinking. It should also be read by surgeons who are part of nongovernment organizations that often provide care in the war-torn regions of the world. Lastly, a number of civilians and reservists have been wounded in combat zones and are now seeking care outside of the military and Veterans Administration Hospitals. Because of this, the book is also of interest to those in civilian practice.

—Paul J. Dougherty, MD

Paul is Associate Professor and Orthopaedic Surgery Residency Program Director at the University of Michigan.

Category: The Public or Health Care Consumers

**Cure Unknown: Inside the Lyme Epidemic**

Pamela Weintraub

New York, NY: St. Martin’s Press, 2008, 408 pp

With *Cure Unknown*, Pamela Weintraub tells a story that will grip those affected by Lyme disease as well as anyone who has lived alongside chronic, debilitating illness and wondered why straightforward answers or acceptable treatment pathways were so hard to find.

After Weintraub, her husband, and 2 sons relocated to rural New York, progressive and painful symptoms developed in all of them that were eventually diagnosed as Lyme disease. Using this springboard, *Cure Unknown* tells the story of Lyme disease from multiple perspectives. The first is a subjective, painful narrative of what it is like to be ill, cope with your children being ill, and repeatedly seek a diagnosis and effective treatment. The second is an equally detailed but now objective account of 2 decades of work by clinical practitioners, academic researchers, and government organizations to identify the disease’s source, diagnostic standards, and optimal treatment. This story encompasses not only breakthroughs but also competitive infighting that leads to data manipulation and suppression. *Cure Unknown* also provides a comprehensive discussion of the disease’s presentation and progression. Last, it tells the story of activist individuals with Lyme disease and their efforts to gain a proper diagnosis and access to a controversial but effective treatment option.

There is no doubt that *Cure Unknown* is timely and relevant; surveillance data from the US Centers for Disease Control and Prevention indicate that reported cases of Lyme disease have doubled between 1992 and 2006 (www.cdc.gov/mmwr/preview/mmwrhtml/ss5710a1.htm). But from a reader’s point of view—in particular, one who is a medical writer—*Cure Unknown* is the most exciting book of the year. It sets a new bar for the patient tell-all; it is laid out with superb intellectual rigor, does not spare technical details, but is also crafted to be both objective and accessible to the layperson. Weintraub successfully navigates organizational and logistic challenges that would daunt many experienced authors, and the book’s detailed notes and reference sections are a fact-checker’s delight. But somehow, what I cannot overlook is that Weintraub managed to conceive and write this book while she was in the middle of a situation that threatened her entire family.

Last, but not least, *Cure Unknown* is a potboiler and page-turner, the kind of deeply addictive read that led many of us to begin writing in the first place. For a medical writer or journalist, *Cure Unknown* is not only worth reading but also worth studying.

—Caitlin Rothermel, MA, MPHc

Caitlin is a freelance medical and health economics writer and lives in Seattle, WA, with her family.
The complexity of clinical research in oncology is expertly translated into comprehensive yet clear content in the book *Manual for Clinical Trials Nursing*. Published by the Oncology Nursing Society, this second edition text provides essential and extensive information about clinical trials in oncology. While the primary intended audience is nurses specializing in oncology clinical research, many other readers will benefit from this book, such as members of multidisciplinary clinical teams, the biopharmaceutical industry, academia, the nonprofit sector, and other institutions.

This well-organized book appropriately begins with the beginning—the history and background of clinical trials. This topic has already been widely covered in a general nature elsewhere; but thankfully, this manual interweaves the unique history of oncology clinical trials. The authors next explore study planning and start-up considerations. The protocol development portion covers regulatory and ethical considerations, such as assurance of compliance in the protection of human subjects and required elements of a protocol, as well as practical matters such as workload determination, resource allocation, and budgeting. Useful sample flow charts, planning maps, timelines, billing grids, and budget and schedule-of-events worksheets reveal the practical expertise of the authors and are a gift to the reader who may immediately employ these tools. A biostatistical section is particularly helpful, as it is focused on information that is unique to oncology such as trial endpoints (eg, toxicity criteria, response criteria, time to recurrence, relapse, duration of response, time to treatment failure, etc). Other study preparation topics include safety issues, various sponsoring agencies, potential accrual base, staff education, and clinical research/interdisciplinary teams.

The center of the book contains brief chapters on legislative and regulatory issues, such as institutional review boards, protocol modifications, informed consent, compassionate use of investigational drugs, conflicts of interest, legislative issues, and general publication and authorship policies. The publication chapter provides sound guidance for authoring manuscripts but could be incrementally improved in 2 ways: by expanding the content to address data dissemination through posters or presentations at professional meetings, and by refining the existing content to add emphasis to special considerations in developing publications on an oncology topic.

Next are sections on study promotion and patient retention, the active treatment period, ancillary studies, off-treatment follow-up, data management and reporting, and quality management. Again, the authors’ greatest contributions are those that focus on oncology; eg, content on adverse events in oncology trials, designing a computerized tool to verify study eligibility of individuals with cancer, and study phase-specific informational needs of individuals with cancer and their families.

The book concludes with sections on professional development for oncology clinical trials nurses and international considerations. Advice on specialization, mentoring, and continuing education in the professional development section will appeal to both the novice and the expert. The country-specific chapters are among the most interesting in the book. Topics and the extent of detail vary among these chapters. For example, one can read about accident compensation in New Zealand, cooperative cancer groups in Japan, or clinical trial registration in Germany. In future editions, it may be interesting to include an overarching “global considerations” chapter, which could address benefits and challenges of multi-country clinical investigations and global collaboration and information sharing.

Clinical trials in the field of oncology are complex, highly regulated, and labor intensive, and can directly contribute to life-changing therapeutic approaches. This book is an essential resource for nurses who manage clinical studies in oncology and is an asset to many others.

—Jeannette Tomanka, MS, NP-C, ELS
Jeannette is Manager, Medical Communications, at Alcon Laboratories, Inc., Fort Worth, TX.
This is an information-rich textbook that succeeds in covering the complex topic of coma in a manner that will be most useful to students and practitioners in medical fields. Nonspecialists may also find some of the information accessible, particularly those chapters dealing with the social and cultural aspects of care for coma patients.

—Kathryn Wekselman, PhD, RN

Kathryn is Senior Director of Research Services at Camargo Pharmaceutical Services, Cincinnati, OH.

The Comatose Patient
Eelco F. M. Wijdricks, MD, PhD, FACP
New York, NY: Oxford University Press, 2008, 584 pp

This weighty book sets out to be a comprehensive overview of coma patients, including their evaluation, treatment, and prognosis. It is designed to serve as a textbook, starting with chapters surveying the history of knowledge about consciousness and comas, social and legal controversies in coma care, clinical evaluation of comatose patients, neuroimaging, neuropathology, and clinical care for comatose patients and their families. The second section of the book comprises 75 clinical coma vignettes, structured as though each patient were being evaluated and treated by a resident physician in consultation with an attending physician. Brief discussions of the potential cause of the coma, recommended treatment plan, and prognosis are provided for each vignette, along with reproductions of relevant diagnostic images, such as angiograms, magnetic resonance images, and computerized tomography scans. The book comes with 2 extra pieces: a pocket-size instruction guide for the FOUR Score (a coma scale developed by Wijdricks and colleagues) and a DVD (English and Spanish versions), which includes narrated video clips of actual patients with impaired consciousness and instruction on use of the FOUR Score to grade comas, key features of the neurologic examination, and the clinical determination of brain death.

For medical students, residents, and other caregivers for comatose patients, this volume provides a wealth of information to guide understanding and practice. It would serve admirably as a textbook or a reference to use in clinical practice, although the volume's depth of information on any given topic is understandably limited, given the wide area covered. For curious readers and researchers of coma-related topics, the chapters on history, neuroscience, law and bioethics, and media and popular culture (along with their extensive lists of references) would be most useful. However, nonspecialists may have difficulty understanding some of the material presented because anatomic and medical terms are often used without definition, and no glossary is provided. Wijdricks' occasionally opinionated or eccentric writing voice adds flavor to his presentation of the serious topics related to coma; for example, “The term persistent vegetative state became transfixed in the medical vernacular” and “A recent documentary entitled Coma showed a surreal abundance of pity, sorrow, and loneliness in head injury survivors in a rehabilitation center.”

The Alzheimer's Action Plan: The Experts' Guide to the Best Diagnosis and Treatment for Memory Problems
P. Murali Doraismwamy, MD, and Lisa P. Gwyther, MSW, with Tina Adler

“What would you do if she were your mother?” This question prompted Dr Doraismwamy, a physician who specializes in the treatment and research of Alzheimer disease, and Lisa Gwyther, a social worker with years of experience in working with individuals with Alzheimer disease, and their caregivers, to join forces and write this insightful handbook. The resulting volume is more than a helpful resource. It's a “must read” for caregivers as well as every one of us who is showing signs of mild memory loss or may be at risk due to family history. The authors skillfully balance compassion and honesty, accessibility to lay readers, and scientific accuracy. And their advice is always practical. In a chapter on making the most of a diagnostic visit to the doctor, they recommend, “The appointment may take a few hours, so bring a snack, a bottle of water or juice, and reading material, plus a sweater in case the office is chilly. It's not unusual for older people and particularly people with Alzheimer disease to get cold easily.”

The main chapters cover what tests can determine the diagnosis of Alzheimer disease, what course of treatments is thought to be most (and least) effective, how to maintain a high quality of life, how to cope with behavioral and emotional changes as the disease progresses, and how diet and exercise can help maintain a healthy brain. Helpful sidebars provide insight about the advantages and disadvantages of clinical trials, tips on traveling with people with Alzheimer disease, the effect of diabetes, questions to ask the doctor before starting treatment and at follow-up visits, and ways to treat depression and anxiety. A final chapter is entirely devoted to answering the authors’ “top 40” questions. Web sites of organizations (including a few for memory disorders other than Alzheimer disease), hospitals by state, alterna-
tive medicine, and recommendations for good, old-fashioned printed matter are some of the handy resources provided. Two appendices outline the stages of symptom progression and how to “read between the lines” of an informed consent form for taking part in a clinical trial. The index is thorough, the text is engaging, and although there are no illustrations, charts or other visual aids, the layout is reader-friendly, with numerous bullet points and checklists.

—Dan Fernandez and Michele Vivirito

Dan is a freelance copy editor in Seattle, WA; Michele is a Medical Writing Director at Amgen Inc., Thousand Oaks, CA.

Pain Management for Older Adults: A Self-Help Guide
Thomas Hadjistavropoulos, PhD, RD Psych, and Heather D. Hadjistavropoulos, PhD, RD Psych, editors
Seattle, WA: IASP Press, 2008, 200 pp

Most of the seniors I know believe chronic pain is a natural part of the aging process. Pain Management for Older Adults counters that belief, providing a comprehensive program of easy-to-follow techniques and strategies that address different aspects of pain management, including psychological and situational. As the editors explain in the introduction, “Often, pain is poorly assessed and treated among older adults, resulting in a great deal of unnecessary physical and emotional suffering. By developing a book specifically for older persons, we are emphasizing that it is possible to avoid having pain in old age and that older adults who have chronic pain can use various strategies to control their pain.”

Written by more than a dozen health care professionals and pain researchers, this book looks at the big picture, with chapters on pain and emotion; social support, loneliness, and pain; maximizing function and energy; sleep hygiene and nutrition; and medication and exercise. Given the limited time doctors are allotted for each patient, readers should find the chapter on effective communication with health care practitioners particularly useful.

The authors have included case studies that are easy to relate to; charts and checklists, including a daily pain diary, assist readers in identifying personal behaviors and trends and tracking changes as they integrate new pain management techniques.

The book also includes a chapter directed at caregivers of older adults with dementia, and a list of pain management resources in Australia, New Zealand, Canada, and the United Kingdom, as well as the United States.

Kudos to the book designer for using large type with extra leading and clear photographic illustrations that make this book easy to read, even for those with age-related vision problems.

—Laura Singer, ELS

Laura is a freelance editor based in Sunnyvale, CA.

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• First-person account of an educational program related to medical communication
• Profile of a relevant professional organization
• Short creative writing

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GRANTS Specialist

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Clear, concise, coherent & compelling proposals.
In response to requests from environmentally conscious members and in keeping with its continuing efforts to “go green,” AMWA is now offering members the option to receive their AMWA Journal online only, with no hard copy sent by postal mail. Members can indicate their preference for this option on the membership application form, membership renewal form, and membership account update form, all found on AMWA’s Web site (www.amwa.org/Membership). New issues of the Journal (and past issues back through 1999) are available in PDF format on the AMWA Web site. All members will continue to receive an electronic announcement when the latest issue is posted (via either the AMWA Update or a separate e-mail). Please review your account information on the membership account update form and update it if necessary, and at the same time check the box for the Green Initiative if you want to save a tree!

By Donna L. Miceli
2009-2010 Web and Internet Technology Administrator

The AMWA Web site continues to evolve, adding new member resources and updating and improving existing features. Here are some new links you may not have discovered yet.

Book Authors and Editors Page
Thanks to some hard work by Ronnie Streff, AMWA’s Communications and Technology Specialist, AMWA members who have authored or edited books now have their own special section on the AMWA Web site. This page, which currently features the work of 25 AMWA members, can be found by choosing “Resources/Links” from the menu on the left side of the AMWA home page and clicking on “Books Authored or Edited by AMWA Members.” Members who would like their books to be listed in this section should send their name and the book title to amwa@amwa.org. Books on any topic can be submitted, and the subject matter need not be limited to medical communication. Books featured in this area can be purchased via a direct link to Amazon.com.

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FAQs on the Ethics of Medical Communication
Most AMWA members, particularly those who follow news from the pharmaceutical industry, are well aware that the topic of “ghostwriting” medical journal articles has, once again, attracted considerable media attention. In keeping with AMWA’s educational mission, officers responded to articles on this topic that appeared in The New York Times by sending a letter to the editor. A copy of this letter is available on the AMWA Web site, in the newly expanded AMWA Guidelines/Ethics area, accessed through the About AMWA link in the lefthand navigation. This area addition includes a list of frequently asked questions (FAQs) about the importance of ethics to medical communicators, prepared by Michael Altus, PhD. These FAQs include information on ethical responsibilities, and how to disclose both the contributions medical writers make to journal articles and the source of funding. Members are encouraged to use these resources when discussing with their professional colleagues and the public the appropriate contributions of medical communicators to scientific publications.

Web Watch

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Social Networking for Scientists

With a grant from the National Institutes of Health (NIH), the University of Florida is leading an initiative that brings the power of Internet-based tools, as exemplified by social networking, to biomedical research. The goal of the project, referred to as the “Facebook for scientists,” is to establish a national network of scientists by providing a new software system (VIVO) and support for scientists using VIVO. The system will link researchers around the country while also protecting sensitive data and intellectual property through authentication mechanisms. Six other institutions are working with the University of Florida: Weill Cornell Medical College, Indiana University, Washington University (St. Louis), Scripps Research Institute, and Ponce School of Medicine (Puerto Rico).

More information on the initiative can be found at http://news.ufl.edu/2009/10/20/nccr-grant.

Save a Tree Go Green

Receive Your Copy of the AMWA Journal ONLINE ONLY

In response to requests from environmentally conscious members and in keeping with its continuing efforts to “go green,” AMWA is now offering members the option to receive their AMWA Journal online only, with no hard copy sent by postal mail. Members can indicate their preference for this option on the membership application form, membership renewal form, and membership account update form, all found on AMWA’s Web site (www.amwa.org/Membership). New issues of the Journal (and past issues back through 1999) are available in PDF format on the AMWA Web site. All members will continue to receive an electronic announcement when the latest issue is posted (via either the AMWA Update or a separate e-mail). Please review your account information on the membership account update form and update it if necessary, and at the same time check the box for the Green Initiative if you want to save a tree!
Online Resources for Medical Communicators

Free “Techie” Tips and Tools on the Web

by Joanne M. McAndrews, PhD
Freelance Medical Writer, St. Louis, MO

This article provides an overview of Web sites with free tips, downloads, tools, etc, to make computing less stressful and more productive. AMWA members might use these tools to enhance their computer power, work more efficiently, automate file backups, and streamline other tasks.

Lifehacker
Lifehacker (www.lifehacker.com) is a technology blog containing tips and downloads to optimize computing experiences. This site was founded by San Diego, CA-based computer programmer and author Gina Trapani. Whether you are a Linux, Mac, or Windows user, you will find something useful on this site. At first glance, the site appears a bit chaotic and disorganized; however, there are several easy ways to navigate the excellent content. Near the top of the main page is a toolbar that you can use to select posts grouped according to top number of views, content by computing platform, downloads, and a large selection of do-it-yourself projects. Posts are also grouped according to popularity, date of posting, or by number of comments. There is a search box that can be used to find the desired content. Some examples of the useful content on this site include a Microsoft Outlook Forgotten Attachment Detector plug-in (and one for Gmail users as well) that alerts users before e-mail messages are sent if a file is not attached and it appears that an attachment should be present; “top 10 tools for your blog or web site”; “top 10 productivity basics explained”; and “the essentials of e-mail etiquette.” Trapani is also the author of Upgrade Your Life: The Lifehacker Guide to Working Smarter, Faster, Better (Wiley, 2008), which contains many valuable tips, including how to tame your e-mail, automatically back-up files, improve your productivity, and manage your data.

Microsoft Word Tips
There are a number of good resources on the Internet for Microsoft Word users. Mid-America chapter member Lynne Roney alerted me to The Editorium site (www.editorium.com/index.htm), which contains some free macros, a free informative newsletter, and some useful macros available for purchase. Under the “freebies” tab are free downloadable macros with instructions on advanced Find and Replace tips; a NameSwapper macro to simplify formatting of names, and a customizable page layout template, among others.

Allen Wyatt’s Word Tips site (http://word.tips.net) contains thousands of free Microsoft Word shortcuts and tips. The tips are organized by functional categories, including bullets and numbering, editing, formatting, printing, tables, and many more. It is also possible to search the entire site to find exactly what you are looking for. The tips support different versions of Microsoft Word, including Word 6, Word 95, Word 97, Word 2000, Word 2002, Word 2003, and Word 2007. At the end of each tip is a note that indicates to which version(s) of Word the tip applies, and if the versions of Word differ with respect to the tip, this is noted as well. Also free is the Word Tips e-newsletter, a weekly mailing with a few Word tips and tricks in it each week. Users can post problems/questions they are having with Word to the Web site or can submit them for inclusion in the Help Wanted section of the weekly newsletter.

Potpourri
If you have tired of the fonts available in the standard version of your programs, jazz up your documents with free downloadable fonts from DaFont.com (wwwdafont.com). This site has over 9,000 fonts that are free for personal use.
Most are Windows and Mac compatible. The fonts are grouped into categories such as basic (fixed width, serif, sans serif), fancy, holidays, and script. This site is also searchable. There is a help section detailing how to install the fonts once you’ve downloaded them, and how to avoid common problems with fonts.

TinyURL (http://tinyurl.com) is a free service that converts long URLs into much shorter ones. If you have ever tried to share a long link in an e-mail or document, and had it “break” on receipt, then you will really appreciate this site. The first step to using the site is to copy the long URL that you would like to change into the “Enter a long URL to make tiny:” box on the home page. You can choose to create a custom alias, or simply allow the site to generate a shorter, random one. Next you click on the “Make Tiny URL!” button and in a few seconds the smaller URL will appear, with a preview window if you want to check its accuracy before sharing with others. The links that are created by TinyURL are permanent and will never expire. If you become a fan of this site, there is a link on the home page that you can drag into your browser’s links toolbar, and a button will be created for easy usage.

Those in need of a fast, online dictionary may find Ninjawords (http://ninjawords.com) helpful. This site bills itself as “a really fast dictionary... fast like a ninja.” The site is useful when you need a simple definition of a word. The definitions on the site are provided by Wiktionary and the Princeton WordNet dictionary. Single words can be typed into the search box, or to compare definitions, you can type several words into the search box separated by commas and a group of definitions will appear.

To quickly share a Web page via e-mail with a colleague or friend, try the Email the Web.com (www.emailtheweb.com) site. There are 2 simple steps—type or paste the URL into the box, and then click the “email web page” button, which will prompt you for your recipient’s e-mail address and an optional note. To use this site, you must have a free Google or G-mail account. Recipients receive messages containing the Web pages as they looked when they were sent by e-mail, without any popup ads or other advertising. This can be useful for archiving sites and also saves the time of having to click on a link.

Joanne McAndrews is a freelance medical writer in St. Louis, MO, and president of AMWA’s Mid-America chapter. She has led the breakfast roundtable “Top 10 Free Web Sites for Medical Writers” at the AMWA annual conference for the past 3 years.
Friends and colleagues in AMWA, I am deeply honored to be standing before you today in service to this great organization. Little did I know, when I joined AMWA in 1998, that 11 years later I would be charged with leading this association of talented, dedicated, and passionate professionals. My charge is to continue to help this organization fulfill a mission that has been the source of our goals and activities since AMWA’s inception almost 70 years ago. AMWA’s mission is to promote excellence in medical communication and provide education and resources to support that goal.

Indeed, through the vision and hard work of so many members, AMWA has been advancing the standards, educational opportunities, and awareness of this honorable profession for decades. AMWA remains the leading organization for professional medical and health science communicators. Still, our profession faces challenges—the rapid expansion of a global medical communications industry, a lack of general understanding of our value and legitimacy in the increasingly collaborative process of scientific research, and an expectation (both internally and externally) that we must raise the bar in terms of education and ethics.

As an organization, AMWA has been rapidly adapting to these and other challenges. AMWA has grown in numbers as well: in less than a decade, the membership has increased by 20%—reaching its highest level in the most recent fiscal year. Our educational program continues to be a cornerstone of our efforts to provide essential education in core skill sets as well as leading-edge and advanced topics pertinent to our profession. A few years ago, AMWA introduced its Science Fundamentals certificate program, which has been met with enthusiastic support and participation. Now, in the coming months, AMWA will roll out an unprecedented expansion of its educational certificate program—built on the model envisaged nearly 30 years ago by several of our own pioneers in AMWA.

This expanded educational program will allow for more certificates to be earned as part of continuing professional development and will incorporate an ethics component into every certificate achieved. For several years, AMWA members have requested more educational opportunities, and we have heard numerous calls to further develop the breadth and depth of our offerings. By now, you may have heard about this change in the AMWA Update, and you will find more details in an article in the March issue of the AMWA Journal. The expansion of the educational program is the product of extensive efforts by Susan Aiello, Larry Liberti, and many other AMWA volunteers, not to mention AMWA staff. Furthermore, the latest AMWA self-study module, on the topic of statistics, has recently been released. This is the fourth module in a series of core workshops that can now be taken remotely for AMWA certificate credit by sending in an evaluation exam. These modules, and the others in the AMWA pipeline, represent a means for providing education regardless of geographic or other challenges.

Another initiative, about which you will hear in the coming months, involves a new offering to be called AMWA Pocket Trainings. These short, informational overviews and tutorials will cover a variety of interesting topics for professional medical communicators, from useful software features or applications to basic how-to discussions on various aspects of medical communication work. The content will cover a variety of formats from PDF documents, to slides, to actual multimedia/podcasts. This effort is being taken up by a subcommittee of the Web and Internet Technology (WIT) Committee and will eventually become a member-driven vehicle for sharing timely and useful information with AMWA colleagues.

Yet, with all of our forward thinking and looking ahead, we must not forget our storied past. Not only now, but for decades to come, AMWA members ought to know about the genesis and roots of our unique association—the people who built AMWA to where it is today. Many of those individuals are with us; sadly some are not. Past efforts by Barb Good and others provided us with some key historical information, which can be found on the AMWA Web site (www.amwa.org). Now is the time to take this even
further as the association prepares to mark three-quarters of a century. A task force for the AMWA History Project has been formed and will continue its work during my administration. Written histories, as well as oral histories and interviews, are now being gathered. The AMWA History Project will not only describe key events and happenings as told by AMWA members but will also seek to archive and index the many books, photographs, and other materials kept at AMWA headquarters, some of which could be incorporated into the final historical work. Please participate and spread the word.

Clearly, medical communicators both within and outside of the United States recognize the critical role AMWA plays in advancing our profession, not only from our works today but from a rich history of past accomplishments. Improved use and application of technology increasingly defines our world, and AMWA must continue to explore new ways to disseminate knowledge, enhance communication among members, and reinforce ethical principles to medical communicators and related stakeholders around the world. In reality, AMWA is just one group within a much larger community of medical communicators, and our association must continue to grow in its leadership role to ensure the honorable and ethical evolution of this profession.

Thank you for placing your trust in me and the rest of AMWA’s leadership to plan for the future, engage the challenges of the present, and build on the accomplishments of the past. In an organization such as AMWA, progress happens in every corner, wherever members come together to further our educational mission and advance the profession. AMWA members are innovators, problem-solvers, and generous providers of both time and resources. This year, I have asked several individuals to serve alongside me as members of the 2009–2010 Executive Committee (EC). I am honored that they have agreed to assist me with furthering a vision to move AMWA forward and make it an even better professional association for our members. Please allow me to introduce the 2009–2010 EC of AMWA. These volunteers will devote their time, intellect, and creativity to take this organization forward as we meet challenges, surpass expectations, and build upon the good work of so many others in previous years.

Immediate Past President: Cindy Hamilton, PharmD, ELS

An AMWA member since 1984, Cindy credits AMWA for her ability to run a freelance business in her home in Virginia Beach. She worked her way up through the organization and joined the EC in 2001, first as Administrator of Chapters, followed by Annual Conference Administrator and then Treasurer for 4 years. She was honored with AMWA Fellowship in 2005. Having completed her term as President, she automatically becomes Immediate Past President. Cindy enjoys leading workshops and has chaired several task forces. One of these task forces developed the AMWA Position Statement on Acknowledging the Contributions of Medical Writers to Scientific Publications, which was adopted in 2002. Cindy promotes the statement by speaking to members of AMWA, the Drug Information Association, and the Council of Science Editors. Cindy holds a BS degree in pharmacy from the University of North Carolina at Chapel Hill and a PharmD degree from the University of the Sciences in...
Philadelphia. She has written more than 50 publications, including articles in peer-reviewed medical journals, book chapters, and books.

**President Elect: Melanie Fridl Ross, MSJ, ELS**
Melanie has been a member of AMWA since 1996 and will serve as President-Elect. She has been a member of AMWA's EC since 2003, serving as Public Relations Administrator, Publications Administrator, 2006 Annual Conference Administrator, and Chapters/Membership Administrator. She was awarded AMWA Fellowship in 2008. She also chairs AMWA's History Task Force. In addition, she was a member of the 2006–2007 Science Curriculum Task Force and served as President of the Florida Chapter in 2002–2003. In her non-AMWA life, Melanie is Director and Senior Medical Writer/Editor at the University of Florida (UF) Health Science Center’s Office of News & Communications in Gainesville, FL. She also produces the award-winning radio program “Health in a Heartbeat,” which airs on public radio affiliates in 18 states and in Washington, DC. She is on the adjunct faculty at UF’s College of Journalism and Communications, where she teaches news reporting. She holds a master’s in journalism from Northwestern University.

**Secretary: Mary G. Royer, MS, ELS**
A member of AMWA since 1987, Mary will begin a second term as secretary and has also served as the WIT Administrator as well as Publications Administrator. Mary has been a member of many committees, including the Long-Range Planning Committee (4 terms), Publications Committee (6 terms), Nominating Committee, Fellowship Committee, Elections Task Force, and the Swanberg Award Committee (2 terms, one as chair). She was also a member of the task force that developed AMWA's Position Statement on the Contributions of Medical Writers to Scientific Publications. She has participated in annual conferences as a workshop leader (2004-2007) and as the coordinator of many sessions. She was awarded the President’s Award in 2000 and Fellowship in 2001. She is a graduate of Tufts University and Rensselaer Polytechnic Institute.

**Treasurer: Judi Pepin, PhD**
Judi is looking forward to beginning a third term as AMWA Treasurer. She had previously been a member of the Budget and Finance Committee for 3 years and Treasurer of the Ohio Valley Chapter for 7 years. She also served as Administrator of Development in 2006-2007. Judi is a senior writer in the Department of Scientific Writing and Editing at The Procter & Gamble Company, with 19 years of experience in regulatory, manuscript, and scientific report writing. She has a bachelor’s degree in biochemistry from Smith College and a master’s and PhD degree in pharmacology and toxicology from the University of Connecticut, and she completed a postdoctoral fellowship in Vascular Cell Biology and Atherosclerosis at the Cleveland Clinic.

**Annual Conference Administrator: Barbara Snyder, MA.**
Barbara joined AMWA in 1981 and has served in many roles in the Ohio Valley Chapter and on the national level, including most recently as Administrator of Publications, Administrator of Education, and Administrator of Development. Barbara has 28 years of medical writing and management experience in the pharmaceutical industry and is currently the Director of Scientific Writing & Editing at Procter & Gamble. This year also marks Barbara’s 27th year as an AMWA member. She received the AMWA President’s Award in 2003 and was awarded AMWA Fellowship in 2005. Barbara holds a bachelor’s degree in English literature and composition and a master’s degree in American literature.

**Annual Conference Workshops Coordinator: Catherine Magill, PhD.**
A fourth-generation California native, Catherine followed her grandmother and great-grandmother to the University of California (UC) Berkeley, where she graduated with a degree in neurobiology. She continued her education at Stanford to receive a PhD. She then moved to Harvard for postdoctoral studies. From there, she joined a biopharmaceutical company in the San Francisco Bay Area, starting as a scientist and advancing to Director of Pharmacology and Cell Biology over her 11-year tenure in industry. In 2005, Catherine resigned her position, joined AMWA and began a career as a freelance medical writer/editor and consultant. Catherine has served multiple terms as a delegate to the AMWA Board of Directors and has contributed to the development of AMWA’s Science Fundamentals certificate program.

**Awards Administrator: Tami Ball, MD.**
Tami is the perfect person to serve as Administrator of Awards in a year when 2 new AMWA awards are being introduced. Many things she’s done in 5 years of AMWA membership have been new. At her first annual conference, she sat alone at the Chapter Meet and Greet. Her chapter had been inactive for a number of years, but largely through her efforts, a year later, 12 Michiganders circled a meet-and-greet table, and 12 months after that, an executive board and 5 committees had been established. As Chapter President, she has led the development of the chapter’s first Web site and helped coordinate the chapter’s first regional conference in many years. At the national level, she has been...
a chapter delegate on the Board of Directors, a judge on the Eric Martin Awards Committee, and a contributor to the Science Fundamentals certificate program. She was a co-coordinator of the breakfast roundtables at the 2009 Annual Conference and has developed a workshop on evidence-based medicine.

Chapters and Membership Administrator: Stephen N. Palmer, PhD, ELS. After serving as last year’s Chapters Administrator, Steve will be taking on the expanded role of Administrator of Chapters and Membership. He joined the Southwest Chapter of AMWA in 2002, while he was a post-doctoral student doing pain research, before taking his job in that field at the Texas Heart Institute in 2003. Because of his spirit of volunteerism, Steve quickly became his chapter’s delegate to the national Board of Directors, then Chapter Program Chair, then Chapter President, and he now chairs the Planning Committee for the chapter’s biannual mini-conference. On the national level, in addition to being Chapters Administrator, Steve has served on the Membership and Constitution & Bylaws committees and was Poster Session Coordinator for the 2008 Annual Conference.

Education Administrator: Doug Haneline, PhD. A teacher of literature and writing for over 30 years, Doug has been at Ferris State University in Michigan since 1984. He teaches research writing, advanced composition, medical writing, science fiction, American and British Literature courses, and Introductory Latin. Doug is a doctoral graduate of Ohio State University. He is a Fellow of AMWA and a workshop leader. He served on the Michigan Humanities Council, which is the state affiliate of the National Endowment for the Humanities.

Publications Administrator: Faith Reidenbach, ELS. Faith will serve as this year’s Administrator of Publications and chair of the Editorial Board of the AMWA Journal, where she will focus on gaining readership and contributions from external audiences. Faith has previously served 3 terms on the WIT Committee, as the Administrator of Awards, and as the leader of popular chapter and national conference sessions on freelancing. She will continue chairing an ad hoc WIT subcommittee that’s exploring ways to further improve the Freelance Directory, and continue writing her column “Briefly Noted” for the AMWA Journal. Faith has worked in medical communication for her entire career, which has included tenure as Executive Editor of Reuters medical news for physicians.

Special Projects and Communications Administrator: Larry Liberti, RPh, RAC. Larry is excited about this newly formed department and hopes to bring to it his more than 25 years of experience in AMWA. He has served as Treasurer and President of the Delaware Valley Chapter and is a Fellow of AMWA. He is trained as a pharmacist and holds a master’s degree in pharmacognosy (the study of natural products). Larry currently is the Executive Director of the CMR International Institute for Regulatory Science—a London-based not-for-profit think tank that brings together industry, regulators, and academics to define and develop best practices in the global regulatory arena.

WIT Administrator: Donna Miceli. Donna is serving her second term as WIT Administrator. A member of AMWA since 1989, she was active in the Delaware Valley Chapter for 11 years—serving as Secretary and Chapter Board delegate—before moving to Florida in 2000, where she currently works as a semi-retired freelance medical writer. Donna, who holds a bachelor of science degree in journalism and speech from Syracuse University, was named a Fellow of AMWA in 2007.

AMWA PACIFIC COAST CONFERENCE
Asilomar, Pacific Grove, Calif.
April 18 to April 21, 2010

Program highlights: Two keynote speakers, four credit workshops, six open sessions, on-site BELS exam, open forums, and beach stomp

Come meet AMWA friends, network, earn credits toward your certificate, have fun, and delight in Asilomar!

Registration: Dec. 10, 2009 through March 10, 2010
The Chapter Delegates Session at this year’s annual conference focused on 3 topics: working with distant parts of one’s chapter, reaching out to academic institutions and the biotechnology industry, and encouraging members to become more active in their chapters.

Because AMWA chapters cover tens or hundreds of thousands of square miles, it is often difficult for chapters to keep their far-flung members involved in chapter activities. Some chapters address this problem by dividing events and responsibilities between 2 or more “hubs” with the largest concentrations of members. A delegate from the Rocky Mountain Chapter, most of whose members are concentrated in the Denver/Boulder area of Colorado and in Salt Lake City, Utah, stated that the chapter has separate program and education directors for each state, each of whom uses online banking to access chapter funds. The chapter also uses e-mail blasts, follow-up phone calls, and a contact form on its Web site to recruit leaders. Another 2-hub chapter, Pacific Southwest, uses university facilities to hold semiannual videoconferences involving members at each of the 2 locations. The Florida Chapter, whose membership is somewhat more evenly dispersed across the chapter’s territory, gets its members involved through informal, local meetings run by volunteers, to whom the chapter gives the names and e-mail addresses of other members in their area. If the task of organizing such a meeting seems too daunting to a potential volunteer, a second member is recruited to share the responsibilities. The Canada Chapter—geographically the largest of all AMWA chapters—leans heavily on its listserv and on its Web site: the chapter updates the Web site regularly to keep members motivated to visit it and welcomes to its listserv members of other chapters who are currently living in Canada. Lastly, it was mentioned that people need to know that they are free to join a chapter other than the one in which AMWA headquarters places them initially, and members living on the periphery of their own chapters should find out where events take place in adjacent chapters, because these may be more accessible than events held in their own chapters.

The discussion then turned to the subject of getting support from academic institutions and biotechnology firms. It was mentioned that universities with programs in technical communication, science writing, bioinformatics, or similar subjects may be enthusiastic about offering meeting rooms and speakers, and that it helps if one or more chapter members are on the faculty or know someone who is. Having joint events with student chapters of the Society for Technical Communication (which may have access to university facilities) was also suggested. As for companies, they are most likely to support AMWA chapter events when they are looking for medical writers to hire (which, in turn, can motivate job-seeking chapter members to attend your events).

The last topic addressed was encouraging members to become more active in their chapters. Several ideas were raised, including creating chapter-level willingness-to-serve forms. A Delaware Valley delegate mentioned that the chapter has a volunteer coordinator who maintains a list of all of the different tasks a volunteer could do (e.g., proofreading the newsletter, registering attendees at a meeting) and who matches potential volunteers with tasks that fit the time commitment that each volunteer is able to make. There was also a discussion about what to say to encourage potential volunteers; ideas included mentioning that their service will look good on their résumés, mentioning who recommended the person, noting the specific qualities of that person that make them a good fit for the position or task at hand, and, if there are multiple positions or projects available, giving the person 3 different ones to choose from. On the subject of who are the best persons to approach about becoming more involved with the chapter, the delegates mentioned new members, members who are not medical writers but who are interested in breaking into the field (to whom you can stress the benefits of networking), and members who attend chapter events regularly; for this last group, one delegate suggested inviting these members to attend chapter Board meetings to help them feel more a part of the chapter and to give them a better sense of how the chapter operates.

As always, the delegates had more questions and ideas than there was time in which to discuss them, but they were reminded about the AMWA Chapters listserve, to which all chapter officers, committee chairs, and other chapter volunteers are automatically subscribed by AMWA headquarters.
Michael Franklin treated nearly 30 of his fellow North Central Chapter members and guests to a deft overview of Edward Tufte’s visual design principles at a midmorning meeting on May 2, 2009, on the University of Minnesota campus in Minneapolis. Franklin’s hour-long presentation, the meat of the get-together, was sandwiched between informal networking beforehand (over bagels) and afterward (over lunch at a nearby restaurant). As the question-and-answer time wound down, program committee member Anne Marie Weber-Main joked to the audience that she expected lunchgoers would be scribbling graphics on napkins to continue the discussion.

An author’s editor in the University of Minnesota’s Division of Hematology, Oncology, and Transplantation, Franklin holds a master’s degree in science journalism from Boston University. Tufte, a professor emeritus at Yale University, is widely known for his incisive books, Web site essays, and seminars on statistical evidence and analytical design; The Boston Globe dubbed him “a visual Strunk & White.”

Franklin’s presentation was titled “Show me the data: How to improve the visual communication of research through the work of Edward Tufte.” Its stated goal was to introduce the audience to the analytical tools needed to construct better visual explanations of research results (eg, tables, graphics, or illustrations). Franklin achieved that goal admirably, using PowerPoint slides—sparingly and wisely—to show graphic examples from his own editing and reading that showcased Tufte’s insights. The audience was deeply engaged, studying the books and journals that Franklin passed around as well as offering probing questions and comments throughout and at the end.

Two case studies that Franklin walked through were of particular interest: he described Tufte’s belief that the 1986 space shuttle Challenger disintegration might have been prevented if well-designed graphics had clearly demonstrated O-ring problems at lower temperatures...

Franklin emphasized several take-home messages that he derived from reviewing Tufte’s writings and attending one of his workshops.

• Analytical design is clear thinking made visible. Graphics should focus on telling the truth, as efficiently as possible, about scientific evidence. Text-centric authors and editors should not look at graphics as an afterthought, but rather as a powerful tool for visually communicating the story of the data.

• Flashiness might be fine in fashion, but not in graphics. For example, unnecessary 3-dimensionality is a hindrance. Too many colors can be bewildering; sometimes, no color at all is preferable, as in the case of a black-and-white map with various shades of gray that logically correspond to stepwise increases in numbers.

• Common mistakes in graphics include visual clutter, unintentional optical effects, and lack of visual contrast. Graphics must be concise, simple, and nonredundant, maximizing the data-ink ratio (ie, getting rid of “chartjunk,” anything that doesn’t work to tell the data’s story or that doesn’t help make interpretation easy). The sum effect of visual clutter in graphics is to obscure the message of the data and tire out the reader.

• Minimal line work (eg, eliminating, when feasible, the horizontal axis, internal rules, and boxy frames) keeps the eye on a chart’s substance. Thin, pale lines are better for nondata lines (eg, axes and labels); heavy, dark lines are better for data lines (eg, the median in a box plot). Bar graphs filled in with distracting patterns should be avoided. Instead, lighter shades and simple patterns should be chosen; a white bar is ideal for a control group because filling a bar with white gives it less visual emphasis. White space can be judiciously used in lieu of line work. Without visual contrast in line work, the data will not be readily apparent.

• Positive visual design principles help authors and editors design graphics that aid the process of thinking analytically. The best graphics enforce visual comparisons, show causality, highlight multivariate data, integrate all visual
Does your chapter lack the funds to send a delegate to the semiannual AMWA Board of Directors meetings?

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

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

- Copies of your chapter’s financial report from the last fiscal year, current budget, and most recent bank statement.

The Chapter Fund can be used to send chapter delegates to the spring Board meeting (to be held in Rockville, MD, April 30-May 1, 2010) and the fall Board meeting (to be held at the AMWA annual conference in Milwaukee).

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

February TIPPA Meeting to Feature Important Session

“Can We Re-establish Confidence in the Industry? The Case for Self-Advocacy” is a special panel presentation at the 2010 Midwest Meeting of the International Publication Planning Association (TIPPA), to be held February 25-26, 2010, at the University Club, Chicago, IL.

The panel at this session includes

Art Gertel (moderator)
VP, Strategic Regulatory Consulting, Medical Writing & QA, Beardsworth Consulting Group, Inc

Dr Tony Delamothe
Deputy Editor, BMJ

Cindy W. Hamilton, PharmD, ELS
Immediate Past President, AMWA

Jeffrey W. Sherman, MD, FACP
President, Drug Information Association (DIA)

Gene Snyder
Division Lead, UBC-Envision Group

Elizabeth Wager
Chair, Committee on Publication Ethics (COPE)

Find more details on the Midwest Meeting of TIPPA at www.publicationplanningassociation.org.

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

Mary E. Knatterud is Research Associate Professor in the College of Medicine’s Department of Surgery at the University of Arizona in Tucson, AZ.
By Bettijane Eisenpreis

By the time Dr Betty Cohen obtained her first job as a medical writer, she had married, earned a master’s degree in biology and education from Brooklyn College, worked as a researcher in biochemistry at Rockefeller Institute for Medical Research and Columbia University College of Physicians and Surgeons, lived in France, earned a National Institutes of Health (NIH)-sponsored PhD in Epidemiologic Science/Virology from the University of Michigan, had 2 children, cared for an ailing mother, and conducted postdoctoral research in genetics at Stanford University.

During her NIH fellowship in genetics, Betty realized that she no longer enjoyed being a bench scientist. After completing her postdoc, she accompanied her musicologist husband to Paris, where she obtained a certificate in spoken French from the Alliance Française.

Upon her return to Northern California, Betty began job hunting. “Although my bachelor’s degree was in biology, I had taken many humanities courses as an undergraduate,” she says. “Later, I edited my husband’s PhD dissertation and early papers, which proved to be an invaluable experience. I realized that I had skills in writing and editing and wanted a position that would combine these with science.”

In 1977, 3 months after her job search had begun, Betty obtained a position at ALZA Corp. in Palo Alto as a Medical Literature Research Scientist. Her duties were soon expanded to include writing, and a career in medical writing was born.

Betty promptly joined AMWA and became active in the Northern California Chapter. She held 2-year terms as Chair of the Membership Committee, Vice President and Chair of the Program Committee, and President. For 7 years, she and Della Mundy took turns organizing monthly meetings. In 1982, Betty was Workshop Director for the Asilomar Western Regional Conference, and twice she was a member of the conference’s Program Committee. She also served as a chapter delegate to the AMWA Board of Directors 3 times. She received AMWA Fellowship in 1986 and the President’s Award in 1988.

At the national level, Betty served on the AMWA Board of Directors and Executive Committee for 5 years in several capacities. She was Annual Conference (AC) Workshop Leader (4 terms), AC Editors Section Chair and moderator of the Editorial Plenary Session, Administrator for Sections (2 terms), and a member of various AMWA award committees. In 1991, she was President-Elect and the following year served as President, during which time she was a member of the AMWA Journal Search Committee. In 1994, she held the post of Administrator of the 54th Annual Conference.

During this time, Betty’s professional activities continued unabated. In 1981, she joined Syntex Corporation as Senior Medical Writer for International Clinical Studies. From 1986 to 1992, she established, developed, and led the Syntex Development Research Writing Group. She then managed Medical Education and Medical Information for Syntex Laboratories, Inc. In 1995, when Roche absorbed Syntex, she struck out on her own and, until recently, did clinical, medical, and regulatory communications and consulting, primarily for pharmaceutical and biotech companies, while serving as Medical Editor of Physician’s Forum.

Although she no longer accepts professional assignments, she can hardly be called “retired.” Her current activities include babysitting 2 grandsons, acting as co-steward with her husband for her block’s emergency preparedness response, participating in yoga and Tai Chi, and attending all manner of arts events, especially those in music.

“Through my activities in AMWA, I experienced enormous rewards and an exhilarating sense of accomplishment that accompanied successful service,” she says.
“Interaction with others from all over the nation and from other countries broadened and deepened my understanding of many topics pertaining to writing, editing, and managing people and projects. Influenced by the generosity of others, I continue to mentor those striving to enter or rise in the field. My most precious AMWA memories are of the warm and sincere camaraderie at work sessions and social functions, from which cherished and abiding relationships have resulted.”

One of those friendships is with Past President and long-time AMWA member Jim Yuen. “I met Betty when she joined my company as an information scientist,” Jim recalls. “As a matter of fact, only about a month or so after joining the company, she volunteered to host a baby shower for my wife and me. She always gave generously of her time to the local chapter and to the national organization. The local chapter enjoyed many of its social events at Betty’s home, as well as in the Stanford Faculty Club. She was an active participant on many AMWA committees, and as Immediate Past President even agreed to tackle the annual conference in Phoenix the year I was president! Betty epitomizes what AMWA is all about: giving generously of her time and knowledge, and reaping the benefits of participation and friendship.”

**MEMBER NEWS**

The following AMWA members passed the Board of Editors in the Life Sciences (BELS) certification examination earlier this year.

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<th>Name</th>
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<td>Barbara Goodheart</td>
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<td>Gillian E. Ngola</td>
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<td>Stefan Schuber, PhD</td>
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AMWA extends its sympathy to Melanie Fridl Ross, AMWA President-Elect, who lost her mother, Harriet Fridl, on Nov. 2, 2009.
MEMBER AWARDS

Swanberg Award: Art Gertel

By Marianne Mallia, ELS
2008-2009 Swanberg Award Committee

Art Gertel is the 2009 recipient of the Harold Swanberg Distinguished Service Award. The Award recognizes an active member of AMWA for distinguished contributions to medical communications.

Art joined AMWA in 1978 and has been contributing ever since. Soon after joining AMWA, Art was asked to chair the Pharmaceutical Section for the annual conference. That assignment started him on a path that has seen him tackle something major for AMWA in each subsequent year.

Art’s AMWA biography has 90 official entries from all walks of AMWA life. He served on the Executive Committee from 1992-1999 (Administrator of Sections, Administrator of Regional Conferences, Administrator of Development, Secretary, President-Elect, and Immediate Past President). He was AMWA’s President in 1997-98. Art has chaired or served on all of AMWA’s major committees at least once, has been part of AMWA’s long-range planning process, and has served on numerous task forces, including the Task Force on Ethical Standards—one of his passions. He always believed the profession should become more globally unified, and he continues to work hard to foster relationships with other groups of medical writers, including the European Medical Writers Association, which elected him to fellowship in 2001. In addition to his administrative work, Art has been a regular participant in AMWA’s education program—from leading regulatory workshops (since 1991) and a variety of roundtables (since 1989) to being a “klatch” leader (since 2007). He has been the Sessions Coordinator for the annual conference and regularly organizes and moderates session on ethics.

For his tireless efforts, Art received the President’s Award in 1989 and was elected to AMWA fellowship in 1993.

However, the Swanberg award is given for more than just service to AMWA, and Art is highly deserving. He has spent his career not just working, but working to improve ethical and professional standards in medical communications. The scope of his work has been wide-ranging—from the ethical publication of clinical trial results to addressing acknowledgment of medical writers and transparency in the medical literature, and the relationship of the pharmaceutical industry to contract research organizations. He is on the Editorial Board of Good Publications Practices, the Issues and Actions Committee for the International Society for Medical Publications Professionals, and the Advisory Board of TIPPA (The International Publication Planning Association). As evidenced by the sessions he coordinates, his interests include medical ethics, quality-of-life issues, and public health policy. He truly enjoys the intellectual challenge inherent in any ethics dialogue, and he has lectured extensively on these topics. A bit of a rabble rouser, Art continues to challenge AMWA to do more to promote ethics in medical publications and to enforce ethical standards.

Art Gertel is a multitalented guy with a vision. Besides his volunteer work for AMWA and other professional associations, he plays a great game of soccer, restores old homes, and gives an incredible Tarot card reading. He also manages to hold down a full-time job. He is Vice President of Strategic Regulatory Consulting, Medical Writing and Quality Assurance, for Beardsworth, a contract research organization. He has 30 years of experience in the pharmaceutical industry.

Like most of us, Art did not grow up thinking he wanted to be a medical writer. He wanted to be a scientist. However, once he graduated, he quickly moved from the lab to the world of medical communications. He has never looked back.

➲ Look for Art’s Swanberg Address in the March issue of the Journal.

Golden Apple Award: Lawrence Liberti, RPh, RAC

By Susan Aiello
2008-2009 Annual Conference Workshop Coordinator

AMWA workshop leaders are the heart of AMWA’s education program. To formally recognize excellence in teaching, AMWA established the Golden Apple Award in 1986. This year’s recipient of the esteemed Golden Apple is Larry Liberti, RPh, RAC.

The Golden Apple Award recipient is selected by the Education Committee after a review of the credentials of the eligible workshop leaders. Eligibility criteria include having taught at least 12 workshops at AMWA annual or chapter conferences, while maintaining an average rating score of 4.4 (on a scale of 1 to 5) on workshop evaluations completed by the participants. Other criteria considered by the Committee include the diversity of workshops taught,
the number of new workshops the leader has developed, and the difficulty of the content of the workshops taught.

Since 1994, Larry has taught more than 35 workshops at the chapter and national level to which he has brought his experience in the regulatory arena and his trademark enthusiasm. As a 25+ year member of AMWA, he has supported the education activities of the organization by traveling throughout the United States teaching at chapter and annual conferences, mentoring new workshop leaders, and developing new workshops. Some may remember Larry’s first public presentation, given at an AMWA Delaware Valley Chapter dinner in 1985, where he captivated the audience with a novel technology—projected slides he created by photographing green text on his highly pixilated dot-matrix computer screen! Today he continues the tradition of using innovative visual technologies in his workshops, which include Introduction to Writing Clinical Study Reports, Writing the Final Report of a Clinical Trial, and Investigational New Drug Applications. The Education Committee commends Larry for his long record of dedication to the workshop program, including his activities at the national level to make AMWA’s education program premier in its field.

Because Larry was the 2008-2009 Administrator of Education, he recused himself from the selection process. When informed of the Committee’s decision, Larry was thrilled, saying “I’m so proud to have been selected for this real honor and happy to know that all those years serving as a graduate teaching assistant really did help me become a better teacher!” The Education Committee bestows this prestigious award with sincerest thanks and gratitude to Larry for upholding the excellence of the AMWA workshop program.

AMWA Fellowships: Jessica Ancker, PhD, ELS; Robert Bonk, PhD; Bart Harvey, MD, PhD

By Faith Reidenbach, ELS
2008-2009 Administrator of Awards

AMWA awards fellowships to members who have made important contributions to our organization and to the profession of medical communication. With our congratulations, we introduce the newest AMWA Fellows.

Jessica Ancker, PhD, ELS, joined AMWA in 1998 and immediately began leading workshops at the annual conference. She has also taught at chapter conferences and through the onsite training that AMWA offers to corporations. In 2002, Jessica was appointed to the Executive Committee, where she served as the Annual Conference Workshop Administrator. In 2003, she received the Golden Apple Award for her excellence in teaching statistics, epidemiology, and writing, as rated by workshop participants. Jessica has also served the organization as Ohio Valley Chapter President, as a member of the Editorial Board of the AMWA Journal, as a roundtable leader, and as a member of the Education Committee. For the Council of Science Editors, she organized a 2003 conference on “The Journal’s Role in Scientific Misconduct” and a 2004 conference on “Conflict of Interest in Scientific Publication.” She earned an MPH, as well as an MA, an MPhil, and a PhD in biomedical informatics, all from Columbia University.

Robert Bonk, PhD, a member of AMWA since 1986, hails from AMWA’s largest chapter, Delaware Valley. Beginning in 1997, he accepted progressively more responsibility in that chapter, serving on the Nominating Committee and later chairing the Certification Task Group, chairing the Education Committee, and serving as President. Bob is a professor of professional writing, currently at Widener University in PA, and he has led workshops and open sessions at the annual conference and chapter meetings. After helping to organize several annual conferences, including serving as coordinator of the educators section, coordinator of sections, and coordinator of short sessions, he was appointed to the Executive Committee in 2007 as Administrator of the Annual Conference in Louisville. Bob’s doctorate is in pharmacy administration, and he is the author of 2 books: Pharmacoeconomics in Perspective: A Primer on Research, Techniques, and Information and Medical Writing in Drug Development: A Practical Guide for Pharmaceutical Research.

Susan Aiello presented Lawrence Liberti with the Golden Apple Award at the Sablack Dinner.

Left: Jessica Ancker. Middle: Robert Bonk receives his Fellowship award from Faith Reidenbach (left) and Marianne Mallia (right). Right: Bart Harvey.
Bart Harvey, MD, PhD, is a community medicine specialist and epidemiologist and an associate professor at the University of Toronto. He joined AMWA in 1994 and has served the organization on the Education, Chapters, and Membership Committees, and as coordinator of the educators section for the 2001 annual conference. He has led dozens of core and advanced workshops at chapter and annual conferences, and in 2006 he received the Golden Apple Award for his excellence in teaching, as rated by workshop participants. Besides his university teaching, research, and publishing activities, Bart is a coroner for the Ontario Ministry of Community Safety. He has recently been honored with the President’s Award from the Canadian National Specialty Society for Community Medicine and the creation of the Bart Harvey Community Medicine Resident Award (for activism and advocacy) at the University of Toronto. He is the author of “Charting our next decade: toward excellence in educating medical communicators” [AMWA J. 2002; 17(1): 8-9].

President’s Award: Lori Alexander, MTPW, ELS

By Cindy W. Hamilton, PharmD, ELS
2008-2009 AMWA President

Lori Alexander, MTPW, ELS, is the recipient of the 2009 President’s Award, which is given annually by the AMWA President to an AMWA member of 10 years or more who has made distinctive contributions at the chapter or national level, without having served on the Executive Committee. The most obvious reason for Lori’s selection is her stewardship of the AMWA Journal. AMWA members consistently indicate that they are very satisfied with the Journal in membership surveys, and we aren’t the only ones who are satisfied. Earlier this year, the Journal was honored with a Bronze EXCEL Award in the category of Scholarly (Peer-reviewed) Journals—General Excellence. These awards, sponsored by the Society of National Association Publications (SNAP), represent “the pinnacle of peer recognition and the seal of excellence in association publishing.”

In addition to being editor of the Journal, Lori is active at both the national and chapter levels. She first became active in the Mid-Atlantic Chapter almost immediately after joining AMWA. She organized 2 successful chapter conferences and was scheduled to become chapter president. Unfortunately for the chapter, she moved to Florida where she became even more active. She served first as president of the Florida Chapter and then as its Educational Coordinator, a position to which she has just been reappointed, and has organized the annual chapter conference for the past 4 years. At the national level, Lori has served on the Science Curriculum Task Force, the Nominating Committee, the Salary Survey Subcommittee, the Education Committee, the Membership Committee, the Eric W. Martin Award Committee, and the Long-Range Planning Committee. She has led workshops and, for the last 2 years, has coordinated breakfast roundtables for the annual conference.

Lori continues to advance AMWA’s interests in many ways, such as helping to connect AMWA members with Florida institutions of higher education interested in starting an educational program for medical communicators, speaking to non-AMWA groups about medical writers and the good they do, explaining AMWA and its policies in her capacity as AMWA Journal Editor, coordinating chapter activities, and submitting the AMWA Journal to national competitions.

Lori has been in the medical communications field for more than 25 years, working first as an editor at Lahey Clinic in Burlington, MA, and then as a copyeditor at the Journal of Bone and Joint Surgery. Her passion for writing led her to the American Society of Clinical Oncology, where she worked for 6 years in the Publications Department, writing for a wide variety of the association’s publications and ultimately providing oversight of a broad range of professional educational materials as assistant director of the department. She established Editorial Rx, Inc., a freelance medical writing and publishing company, in 2004.

As a member leader and as AMWA Journal Editor, Lori practices the advice she heard from Flo Witte at an AMWA workshop—that the best support an AMWA member can give to the profession of medical writing is to treat medical writing as a profession.

“AMWA has provided me with so many wonderful opportunities to meet new colleagues, learn from experts in various fields, network, and develop my professional skills. My involvement in the association is a way for me to give back to the people and the profession that mean so much to me. To be honored for that seems incredible,” says Lori.
The recipients of the 2009 Eric W. Martin Award come from opposite ends of the United States. Patricia McAdams, from the Delaware Valley Chapter, received the award in the Public or Healthcare Consumers category, for her article “Easing the Stigma of Disease,” which relates experiences of persons suffering from conditions the public perceives are caused by risky or unhealthy behavior. The story appeared in AARP Bulletin Today.

Laura Hale Brockway, ELS, from the Southwest Chapter, received top honors in the Professional (Medical) Audience category for “The Diversion Dilemma,” a continuing medical education article presented by her employer, Texas Medical Liability Trust. The article discussed identifying and preventing the abuse of prescription drugs.

Patricia is a freelance in Kennett Square, PA, who researches and writes news and feature stories for medical centers and other nonprofit organizations. In addition to the AARP Bulletin Today, her work has appeared in The Washington Post, Family Circle magazine, local newspapers, and publications of The National Academies.

Patricia said she wanted to write an article about the stigma of disease for some time and to address the stigma attached to mental illness, in particular. She pitched the story to a number of editors before AARP gave her an assignment. Although her editor requested a general approach to the article, she considered this an opportunity to raise awareness about the social consequences of many diseases, and the heavy burden that stigma places on individuals and their families.

“I got a late start with my career,” said Patricia, “so being a successful medical writer is like living a fairy tale, in and of itself. Winning the Eric Martin Award, on top of that, is almost something I cannot believe. I am so appreciative of the kindness and support of so many people who have helped me to succeed in this field.

Laura is the communications and advertising manager at Texas Medical Liability Trust in Austin, TX, where she also serves as the editor of the company’s publication, The Reporter. The idea for her article grew from physicians’ medical-legal questions submitted to the risk management department’s telephone and e-mail “help lines.”

“These physicians ask for advice on a wide variety of issues, such as releasing of medical records, treatment of minors, and informed consent,” said Laura. “In 2008, the risk management staff reported that they had been receiving questions with increasing frequency on the topic of prescription drug diversion, or the use of licit drugs for illicit purposes.

“Several physicians reported that they suspected patients were trying to divert drugs,” she continued, “while other physicians reported that they had caught staff members diverting drugs. Given these physician queries, we decided to publish an article on this topic to help physicians learn how to prevent this behavior. Researching this article was like opening a can of worms,” noted Laura. “In addition to the medical aspects, such as the statistics on prescription drug use and characteristics displayed by diverters, there was also legal information to review. Once the research was completed, I was able to write the article in a way that explained the controlled substance law to physicians in language they could understand. I also included practical risk management advice for physicians to follow to reduce their risks.”

“The idea for her article grew from physicians’ medical-legal questions submitted to the risk management department’s telephone and e-mail “help lines.”

Laura said she was extraordinarily grateful to receive the Eric Martin Award from AMWA, “not just because of the award itself but because I find myself in remarkably good company,” she said. “AMWA members are an impressive group of writers and editors, and to be honored by my peers with this award has been one of the highlights of my career.

“I also would like to thank my boss, Dana Leidig, who is an AMWA member,” she added. “Dana has been an inspiration to me throughout the years and without her support and encouragement, I would not have received this award. Thank you, Dana.”
Jessica Osmond, a student at Medical College of Georgia in Augusta, GA, and Mark R. Weflen, a student at Miami University in Oxford, OH, are the recipients of the 2009 Annual Conference Student Scholarship sponsored by Eli Lilly and Company. The Scholarship provided Jessica and Mark with funds to cover the cost of attending the conference in Dallas and participating in 3 workshops.

As an undergraduate, Jessica had a double major in chemistry and Spanish at Erskine College, where she graduated summa cum laude. She is currently a 4th-year graduate student in the biomedical sciences program at the Medical College of Georgia. To date, Jessica has a perfect 4.0 GPA in her graduate courses. Her thesis project centers on the cerebrovascular effects of obesity-induced hypertension.

Although Jessica has excelled in her scientific studies, she gradually realized, “It was not the actual experimental work that motivated me but the progression of my research toward a written product, something tangible that could be read by my colleagues and contribute to an overall understanding of human health and disease.” This realization led her to research ways to learn more about medical editing and writing—a search that led her to AMWA.

Jessica has already become an AMWA member. Not only that, she purchased and is working her way through the AMWA self-study module on punctuation. Jessica plans to take the test for credit once she has completed the module, but commented that she “has already learned a lot” about proper punctuation and “when to use what” in writing or editing scientific materials.

At the annual conference, Jessica signed up for the Proofreading, Essentials of Copyediting, and Interventional and Observational Research Design workshops. She also was enthusiastic about her breakfast roundtable session, “From Pipette to Pen: Navigating a Career From Bench Scientist to Medical Writer.”

Mark had a double major in English and physics at the University of Cincinnati. As he neared graduation, he found himself drawn to the field of English, but he was not drawn to a career in teaching at the high school or college levels. He was advised to look into medical writing by his English professors, and that mixture of his interests and background clicked. Mark decided that he was “eager to help translate scientific information into a form that is usable and appropriate for its readers.” He adds, “People have a right as individuals to decide with their physicians how their physical health can be best maintained, and I hope to help them exercise that right by providing medical information that meets their needs.”

Mark is currently in his second year in the Master of Technical and Scientific Communication Program at Miami University. He has a particular interest in public health communication and pharmaceutical writing.

That interest is reflected in the annual conference workshops for which he registered: Medical Terminology, Drug Interactions, and Pharmacokinetics. He also registered for the breakfast roundtable “Job-Hunting Tips for Writers and Editors.”

Both of this year’s scholarship winners mentioned the importance of networking when just beginning in the medical writing profession and emphasized their perception of the tremendous value of AMWA in their professional development. As Mark comments, “I have chosen to pursue work in the medical field because of its applicability and importance to every person.” AMWA, the medical writing profession, and the audience for our work will continue to benefit from the dedication of new and talented individuals like Jessica and Mark.

Julie Beyrer, MTSC, chair of the Student Scholarship Committee, presented the awards to Jessica Osmond (left) and Mark Weflen (right) at the Sablack Dinner at the annual conference.
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Join An Industry Leader!
A former colleague who managed a graphic arts department once told me, “The worst thing about being a manager is dealing with people who have kids.”

This was before I had a child, and even though I wasn’t a manager, I knew what she meant. The doctor appointments, parent-teacher conferences, Christmas concerts, dance recitals, soccer practices, etc. It seemed that mothers and fathers were always coming in late, leaving early, or taking long lunch breaks. In addition to the scheduled disruptions, there were colds, stomach bugs, and ear infections that would strike at inopportune times. As someone without kids, I was never quite at peace with the allowances that were made for my co-workers. I knew they were working hard, but some days I felt like I was working harder.

Now I too get the calls from teachers and caregivers during work hours. “Erik has pus running out of his ear.” “Erik threw up all over the classroom.” “Erik fell on the playground. He’s OK, but you’ll want a doctor to look at his face. I’ve never seen swelling like that.” These calls come to me and not to my husband, because his workplace is farther away, and his schedule is less flexible. I live—actually, work—in constant fear of these calls, because they usually mean my son is in distress, and they always mean I have to drop whatever I am doing.

The calls are the worst, but the “lists” also get my stress hormones circulating. The lists are where we moms fill in what we will bring to a potluck, holiday party, teacher appreciation day, or when it’s our “child’s turn” to bring a snack. I’ve pulled banana bread out of the oven at midnight and run to the grocery store at 7 AM to get presliced cheese. Usually I have enough time to avoid last-minute shopping and cooking. But sometimes I learn about a commitment the night before.

Then there are the events my husband or I need to attend lest my child think he is unloved and alone in the world. Before the preschool Christmas concert last year, Erik’s teacher sent a note home that said, “Please make sure to have at least 1 parent in attendance. It is very upsetting for children when no one is here to see them.” This was during my busiest time of the year work-wise and just before a 2-and-a-half week school vacation. Of course I wanted to see my son at his first Christmas concert, but I also needed to honor my commitments to clients and earn enough income to keep paying his school tuition. For 2 weeks—even on Saturdays—I got up at 5 AM so that I could give my son and my projects the attention they needed.

That kind of effort is what I didn’t see before I had kids. Many of the parents whom I resented were responding to e-mail and doing line edits in the hours when I was asleep. Sometimes they arrived late or left early from concerts, games, and recitals. Sometimes spouses were arguing about whose job was more or less important.

What I also didn’t understand is that even though parenthood changes your relationship to work, it is not always in negative ways. Now that I am a parent, I am much more efficient than I was before. I have a set number of hours in the day, and I have to use each of them carefully, especially since I could get a phone call regarding a sick or injured child at any time. Being a mom has caused me to shift priorities at work—I write or edit first, then take care of e-mail. The surprising thing is that even though I’m at my computer less than I used to be, I’m more productive when I’m there. And I actually get more done in a day.

Fortunately for me, as long as I’ve had Erik, I’ve been my own boss. I don’t have to account for where I am at a given moment, just whether I get my work done. My hope for parents who work in offices is that they have managers and co-workers who understand that working hard doesn’t necessarily mean sitting at a certain desk for a certain number of hours each day.

I bet this has become true for my former colleague who groused about working parents. She recently had twins.

Jennifer King, PhD, ELS, is president of August Editorial, Inc. She can be reached at jking@augusteditorial.com.
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 jdugosh@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 deareddie@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.

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

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